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Abstract

Cite this article: (2024). Plenary. *European Psychiatry* 67(S1), S1

PL0001

The role of Europe in Global Psychiatry

P. Falkai

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doi: 10.1192/j.eurpsy.2024.28

Abstract: The burden of mental illness in Europe: High individual and societal burden, but only 2% spent on mental health. The tradition of European Psychiatry needs to be strengthened in care, research and teaching. Within the long-term Strategic Mental Health Plan of the EPA the improvement of clinical care research, the “mapping excellence” and “developing core treatment guidelines” require further action. Researching the influence of environmental stressors on the development and maintenance of mental illness and fostering stepped care approaches to improve resilience are none the less important. Furthermore, to improve the reliability and especially validity of diagnoses of mental disorders by introducing (bio)markers and defining dimensions of mental illnesses using big data and predictive sciences are just as important as an enforced research on reducing stigma and discrimination of mental disorders.

Disclosure of Interest: None Declared

PL0002

The impact of climate change on mental health

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doi: 10.1192/j.eurpsy.2024.29

Abstract: Climate change has a profound impact on mental health, supported by meta analytic evidence. For every degree temperature increase, there is a statistical increase in mental health problems by about 0.9%. The direct association between catastrophic events such as hurricanes or flooding and traumatization or negative mood states is evident. However, there are also interactions between pollution or heat islands in urban contexts and stress associated mental disorders, and there are indirect interactions e.g. between loss of agricultural space, poverty, displacement and mental health challenges. We provide an overview regarding direct and indirect effects of climate change on mental health and discuss possible interventions on the health care system.

Disclosure of Interest: None Declared



Abstract

Cite this article: (2024). State of the Art. *European Psychiatry* 67(S1), S2

STA0001

The Experience sampling method in psychiatry: a state-of-the-art lecture

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doi: 10.1192/j.eurpsy.2024.30

Abstract: Psychiatric problems occur in people's normal daily life, in a dynamic interaction with the context people are in. Yet, we have very few techniques to assess this dynamical nature of symptoms, nor do we have good insights in how people actually function in their ordinary life. Ambulatory assessment techniques such as Experience Sampling Methodology (ESM) or Ecological Momentary Assessment (EMA) have been proposed as a potential clinical tool to bridge this gap. Yet, very few of these techniques have actually made it to the clinic. In my talk, I will discuss the strengths and limitations of using these digital diary techniques to open up someone's real life in clinical practice. I will discuss qualitative research identifying barriers and facilitators, identified by patients and clinicians. I also will discuss what is needed in terms of technology and data security, by demonstrating the MoMent app and MoMent Dashboard, that has been developed within the H2020 IMMERSE project. Finally, I will discuss how these digital mental health tools could help in developing a much more fine-grained understanding of how psychopathology emerges in the realm of ordinary life, making patients active partners in the clinical process.

Disclosure of Interest: None Declared

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Abstract

Cite this article: (2024). Debate. *European Psychiatry* 67(S1), S3

DB0001**Suicide prevention: Precision suicidology is needed**

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doi: 10.1192/j.eurpsy.2024.31

Abstract: Suicidal behavior is a public health challenge that resists the various efforts made toward its prevention and treatment. Indeed, suicide rate have not significantly changed in the past decades. Then one may wonder if precision psychiatry could be the solution?

Advances towards precision suicidology will be detailed from detection to opportunities for treatment.

First, current suicide risk assessment methods are unable to detect suicidal risk with sufficient accuracy and while thousand of risk factors for suicide have been identified, they are no more accurate in predicting suicidal behavior than flipping a coin. Second, we are lacking specific and effective evidence based strategies for suicide prevention.

The aim of precision psychiatry is tailoring efficient preventive and therapeutic approaches to the unique characteristics of each patient. It assumes that the determination of a reliable medical diagnosis is unfeasible if based on symptomology alone and it must integrate genomics data, clinical dimensions, biomarkers, and environmental and lifestyle factors and this amount of data analysed by artificial intelligence would give us “biosignatures” that would yield a more appropriate diagnosis, treatment and prognosis.

We will cover advances in genomics, imaging, inflammatory markers and digital health that witness the realistic possibility to change the field of suicide prevention.

Disclosure of Interest: None Declared



Abstract

Cite this article: (2024). Symposium. *European Psychiatry* 67(S1), S4–S27.

Best of 2023

BO20230001

Best of 2023 in psychosomatic medicine: the contribution to the rest of psychiatry

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doi: 10.1192/j.eurpsy.2024.32

Abstract: The field of psychosomatics has experienced many waves of “celebrity” since its origin. Its historical origin is impossible to precisely locate in time, one may argue that medicine since its very beginning has been psychosomatic in nature. In very recent times, many clinicians and researchers even from different backgrounds than psychosomatic medicine or psychiatry have expressed disappointment and worry about the excessive fragmentation of medical sciences, providing evidence in support and advocating towards the so-called holistic approach and integrated care. The old lesson of psychosomatic medicine, then, appears more contemporary than ever. This is also because it has been able to stay coherent but at the same time integrate the enormous progresses in the understanding of physiology and pathophysiology that medical sciences have witnessed in the last decades.

The presentation will focus on the most striking scientific production of 2023 in the field of psychosomatics, to show the contributions in its three souls of research, training and clinical activities and to outline the stimulating though sometimes difficult dialogue between this area of behavioural sciences and the rest of psychiatry.

Disclosure of Interest: None Declared

BO20230002

Special Session Best of 2023: Care of the elderly

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doi: 10.1192/j.eurpsy.2024.33

Abstract: In the field of Alzheimer’s disease disease-modifying therapy, there has been a shift in diagnosis from the later dementia stages towards the earlier stages, with the potential for pre-symptomatic diagnosis. The development of truly ‘disease-modifying’ therapies that target the underlying mechanisms of Alzheimer’s disease has reached late stages of human clinical trials. The primary targets include beta-amyloid, whose presence and accumulation in the brain is thought to contribute to the development of Alzheimer’s disease, and tau protein which, when hyperphosphorylated, results in the self-assembly of tangles of paired helical filaments also believed to be involved in the pathogenesis of Alzheimer’s disease. Therapeutic strategies aimed at preventing A β formation, blocking its aggregation into plaques, lowering its soluble levels in the brain, and disassembling existing amyloid plaques are among the main strategies employed to slow the progression of AD. First anti-amyloid antibody treatments have proven effective in late-stage clinical trials and are now being approved for clinical use in some countries, initiating a new era of treatment. In terms of blood-based early diagnosis, the development of in vivo biomarkers has shifted the diagnosis of Alzheimer’s disease from the later dementia stages of disease towards the earlier stages and has introduced the potential for pre-symptomatic diagnosis. Recent study shows promising results for blood tests that could be used to identify Alzheimer’s changes in the brain before the onset of any symptoms, which could result in preventative treatments being used before any memory loss. This presentation will highlight the most exciting development of the past year in the Alzheimer’s disease therapy and diagnosis arena.

Disclosure of Interest: None Declared

Joint Symposium

JS0001

Dysregulated metabolic sensing of appetite in anorexia nervosa: implications of LEAP-2 regulation

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doi: 10.1192/j.eurpsy.2024.34

Abstract: Growing interests on the role of metabolic sensors in anorexia nervosa led to implicate metabolic sensing as consequences of anorectic sensing but also in the perpetuation of the disorder. Ghrelin is an orexigenic peptide secreted by the fundic cells of the stomach in situation of fasting and known to initiate food intake through its activity on hypothalamic and motivation aspect of food intake. A body of evidence previously showed that patients suffering from anorexia nervosa display high plasma levels of ghrelin correlated with the nutritional status but this orexigenic signal do not seem to modify restrictive behavior. LEAP-2 (Liver Expressed Antimicrobial Peptide 2) is a recently discovered endogenous ghrelin antagonist, increased during overnutrition and that decreases food intake in humans and animals.

We explored changes of ghrelin and LEAP-2 in a longitudinal cohort of 30 patients suffering from anorexia nervosa during a 4 months refeeding program. We show abnormal regulation of LEAP-2 in patients with higher levels in acute stages that decrease with refeeding. This abnormal regulation was associated with early relapse in patients. This abnormal regulation could counteract with the orexigenic signal of ghrelin in patients.

We discuss these results in light with recent evidence on the consequences of LEAP-2 increase of food intake and hedonic feeding relevant in understanding anorexia nervosa.

Disclosure of Interest: None Declared

JS0002

Potential Neurobiological and clinical markers in Extreme Weight Conditions: from Anorexia to Obesity

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doi: 10.1192/j.eurpsy.2024.35

Abstract: Extreme eating and weight conditions (EWC) are a construct that emerges as a dimensional and theoretical model that identifies individuals who exhibit inappropriate eating behaviours and abrupt weight fluctuations. According to this spectrum of

EWC, one extreme can be represented by individuals with anorexia nervosa (AN), characterised by excessive food restriction and an extremely low body mass index (BMI), whereas the other end of this continuum is represented by individuals with obesity (OB), characterised by a BMI above 30. In addition to AN and OB, some eating disorders (EDs), namely bulimia nervosa and binge eating disorder, are also part of this continuum, given the high risk of falling into one of the extremes, especially that of higher BMI. Studies have described similar changes at the psychological and neurobiological levels associated with their abnormal eating patterns, delineating vulnerability pathways related to the neurobiological basis.

Based on previous literature, individuals suffering from EWC would show dysfunctional brain activity in regions associated with emotional reward processing and cognitive control compared to healthy controls (HC). Similarly, neuroendocrine alterations in EWC are expected to influence clinical symptomatology. It will also be discussed how impairments in executive function and differential brain activity observed in individuals with EWC may negatively impact their clinical course and treatment outcome.

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JS0003

(Ir)reversibility of structural and functional brain alterations in severe anorexia

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doi: 10.1192/j.eurpsy.2024.36

Abstract: Anorexia nervosa is characterized by profound structural and functional brain alterations, particularly during the phase of acute underweight. Understanding the reversibility of these changes upon weight normalization is an important question in the pursuit of recovery and relapse prevention. This talk shares findings from recent neuroimaging studies, focussing on the dynamic processes of brain recovery observed during and after inpatient treatment in individuals with severe anorexia nervosa.

Disclosure of Interest: None Declared

JS0004

The problem of treatment gap in alcohol use disorder (AUD)J. G. Bramness^{1,2*}¹Dep. of drug research, Oslo University Hospital, Oslo and ²Psychiatry, UiT The Arctic University of Norway, Tromsø, Norway

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.37

Abstract: Alcohol use and alcohol use disorder (AUD) is related to numerous somatic and psychiatric disorders resulting in a high contribution to global burden of disease and premature death. The need to identify and treat alcohol use disorder is high. Yet there is a large treatment gap. Too few people with AUD are recognized and are being offered treatment. In some countries well under 10 percent of those with a treatable AUD are ever offered treatment. Furthermore, there is a dearth of effective treatments and relapse rates remain high. This symposium will address some topics that may change this situation.

Disclosure of Interest: None Declared

JS0005

Sodium oxybate – new views on an old candidate This presentation will outline the outcome of a clinical development program, including a Phase 3 study, on sodium oxybate in the treatment of alcohol dependenceJ. Guiraud^{1,2*}¹Department of Psychiatry, Amsterdam UMC, University of Amsterdam, Amsterdam, Netherlands and ²Vergio, Paris, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.38

Abstract: Sodium oxybate (SMO) has shown efficacy in the treatment of alcohol withdrawal syndrome (AWS) and in the maintenance of abstinence in alcohol dependent (AD) patients in a series of pilot randomized controlled trials. SMO is marketed in these indications in Italy and Austria since 1991 and 1999, respectively. To expand access to SMO for the treatment of AD in other EU countries and since regulatory standards have evolved, a clinical development and research project in accordance with regulatory guidelines has been initiated in the maintenance of abstinence to further support the already available data. Phase 2 and 3 studies in AD patients were conducted. Results of this development program showed efficacy of SMO in the maintenance of abstinence in AD patients. Since heterogeneity of SMO treatment effect between studies was identified, various analyses explored the potential moderators of SMO efficacy. SMO efficacy was larger in high-severity AD population and with longer treatment duration. SMO was well tolerated both in regular clinical use and in clinical trials.

Disclosure of Interest: J. Guiraud Shareholder of: Vergio, Employee of: Vergio

JS0006

Training curriculum psychiatry: an European perspective

A. Szulc

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doi: 10.1192/j.eurpsy.2024.39

Abstract: Training in psychiatry varies greatly from country to country in Europe - there are differences in the duration of training, the content of training, etc. Different perspectives on training will be presented, especially as far as common features are concerned. We will also present proposals and directions leading to a common European curriculum in psychiatry. Further work is needed in the direction of developing a European curriculum and organizing a European exam in psychiatry.

Disclosure of Interest: None Declared

JS0007

The perspective of psychiatric nurses by the European Psychiatric Nurses (Horatio)

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European Psychiatric Nurses (Horatio) and European Psychiatric Nurses (Horatio)

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doi: 10.1192/j.eurpsy.2024.40

Abstract: In the health care system, nurses are often the biggest professional group and therefore their role is important in the development of service system to meet the current needs of support and help in mental health. Novel solutions are needed, solutions which are not only developed between the professionals, but in collaboration with the people seeking for help, family members, other social networks, and different service providers, like NGOs. Human rights and community-based approaches are guiding this development together with the principles of recovery approach. At the same time there are challenges to overcome, like the shortage of professionals, which also demand new kind of collaboration and solutions to make the field of mental health attractive for future professionals and to support the retention of those who are working in practice at the moment. In the joint symposium the viewpoint of mental health/psychiatric nurses on these issues will be presented.

Disclosure of Interest: None Declared

JS0008

Mental health in challenging times: Psychological perspectives for practitioners and society

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EFPA, Brussels, Belgium

doi: 10.1192/j.eurpsy.2024.41

Abstract: In general, resilience is a process in which the interplay of risk and protective factors of the system itself and its environment is balanced in such a way that positive development opportunities open up. The resilience of a person, a system and a profession is therefore reflected in the ability to shape conditions in such a way that positive coping with challenges and crises is possible as a basis for positive further development. The time of the pandemic and the war in Ukraine has led to a large number of adjustments to psychology as a science, as a profession and as a perspective on life. This is associated with opportunities for positive further development of the discipline. European psychology has so far mastered the challenge of the pandemic and the war in Ukraine very well. The task now is to harness its successes as a multifunctional hub for other sciences, professions and society as a whole. The aim is to develop an identity that strengthens the unity of psychology in its diversity. With wisdom and resilience, psychology is also increasingly facing up to the challenges expressed in the United Nations Sustainable Development Goals (UN SDGs). In the discussion of social and professional change, the possibilities for a joint positive development of all professions in these stressful times become clear.

Disclosure of Interest: None Declared

Core Symposium

CRS0001

Community mental health services in Europe: the state of art

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doi: 10.1192/j.eurpsy.2024.42

Abstract: In Europe there is significant variability of attitudes, procedure and strategies in clinical care between psychiatrists and settings across different regions and countries. However, there is a significant overrepresentation of data from mental health services from Western and Northern European countries, due a lack of data from Eastern and Central European countries as it has been suggested the Eastern and Central European regions are a “blind spot on the global mental health map”. In respect to community mental health services, Northern and Western countries introduced a large array of multidisciplinary community-based services for people with mental health problems and reorganized the mental health care services towards the community mental health care, replacing largely large hospitals and hospital-based care following recovery-oriented care models with introduction of numerous services which supported full recovery, including supported employment and housing. This process is only in the beginning in the majority of countries in the South and East of Europe. Here we present the data from these countries including the results of the RECOVER-E study (Large-scale implementation of community based mental health care for people with severe and enduring mental ill health in Europe), which incorporated the implementation of community mental health services in five South-eastern European countries.

Disclosure of Interest: None Declared

CRS0002

Opportunities and challenges of community mental health centers in Türkiye

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doi: 10.1192/j.eurpsy.2024.43

Abstract: In 2011, Türkiye restructured the mental health care system in community-based settings following the announcement of the National Mental Health Action Plan. Community mental health centers (CMHCs) are the major element of this approach. As of now, the total number of CMHC have reached 186, and the service users have almost reached 100.000.

Mental health care system gained significant advantages through CMHCs, such as 1) improvement in the conditions of mental health services, 2) better follow-up of patients with chronic severe mental disorders, 3) capability of in-home services, 4) decrease in the number of hospitalizations, 5) increased social involvement of patients with severe mental disorder. CMHCs also played a significant role in promoting social rehabilitation, including employment status, development of social relationships, and redress of stigmatization. All these advantages were put into practice by community mental health teams comprising a psychiatrist, psychologists, nurses, social workers and ergotherapists, if available.

Community mental health centers come with severe challenges and shortcomings despite their ameliorations. First, CMHCs need trained mental health professionals. However, only 52% of the CMHC teams completed the CMHC trainings currently. Second, standardized work flow algorithms should be developed for CMHCs. Third, there should be a strong relationship between CMHCs, primary health care system and inpatient units as a complementary part of essential mental health care. In addition, hospital administration should be trained in terms of CMHC policy since every CMHC is affiliated with a state hospital. For instance, the ongoing issue of defining quality standards for CMHCs contributes to a misconception, portraying these centers as profit-making units rather than dedicated rehabilitation facilities.

In conclusion, community-based settings and CMHCs significantly advance mental health services despite the challenges confronted in practice. To optimize the effectiveness of community mental health care facilitated by CMHCs, it is imperative to review the implementation process with the active involvement and support of non-governmental organizations, including patient-driven organizations and national psychiatric associations.

Disclosure of Interest: None Declared

CRS0003

Microdosing psychedelics in the treatment of ADHD and comorbid disorders

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doi: 10.1192/j.eurpsy.2024.44

Abstract: Microdosing psychedelics has garnered considerable attention within both nonprofessional circles and the scientific community in recent years. This method involves taking small, non-hallucinogenic doses of substances like LSD or psilocybin over weeks or months, purportedly to enhance specific behaviors, emotions, or address psychiatric conditions.

Exploring these assertions is crucial given the potential therapeutic value of microdosing, especially in conditions that respond positively to full psychedelic doses, such as depression. The full psychedelic experience might not always be suitable due to various factors like age, capacity to consent or comprehend the experience (e.g., dementia), or individual personality traits that might hinder surrendering to the experience. Microdosing could potentially serve as a maintenance therapy post-full dose administration, aiding specific psychological or biological processes during therapy or therapeutic exercises.

Recent studies in healthy individuals highlight that small psychedelic doses have nuanced effects on pain perception, mood, neuroplasticity, sleep duration, brain connectivity, and default mode network synchronicity. However, some parameters show null effects after both single and repeated administration.

Our survey research uncovered that individuals with ADHD reported symptom relief through microdosing, deeming it more effective than their conventional treatments. Subsequently, we conducted a naturalistic study following individuals with ADHD across a 4-week microdosing period. Our findings indicated a reduction in symptoms over time, an increase in trait mindfulness, and a decrease in neuroticism compared to baseline. While these results are intriguing, they necessitate validation in a clinical trial. We have recently concluded such a trial and are currently analyzing the data to further explore these effects.

Disclosure of Interest: K. Kuypers Grant / Research support from: The author is a principal investigator on a research project that is sponsored by Mindmed, a company that is developing psychedelic medicines.

CRS0004

Easy access to youth mental health services in the Netherlands

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doi: 10.1192/j.eurpsy.2024.45

Abstract: Mental health problems have increased following the pandemic and are associated with considerable health, economic and societal outcomes, particularly affecting youth. In co-creation with young people several European prevention and early intervention strategies to promote mental wellbeing of youth are currently being developed. The development and implementation of easy-access youth mental services across Europe will be presented and discussed. In addition pilot data of online, hybrid treatment platforms and self-management ecological momentary intervention apps will be presented. Ultimately the aim is: 1) to develop clinical guidelines, best practices, and policy recommendations to

mitigate the youth mental health challenges and 2) improve (cost-) effectiveness of early intervention strategies for promotion and prevention in mental health, including enhancing mental health literacy, resilience and self-management, while 3) actively involving young people in the process of these innovative developments. To amplify the reach, campaigns designed in co-creation with young people, to increase awareness, literacy, wellbeing and help-seeking among young people, targeting schools, further-education colleges, universities and other specific settings will need to be developed, specifically paying attention to high-risk groups within this young population, including children of parents with mental disorders, migrants, young people growing up in poverty, those in/leaving care, and the LGBTQ+ community, with coordination across domains: schools, general practitioners, and specialized mental healthcare facilities.

Disclosure of Interest: None Declared

CRS0005

Changes in brain structure and function in youth at familial risk for schizophrenia or bipolar disorder: implications for early intervention

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doi: 10.1192/j.eurpsy.2024.46

Abstract: The evaluation of child and adolescent offspring of patients with schizophrenia or bipolar disorder seeks to understand changes taking place in the brain in individuals at heightened risk for disease during a key developmental period. In this session I will present findings from the BASYS (Bipolar And Schizophrenia Young offspring Study) cohort, which has recruited young offspring of patients with schizophrenia or bipolar disorder ages 6 to 17 years, using clinical, cognitive and brain imaging measures for over 15 years in Spain. I will begin by reviewing our baseline and 2 year findings using structural magnetic resonance imaging (MRI) measures, where we found whole brain and regional cortical grey matter volume and surface area reductions, specifically in offspring of patients with schizophrenia relative to controls, but not in offspring of patients with bipolar disorder, which I will compare with results from the ENIGMA relatives working group analyses. Within our cohort I will explain the relevance of baseline brain structural findings to clinical and cognitive outcome over time. I will then present longitudinal analyses of structural and functional MRI measures at up to 8 year follow-up, examining the influence of development of psychotic spectrum symptoms over time and cognitive and functional outcomes, on longitudinal brain imaging measures. I will finish the talk explaining avenues for future research in the field, which include incorporating other imaging modalities and validating our findings in other cohorts, while I will also present avenues for increasing understanding of the neurobiological changes underpinning our MRI findings.

This project has received funding from Instituto de Salud Carlos III (PI151500467; PI1700741; PI1800696; PI1800976, PI2100330), Fundació Marató TV3 (091630, 202232-30-31), the Catalonia Government (2021SGR01319), PERIS (SLT006/17/00346), Fundació Clínic Recerca Biomèdica (Ajut a la Recerca Pons Bartran), co-financed by ERDF Funds from the European Commission and CIBERSAM.

Disclosure of Interest: None Declared

CRS0006

Brain developmental trajectories in offspring of parents with schizophrenia or bipolar disorder

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doi: 10.1192/j.eurpsy.2024.47

Abstract: Early diagnosis and intervention are essential for managing and improving long-term outcomes of severe mental illness, highlighting the need for reliable early biomarkers. This longitudinal study explores whether the development of the brain during childhood and adolescence differs between offspring of parents with and without schizophrenia or bipolar disorder. Moreover, we will assess if the age-dependent change over time in brain volume, cortical thickness and surface, structural network indices, and cortical gyrification are related to the presence and severity of psychiatric symptoms and level of IQ.

We obtained 286 T1-weighted MRI scans of 184 offspring (aged 8–18 years at baseline) of at least one parent diagnosed with bipolar disorder (n=78) or schizophrenia (n=52) and offspring of parents without severe mental illness (n=54); 102 offspring underwent a follow-up scan (on average 3.9 years between scans).

Group comparisons and the associations with clinical and cognitive measures were analysed with linear mixed-effects models. To correct for multiple comparisons, we applied a Benjamini-Hochberg false discovery rate (FDR) correction ($q=0.05$).

A significant effect of age was found on most of the included brain features, with suggestive evidence for subtle deviations in trajectories in the cortical thickness, structural network indices but not in gyrification index, sulcal depth, length and width or surface area in offspring of parents with schizophrenia. Interestingly, these deviations in brain development in schizophrenia offspring remained significant after taking the presence of a diagnosis or level of IQ into account. These findings suggest the aberrant brain development in familial high-risk youngsters is associated with being at familial risk and not with (also) being at clinical high-risk.

Disclosure of Interest: None Declared

Symposium

SP0001

Catalyst effect of human body odours in social anxiety treatment – a pilot study.

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Abstract: POTION is an EU funded project (No. 824153) within the Horizon2020 initiative that aims at understanding the nature of chemosignals in humans and their sphere of influence on social interaction. The emotional state of one person can be transmitted to another through volatile molecules contained, for example, in the sweat. These molecules, or chemosignals, are processed by the receiver who is not only able to identify the feelings of the sender but also to respond accordingly.

Within this project, we conducted a study with the aim of exploring the possible catalyst effects of body odour on social anxiety. We hypothesized that subjects exposed to human chemosignals, while undergoing mindfulness treatment, would show an enhanced reduction in anxiety symptoms in comparison to the control group (exposed to clean air).

To this aim, a study including 96 women aged between 18 and 35 years with symptoms of social anxiety was conducted. After recruitment, subjects were randomly allocated to one exposure group (happiness, fear or neutral human body odour or clean air) and followed a mindfulness intervention while being exposed to one of the odour or clean air. The same intervention was repeated twice, over two consecutive days. The main outcome was change in the State-Trait Anxiety Inventory (STAI) scores for which data was collected before and after treatment at each day. Mixed model analysis revealed significant changes in STAI scores in all groups during both days of trial. However, a greater decrease in anxiety symptoms was observed in subjects exposed to fear chemosignals during both days. A post-hoc comparison of the group exposed to clean air and the group exposed to fear chemosignals showed a trend level time x odour interaction during the second day of trial ($F(1,45)=3.74, p=0.07$).

In conclusion, our pilot study indicated a potential use of human body odours as a catalysts of social anxiety treatment. While the small sample size restricts the generalizability of our findings, the observed trends offer a promising foundation for future research.

Disclosure of Interest: None Declared

SP0002

Neurobiological markers of early stressful events in psychosis

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doi: 10.1192/j.eurpsy.2024.49

Abstract: New data from the MRC funded project "Integrating psychological models with biological pathways in psychosis" will be presented. The overall objective of this project is to use both environmental and genetic data to understand the biological pathways in patients with schizophrenia and bipolar disorders. Specifically, to find out if polygenic risk and childhood adverse events increase the relative risk of mental illness above that of its individual case-control explained variance, and secondly, the effect of both polygenic risk and childhood adverse events on clinical characteristics and ageing processes. Both data from new unpublished systematic reviews and original data will be presented.

Disclosure of Interest: None Declared

SP0003

The link between early life stress and psycho-cardio-metabolic multi-morbidity: Findings from The EarlyCause Consortium

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doi: 10.1192/j.eurpsy.2024.50

Abstract: In this talk I will present new findings from EarlyCause, a European consortium which aims to better understand the link between early life stress and the development of psycho-cardiomatobolic (PCM) comorbidity across the lifespan, leveraging data from large-scale pediatric and adult population studies. I will discuss findings regarding the effect of (prenatal and postnatal) early life stress on PCM health outcomes and their comorbidity, potential moderating and mediating factors, as well as evidence for causality.

Disclosure of Interest: None Declared

SP0004

Childhood trauma in adult depressive and anxiety disorders: immuno-metabolic evidences in the NESDA cohort

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doi: 10.1192/j.eurpsy.2024.51

Abstract: Childhood trauma and depression are both associated with increased risk of metabolic disorders, but their joint effects and underlying mechanisms are not well understood. This talk will present recent findings from large-scale epidemiological and biobank studies that explore the metabolic signature of childhood trauma, depression, and their interplay. For example, using longitudinal data from the NESDA cohort, we investigated the association of childhood trauma with metabolic syndrome in ~3000 adults, including patients with depression and/or anxiety and healthy controls, over 9 years of follow-up. The talk will also describe preliminary results from an individual patient data meta-analysis pooling >160,000 subjects from the Early Cause European Consortium. In this study, we examined the differences in markers of obesity and dyslipidemia across individuals with neither childhood trauma nor depression (controls), those with childhood maltreatment, those with depression, those reporting both of these conditions. The findings described in the talk shed light on the complex interplay between early life stress, mood disorders, and metabolic health.

Disclosure of Interest: None Declared

SP0005

Brain imaging studies in Internet Gaming Disorder (IGD) and problematic social network site use

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doi: 10.1192/j.eurpsy.2024.52

Abstract: Gaming disorder is characterized by ICD 11 as persistent or recurrent gaming behavior manifested by impaired control over gaming, increasing priority given to gaming over other life interests and daily activities; and continuation or escalation of gaming despite the occurrence of negative consequences. IGD shares to a large extent neurobiological alterations seen in other addictions, such as activation in brain regions associated with reward, reduced activity in impulse control areas and impaired decision-making; and reduced functional connectivity in brain networks that are involved in cognitive control, executive function, motivation and reward. Moreover, there were structural changes, mainly reduction in gray matter volume and white matter density. Comorbidity studies indicate that executive control networks in ADHD may increase the susceptibility to develop IGD. Problematic SNS use has been associated with an increased rate of depression, anxiety, stress, obsessive-compulsive disorder (OCD), attention-deficit/hyperactivity disorder (ADHD), and propensity to excessive alcohol use. It may also lead to vulnerability to aggression, cyberbullying and fear of missing out (FOMO). There is little evidence for cognitive impairments, but there is some preliminary event-related potentials (ERPs) evidence for inefficiency in allocating and monitoring resources and inhibitory control. There is evidence for reduced sleep quality and quantity, longer sleeping latency and more sleep disturbance. Brain imaging studies showed impaired inhibitory-control mechanism, reduced gray matter volumes in the nucleus accumbens, amygdala, and the insula, suggesting rewarding effects of SNS use on the brain.

Disclosure of Interest: None Declared

SP0006

Predictors of Adherence and Response to Exercise Interventions in Schizophrenia

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doi: 10.1192/j.eurpsy.2024.53

Abstract: Exercise can be considered a feasible and efficient add-on treatment in schizophrenia. However, there remain two major challenges with regard to feasibility and efficiency: First, drop-out rates during exercise programs appear to be relatively high, ranging between 30 to 80 percent. Second, only between 30 and 50 percent of patients clinically respond to exercise interventions. Hence, we aimed to identify factors that predict adherence and response to exercise programs in people with schizophrenia. Based on data from 180 patients with schizophrenia enrolled in the Enhancing Schizophrenia Prevention and Recovery through Innovative Treatments (ESPRIT) C3 study, we examined clinical baseline characteristics that may predict study completion and number of attended trainings (adherence), as well as clinically relevant improvements in symptomatology and functioning (response). We found that only levels of functioning at baseline, but not symptom severity, cognitive functioning, or physical health, predicted adherence. Further, we provide preliminary evidence suggesting that patients with higher cognitive abilities and higher education who performed regular exercise already prior to the study participation were more likely to respond. To conclude, our findings indicate that exercise is particularly helpful for a subgroup of patients characterized by higher levels of functioning, higher cognitive abilities and education, and more pronounced affinity to exercise. Future studies should additionally include environmental, genetic, and neural data to predict adherence and response to exercise.

Disclosure of Interest: None Declared

SP0007

Telepsychiatry as catalysts for equitable Mental Health Care in Intellectual Disabilities

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doi: 10.1192/j.eurpsy.2024.54

Abstract: Telepsychiatry has emerged as a transformative force in the field of mental health care, addressing disparities in service delivery and increasing access to care. This exploration focuses on the role of telepsychiatry in achieving equitable mental health care for individuals with intellectual disabilities (ID). Intellectual disabilities affect millions globally, posing significant public health challenges. This vulnerable population encounters numerous barriers in accessing quality mental health care, including geographical isolation, limited transportation options, and a shortage of specialized providers. Telepsychiatry offers a promising solution,

leveraging technology to overcome these challenges. The presentation reviews the current landscape of mental health care for individuals with intellectual disabilities and the specific barriers they encounter. It highlights the potential benefits of telepsychiatry, including increased availability of specialized care, reduced geographical barriers, and enhanced caregiver support. Ethical considerations and best practices associated with implementing telepsychiatry in the context of intellectual disabilities are discussed. Case studies and success stories illustrate how telepsychiatry positively impacts individuals with intellectual disabilities and their families. In conclusion, telepsychiatry plays a promising role in promoting equitable mental health care for individuals with intellectual disabilities. Embracing technology and adopting best practices pave the way for a more inclusive and accessible mental health care system, leaving no one behind.

Disclosure of Interest: None Declared

SP0008

Teleassistance Telerehabilitation Services for urgent mental health needs of people with Intellectual and Developmental disabilities

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doi: 10.1192/j.eurpsy.2024.55

Abstract: Persons with intellectual disability (PwID) and/or autism spectrum disorder with high support needs (ASD-HSN) have resulted to be among the most vulnerable populations to COVID-19 and distress factors associated to the measures for containing its spread. Many health, rehabilitation, and assistance needs were managed through the use of telemedicine, specifically teleassistance (TA) and telerehabilitation (TR), with regard to the prevention and treatment of the epidemic illness as well as the continuity of care required for the condition of developmental disability and co-occurring physical or mental disorders. TA and TR can function either directly or indirectly with the PwID/ASD; in the latter case, a family member, a regular caregiver, or a technician provides local mediation. This paper examines the most common TA and TR activities, along with their requirements, applications, and goals. All of these activities should be in line with the overarching goal of each customized therapy and rehabilitation plan, which is to enhance and support the quality of life for people with intellectual and developmental disabilities.

Studies on TA and TR efficacy for PwID/ASD are limited, especially concerning adulthood. The scant research that is currently available demonstrates efficacy in maintaining or marginally enhancing cognitive, adaptive, and vocational skills. In addition to managing both routine and unusual activities as well as critical episodes, family members and other caregivers reported feeling more empowered about their educational and interpersonal abilities with the PwID/ASD. The primary benefits over traditional in-person services have been found to be greater

accessibility and availability as well as a reduction in both physical and psychological distance. The primary limits include the absence of all elements of the therapeutic alliance pertaining to face-to-face communication, possible poor ability to use technology, accessibility of the technology itself, concerns regarding privacy, and variables that divert attention connected to the household setting.

Even while telemedicine has proven to be feasible and beneficial thus far, it is doubtful that traditional techniques will be able to be replaced, at least not anytime soon. Telemedicine could, nonetheless, serve as a useful addition, integration, or short-term substitute. Future studies should provide light on the indications, contextual deployment, efficacy evaluation, and operational stability over time of certain TA and TR activities in addition to the use of artificial intelligence, machine learning, and interactive avatars.

Disclosure of Interest: None Declared

SP0009

DefiGame, a serious game to discover neurodevelopmental disorders

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Specialists and parents affiliated to the french rare disease network DéfiScience - Professeur Vincent des Portes, Mme Marie-Pierre Reymond, Mme Caroline Immesoete, Mme Fanny Forel, Mme ANTOINE Odile, Mme AUPETIT Laure, Mme BENOIT Céline, Docteur BROSSEA

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doi: 10.1192/j.eurpsy.2024.56

Abstract: Défigame is a training tool designed in collaboration with parents and specialists from the French Rare Diseases Network DéfiScience.

In this serious game, you take on the role of a general practitioner treating four young patients whose developmental trajectories raise questions. Interactively and with the help of concrete tools, you'll learn about the recommendations for coordinating an appropriate course of prescription, care and support for a family, from the search for a diagnosis to early management of a Neurodevelopmental Disorder (NDD).

WHO IS DEFIGAME FOR?

- Any European doctor questioning the etiology of a neurodevelopmental disorder, prescribing genetic tests or wishing to update their knowledge in the field of NDD, particularly in relation to a rare disease.
- Any other healthcare professional concerned with etiological diagnosis or support for people with NDD and their families.

Disclosure of Interest: None Declared

SP0010

Patients' perceptions and preferences regarding telemedicine for addictive disorders

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doi: 10.1192/j.eurpsy.2024.57

Abstract: Telemedicine is an emerging treatment option having been heavily used during covid lockdowns, in order to maintain treatment access including for addictive disorders.

In the present talk, we first present data published on the challenges met at ReConnecte the treatment facility for Addictive behaviors during pandemic.

We second, present results of a survey we conducted on preferences of telemedicine use in patients and doctors in our Geneva University Hospitals.

We finally illustrate findings by clinical cases of patients suffering from addictive behaviors and their specific needs and preferences in terms of telemedicine (phone or Visioconsultation).

Preferences and health tools elicited depended of their psychosocial profiles, their specific needs and expected benefits from online sessions of psychotherapy.

One of the ingredients of successful psychotherapy for addictive behaviors, is the purposeful use of telemedicine as an integrated treatment modality.

Disclosure of Interest: None Declared

SP0011

How digital technology can contribute to timely and effective recognition and response to opioid overdose events

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doi: 10.1192/j.eurpsy.2024.58

Abstract

Objectives: To discuss novel approaches in the development early detection, response and interventions of drug overdoses.

Rationale: There is an urgent need to research and develop novel strategies to rapidly and accurately detect, respond, and treat them with the ultimate goal of reducing drug deaths secondary to fatal drug overdose incidents. This should be additional to supporting communities and networks able to intervene utilizing novel public health approaches.

Methods: We will describe technologies and associated systems that are able to accelerate detection and result in a timely response to potential overdose with effective and timely intervention to these

occurrences using digital technologies and therapeutics. This will be contextualised around novel public health approaches.

Results: We will describe 11 prototypes as part of a £5 million UK initiative. The themes will include:

- Use of discrete digital technology for easy use by people who use drugs in clinical and non-clinical settings
- Simple alert / responder pathways that created effective responses to potentially fatal overdose events
- Enhance innovative therapeutics as antidotes to overdose episodes
- Novel public health approaches

Conclusion: The use of remote monitoring devices like wearables and smartphone applications, paired with artificial intelligence and innovative therapeutics is an emerging field of research. This needs to be balanced around novel public health approaches.

Disclosure of Interest: None Declared

SP0012

A study exploring regional level predictors of suicide rates across time in Sweden

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Abstract

Introduction: In Sweden, four lives are lost to suicide each day. Hence, identifying relevant risk factors to inform effective prevention strategies is key. Such strategies can range from individual ('micro') -level prevention methods, to broader national suicide prevention policies.

Objectives: Whilst a range of studies have explored individual-level risk factors, highlighting municipal, regional, or national-level predictors can be valuable to identify broader social and contextual determinants. This study will therefore aim to go beyond proximal predictors of suicide by looking through a wider national- and regional-level lens in Sweden.

Methods: This project will be conducted utilizing routinely collected and publicly available data and applying longitudinal modelling to investigate potential predictors of changes in suicide rates across time in Sweden. More specifically, the study will explore whether regional data on economic (e.g. proportion of state benefit recipients), socio-demographic (e.g. educational level) and health-care related variables (e.g. trust in the healthcare system) are associated with suicide rates over time.

Results: This is an ongoing project and results will be available and presented at the time of the conference.

Conclusions: Utilizing publicly available data to explore potential predictors of suicide rates is not only cost-effective, but adding such findings to existing knowledge of individual-level risk factors can also be important when targeting wider policy and ensuring effective coordination and implementation of regional suicide prevention strategies.

Disclosure of Interest: None Declared

SP0013

How good is the clinical diagnosis in schizophrenia? Reliability and validity

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doi: 10.1192/j.eurpsy.2024.60

Abstract: Several changes to the classification of mental disorders have been made during the past half century to increase the reliability, clinical use and validity of the diagnostic classification. Despite the high expansion of knowledge about mental disorders, understanding of their components and processes still requires fine-tuning. This symposium identifies key issues on different classification systems with different purposes relevant to understanding and classifying mental disorders. We discuss how key issues such as ICD-11, RDoC or Biomarkers correspond or diverge because of their different purposes, and constituencies. Although these approaches have varying degrees of overlap and distinguishing features, they share the goal of reducing the burden of suffering due to mental disorder.

Disclosure of Interest: None Declared

SP0014

A Case of Electroencephalography and Machine Learning in Early Diagnosis of Psychotic and Affective Disorders

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doi: 10.1192/j.eurpsy.2024.61

Abstract: Electroencephalography (EEG) serves as a non-invasive, cost-effective, and robust tool, directly measuring in-vivo neuronal mass activity with high temporal resolution. Using state-of-the-art machine learning techniques, EEG recordings have the potential to generate in silico biomarkers for severe mental disorders. In this study, we developed EEG-based classification models for schizophrenia and depression taking into account physiological and pathological aging processes.

From a cohort (N=735, 51.6% male) that is acquired in LMU Hospital, Department of Psychiatry and Psychotherapy, comprising healthy control individuals (HC, N=245) and patients with schizophrenia (SCZ, N=250) or major depressive disorder (MDD, N=240), we extracted power spectrum density and connectivity measures based on 60 second resting-state EEG recordings with 19 channels. The support vector machine models were trained to 1) classify patients with SCZ or MDD and HC individuals, and 2) predict age in HC individuals using ten-by-ten repeated nested-cross validation. The age-predicting model was applied to patient groups to calculate EphysAGE (Electrophysiological Age Gap Estimation) by subtracting chronological age from chronological age. The links between diagnosis, medication, and EphysAGE,

i.e., accelerated aging, were then further explored with univariate analyses.

The EphysAGE Model had an explained variance of 46% (MAE=8.7 years, $T=14.31$, $P_{1000}<0.001$). The patients with SCZ had a significantly higher EphysAGE (mean[SD]=0.61[10.32]) than the patients with MDD (mean[SD]=-1.10[10.49], $p=0.04$). The classification models discriminated SCZ from HC (Balanced Accuracy, BAC=72.7%, $p<0.001$), MDD from HC (BAC=67.0%, $p<0.001$), and SCZ from MDD individuals (BAC=63.2%, $p<0.001$). Higher EphysAGE was associated with an increased likelihood of being misclassified as SCZ in HC and MDD ($\rho_{HC}=0.23$, $p<0.001$; $\rho_{MDD}=0.17$, $p=0.01$) based on percentile rank scores from the SCZ Model. Moreover, in the Differential Diagnostic Model, higher EphysAGE is positively correlated with being misclassified as SCZ in patients with MDD ($\rho_{MDD}=0.14$, $p=0.03$).

Machine learning models can extract electrophysiological signatures of MDD and SCZ for potential clinical use. However, the impact of aging processes on diagnostic separability calls for timely application of such models, possibly in early recognition settings.

Disclosure of Interest: None Declared

SP0015

The clinical role of rTMS in difficult-to-treat depression

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doi: 10.1192/j.eurpsy.2024.62

Abstract: Several meta-analyses demonstrated the efficacy of unilateral High-Frequency Left-sided (HFL) repetitive Transcranial Magnetic Stimulation (rTMS) for individuals with Major Depressive Disorder (MDD); however, results are contradictory due to heterogeneity of the included studies. Empirical evidence on the relative efficacy of rTMS treatment compared with standard pharmacotherapy in Treatment-Resistant Depression (TRD) is presented. Random effects models were used to assess the effects of rTMS on response and remission rates. In 19 randomized double-blinded sham-controlled studies were included for quantitative analysis for response ($n = 854$ patients) and 9 studies for remission ($n = 551$ patients), the risk ratio (RR) for response and remission are 2.25 and 2.78, respectively for patients after two treatment failures using rTMS as add-on treatment compared to standard pharmacotherapy. The presentation will conclude, that rTMS is significantly more effective than sham rTMS in TRD in response and remission outcomes and may be beneficial as an adjunctive treatment in patients with MDD after two treatment failures. This finding is consistent with previous meta-analyses; however, the effect size was smaller than in the formerly published literature.

Disclosure of Interest: None Declared

SP0016

Recovery in schizophrenia: conceptualization and factors implicated

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doi: 10.1192/j.eurpsy.2024.63

Abstract: Schizophrenia has a heterogeneous range of possible outcomes. A portion of patients with schizophrenia significantly improves over the long term, with both clinical and functional remission. Recovery has been differently conceptualized by clinicians and service users, the former focusing on clinical and functional outcomes, the latter more underlying issues as the building a trail of personal meaning and subjective well-being. Besides the “clinical” and “personal” recovery, attention is now put on a wider perspective of “societal” recovery. The frequency of recovery achievement depends on which of these perspectives is considered. Many factors, demographic, clinical, contextual and treatment-related are involved in modulating the probability to meet these objectives. Both pharmacological and psychosocial interventions, and their integration, and attention to environmental and social circumstances could substantially improve the outcome of schizophrenia and achievement of specific recovery goals.

Disclosure of Interest: None Declared

SP0017

Recovery in schizophrenia: the role of antipsychotic treatment

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doi: 10.1192/j.eurpsy.2024.64

Abstract

Introduction: Comprehensive care programs, which include individually planned pharmacotherapy are associated with higher rates of recovery¹ and better long-term prognosis². However, there are barriers to individually optimised antipsychotic treatment both from both the patients and treatment teams perspectives.

Objectives: To summarize the potential contribution of adequate long-term antipsychotic treatment to recovery or better outcomes in schizophrenia.

Method: Review of research data.

Results A shorter duration of untreated psychosis, a lower number of relapses, and the absence of a chronic course of psychosis are associated with higher rates of recovery and a better prognosis. The OPUS early intervention program was associated with better outcomes for up to 10 years, but not for more than 20-years³. Second generation antipsychotics are associated with

lower mortality rates, including suicides in young people with schizophrenia.⁴

Higher doses of antipsychotics are associated with poorer outcomes and with potential structural brain changes, while adequate (lower) doses of antipsychotics are associated with lower side effect burden and better overall outcomes⁵. A significant proportion of patient may benefit from polypharmacy (combination of 2 antipsychotics)⁶. Antipsychotic treatment discontinuation strategies are associated with the development of treatment resistance.

Conclusions: Adequate (low dose) antipsychotic treatment is part of the complex early intervention programs and long term treatment of schizophrenia, which are associated with higher rates of recovery and good outcomes. The role of polypharmacy (combination of 2 antipsychotics) may need a reconsideration in the treatment guidelines of schizophrenia.

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Disclosure of Interest: None Declared

SP0018

Recovery in Schizophrenia: The Role of Psychosocial interventions

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doi: 10.1192/j.eurpsy.2024.65

Abstract: Recovery in Schizophrenia: The Role of Psychosocial interventions Recovery is individual and so needs individual responses from the mental health services. Different interventions are useful at different stages and of course they only “work” for some people. The paper will describe some psychosocial interventions and the role they might play in the patient’s journey to their expected recovery. Three main strategies are often referred to – reducing symptoms, reducing barriers to recovery, and extending and maintaining recovery to achieve some stable and acceptable (to the patient) optimal level of functioning. Psychosocial intervention strategies are beneficial for each of these often thought of as independent, but they are inter-related with one type of therapy leading to reductions in the need for other therapies. The process of considering which one to start with is a choice and this paper will describe some decision making to ensure that patients have the best options.

Disclosure of Interest: None Declared

SP0019

Does war increases the risk for psychoses?

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doi: 10.1192/j.eurpsy.2024.66

Abstract: The [World Health Organization](#) (WHO) has stated that in situations of armed conflict, “Around 10 percent of the people who experience traumatic events will have serious mental health problems, and another 10 percent will develop behavior that will hinder their ability to function effectively.” Problems include post-traumatic stress disorder, anxiety, depression, substance misuse, and possibly precipitation of psychosis. War has a catastrophic effect on the health and well being of nations. Studies have shown that conflict situations cause more mortality and disability than any major disease. Only through a greater understanding of conflicts and the myriad of mental health problems that arise from them, coherent and effective strategies for dealing with such problems can be developed.

Disclosure of Interest: None Declared

SP0020

Mental Health Policy Name: War and mental health (Croatian experience)

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doi: 10.1192/j.eurpsy.2024.67

Abstract: War represents one of the major traumatic events for humans and comes with enormous consequences for individuals and society over a long period of time. War causes acute psychological trauma, but also results in subacute, chronic psychiatric disorders for all those experiencing or witnessing direct war trauma and to those experiencing indirect war trauma resulting from losing the safety of home and financial income, to losing family members and close ones. Therefore, acute reaction to trauma may result in maladaptive disorders and PTSD within days of experiencing trauma and with chronic posttraumatic stress conditions even years after the traumatic experience. Chronic PTSD is associated with higher morbidity of somatic conditions, including hypertension, hyperlipidemia, metabolic syndrome, all resulting in cardiovascular and cerebrovascular disorders. Additionally, according to reports from World Health Organisation (WHO), it has been projected that in emergencies, on average, the percentage of people with a severe mental disorder increases by 1 per cent over and above an estimated baseline of 2–3 per cent. In addition, the percentage of people with mild or moderate mental disorders, including mood and anxiety disorders (including PTSD), may increase by 5–10 per cent above an estimated baseline of 10 per cent. Furthermore,

research indicate the possibility of a transgenerational effect of trauma, via maternal psychosocial stress and socioeconomic disadvantage during pregnancy but also through adverse parenting practices, as parenting style may change when exposed to war traumas.

As war affects mental health of different population groups dramatically and long-term, establishment of long term and coordinated mental health care is necessary. In the presentation, examples of practices from Croatia will be discussed.

Disclosure of Interest: None Declared

SP0021

Mental health needs of defendants with intellectual disabilities presenting at court

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Abstract

Background: Studies in different countries of defendants with mild to borderline intellectual disability found they have distinct characteristics from other defendants. The aim of this study was to examine several characteristics among defendants with intellectual disability comparing to those defendants without intellectual disability presenting to court services in London, England.

Method: This was a retrospective data analysis of routine administrative data collected by the Liaison and Diversion services across five Magistrates courts in London, England. Data were analysed on defendants identified through screening to have an intellectual disability and compared to defendants without an intellectual disability.

Results: 9088 defendants were identified and of these 349 (4%) had an intellectual disability. Defendants with intellectual disability were over four times more likely to have comorbid attention deficit hyperactive disorder and over 14 times more likely to have autism spectrum disorder. There was an increased odds ratio of self-reported suicidal/self-harming behaviour for those defendants with intellectual disability compared to those without intellectual disability.

Conclusion: This study has highlighted the increased vulnerability of defendants with intellectual disability for other neurodevelopmental disorders.

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/ Research support from: Guy's & St. Thomas' Charity for £674,000

SP0022

Clinical / Therapeutic Name: Care and treatment of prisoners with intellectual disabilities

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Abstract: Care and treatment of prisoners with intellectual disabilities I will describe what is the care, from different points of view when an offender with intellectual disabilities entry in the penitentiary system. As a vulnerable population, people with intellectual disabilities have to be treated in a more specific manner, and both prison managers and clinical staff have to be aware of that. This prisoners, sometimes, also belongs to another vulnerable population (illegal immigration, females, ethnic groups, etc) that make this cases as a complex ones. The care have to be as a comprehensive, with the highest standards of care and avoid negligence in treating this cases. We have to emphasize about rehabilitation and a good coordination with the intellectual disability community services to avoid relapse and recidivism

Disclosure of Interest: None Declared

SP0023

Essential components of pre-electroconvulsive therapy assessment

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Abstract: A thorough pre-electroconvulsive therapy (ECT) assessment is an integral part of ECT preparation. Usually, the assessment encompasses elements such as medical history, cognitive assessment, laboratory tests, imaging diagnostics, and consultation with an anesthesiologist. However, there is currently no universally standardized minimal or optimal pre-ECT evaluation at the international level. Recent results show a high variability of the pre-ECT evaluation practice across Europe. Establishing a standardized approach to pre-ECT evaluation would be of great interest for both patients and practitioners.

Disclosure of Interest: None Declared

SP0024

Electroconvulsive therapy improves somatic symptoms before mood in patients with depression: a directed network approach

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Abstract: The recent network perspective of depression conceptualizes depression as a dynamic network of causally related symptoms, this in contrast with the traditional view of depression as a discrete latent entity that causes all symptoms. Electroconvulsive therapy (ECT) is an effective treatment for severe depression, but little is known about the temporal trajectories of symptom improvement during a course of ECT. We will present the results of a study that investigates the temporal trajectories of individual symptoms during treatment with ECT.

Disclosure of Interest: None Declared

SP0025

Anti-amyloid therapies: are they effective and safe?

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doi: 10.1192/j.eurpsy.2024.72

Abstract: After numerous unsuccessful attempts to create a therapy that could alter the course of Alzheimer's disease, first monoclonal antibodies targeting amyloid- β in the brain have finally shown consistent evidence of clinical effectiveness. These therapies not only slow the progression of the disease, but also show positive results in secondary clinical outcomes and reduced amyloid- β levels on PET scans. This presentation will examine the main features of the previous failed trials and explore possible reasons for their lack of success in developing a treatment for early-stage Alzheimer's disease. It will also compare the safety profiles of various antibodies and point out precautions that should be taken when using them in regular clinical practice. Furthermore, it will be discussed how blood-based biomarkers can revolutionize the clinical care pathway, making it easier to adopt antibody treatments. A comprehensive model that integrates case-finding and treatment across various healthcare sectors will be proposed. In conclusion, we may have made a significant breakthrough by demonstrating that reducing amyloid- β levels leads to clinical benefits, not just changes in biomarkers. As the new generation of drugs becomes more commonly used, we will see whether their statistical effectiveness translates into meaningful clinical changes. This could mark the start of a new phase in the development of drugs for Alzheimer's disease.

Disclosure of Interest: None Declared

SP0026

New treatment perspectives for negative symptoms

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Abstract

Introduction: Persistent negative symptoms of schizophrenia are generally considered difficult to treat or treatment resistant. A large number of investigational drugs developed and/or tested for the treatment of persistent negative symptoms failed to show efficacy leading to pessimism in treatment and disinvestment in treatment research of negative symptoms.

Objectives: 1. To demonstrate, that available treatment methods – both pharmacological and non-pharmacological – are in fact effective for the treatment of negative symptoms of schizophrenia 2. To shortly summarize new drug research in this field.

Method: Review of research data.

Results: The overall estimate for the placebo effect had a medium effect size, with a Cohen's d value of 0.6444 ($SE = 0.091$).¹ The estimates for the placebo effect were similar in the add-on and monotherapy studies. Amisulprid was superior to placebo, cariprazine was superior to risperidone, and “direct comparisons of antipsychotics in patients with predominant negative symptoms indicated no significant difference between amisulpride and olanzapine and between asenapine and olanzapine...”² Various non-pharmacological interventions improved negative symptoms in randomized controlled trials relative to treatment as usual (e.g. social skills training, music therapy, non-invasive brain stimulation, mindfulness, and exercise-based interventions)³ There is a progress in research with non-dopaminergic agents for the treatment of negative symptoms (e.g. pimavanserin, roluperidon, ulotaront).

Conclusions: For medication classes other than antipsychotics and antidepressants, we found no reliable support for evidence-based recommendations for using these agents in the treatment of negative symptoms in clinical practice. Effect sizes for psychosocial interventions range from small to moderate. The use of placebo has shown a clinically significant positive effect on negative symptoms, a finding that warrants further research and provides a sense of optimism regarding potential therapeutic benefits.

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3. Savill, M. Psychosocial/non-pharmacologic treatment of negative symptoms: focus on efficacy. In: Bitter I. (ed): *Managing Negative Symptoms of Schizophrenia*, Oxford University Press, 2020, p. 87

Disclosure of Interest: None Declared

SP0027

Cardiovascular and metabolic issues in the treatment of schizophrenia: focus on the management of negative symptoms

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Abstract: Mortality from cardiovascular disease is increased in people with mental health disorders in general and schizophrenia in particular. The causes are multifactorial, but it is known that antipsychotic medication can cause cardiac side-effects beyond the traditional coronary risk factors. Schizophrenia itself is a contributor to an increased risk of cardiovascular mortality via cardiac autonomic dysfunction and a higher prevalence of metabolic syndrome, both contributing to a reduced life expectancy.

Overall, management of cardiovascular risk within this population group must be multifaceted and nuanced to allow the most effective treatment of serious mental illness to be conducted within acceptable parameters of cardiovascular risk; some practical measures are presented for the clinical cardiologist.

Disclosure of Interest: None Declared

SP0028

Validation of the rating scales for negative symptoms: new strategies

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doi: 10.1192/j.eurpsy.2024.75

Abstract: Negative symptoms of schizophrenia are linked with poor functioning and quality of life. Therefore, appropriate measurement tools to assess negative symptoms are needed. The NIMH-MATRICS Consensus defined five domains for negative symptoms. We used the COSMIN guidelines for systematic reviews to evaluate the quality of psychometric data of negative symptom scales as Clinician-Rated Outcome Measure (ClinROM). COSMIN assesses risk of bias, so called updated criteria of measurement properties, a modified GRADE approach and a final judgement on the rating scale. In the lecture the process will be described using the Brief Negative Symptom Scale and the Clinical Assessment Interview for Negative Symptoms (CAINS) as examples.

Disclosure of Interest: None Declared

SP0029

Digital treatments for affective disorders: an integrated overview

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doi: 10.1192/j.eurpsy.2024.76

Abstract: Affective disorders represent a category of psychiatric syndromes with high prevalence and associated disability. While effective, both pharmacological and psychosocial, treatments are available for depression and bipolar disorder, the many therapeutic needs of affected patients are far from being properly addressed under routine conditions. Along the past decade, several digital treatments, tools and approaches have been developed and tested in clinical settings, showing an highly promising potential to fill the treatment gap of affective psychopathology. In more detail, reviewed here will be telepsychiatry solutions for affective disorders, also encompassing the available officially approved digital therapies for major depression and bipolar disorder. Furthermore, the impact of artificial intelligence, serious gaming, social media and virtual/augmented reality in the treatment of mood disorders will be also discussed, in the light of the most recent research evidence on these topics.

Disclosure of Interest: None Declared

SP0030

Tackling adversity through innovation: A pilot study exploring VR as a tool to identify and diagnose depression

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Abstract

Introduction: The final aim of the EXPERIENCE project is to enable individuals to record and share extended-personal realities in Virtual Reality (VR) - which entails the consideration of a person's neurophysiological, psychological, and cognitive states. One prospective application is using this technology to aid in assessing symptoms of affective disorders.

Objectives: The objective is to test the ability of a pre-designed VR environment to differentiate between individuals with depressive symptoms and healthy controls (HCs) via machine learning algorithms.

Methods: Conducted as a pilot study in Italy, we recruited 100 volunteers, comprising 50 HCs and 50 individuals with moderate depressive symptoms assessed via the PHQ-9. Through a 40–60-minute VR engagement, comprehensive data on cognitive (inc. cognitive flexibility, sustained attention, working memory, processing speed), behavioral (exploration, attentional bias), and physiological (heart-rate variability, skin conductance) variables was collected. Subsequently, an explainable artificial intelligence model (xAI) was trained on data from 80% of the sample and tested on the remaining 20% in terms of accuracy for between-group classification.

Results: Following an iterative process that considered both the importance assigned to each variable in the different models and

the theoretical relevance of these variables to depression the final model achieved an average accuracy of 71% (with individual trials ranging from 64.5% to 77.1%). Key predictors included exploratory behaviors and heart-rate variability during both exploration and cognitive tasks.

Conclusions: These results are comparable, however remain below the levels of accuracy achieved based on fMRI and DTI data alone (around 80%). Nonetheless, the EXPERIENCE system, slated for refinement beyond this pilot phase, shows potential in integrating multimodal data for evaluating affective disorder symptoms, aiming for a more objective screening and diagnostic approach at a lower cost.

Acknowledgement: The EXPERIENCE project is funded by the European Commission H2020 Framework Program, Grant No. 101017727.

Disclosure of Interest: None Declared

SP0031

Effectiveness and usability of an e-health system on depression among patients with somatic disorders

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Abstract

Introduction: An increase in the prevalence of depressive symptoms can be seen in patients with severe somatic conditions, with a reduction in quality of life, an increase in sleep disturbances and an increased risk of suicide as some of the most serious consequences. However, few evidence-based interventions have been developed with the aim of reducing this comorbidity. The NEVERMIND system aims to address this issue by collecting psychometric and biomedical data via a smart shirt and a mobile app, which are used to predict patients' depressive symptoms. Patients are then directed to personalised lifestyle behavioural advice, mindfulness-based therapy, and cognitive behavioural therapy.

Objectives: The primary objective was to evaluate the effectiveness of the NEVERMIND system in reducing depressive symptoms in patients with somatic conditions compared to treatment as usual. Secondary objectives included the system's effectiveness in preventing depressive symptoms, sustaining the effects at 24 weeks post-baseline, and reducing suicide ideation. Besides these, the usability, acceptability, and satisfaction of the system were examined in patients with breast or prostate cancer.

Methods: For this pragmatic randomised controlled trial, 425 patients diagnosed with myocardial infarction, breast or prostate cancer, kidney failure, or lower limb amputation were recruited from hospitals in Turin, Pisa and Lisbon. Data collection occurred at baseline, 12 weeks, and 24 weeks, with the primary outcome being depressive symptoms at week 12, measured by the Beck Depression Inventory II. Regarding the usability, acceptability and patient satisfaction, data from 288 patients was used.

Results: The intervention group included 213 and the control group 212 patients, with the sample's mean age being 59.41 (SD=10.70). Patients who used the system reported having statistically significant lower depressive symptoms at 12 weeks (mean difference=-3.05, $p=0.004$; 95%CI -5.12 to -0.99) compared to controls, with a clinically relevant effect size (Cohen's $d=0.41$). Furthermore, significant reductions were found for suicide ideation (mean difference=-0.61, $p=0.020$; 95%CI -1.13 to -0.10) and incidence of depressive symptoms at week 12 (OR=0.43, $p=0.019$; 95%CI 0.22 to 0.87). The decrease in depressive symptoms was sustained at week 24 (mean difference=-1.34, $p=0.015$; 95%CI -2.41 to -0.26). The system was found to have good usability, with women rating the system more favourably than men and valuing its emotional support, while men used the system more frequently than women and valued the self-awareness that the system encouraged.

Conclusions: The NEVERMIND system was shown to be superior to standard care in reducing and preventing depressive symptoms among the studied sample. A new project will be launched in the near future to continue the examination of the system's effectiveness.

Disclosure of Interest: None Declared

SP0032

Inflammatory based psychotic symptoms: when psychosis means encephalitis

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Abstract: Schizophrenia, as one of the most common disorders from the psychotic spectrum is most commonly detected in the phase of first psychosis and may pose a diagnostic challenge, as commonly comprise a heterogeneous group of schizophrenias, with distinct clinical presentations. If it detected in its prodromal phase without clearly developed psychotic symptoms, the diagnosis is even more unreliable, as the transition to full blown psychosis in the next two years happens in 15-40% of more, depending probably on a variety of cumulative environmental risk factors (including childhood trauma, the use of high-potency cannabis, urbanicity, season of birth). Moreover, the first episode psychosis may underlie for example the first manic episode, brief intermittent psychotic symptoms in persons with borderline personality disorders, acute reaction to trauma, the use of cannabis and psychostimulants and different organic causes, such as endocrinologic disorders and autoimmune encephalitis. Therefore, in everyday clinical practice, the diagnosis of first episode psychosis always requires an assessment of possible causes of psychosis, and also factors that may influence prognosis and treatment. Usual assessment include detailed anamnestic and heteroanamnestic data, physical examination, standard blood laboratory findings, drugs in urine/ blood, EEG and CT/MR scan. The absence of typical risk factors for schizophrenia, as well as the absence of premorbid symptoms and developmental course typical for schizophrenia, abrupt course of psychotic symptoms, symptoms such as disorientation,

catatonia, speech disturbances, alteration of consciousness, neurologic signs, autonomic dysfunction and laboratory aberrations may be especially indicative for organic cause and possibly encephalitis and require further confirmation with the analysis of cerebrospinal liquor with antineuronal antibodies.

Disclosure of Interest: None Declared

SP0033

Childhood trauma as a predictor of social cognition disturbances across psychosis spectrum: Data from the PREGAP Study

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Abstract

Introduction: Childhood trauma is a severe form of stress that has been strongly related to both the appearance of a psychotic disorder and the existence of social cognition disturbances. We hereby hypothesize childhood trauma might be a transdiagnostic marker of social cognition disturbances across the psychosis spectrum, regardless of the main diagnosis.

Objectives: To investigate the effect of different forms of childhood trauma in social cognition impairments in first-episode psychosis, at-risk mental states for psychosis and healthy controls.

Methods: Using cross-sectional data, we will examine the relationship between different kinds of childhood trauma (measured with the Childhood Trauma Questionnaire, CTQ) and several social cognition domains, including facial emotion recognition, theory of mind (assessed using the Movie Assessment for Social Cognition, MASC, The Hinting Task, and the Faux-Pas Questionnaire). Intra and inter-group differences be studied for three study groups, including patients with first-episode psychosis (n=60), subjects with at-risk mental states for psychosis (n=60), and healthy controls (n=60).

Disclosure of Interest: None Declared

SP0034

Childhood trauma as a transdiagnostic risk factor: clinical implications and preventive interventions

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doi: 10.1192/j.eurpsy.2024.81

Abstract: Abstract: This presentation seeks to explore the interplay between various types of psychological traumas and their potential correlation with the development of distinct types and severities of

eating disorders. Emphasis will be placed on elucidating the underlying biological underpinnings and psychological and developmental factors that contribute to the manifestation of diverse eating disorder phenotypes in individuals who have experienced childhood maltreatment.

Drawing upon existing research and novel insights, I will present some data from studies investigating the notion that the observed variations in eating disorder presentations may be linked especially to environmental influences. Contrary to the conventional focus on genetic determinants, our findings suggest that the differential ecophenotypic expression of eating disorders may not solely be attributed to DNA variants but rather to the complex interplay between genetic predispositions and environmental contexts.

In particular, I will expose the concept of an ecophenotype characteristic of eating disorders associated with childhood maltreatment, positing that the unique ecological context in which an individual is raised significantly influences the trajectory and severity of their eating disorder. This exploration extends beyond a mere examination of genetic markers, shedding light on the environmental and ecosystemic factors that shape the development of an individual's relationship with food and body image.

Disclosure of Interest: None Declared

SP0035

How is trauma a transdiagnostic risk factor? A biopsychosocial model of risk and protective mechanisms following childhood trauma

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doi: 10.1192/j.eurpsy.2024.82

Abstract: Traumatic exposure is a common global problem across nations. It is currently well established that childhood trauma is associated with increased risk for psychopathology transdiagnostically, with children having experienced trauma being twice as likely to develop a mental health condition compared to those who have never experienced trauma. According to population-based studies, this heightened risk for the emergence of mental health disorders persists throughout adolescence and adulthood. The risk for psychopathology seems to be most marked in children exposed to interpersonal violence (child emotional and physical abuse, neglect, sexual violence). In this presentation, we will summarize the results of an increasing number of published studies that have examined the mechanisms underlying vulnerability to psychopathology following childhood trauma and protective factors that buffer this risk. Specifically, we will highlight the role of emotion dysregulation and interpersonal difficulties, related to disrupted threat processing following trauma exposure, in mediating the impact of trauma on internalizing and externalizing symptoms. Research studies have also identified protective factors across the lifespan that might mitigate these outcomes, including social support and emotional skills building. Based on this review, we will suggest a conceptual transdiagnostic and biopsychosocial model of risk and resilience, which can provide opportunities and targets for early interventions and treatment, at the

primary and secondary healthcare levels, as well as the social, public health and community levels. Our model is based on a socioecological and multisystemic paradigm of risk and resilience, where resilience is conceptualized as an interaction between individuals and resourceful environments and communities.

Disclosure of Interest: None Declared

SP0036

Life narratives of individuals with psychosis in ethnic minority and migrant communities in Canada and the Netherlands

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doi: 10.1192/j.eurpsy.2024.83

Abstract

Background: Increased psychosis risk has long been reported for some migrant and ethnic minority populations, a finding has been replicated in different parts of the world, with risk seeming to persist for further generations. Several explanations such as genetic liability or selective migration, higher cannabis-use or higher exposure to neurodevelopmental risk factors were considered unlikely explanations. Rather, exposure to adversity experiences found to be a determinant of psychotic disorders, such as parental separation, social and economic disadvantage, discrimination, social exclusion and marginalization. Additionally, migrants often live in cities, where high population density, low social cohesion and social fragmentation and deprivation, combined with lack of green space and urban stress increase the psychosis risk. Although previous research work has emphasized the quantitative exploration of social-environmental determinants of psychosis, qualitative studies allow for the generation of innovative, rich and nuanced understandings about a given phenomenon, being an ideal approach in face of complex social dynamics and contexts. Concretely, the associations are established, however, the underlying mechanisms and experiences remain largely unknown.

This study aims to address several research gaps identified in research on the issues of psychosis, socio-environmental determinants of mental health, migration and ethnicity, and inequalities by exploring the life narratives and experiences of service-users with first psychosis with distinct ethnic, racial and migrant backgrounds.

Methods: Participants aged between 18 and 35 years old, who have been diagnosed with a first psychosis are recruited in Montreal, Canada, and in the Netherlands. The aim is to recruit at least 20-25 individuals from each site, but recruitment is still ongoing. Qualitative interviews of about an hour are being held, and transcripts will be analyzed with Nvivo, software for qualitative data. Categories and clusters will be formed from the narratives, resulting in common themes that are important to the patients, in their understanding of the development of their psychosis, and the help they have received.

Results: Preliminary data show that the patients have predominantly African or (Eastern)European background, moved around a lot, and experiences inequities. Help and care were not always available for them, not always beneficial. Participants experiences a lot of isolation and displacement, together with socio-economic

disadvantages. Common themes as to by which mechanisms these aspects play a role will further be explored.

Discussion: These findings will be discussed in light of the quantitative data already existing. Implications for prevention and interventions will be discussed.

Disclosure of Interest: None Declared

SP0037

Environmental determinants of mental health in clinical practice

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Abstract: According to the latest Intergovernmental Panel on Climate Change (IPCC) Report (2022), climate changes (e.g. rising sea levels and temperatures and) are noticeable and intensifying on the entire planet. Extreme weather events or ecological disasters are occurring with increased frequency and intensity. Anthropogenic climate change has been called “the defining issue of our time” (United Nations, 2022) and “the greatest threat to global health in the 21st century” (World Health Organization, 2015). Health impacts from climate change may include increased morbidity and mortality from worsening cardiopulmonary health, and greater risk of infectious diseases and mental illness. During this lecture, we will discuss environmental aspects that clearly have a negative impact on the mental well-being of the general population and, more specifically, the psychiatric population. The focus will primarily delve deeper into climate anxiety.

Disclosure of Interest: None Declared

SP0038

Updating Code of Ethics of the Psychiatric Association of Turkey: process and content

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the Working Group on Updating Code of Ethics-Section for Human Rights and Ethics/ Psychiatric Association of Türkiye and (Ayşe Ceren Kaypak, Ayşegül Yay, Berna Uluğ, Gonca Aşut, İbrahim Fuat Akgül, Raşit Tükel, Simavi Vahip)

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Abstract: *Science, Ethics, Solidarity...* These three words are mottos of Psychiatric Association of Türkiye (PAT), since its foundation in 1995. In accordance, PAT has Code of Ethics for more than 20 years. There are many developments and changes both in practicing psychiatry and in the community in the last couple of decades. As a result, many new ethical questions, dilemmas and

approaches arise for psychiatry. PAT had decided to update the Code of Ethics about two years ago and the updating process is almost on the edge of finalization.

In this presentation, main points of the updated and newly written principles will be summarized with special references to recent developments in the world and updated or newly written international Code of Ethics such as, EPA, WPA, and several national associations' documents.

One of the most important outcome and benefit of such an updating process is modelling the project on a participatory base, having wide feedback and inputs from experts (as many as possible, enriched by diverse interests of related disciplines) and reaching as many colleagues as possible from different working conditions. A six step project with this perspective was prepared and implemented, and will be summarized in the presentation for international exchange of experiences.

Disclosure of Interest: None Declared

SP0039

Epigenetic biomarkers of borderline personality disorder with severe suicidal behaviors

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doi: 10.1192/j.eurpsy.2024.86

Abstract: Borderline personality disorder (BPD) is associated with excess suicide risk, natural-cause mortality, comorbid medical conditions, poor health habits and stress related epigenomic alterations. This presentation will report findings of *BDNF* and stress system associated epigenetic alterations in a group of severely impaired BPD and suicidal patients. Further, findings of GrimAge – a state-of-the-art epigenetic age (EA) estimator- in patients with BPD and attempted suicide patients will be presented. Genome-wide methylation patterns were measured using the Illumina Infinium Methylation Epic BeadChip in whole blood from well characterized 97 BPD patients, 88 suicide attempters and 32 healthy controls.

Disclosure of Interest: None Declared

SP0040

Energy metabolism disturbance, altered neuronal development and glutamatergic signalling in human derived neuronal cell models of ADHD

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Abstract: Despite major advances in research into the neurobiological basis of mental illness, there have been hardly any new developments in new drug therapies. As there are approximately 30% of affected individuals that do not respond sufficiently to available treatments, there is a significant unmet medical need for new therapeutic approaches. About 90% of novel substances that have shown promise in animal studies are not effective in clinical trials. Recent research on human induced pluripotent stem cells (hiPSC) could lead to the use of more human-tailored models in this field. iPSC-derived cell models and organoids may be very attractive for preclinical screening and bridge the gap between in vitro and in vivo studies, reducing animal testing. However, the next steps must first demonstrate the validity and reproducibility of the initial functional results from the hiPSC models of mental illness. In our own studies on neuronal cell models of patients with attention-deficit/hyperactivity disorder (ADHD) with rare PARK2 gene variants, we were able to show evidence of mitochondrial dysfunction and impaired energy metabolism. Additionally, we have first hints at a oxidative dysbalance which could be as well targeted by medication. In a model of cortical development of ADHD patients with common variants in the ADGRL3 gene, we found first evidence for altered neuronal maturation as well as abnormalities in calcium metabolism and glutamatergic functionality compared to cells from healthy controls. In summary, these first results are promising that hiPSC models can contribute new insights into cellular pathomechanisms of mental and neurodevelopmental disorders and the development of new, individualised therapeutic approaches.

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SP0041

Liaison Psychiatry model intervention in Switzerland

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Abstract: Consultation and liaison psychiatry (C-L psychiatry) in Switzerland can look back on a long tradition. It began in French-speaking Switzerland back in the 1960s and gradually spread throughout the country. Currently, C-L services are present throughout the country, although they differ greatly in terms of their services and dimensions. University hospitals and larger cantonal hospitals have extensive and differentiated services, while smaller hospitals in peripheral regions only offer basic services. There are also major differences in the financing models, which are decisive for the range of services offered. The question of funding, which has not yet been resolved satisfactorily despite various models and strategies, including at national level, is highly relevant for the further development and even the continued existence of C-L services. The introduction of the subspecialization in C-L

psychiatry in 2010 and the lively training and CPD activities are of great importance for quality of the delivered services.

Disclosure of Interest: None Declared

SP0042

Consultation-Liaison Psychiatry in Italy: historical development and models of intervention

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Abstract: The birth of Consultation-Liaison (CLP) in Italy was made possible thanks to Act 180/1978, which started a 20-year-process that led to closing asylums and fostered the implementation of small psychiatric units within the general hospitals. In the meantime, Italian CLP grew steadily, fostered also by the enactment of two “Objective Mental Health Care” Plans (1994-1996 and 1998-2000), that led to the implementation of the organizational model of the mental health department (MHD).

As far as psychiatric referrals are concerned, the first Plan states that the MHD covers all territorial and hospital-based activities, in order to assure, among other services, the integration with hospital (with special attention paid to the Emergency Department and to consultation activity in non-psychiatric hospital wards) and general medicine (as well as other sectors, including mother and child health care).

With respect to psychiatric referral, the Second Plan states that “In the 24 months following the entry into force of the Plan, MHDs will adopt guidelines and procedure concerning several issues, including consultation-liaison activity in non-psychiatric hospital wards (which also includes mental health care for “psychiatric” patients hospitalized for non-psychiatric disease in the general hospital) and in Department of Addictions (for alcohol and other substances use disorders. According to the second Plan, Community Mental Health Services (CMHCs) provide, among other performances, CLP activity for general practitioners. Inside general hospitals, psychiatric referrals to non-psychiatric wards are provided by inpatient psychiatric units, when CLP Services are not available.

Since a standard definition of psychiatric consultation is not available, the one provided by the Italian region Emilia-Romagna will be used. The Region includes “consultation” among mental health services provided by CMHCs, and defines it as follows: “Psychiatric or psychological assessment carried out upon request from other [non psychiatric] Departments. The consultation includes both clinical interview with the patient and the medical report for the department that referred the patient.” The ways to identify consultation as one among other types of services provided by the MHD are defined, to count the overall number of consultations and monitor the clinical activity of health professional working in the different branches of the MHD. The following types of consultations are reckoned: consultations requested by general practitioners (who work within the Primary Care Department); consultations requested by the Department of Addiction (a branch of the MHD); and consultations requested by the Department of Child-

Adolescent Psychiatry (which, as the previous one, is a branch on the MHD).

Disclosure of Interest: None Declared

SP0043

Models of liaison psychiatry in different countries and the role of liaison psychiatrists as promoters of public and community mental health

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doi: 10.1192/j.eurpsy.2024.90

Abstract: Consultation-Liaison (CL) psychiatry is the branch of psychiatric practice developed to offer support to patients with concomitant non-psychiatric diseases. In Portugal, most hospitals follow a model delivered by teams with Psychiatrists and Psychologists that support the medical team in wards. They act by advising directly other specialties’ colleagues after the observation of the patient and/or discussion of the case.

Bigger units, such as Santa Maria Hospital, in Lisbon, have tried a model of proximity to the community medical centers participating in local medical meetings, training of family doctors, discussing clinical situations directly and even doing psychiatric consultations, in community centers. This approach intends to extend primary mental health interventions and promote treatment in the community.

Disclosure of Interest: None Declared

SP0044

Sex differences in addiction: gonadal hormones and substance use effects in women

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Abstract: Substance use disorders (SUD) affect differentially women and men. Although the prevalence has been reported higher in men, those women with addictive disorders present a more vulnerable profile and are less likely to enter treatment than men. The aim of this presentation is to present an overview of how gonadal hormones may influence in response to substances, clinical differences in the addictive disorders and implications in treatment response. Ovarian steroid hormones (estrogen, progesterone), the metabolites of progesterone, and negative allosteric modulators of the gamma-aminobutyric acid A (GABA-A) receptor, such as dehydroepiandrosterone (DHEA) may influence the behavioral effects of drugs.

Disclosure of Interest: None Declared

SP0045

Women with internet related disorders- illustration of an in-depth clinical assessment and personalized treatment approach

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doi: 10.1192/j.eurpsy.2024.92

Abstract: Towards a personalized response to public health issues of PIU in women, understanding female profiles of problematic internet users and their underlying psychosocial characteristics is a crucial preliminary step.

Mobile Problematic Internet Use (PIU) is most likely present in young females, with heavy pattern of use being specifically associated to some online activities including communication, buying, video gaming and video watching.

The present talk will introduce epidemiological data on female with PIU in Europe, and will afterwards describe clinical assessment and treatment of a young female suffering from mobile PIU.

Assessment found heavy social networks (SNs) use, being mainly explained by dysfunctional coping to low self-esteem and traumatic sexual experiences in her biography.

Psychotherapy consisted in CBT for excessive time devoted to SNs, relocating life-priorities and cognitive remediation targeting self-esteem, self-compassion, and assertiveness.

Behind quantitative data on PIU in female, each patient has specific needs for treatment that should be identified in order to address PIU. Care process model used at ReConnecte since a decade allows for a comprehensive assessment of each PIU.

Disclosure of Interest: None Declared

SP0046

Diagnosis & Treatment Options in Depression with comorbid Dementia

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doi: 10.1192/j.eurpsy.2024.93

Abstract: Depression and Dementia Professor Allan H Young, Head of Academic Psychiatry, Maudsley Hospital and King's College London UK. allan.young@kcl.ac.uk

Mood Disorders are common, encompass cognitive impairments and occur in later life including first onset after the age of 50 years of age. There is a considerable overlap between depression and dementia. The relationship between depression and dementia will be reviewed and the implications for diagnosis and treatment will be discussed. Novel agents targeting alternative neurotransmitter pathways and inflammatory processes are promising potential treatment options. Neurostimulation treatments play a role with ECT at present having the best utility for late onset depression.

Key words: depression, dementia, antidepressants; pharmacotherapy

Disclosure of Interest: A. Young Grant / Research support from: Principal Investigator in the Restore-Life VNS registry study funded by LivaNova. Principal Investigator on ESKETINTRD3004: "An Open-label, Long-term, Safety and Efficacy Study of Intranasal Esketamine in Treatment-resistant Depression." Principal Investigator on "The Effects of Psilocybin on Cognitive Function in Healthy Participants" Principal Investigator on "The Safety and Efficacy of Psilocybin in Participants with Treatment-Resistant Depression (P-TRD)" Principal Investigator on "A Double-Blind, Randomized, Parallel-Group Study with Quetiapine Extended Release as Comparator to Evaluate the Efficacy and Safety of Seltorexant 20 mg as Adjunctive Therapy to Antidepressants in Adult and Elderly Patients with Major Depressive Disorder with Insomnia Symptoms Who Have Responded Inadequately to Antidepressant Therapy." (Janssen) Principal Investigator on "An Open-label, Long-term, Safety and Efficacy Study of Aticaprant as Adjunctive Therapy in Adult and Elderly Participants with Major Depressive Disorder (MDD)." (Janssen) Principal Investigator on "A Randomized, Double-blind, Multicentre, Parallel-group, Placebo-controlled Study to Evaluate the Efficacy, Safety, and Tolerability of Aticaprant 10 mg as Adjunctive Therapy in Adult Participants with Major Depressive Disorder (MDD) with Moderate-to-severe Anhedonia and Inadequate Response to Current Antidepressant Therapy." Principal Investigator on "A Study of Disease Characteristics and Real-life Standard of Care Effectiveness in Patients with Major Depressive Disorder (MDD) With Anhedonia and Inadequate Response to Current Antidepressant Therapy Including an SSRI or SNR." (Janssen) UK Chief Investigator for Compass; COMP006 & COMP007 studies UK Chief Investigator for Novartis MDD study MIJ821A12201, Consultant of: Paid lectures and advisory boards for the following companies with drugs used in affective and related disorders: Flow Neuroscience, Novartis, Roche, Janssen, Takeda, Noema pharma, Compass, Astrazenaca, Boehringer Ingelheim, Eli Lilly, LivaNova, Lundbeck, Sunovion, Servier, Livanova, Janssen, Allegan, Bionomics, Sumitomo Dainippon Pharma, Sage, Neurocentrx

SP0047

Do antidepressants lead to weight-increase? Antidepressant therapy and long-term changes in body mass index, waist circumference and fat mass - A prospective, population-based study

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Abstract: The presentation will focus on long-term weight changes in patients with major depressive disorder who use antidepressants. Research studying weight change over periods of more than 12 months is scarce and the effects of depressive episodes and antidepressants on weight changes have rarely been assessed simultaneously. Using data of a prospective population-based CoLausPsyCoLaus study, data on the associations of antidepressant use prior to baseline and during a 5.5-year follow-up with

changes in adiposity markers and multiple adjustments including for the effects of depressive episodes will be presented. The cohort included 2479 randomly selected 35 to 66 year-old white residents (mean age 49.9 years, 53.3% women) of an urban area who accepted the physical and psychiatric evaluations at baseline and follow-up (76.8% participation at the follow-up). Diagnostic information on mental disorders, treatment use including psychotropic drugs was elicited using a semi-structured interview. Independently of the effect of antidepressants used during the follow-up and the effects of depressive episodes, the number of any antidepressant compounds used prior to baseline was associated with lower increase of body mass index (BMI), whereas the use of antidepressants during the follow-up was associated with steeper increase in BMI and waist circumference. Within AD classes, the use of tricyclic AD (TCA) and selective serotonin reuptake inhibitor (SSRI) prior to baseline was associated with lower increase, the use of SSRI during follow-up was associated with steeper increases in BMI. Similarly, the use of SSRI prior to baseline was associated with lower increase, the use of TCA and SSRI during the follow-up was associated with steeper increase in waist circumference. Finally, the use of SSRI during follow-up was also associated with steeper increase in fat mass. The findings support unfavorable obesogenic effects of sustained treatment not only with TCAs but also with SSRIs, suggesting that the benefit of long-term administration of these AD classes should be carefully weighed against the potential risk of weight gain.

Disclosure of Interest: None Declared

SP0048

Gender Diversity-Related Mental Health Care: Evidence, Trends, Obstacles

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doi: 10.1192/j.eurpsy.2024.95

Abstract: Gender identity may be experienced within a broad spectrum beyond the binary understanding of sex concerning genital characteristics. In people with gender identities not congruent with the gender culturally associated with the sex assigned at birth, distress related to biopsychosocial correlates of this condition may arise. In current diagnostic systems, this is considered within the framework of “Gender Incongruence” (ICD-11) and “Gender Dysphoria” (DSM 5). Although this diversity is known to be present throughout the ages, the terms related to gender identity were introduced to medical literature a hundred years ago. They were popularized with the advances in medical procedures that assist individuals in acquiring physical features aligning with their gender identity and expression. There has been an increase in research interest with increasing numbers in medical centers working on gender-affirmative medical procedures. Starting from the 1970s, international organizations prepared guidelines on the standards of care for trans and gender diverse (TGD) individuals. Despite all the progress in the gender-affirming medical care provided to TGD individuals and the changes in the legal recognition of gender, health inequalities persist globally. The discrepancy in mental and physical health

conditions has long been shown to be associated with “minority stress.” The minority stress perspective suggests that distal and proximal chronic stressors arising from society are associated with adverse health outcomes for TGD individuals. Resilience against these stressors is more robust with better coping styles and social support. Lately, structural stigma and discrimination have been shown to be an important source of inequality. Therefore, much more progress is still required with respect to societal inequalities, human rights, and structural transphobia for the improvements in medical care to impact the global health condition of TGD people. However, lately, there have been attempts to restrict TGD individuals’ access to medical care and their legal rights, even if they were not close to the level they ought to be. This backlash mostly sits on the discussion on the management of TGD adolescents and children. Models of care for these age groups have been developed for decades, and despite evidence of the protective and beneficial effects on health and development, in many countries, there are attempts to block their access to medical care. Growing debate on TGD care turned into a political combat, where scientific evidence and human rights perspectives are often ignored. These tendencies present a strong challenge for public health and the professional identity and practice of healthcare professionals.

Disclosure of Interest: None Declared

SP0049

Investigating LGBTQ affirmative attitudes and needs for better practice among Hungarian healthcare professionals

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doi: 10.1192/j.eurpsy.2024.96

Abstract: Introduction: LGBTQ (lesbian, gay, bisexual, transgender, queer) people often do not seek health care and do not identify as LGBTQ people because of fear of judgment, stereotyping, and discrimination by health professionals. All of this is a particularly worrying phenomenon, because various mental difficulties, risky behaviors, and certain types of somatic and psychosomatic diseases may appear in a higher proportion among them.

Objectives: Attitudes related to LGBTQ people were examined in several areas in Hungary. Most of our data comes from psychologists, however, a comprehensive examination of health professionals’ attitudes towards LGBTQ people has not yet been carried out.

Methods: In a cross-sectional online survey, we ask healthcare professionals (medical doctors, nurses, other graduate healthcare professionals and medical university students) to fill out our questionnaire. The participants complete the Modern Homonegativity Scale and the Lesbian, Gay, Bisexual and Transgender Clinical Skills Development Scale.

Results: We assume that the majority of Hungarian healthcare professionals have a neutral or positive attitude towards LGBTQ people, but they struggle with a significant lack of affirmative skills. We will present our results in detail in the presentation of the symposium.

Conclusions: There is an urgent need to provide the appropriate affirmative knowledge material to Hungarian healthcare workers.

Disclosure of Interest: None Declared

SP0050

Treatment recommendations and predictors in Eating DisordersF. Fernandez-Aranda^{1,2,3*}

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Abstract: Eating disorders are severe mental disorders with a high mortality rate - suicidality - and a high incidence in adolescence and early adulthood, especially in women. The course of these disorders is uncertain and treatment outcomes are limited, with successful outcomes in 50-75% of cases. For bulimia nervosa (BN) and binge eating disorder (BED), several factors, such as duration of the disorder, eating and general psychopathology, dysfunctional personality traits and cognitive impairment, have been found to be associated with treatment adherence and response. In anorexia nervosa (AN) and atypical ED (OSFED), treatment response is poorer, with higher dropout rates and longer duration and chronicity. In this presentation, we will describe recent prospective observational studies in large samples of EDs analysing clinical, personality and cognitive predictors of treatment response in eating disorders, as well as potential associated neurobiomarkers. Optimisation of health care resources and transitions, as well as early and effective personalised treatments, can change the trajectory of EDs.

Disclosure of Interest: F. Fernandez-Aranda Grant / Research support from: We thank CERCA Programme/Generalitat de Catalunya for institutional support. We also want to thank the Institut d'Investigació Biomèdica de Bellvitge (IDIBELL) and ISCIII (CIBERobn is its initiative). This research was supported by grants from Instituto de Salud Carlos III (ISCIII) (FIS PI20/00132) and co-funded by FEDER funds/European Regional Development Fund (ERDF), a way to build Europe. Additional support was received from the Delegación del Gobierno para el Plan Nacional sobre Drogas (2021I031) and Ministerio de Ciencia e Innovación (grant PID2021-124887OB-I00), but also AGAUR-Generalitat de Catalunya (2021-SGR-00824), European Union's Horizon 2020 research and innovation program under Grant agreement no. 847879 (PRIME/H2020, Prevention and Remediation of Insulin Multimorbidity in Europe) and the European Union's Horizon Europe research and innovation program under grant agreement No 101080219 (eprObes)., Consultant of: FFA received consultancy and speakers honoraria from Novo Nordisk.

SP0051

Treatment strategies in eating disorders with comorbid conditions and in under-represented clinical populations

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doi: 10.1192/j.eurpsy.2024.98

Abstract: Eating disorders (EDs) have long been thought to be conditions that only or mainly affect women, especially young, affluent, skinny girls and women in Western cultures. Mostly over the last decade, we have come to realize that EDs may affect individuals of all genders, ages, sexual orientations, ethnic, and socio-economic backgrounds. This, in turn, has implications for ED presentation and assessment, and the necessity for adjustments in the provided care according to diverse treatment needs. Here, we present and discuss current advances in ED-related research in underrepresented groups as well as the need to further incorporate diversity aspects in clinical care and research within the ED realm.

Disclosure of Interest: None Declared

SP0052

Reconceptualising depression along the endogenous-reactive spectrum: are different genes involved in depression depending on presence vs absence of exposure to stress?

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doi: 10.1192/j.eurpsy.2024.99

Abstract: Depression is a complex and highly heterogeneous disorder with an omnigenic and multifactorial background. This diversity is obvious not only in its symptomatic manifestation but also in its neurobiological underpinnings which is one potential factor contributing to the high observed rate of treatment resistance. Thus, subtyping depressions, understanding their distinct neurobiological and genetic background, and potentially developing biomarkers aiding their differential diagnosis may bring us one step closer to more effective treatment. The present talk will overview the different etiological factors contributing to the emergence of depression along an endogenous-reactive continuum, the contributory roles of different types of stress, different genes involved in distinct processes, and the potential consequences of conceptualising, diagnosing and treating depressions developing in the context or independently of current stress.

Disclosure of Interest: None Declared

SP0053

Is bipolar mixed depression associated with a good response to psychotropic augmentation?

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doi: 10.1192/j.eurpsy.2024.100

Abstract: Is bipolar mixed depression associated with a good response to psychotropic augmentation? Zoltán Rihmer Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest

and at the National Institute of Mental Health, Neurology and Neurosurgery, Budapest, Hungary.

Introduction: Suboptimal response to antidepressant pharmacotherapy (nonresponse or partial response but no remission) is the most challenging issue in the treatment of depressive disorders. Open and controlled clinical studies show that augmentation of the given antidepressant with lithium, atypical antipsychotics, antiepileptics and thyroid hormones are effective in 30-40% in such cases.

Objectives: To explore the possibility whether bipolar mixed depression is the ideal subject of good response to psychotropic augmentation.

Method: Literature review.

Results: Studies consistently indicate that in contrast to unipolar MDE (=MDD) the rate of antidepressant-resistant depression is higher not only in bipolar I and II depression but also in MDE with subthreshold bipolarity (bipolar mixed depression). However, lithium, atypical antipsychotic and antiepileptic (but not thyroid) augmentation works much better in bipolar depression and in unipolar MDE with subthreshold bipolarity (mixed depression) than in unipolar MDE without subthreshold bipolar features. In addition to this, almost all clinical predictors of good response to lithium/atypical antipsychotics/antiepileptics are classical bipolar markers (familial bipolarity, early onset, intradepressive hypomanic symptoms, agitation, cyclothymic temperamental, shorter episodes, more than three depressive episodes, and suicidality).

Conclusion: Considering that lithium, atypical antipsychotics and antiepileptics, but not thyroid stimulating drugs have more and less antimanic effect, these results suggest that treating intradepressive hypomanic symptoms in bipolar mixed depression is a new (if not the only) explanation among the several previously proposed mechanisms of action of successful psychotropic augmentation of antidepressants in patients with MDE.

Disclosure of Interest: None Declared

SP0054

Suicidal behavior in combat veterans with mood disorders

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doi: 10.1192/j.eurpsy.2024.101

Abstract: Introduction. Military conflicts are ubiquitous. There are many combat veterans around the world. The combat environment is characterized by violence, physical strains, separation from loved ones, and other hardships. Mood disorders and suicidality in combat veterans are a large and important issue.

Objectives: To discuss the pathophysiology and prevention of suicidal behavior in combat veterans with mood disorders

Methods: A review of the literature on suicidal behavior in combat veterans with mood disorders including own publications.

Results: Combat deployment may lead to multiple emotional, cognitive, psychosomatic symptoms, mood disorders, suicidal ideation and behavior. Pre-deployment, deployment and post-deployment adversities may increase risk of mood disorders and suicide in combat veterans. The act of killing in combat is a stressor which may raise suicide risk. Combat-related injuries are associated with significantly increased depression and suicide risk. Post-deployment difficulties of reintegrating into civilian life may lead to depression and suicidality. Studies suggest that suicidal behavior in combat veterans may have a neurobiological basis. Prevention of mood disorders and suicide among combat veterans should include pre-deployment screening to exclude individuals with psychiatric disorders; psychological support and prevention of harassment and/or abuse during deployment; psychosocial support after deployment; diagnosing and treating psychiatric and medical disorders including neurological disorders; frequent depression and suicide screening; education of mental and non-mental health clinicians, war veterans, their families and friends regarding signs/symptoms of mood disorders and suicidality; and restriction of access to lethal means.

Conclusion: Combat veterans are a unique population. They are frequently exposed to psychological, physical, and biological factors which are unusual for civilians or non-combat military veterans. We need to study the specific psychobiology of combat veterans to understand how to develop effective depression and suicide prevention interventions for this population.

Disclosure of Interest: None Declared

Abstract

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Case-based workshops

CBS0001

Antipsychotics and delirium: When to start and what to select

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doi: 10.1192/j.eurpsy.2024.102

Abstract: Antipsychotics are among the substances that are very frequently used for elderly people and dementia patients in particular. This is known from studies both in outpatient care and in nursing homes. They are often part of a polypharmacy. This group of substances is discussed in the context of the increased risk of falls, increased mortality and also - as here - in the context of the development of delirium.

On the other hand, antipsychotics are drugs for the treatment of delirium, whereby the question of their significance in modern delirium treatment is being asked anew. In the past, butyrophenones in particular have played a role here, partly because of their variable form of administration and also because of their low cardiac impact.

In the context of delirium prevention, the aim is to reduce the number of drugs on the one hand and the anticholinergic load of the drugs on the other. Algorithms and recommendations exist for this.

In the treatment of delirium, the focus is rightly placed primarily on non-pharmacological management. The use of antipsychotics should be reserved for severe states of agitation or agitation in the context of delirium. In other cases, careful judgement is required.

Disclosure of Interest: None Declared

CBS0002

Medication related problems in elderly patients treated with antipsychotics

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doi: 10.1192/j.eurpsy.2024.103

Abstract: Elderly patients treated with antipsychotics are often prescribed multiple medications simultaneously (polypharmacy), leading to an increased risk of various medication-related problems, including irrational polypharmacy, drug-drug interactions, and potentially inappropriate medications (PIMs). Polypharmacy may be rational with clear indications and benefits, but it becomes irrational when better alternatives are available. This irrational polypharmacy is associated with poorer clinical and economic outcomes, including a higher mortality rate. Antipsychotic polypharmacy in elderly patients with schizophrenia is not well-studied and, therefore, is not generally recommended. Long-term antipsychotic use in patients with dementia has also been linked to a higher mortality rate. PIMs, representing a greater risk than benefit, are prevalent in mental health institutions at all healthcare levels, with a prevalence ranging from 40% to 60%. Antipsychotics, along with benzodiazepines, are among the most commonly included in PIMs and polypharmacy in these institutions. Moreover, antipsychotics are frequently implicated in potential severe drug-drug interactions in elderly patients with mental disorders, particularly with antibiotics and antiarrhythmics.

Unfortunately, the existing treatment guidelines and meta-analyses mostly do not cover these aspects, which represent a gap between the 'real clinical' pharmacology and treatment guidelines. The speaker will summarize the medication-related problems in this population and present practical recommendations for daily clinical practice.

Disclosure of Interest: None Declared

CBS0003

Introduction and overview of offenders with intellectual disabilitiesK. Goethals^{1,2*}¹University Forensic Centre, Antwerp University Hospital, Edegem and ²CAPRI, University of Antwerp, Wilrijk, Belgium

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doi: 10.1192/j.eurpsy.2024.104

Abstract: Intellectual disability (according to the DSM-5) or intellectual developmental disorder (according to the ICD-11) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains. The term learning disability (LD) is also used, although this term shows more specifically deficits in the domain of learning. The term learning difficulties is often used for specific or generalized intellectual impairment that does not meet all of the criteria of LD.

The prevalence of learning disability in prisoners is about 10%. Up to 60% of male prisoners have learning difficulties. Prevalence rates for offending behaviour in patients with LD is higher than in the general population and show a large range, from 2-40%.

The main explanatory factor underlying the link between intelligence and offending is the lack of ability to manipulate abstract concepts. Poor academic performance, common in persons with LD, is also linked to offending.

With regard to sexual offending, some persons with LD may not have learnt the rules that define acceptable and unacceptable behaviour. Sexual offences may amount to inappropriate, impulsive expressions of emotion rather than premeditated violent acts. Violent behaviour in the LD population may be due to frustration, impulsivity or poor problem solving skills. There is no significant difference in the frequency of violent or property offences between individuals with LD and those without. However, sex offences and fire-setting are frequently seen in individuals with LD.

Persons with LD are vulnerable suspects and may also be disadvantaged by the criminal justice system because of a lack of appropriate support and legal representation from early stages in the process.

In this introductory paper these themes will be addressed.

Disclosure of Interest: None Declared

CBS0004

The psychiatric assessment including fitness to participate in court proceedings for defendants with intellectual disabilities

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doi: 10.1192/j.eurpsy.2024.105

Abstract: The very brief presentation will describe the initial approach to the psychiatric assessment of the case presented including the issue of fitness to participate in court proceedings.

The use of screening tools at court to identify people with intellectual disabilities will be highlighted along with what support can be provided for vulnerable offenders in attending court. The potential disposal options for the court such as prison or hospital or community will be outlined. Variation in practice across European countries needs further discussion to ensure the rights of defendants with intellectual disabilities are safeguarded during their participation in court proceedings

Disclosure of Interest: None Declared

CBS0005

Case-based Workshop: Presentation of offenders with intellectual disabilities: towards an open and inclusive treatmentF. Saeedzadeh Sardahae^{1,2,3*}¹Psychiatry, St Olav University Hospital; ²Psychiatric clinic, Lukasstiftelsen and ³Psychiatric clinic, Advansmedical, Trondheim, Norway

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doi: 10.1192/j.eurpsy.2024.106

Abstract: Legal frameworks and the challenges for treatment and rehabilitation of offenders with intellectual disabilities Speaker: Farzaneh Saeedzadeh Sardahae, MD, PhD, Consultant psychiatrist St. Olav University Hospital, Trondheim, Norway

Lack of timely diagnostic and treatment for mild intellectual disability amongst offenders presents special challenges to clinicians and prison system alike. On the one hand, appropriate treatment for their psychiatric symptoms may not be implemented as they can be mislabeled primarily as behavioral issues. Different approaches to such perceived behavioral issues within judiciary (or prison) system and health care system is a potential conflict area. On the other hand, treatment and rehabilitation of offenders with intellectual disability require both resources and expertise that may not be readily available in prison systems, pre- or past sentencing. Furthermore, the scope of such challenges varies greatly based on different legal frameworks for sentencing offenders with intellectual disability within Europe.

In the first section an overview of Norwegian legal framework for offenders with intellectual disability is briefly presented. Then using the example of a young female offender with mild intellectual disability, drug dependence and multiple psychiatric morbidities, the speaker examines complexities of dual diagnoses, interdisciplinary and multiagency cooperation follow-up and challenges faced in the recovery process. A brief introduction to the current Norwegian follow-up system for offenders with intellectual disability is discussed before examining recent changes in legal framework for sentencing offenders with intellectual disability in Norway, and its ramifications, as well as potential benefits for treatment and future rehabilitation of offenders. Finally, the speaker reflects on points for further improvement, especially considering the multi-agency nature of treatment and rehabilitation of offenders with intellectual disability.

Disclosure of Interest: None Declared

CBS0006

The “Hector” case and the community rehabilitation of offenders with Intellectual Disability and psychiatric disorders

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Abstract: Hector, 44 years, with mild Intellectual Disability and impulse control disorder, committed serious sexual offences against two children of his partner. Considered “socially dangerous”, he was put in prison, then with a deferment of the enforcement of the prison sentence in the forms of home detention he was hospitalized in a psychiatric facility due to his depressive condition. Upon entering the Community, he presented a deflected mood as a reaction to the discomfort from the custodial experience, which was not cognitively integrated. Both psychotropic and rehabilitation treatments started. He has been involved in a gardening activity, too. After a first period of high degree of denial of the facts and a defensive mode marked by stolidity and fatuity, revealing his poor cognitive resources, during the psychiatric sessions he became even more conscious of his crime and the suffering of the victims. Services/pathways available for offenders with ID and psychiatric disorders will be presented.

Disclosure of Interest: None Declared

CBS0007

Harmonizing and Contrasting Psychotherapy Approaches: Case Presentation

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doi: 10.1192/j.eurpsy.2024.108

Abstract: Various psychotherapeutic approaches could be used for the assessment, formulation, and treatment of the same case. It is of great importance to include cultural evaluation and empathetic reformulation in psychotherapy applications. This case presentation illustrates a female patient in her thirties who was consulted at the psychiatric outpatient clinic with depressive symptomatology, which presented after a psychosocially stressful life event. Following a detailed clinical evaluation, psychotherapeutic treatment was planned with the diagnosis of major depressive disorder. In this case presentation and subsequent discussion, the case-specific advantages, along with standard and differing aspects of different psychotherapeutic methods and treatments, will be evaluated.

Disclosure of Interest: None Declared

CBS0008

Incipient schizophrenia: a case-based introduction to psychopathology and differential diagnosis - Clinical case

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doi: 10.1192/j.eurpsy.2024.109

Abstract: The first psychotic episode is often a moment of utmost importance for the patients and their families, as well as for the treating professionals who need to address several dilemmas. Findings suggest that Self-Disorders (SD) specifically aggregate within schizophrenia spectrum disorders, pointing to the possibility that they could be a central phenotypic marker of schizophrenia spectrum disorders across the different severity of their clinical manifestations. We will present and discuss a case report involving a patient's first admission, where diagnostic uncertainties exist. The goal is to enhance our comprehension of the significance of contemporary clinical and phenomenological psychopathology, with a specific focus on SD, in order to achieve a more accurate and precise assessment of incipient schizophrenia.

Disclosure of Interest: None Declared

CBS0009

A case of misdiagnosis and mismanagement in forensic psychiatry

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doi: 10.1192/j.eurpsy.2024.110

Abstract: A case of misdiagnosis and mismanagement in forensic psychiatry Speaker: Farzaneh Saeedzadeh Sardahae, MD, PhD, Consultant Psychiatrist, Trondheim, Norway
Timely diagnosis and treatment for psychiatric illnesses in first time offenders in forensic psychiatry remains a challenge. Presenting a young male first-time offender with recent onset psychosis, ADHD and anxiety disorder, the speaker reflects upon the complexities around making the right diagnosis in a prison with very limited resources for clinical observation. Minting the term “Psychosis Incognito”, the speaker goes on to explore a complex multiagency follow up process faced by this offender and his treating team, as well as many medical complications including malnutrition and Korsakoff syndrome.

Disclosure of Interest: None Declared

CBS0010**Geographical differences of the offender-patient pathways across Europe In this part of the workshop, I will make an approach of how will be treated an forensic psychiatric complex case from Spain point of view**

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Forensic Psychiatry Section and Forensic section

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doi: 10.1192/j.eurpsy.2024.111

Abstract: Geographical differences of the offender-patient pathways across Europe

In this part of the workshop, I will make an approach of how will be treated an forensic psychiatric complex case from Spain point of view, and differences with another countries. Different pathways from detention to be admitted in a psychiatric facility will be described. Also the approach from standard care to a more complex medical situation (from clinical, social and psychological view) in a penitentiary (forensic) resources, including rehabilitation. And finally, the follow-up / after care of a mentally ill offender, when discharge to the community.

Disclosure of Interest: None Declared**Joint Workshop****JW0001****The future of training in psychiatry in Europe**

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doi: 10.1192/j.eurpsy.2024.112

Abstract: Telepsychiatry has emerged as a transformative force in the field of mental health care, addressing disparities in service delivery and increasing access to care. This exploration focuses on the role of telepsychiatry in achieving equitable mental health care for individuals with intellectual disabilities (ID). Intellectual disabilities affect millions globally, posing significant public health challenges. This vulnerable population encounters numerous barriers in accessing quality mental health care, including geographical isolation, limited transportation options, and a shortage of specialized providers. Telepsychiatry offers a promising solution, leveraging technology to overcome these challenges. The presentation reviews the current landscape of mental health care for individuals with intellectual disabilities and the specific barriers they encounter. It highlights the potential benefits of telepsychiatry, including increased availability of specialized care, reduced geographical barriers, and enhanced caregiver support. Ethical considerations and best practices associated with implementing telepsychiatry in the context of intellectual disabilities are discussed. Case studies and success stories illustrate how telepsychiatry positively impacts individuals with intellectual disabilities and their families. In

conclusion, telepsychiatry plays a promising role in promoting equitable mental health care for individuals with intellectual disabilities. Embracing technology and adopting best practices pave the way for a more inclusive and accessible mental health care system, leaving no one behind.

Disclosure of Interest: None Declared**Workshops****WS0001****Predictors of relapse in bipolar disorder: an overview of the available evidence**I. Pacchiarotti^{1,2*}¹Institute of Neurosciences, Hospital Clínic of Barcelona and ²Bipolar and Depressive Disorders Unit, IDIBAPS, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.113

Abstract: After the introduction of all the speakers, the main aim of this workshop will be mentioned, which consists of identifying and highlighting those clinical, sociodemographic, environmental and other factors that might predict an increased risk of overall, depressive, manic or mixed relapses in bipolar disorder, which is crucial for the identification of high-risk individuals. Dr. Pacchiarotti will present main results from a systematic review performed recently by the work group aimed at collecting the available evidence regarding different factors that increase rates of mood recurrences or relapses for different polarities in bipolar disorder.

Disclosure of Interest: None Declared**WS0002****Readmission predictors at three years after a manic episode.**A. Giménez-Palomo^{1,2*}¹Bipolar and Depressive Disorders Unit, IDIBAPS and ²Institute of Neuroscience, Hospital Clínic de Barcelona, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.114

Abstract: In this section, the speaker will present the results from a recent longitudinal study performed by the work group, in which a cohort of 265 patients admitted with a manic episode were followed up during three years after hospital discharge to identify acute readmissions due to affective relapses. The study of different socio-demographic and clinical variables potentially implicated in a higher risk of readmission over three years is presented, including adherence to treatment, substance use, number of previous episodes, family history, predominant polarity, treatments used and number of visits to the Emergency Department.

Disclosure of Interest: None Declared

WS0003

Determining specific profiles of patients at risk of relapsing

H. Andreu Gracia

Institute of Neurosciences, Hospital Clínic of Barcelona, Barcelona, Spain

doi: 10.1192/j.eurpsy.2024.115

Abstract: Based on the available literature and the studies presented by the previous speakers, Dr. Andreu will provide a summary of predictive and protective factors associated with mood relapse or recurrence in bipolar disorder, with a special focus on the distinction between modifiable and non-modifiable factors and on the identification of specific phenotypes at higher risk of relapse. The speaker will also mention the role of psychotherapeutic and pharmacological treatments, and will summarize the available evidence regarding lithium response.

Disclosure of Interest: None Declared

WS0004

Cases presentation and relapse rates associated with specific risk factors

J. I. Mena García* and Relapse predictors of bipolar disorder

Psychiatry and Psychology Service, Hospital Clínic, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.116

Abstract: This section will be destined to the presentation of specific cases of patients with bipolar disorder admitted to our acute psychiatric ward. For each case, sociodemographic, clinical and environmental characteristics will be described and pharmacological treatment discussed. In addition, predictive and protective factors for mood relapses will be identified, and then, prospective information regarding their clinical prognosis will be provided in order to discuss with the attendees the impact of the mentioned factors on clinical outcomes.

Disclosure of Interest: None Declared

WS0005

PAD: a UK Perspective - Contemplating Change is Challenging!

J. Wise

CNWL, London, United Kingdom

doi: 10.1192/j.eurpsy.2024.117

Abstract: Physician assisted dying is not new, neither historically, nor globally. What has changed in the UK however, is the perspective of society. In the UK, the British Medical Association is both a union and a professional organisation representing doctors and liaising with governments departments in matters of healthcare. As with various specialties within medicine, there are those in favour of

change and those against. There are matters on which there is common ground, and a consensus of experts has identified principles, which, if legislation is to change, would be sensible to follow. A profession has united around the idea that if change is coming, it is better to inform the debate proactively and ensure that the interest of patients and doctors are promoted. This session will look at how potential change in the UK has been approached and hopefully well managed.'

Disclosure of Interest: None Declared

WS0006

Physician assisted dying : A French Perspective - a new revolution?

P. Courtet

University of Montpellier, Montpellier, France

doi: 10.1192/j.eurpsy.2024.118

Abstract: The debates on euthanasia and assisted suicide (EAS) are topical in Europe. The extension of EAS for psychiatric reasons, already legalized in some countries, raises ethical and clinical issues, given the proximity between suicidal patients and patients who request or have accessed EAS. How can EAS be reconciled with the promotion of suicide prevention, which kills nearly 10,000 people per year in France? We will raise here several key questions that deserve a clear answer before considering going further in the social debates: how to ensure the irreversibility of psychological suffering? how to ensure that patients requesting EAS have full decision-making capacity? how to judge therapeutic futility? It seems crucial to protect the most vulnerable patients by ensuring that psychiatry benefits from scientific progress and can offer new solutions to suffering patients.

These issues will be discussed viewing the proposed law on EAS in France, which is supposed to come in February 2024...

Disclosure of Interest: None Declared

WS0007

Physician assisted suicide: A Swiss perspective - a liberal view

G. Stoppe

MentAge, Basel, Switzerland

doi: 10.1192/j.eurpsy.2024.119

Abstract: Switzerland is a country in which the liberal tradition is cultivated and every citizen's free decision is honoured. Associations such as EXIT or Dignitas, which advocate the right to self-determined death, were formed here early on. They see themselves as completing the Age of Enlightenment, where the end result is an individually self-determined death. The Swiss federal government is therefore reluctant to define criminal offences. However, it is regulated that active euthanasia is prohibited. The organisations mentioned are also not allowed to act for their own benefit.

Meanwhile, the number of assisted suicides is higher than the number of suicides. The extent to which the one phenomenon is related to the other is open to debate.

The topic is controversial among the general public and the medical profession. Nevertheless, the Swiss Academy of Medical Science has published guidelines on dealing with dying and death, which also deal with physician-assisted suicide.

Various associations, including the umbrella organisation for suicide prevention in Switzerland, Ipsilon, are in favour of special protection for vulnerable groups. Some of them also recommend that civil law provisions be made for the process of assisted suicide.

Disclosure of Interest: None Declared

WS0008

The Impact of cognitive remediation combined with mindfulness and social skills training on social functioning and neural plasticity in early psychosis: preliminary results from a randomized clinical multicentric trial in Italy

C. Perlini^{1,2*}

the research group on "The impact of cognitive remediation on social functioning and neural plasticity in early psychosis: a randomized clinical trial"

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doi: 10.1192/j.eurpsy.2024.120

Abstract: Affective and non-affective psychoses are characterized by deficits in neuro and social cognition, which strongly impact the patient's psychosocial functioning and health and social system. Recent literature suggests that such deficits could benefit from the innovative combination of evidence-based interventions.

This lecture aims to describe an Italian multisite (Verona, Milano, Pavia), longitudinal randomized controlled trial funded by the Italian Ministry of Health investigating the impact of Cognitive Remediation (CR) alone or combined with other approaches (namely, Mindfulness and Social Skills Training (SST)) on clinical, neuropsychological, social and brain-related outcomes in patients with a DSM5 diagnosis of affective or non-affective psychosis.

In our study, patients underwent clinical and neuropsychological evaluation at baseline (T0), end of treatment (T1), and six months post-treatment (T2), which consisted of nearly four months of CR, CR+ Mindfulness, or CR + SST. The cognitive assessment included the Brief Assessment of Cognition for Schizophrenia (BAC-S) or Affective Disorders (BAC-A) and the Executive and Social Cognition Battery (ESCB), specifically designed to identify impairments in social cognition and executive functions in patients' real life. Participants underwent a 3T multimodal MRI, including structural and functional sequences at T0 and T1. We also recruited healthy controls for comparative brain mapping at T0.

The present lecture will provide an overview of the research project, along with some preliminary findings on the effect of CR alone or combined with other interventions on clinical and social functioning and brain plasticity, with a focus on the degree of durability and generalization of CR effects to patients' real life. The study's

outcomes have the potential to inform clinical and rehabilitative settings and tailor combined therapeutic interventions.

Disclosure of Interest: C. Perlini Grant / Research support from: Italian Ministry of Health GR-2016-02361283

WS0009

Utility of risky cannabis use concept and the role of standard units for achieving an operational definition

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doi: 10.1192/j.eurpsy.2024.121

Abstract: Over the past decade (2010-2019), the number of people admitting to using cannabis in the European Union (including the United Kingdom, Norway, and Turkey) increased by 27%, from 3.1% to 3.9%. Notably, Portugal, Spain, and Luxembourg topped the list with the highest percentages of daily cannabis users among those who had consumed the substance in the last month.

With the relaxation of recreational cannabis laws in various European countries, such as Germany, Malta, and Luxembourg, there is a growing need for a public health-oriented and preventative approach. Drawing parallels with alcohol-related strategies, this session aims to explore this evolving landscape from a clinical perspective.

The focus will be on the World Health Organization's definition of risky substance use, aiming to make it practical and applicable. Two existing proposals from Canada and Spain will be reviewed, with an emphasis on the role of standardized cannabis units in defining risk and the quest for consensus in this regard.

Additionally, the session will examine the similarities between alcohol and cannabis consumption, looking at the effectiveness of the Standard Drink Unit in early intervention and prevention of alcohol-related problems. Insights from the alcohol domain will be discussed, offering valuable lessons for preventing cannabis-related harm.

Disclosure of Interest: None Declared

WS0010

Moving forwards with the Standard THC Unit: what are the next steps?

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doi: 10.1192/j.eurpsy.2024.122

Abstract: Current metrics of cannabis use are inconsistent. This issue prevents the integration of the literature to date and to robustly measure the health risks and benefits associated with

specific levels of cannabis consumption. This talk will overview a number of international initiatives to improve the current metrics of cannabis use.

The Standard THC Unit was created to objectively measure cannabis potency across all products, mode of administration, jurisdictions, contexts and over time.

To build upon the notion of the Standard THC Unit, additional multidisciplinary, international consensus based frameworks have been created.

One such ongoing initiatives, seeks to reach expert consensus on how cannabis potency should be reported in cannabis products in order to clearly and effectively inform consumers. The talk will overview preliminary results of the Delphi.

A similar Delphi methodology was used to establish internationally agreed-upon minimum standards to measure cannabis consumption in research (iCannToolkit), the results of which will be outlined.

Overall, it is imperative for cannabis researchers to join forces with multidisciplinary experts in order to improve metrics of use to inform consumers, general practitioners, researchers and public health experts on the harms and benefits associated with cannabis use.

Disclosure of Interest: None Declared

WS0011

Implementation of the self-sufficiency matrix (SSM) to support diagnosing people with complex social needs at the Social Services of Catalonia

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doi: 10.1192/j.eurpsy.2024.123

Abstract: The Department of Social Rights of the Generalitat de Catalunya considered using a unique tool to identify people with complex social needs at Social Services centres and to support the diagnosis processes. After conducting a thorough search and selection process for various tools, the self-sufficiency matrix (SSM), a Dutch tool, was ultimately chosen.

The tool was adapted to the Catalan context through a transcultural translation process, which included a pilot and validation process. This resulted in the creation of the Catalan matrix (SSM-CAT).

A comprehensive implementation program was defined to start the adoption of the tool at basic social services. This program included training trainers and providing online training with practical cases. The implementation process was accompanied by support and monitoring to ensure success.

Through this process, over 3,468 professionals (including 334 trainers) received training on the self-sufficiency matrix, and 31,354 individuals who received basic social services in Catalonia were evaluated. In Barcelona, a more thorough monitoring of the implementation was conducted, assessing a representative sample of the care provided (6,916 individuals attended) generating a more

accurate description of the situation of the people attended by social services in the city of Barcelona.

Disclosure of Interest: None Declared

WS0012

Innovation in the treatment, interventions and systems of care for opioid use disorder: opportunities to understand multimorbidities

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doi: 10.1192/j.eurpsy.2024.124

Abstract

Introduction: Opioid use disorder is still the main presenting illicit substance use disorder that patients present within Addiction and Mental Health Services even though the majority of the patients are polysubstance users. Innovation in the field will allow providers to understand better how systems work to support a population with physical and psychological morbidities

Method: We will present novel narratives in describing:

1. Standards and principles
2. Pharmacology
3. Delivery systems
4. Neuroscience based interventions
5. Systems and implementation

Results and Discussion: The above descriptors will allow a landscape that is less stigmatising and better in responding to the needs of the people who are highly stigmatised and multidisadvantaged.

Disclosure of Interest: None Declared

WS0013

Organized professional response to a large-scale disaster: Earthquakes in Türkiye

K. Başar

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doi: 10.1192/j.eurpsy.2024.125

Abstract: In February 2023, a series of earthquakes with high magnitudes affected 11 cities in Türkiye, a region with a population of over 13 million. With more than 50000 recorded deaths and more than 3 million survivors replaced, rescue and recovery efforts were challenging. The Psychiatric Association of Türkiye (PAT) immediately launched a “Disaster and Crisis Management,” which urgently formed and installed a program for psychosocial support and psychiatric care. The program included immediate, medium, and long-term actions. Hundreds of recruitments followed a call for volunteers for on-site and online support. An online “Earthquake and Mental Health” library was launched immediately, and a series

of webinars on psychological first aid and disaster psychiatry were organized in the first two weeks. Furthermore, in three major cities, separate interactive meetings where question and answer sessions with trauma experts have been possible were held weekly with smaller groups. Almost a hundred volunteer PAT members served in the region in the first few months after the earthquake. All colleagues in the field, including those who survived the earthquakes, benefited from the resources of the PAT for their needs in housing, food, and mobilization. Starting from the first days, the PAT organized regional centers for coordination, which required financial resources and staff. The demand was high and could only be met with close collaboration with the Turkish Medical Association and the financial support obtained from international agencies, WPA, and other national psychiatric associations. The PAT started an online support system with technical support from a professional company, targeting healthcare professionals and first responders in the earthquake area. Volunteering psychiatrists provided appointment slots, rendering the system available 12 hours a day, seven days a week. With time, as the national healthcare delivery recovered, the PAT activities transformed into coordination, education, and supervision. Furthermore, the psychiatry residency training, which was interrupted due to the disaster, has been supported through a nationwide mentorship program launched by the PAT. The experience of the Psychiatric Association of Türkiye with disasters paved the way for an organized response, which was made possible through national and international solidarity.

Disclosure of Interest: None Declared

WS0014

The impact of natural disaster on mental health and how to deal with it?

M. Rojnic Kuzman

Zagreb University Hospital Centre and the Zagreb School of Medicine, Zagreb, Croatia

doi: 10.1192/j.eurpsy.2024.126

Abstract: Natural disasters are and will continue to represent a great challenge in addressing mental health issues globally. The most devastating recent (earthquakes on 6th February 2023 in Turkey and Syria) caused death of more than 55,000 people, injury of about 100,000 people and loss of property, overall affecting millions of people. Moreover, in the last several years in Europe, they came in a form of double disasters (for example coupled with the COVID-19 pandemic) and pointed out the unpreparedness of the health (including mental health) sectors for the emergency situations.

However, in going through these experiences, we also learnt some of the practices that proved effective – including the fast creation of collaborative networks on a larger scale that also allowed fast spread of good practices and practical organisation of help. As a practical example of it - verbalized by the mental health professionals from Turkey through the Council of National Psychiatric Associations of the European Psychiatric Association, we organized a webinar delivered by experienced clinicians, trauma experts and experts with lived experience in the earthquake zones. However, structural -implementation of mental health policies that focus on prevention and improving crisis response in care delivery are important to support populations affected by natural disasters to prevent the trauma sequel.

Disclosure of Interest: None Declared

Abstract

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ECP Programme

ECP0001

Understanding females with attention deficit and hyperactivity disorder

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doi: 10.1192/j.eurpsy.2024.127

Abstract: The predominant association of attention deficit and hyperactivity disorder (ADHD) with males, often leads to underdiagnosis or misdiagnosis in females. Recent studies have highlighted marked differences between genders in the manifestation, symptoms, and outcomes of ADHD. Understanding these differences is essential for accurate identification, diagnosis, and tailored interventions for affected individuals, particularly females. The multifaceted nature of ADHD demands a nuanced examination of its impact on females, considering how societal expectations, hormonal influences, and a range of symptom presentations may contribute to the variation in the manifestation of this disorder across genders. This presentation aims to contribute to a more comprehensive understanding of ADHD, fostering improved recognition and tailored strategies to support both males and females who suffer from this condition.

Disclosure of Interest: None Declared

ECP0002

Principles of ADHD diagnosis in adults The diagnosis of ADHD in adults poses unique challenges due to the subtlety of symptoms and the presence of comorbidities

A. Todzia

Polish Psychiatric Association, Warsaw, Poland

doi: 10.1192/j.eurpsy.2024.128

Abstract: Attention-Deficit/Hyperactivity Disorder (ADHD) is commonly associated with childhood, yet its prevalence and impact extend into adulthood. The diagnosis of ADHD in adults poses unique challenges due to the subtlety of symptoms and the presence of comorbidities.

The workshop aims to provide early career psychiatrists with a comprehensive understanding of the unique challenges associated with adult ADHD, emphasizing evidence-based approaches to diagnosis and effective management.

The management of adult ADHD involves a multimodal approach encompassing psychoeducation, pharmacotherapy, and psychosocial interventions. The integration of cognitive-behavioral therapy (CBT) and coaching strategies proves beneficial in addressing executive function deficits and enhancing adaptive skills.

Pharmacological interventions are a key component in the management of ADHD. These interventions aim to alleviate symptoms, improve cognitive functioning, and enhance overall functioning. The two main classes of medications commonly used for ADHD treatment are stimulants and non-stimulants.

Disclosure of Interest: None Declared



ECP0003

Sleep disorders comorbid with ADHD: an overview of the clinical presentation and management

D. S. R. Wynchank

Expertise Centre Adult ADHD

PsyQ, The Hague, Netherlands

doi: 10.1192/j.eurpsy.2024.129

Abstract: Sleep disorders are the commonest comorbid conditions in adult ADHD. This presentation will begin with an overview of the relationship between ADHD and sleep as well as the impact of disturbed sleep on concentration, impulsivity and hyperactivity. Next, we will discuss the clinical characteristics of the sleep disorders, how to screen for them and their pharmacological and non pharmacological management. By the end of the session, participants will have a clear idea of how to investigate the various sleep disorders, to distinguish and treat them.

Disclosure of Interest: None Declared

ECP0004

Young Adults On Mental Health Instagram and TikTok: Self-Care, Self-Diagnosis and Performances of The Mentally Healthy Self

A. Bailie

Politics and International Relations, University of York, York, United Kingdom

doi: 10.1192/j.eurpsy.2024.130

Abstract: My PhD research critically examines the contemporary U.K politics of mental health and illness and mental illness amongst young adults via social media.

This presentation examines the way in which social media, like Instagram and Tiktok allows young adults to explore, express and share their selfhood and identity around ideas of mental health and illness through videos, posts and online interactions. I will briefly explore how young adults use social media content to learn, experience and criticise their lived experiences, care for and treatment of mental health and illness. Arguing that these new developments in language and social practices around mental health and illness via social media need to be further explored, acknowledged and addressed in social science and this can be supported by work in the field of psychiatry.

To illustrate this, I will share empirical data from interviews conducted in 2021 and 2022 with young adults who speak about their mental health and illness online and have engaged with psychiatric services, for example, in-patient settings. Instagram and Tiktok have become important arenas for young adults because of the informative role they play in young adults' understanding of what a healthy person looks like, or their ideas of *the mentally healthy self*. A concept I introduce in my research of which I will explain and explore through the presentation. In young adults' understandings of mental health and illness there is a movement towards social practices that are intended to achieve (an idea of) mental health and this is created in a powerful digital environment that is affected by capitalism, neoliberal discourse and exists in a context of multiple political and health crises in the U.K and globally. Overall, the

presentation argues that these mental health and illness social practices have transformed young adults's experiences by responsabilisation in self-care that both isolates and empowers their experiences.

Disclosure of Interest: None Declared

ECP0005

Navigating Information Technologies in Everyday Psychiatry Practice: A Guide for Early Career Psychiatrists

K. Vasilchenko

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doi: 10.1192/j.eurpsy.2024.131

Abstract: This presentation provides an overview of the impact of information technologies on contemporary psychiatric practice, focusing on resources and strategies beneficial for early career psychiatrists. Considering the increasing role of digital technologies in diagnosing and treating mental disorders, the presentation emphasizes the practical applications of artificial intelligence (AI) and machine learning. These technologies offer novel approaches for analyzing large volumes of clinical data, enhancing diagnostic accuracy, and personalizing treatment.

The presentation further examines ethical and legal issues associated with using digital technologies in psychiatry, including ensuring data confidentiality and complying with patient rights. The importance of developing competencies in information security and ethical principles when using digital tools is highlighted.

The talk concludes with an overview of the current and future trends in the use of digital technologies in psychiatry, including the development of virtual therapeutic environments and mobile applications for monitoring and supporting mental health. Examples of successful integration of these technologies into clinical practice are presented, emphasizing their potential to improve the quality of patient care.

Overall, the presentation underscores the importance for early career psychiatrists of mastering information technologies, highlighting their role in enhancing diagnosis, treatment, and patient care, as well as discussing the challenges and opportunities they present.

Disclosure of Interest: None Declared

ECP0006

User involvement in psychiatric research: shifting from traditional research paradigms to collaborative partnerships

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doi: 10.1192/j.eurpsy.2024.132

Abstract: In recent years, there has been a growing recognition of the importance of involving people with lived experience of mental

health issues in psychiatric research. User involvement in research goes beyond being merely instrumental and is deeply intertwined with ethical and political considerations. Shifting from traditional research paradigms to collaborative partnerships with users is seen as a crucial step in ensuring that research is more relevant, meaningful, and respectful of the diverse perspectives within the mental health community. While there is a growing interest and responsibility regarding this matter, there is still a need to better understand the differences between participation, engagement, and user-led research alongside a respectful integration of user perspectives. In this presentation, the state-of-the-art regarding user involvement in psychiatric research will be reviewed and possible ways to practically implement such practice will be discussed.

Disclosure of Interest: None Declared

ECP0007

How can clinical trials expedite the process of answering treatment-related questions and reduce the number of participants needed?

R. Emsley

Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom

doi: 10.1192/j.eurpsy.2024.133

Abstract: Patients and the research community need better and more cost-effective randomised trials. These are the ‘gold standard’ way of seeing if a new treatment works or not, and take years of effort involving lots of patients and funding. However, around half of trials fail to show that the new treatment is better than what it is being compared with. In cancer, this problem has been recognised. They use trial designs which test multiple treatments, and find out quicker answers to more questions. These ‘efficient trials’ are able to involve patients at a faster rate and to improve the chances of patients receiving a treatment that works. In mental health, the whole toolbox of trial designs is not being used. Sometimes there are valid reasons for this, but sometimes it is simply that researchers do not know about them – this talk will expand on the concept of ‘efficient trials’ in mental health, and present the opportunities and challenges to using these.

Disclosure of Interest: None Declared

ECP0008

Can Ecological Momentary assessments be used to investigate the person-environment interactions in people with psychosis?

I. Myin Germeys

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doi: 10.1192/j.eurpsy.2024.134

Abstract: Psychotic experiences show a dynamic pattern over time, often in interaction with the environment. In my talk, I will discuss how Ecological Momentary Assessment (EMA) or Experience Sam-

pling Methodology can be used to assess psychotic symptoms in the flow of daily life. I will focus on the assessment of both positive and negative symptoms, where I will discuss both how we can measure such symptoms as well as what the dynamic patterns look like in everyday life. Furthermore, I will also focus on how ESM can be used to transfer psychological treatment to daily life using an app. I will discuss the INTERACT trial, a trial in people at the early stages of psychosis, where we investigated the effect of Acceptance And Commitment Therapy in Daily Life, compared to Treatment As Usual.

Disclosure of Interest: None Declared

ECP0009

How can electronic health records serve as a tool for clinical trials?

R. Stewart^{1,2*}

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doi: 10.1192/j.eurpsy.2024.135

Abstract: Increasing volumes of information are being collected via electronic health records and there is growing multi-site expertise in utilising these for research. This emerging field of healthcare data science is not only concerned with the technical challenges associated with complex data, but also with the need for effective security and governance in the use of sensitive information with robust structures for stakeholder input and guidance. To date, most of the focus has been on supporting observational cohort studies nested within clinical records data - particularly investigating research questions around treatment response and course/prognosis. It is likely that electronic health records will become increasingly integrated with clinical trials, providing opportunities for pre-study feasibility scoping, targeted recruitment, and enhanced and extended follow-up. In addition, there is interest in emulated trials using routine data. For mental health data science, key challenges lie in the quality and quantity of data made accessible, with a particular need for natural language processing to derive structured data from extensive clinical text. Many of the challenges have been addressed for observational research, creating exciting prospects for a transformed trials landscape.

Disclosure of Interest: R. Stewart Grant / Research support from: Janssen, GSK, Takeda

ECP0010

Virtual Insanity: Perspectives from a Political Digital Ethnographer of Young Adults Using Social Media for Mental Health

A. Bailie

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doi: 10.1192/j.eurpsy.2024.136

Abstract: To contribute to this debate I offer perspectives from my PhD research which critically examines the contemporary U.K politics of mental health and illness amongst young adults via social media. My work examines the way in which social media, like Instagram and Tiktok allows young adults to explore, express and share their selfhood and identity around ideas of mental health and illness through videos, posts and online interactions. Through this work I have engaged with digital services, psychologists and medical professionals on the subject of using technology for the treatment, engagement of and knowledge of mental health and illness. I have additionally engaged with some work on the role of the Metaverse for treating mental illness, and how this could work, but also the limitations of virtual spaces. Exploring debates in digital sociology adds evidence to these arguments and can support the understanding of the political ramifications of using technologies in the clinical space. Arguing that these new developments in language and social practices around mental health and illness via social media need to be further explored, acknowledged and addressed in social science and this can be supported by work in the field of psychiatry. Overall, my contribution to the debate will be to offer political and digital social perspectives on the use of technology and highlight some of the biases and drawbacks of utilising AI to treat mental health and illness.

Disclosure of Interest: None Declared

ECP0011

Pro to AI/metaverse implementation: a review on the potential of metaverse in psychiatry

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doi: 10.1192/j.eurpsy.2024.137

Abstract: The metaverse, a term first employed in Neal Stephenson's 1992 novel "Snow Crash", is a digital environment delivered via artificial intelligence in which multiple users can use avatars to engage in social, economic and cultural activities. Broadly speaking, metaverse encompasses technologies as diverse as augmented reality (AR), "lifelogging" (smart watches, smart phones and other wearables), "mirror" worlds (e.g. Google Earth, Waze, ...) and virtual reality (VR). There is a pressing need to understand the potential of metaverse for medicine in general and psychiatry in particular. The therapeutic use of VR technologies is already a reality in clinical practice, particularly in terms of online treatments and exposure and response prevention for anxiety disorders, obsessive-compulsive and related disorders, and trauma-related disorders. Avatar integrated therapies may increase treatment seeking via anonymity, decrease in physical and communication barriers, and facilitation of expression. In terms of research, the metaverse allows manipulation of the therapeutic environment in order to answer specific questions.

Disclosure of Interest: None Declared

ECP0012

Challenges that early career psychiatrists can face on compulsory treatment

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Abstract: The delivery of mental health care worldwide often involves compulsory treatment, a practice encountered by early career psychiatrists from the outset of their training. Despite its prevalence, little research has explored the challenges faced by trainees and early career psychiatrists when compelled to administer treatment without patient's consent. This presentation will synthesize research data and offer personal reflections on the author's experiences.

Challenges that early career psychiatrists can face regarding compulsory treatment can be categorized into personal, professional, and institutional. Personal challenges encompass the emotional stress associated with applying coercive measures, coping with negative emotions, and managing service users' attitudes toward treatment without consent. There is also concern that compulsory treatment may elevate the risk of emotional burnout. Professional challenges involve the administrative burden associated with organizing compulsory treatment, often exacerbated by the formalization of the process as a bureaucratic procedure in many European countries. Additionally, dealing with legal processes, including interactions with lawyers and courts, can pose significant difficulties, even though it is clearly done to protect the rights of the persons receiving care. Institutional challenges encompass the overall policy of providing compulsory psychiatric care in the psychiatrist's home country and the specific practices of coercive measures in a given treatment facility. Furthermore, the lack of dedicated time for ethics of coercion during training is a common issue.

In the current landscape of mental health care, early career psychiatrists must undergo training to handle coercive measures. While these measures are sometimes unavoidable, ethical principles must guide their administration. Additionally, access to supervision/mentoring is crucial for early career professionals facing challenging cases.

Disclosure of Interest: None Declared

ECP0013

Experiences and attitudes of early career psychiatrists towards ECT – an international study

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Abstract

Introduction: Electroconvulsive therapy (ECT) is a psychiatric intervention that has proven effectiveness and safety in various psychiatric conditions, such as major depressive disorder, prolonged or severe manic episodes and catatonia. Despite positive scientific evidence, ECT was always seen as controversial by patients, caregivers, and even some psychiatrists, which lead to a decrease in its use over the years.

Objective: To investigate the way young psychiatrists view the place of ECT in modern psychiatry by assessing their knowledge, attitude and access to training opportunities in ECT.

Methods: An anonymous survey was disseminated online among early career psychiatrists and psychiatric trainees. The questionnaire consisted of 36 multiple-choice and Likert scale questions.

Results: Most of our respondents consider ECT both an effective and a safe treatment option and would recommend ECT to their patients when indicated. Early career psychiatrists who had access to ECT training are more knowledgeable about the indications, precautions and side effects of this method, but more than half of the participants mentioned ECT training was unavailable during their residency programme. Almost all respondents stated that they are interested in enhancing their theoretical and practical competencies in ECT.

Conclusions: Early career psychiatrists have a positive attitude towards ECT but express the need of targeted education aimed at improving levels of knowledge about ECT.

Disclosure of Interest: None Declared

Abstract

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O0001

Neural Abnormalities in Panic Disorder and Agoraphobia: A Meta-Analysis of Functional Activation Studies

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Introduction: Panic disorder (PD) and agoraphobia (AG) are highly comorbid anxiety disorders with an increasing prevalence that have a significant clinical and public health impact but are not adequately recognized and treated. Although the current functional neuroimaging literature has documented a range of neural abnormalities in these disorders, primary studies are often not sufficiently powered and their findings have been inconsistent.

Objectives: This meta-analysis aims to advance our understanding of the neural underpinnings of PD and AG by identifying the most robust patterns of differential neural activation that differentiate individuals diagnosed with one of or both these disorders from age-matched healthy controls.

Methods: We conducted a comprehensive literature search in the PubMed database for all peer-reviewed, whole-brain, task-based functional magnetic resonance imaging (fMRI) activation studies that compared adults diagnosed with PD and/or AG with age-matched healthy controls. Each of these articles was screened by two independent coding teams using formal inclusion criteria and according to current PRISMA guidelines. We then performed a voxelwise, whole-brain, meta-analytic comparison of PD/AG participants with age-matched healthy controls using multilevel kernel density analysis (MKDA) with ensemble thresholding ($p < 0.05$ – 0.0001) to minimize cluster size detection bias and 10,000 Monte Carlo simulations to correct for multiple comparisons.

Results: With data from 34 primary studies and a substantial sample size ($N=2138$), PD/AG participants, relative to age-matched healthy controls, exhibited a reliable pattern of statistically significant, ($p < 0.05$ – 0.0001 ; FWE-corrected) abnormal neural activation in multiple brain regions of the cerebral cortex and basal ganglia across a variety of experimental tasks.

Conclusions: In this meta-analysis we found robust patterns of differential neural activation in participants diagnosed with PD/AG relative to age-matched healthy controls. These findings advance our understanding of the neural underpinnings of PD and AG and inform the development of brain-based clinical interventions such as non-invasive brain stimulation (NIBS) and treatment prediction and matching algorithms. Future studies should also investigate the neural similarities and differences between PD and AG to increase our understanding of possible differences in their etiology, diagnosis, and treatment.

Disclosure of Interest: None Declared



Obsessive-Compulsive Disorder

O0004

Early-onset obsessive-compulsive disorder: sociodemographic and clinical characterization of a large outpatient cohort

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Introduction: Obsessive-compulsive disorder (OCD) is a prevalent and disabling condition characterized by a wide variety of phenotypic expressions. Several studies have reinforced the hypothesis of OCD heterogeneity by proposing subtypes based on predominant symptomatology (Mataix-Cols et al., 2005), course (Tukel et al., 2007), and comorbidities (Mahasuar et al., 2011). Early-onset OCD could be considered a neurodevelopmental subtype of OCD, with evidence of distinct neurocircuits supporting disease progression (Park et al., 2022).

Objectives: The aim of the present study is to evaluate the socio-demographic and clinical differences between the early-onset and late-onset subtypes in a large patient cohort.

Methods: Two hundred and eighty patients diagnosed with OCD were consecutively recruited from the OCD Tertiary Clinic at Luigi Sacco University Hospital in Milan. Sociodemographic and clinical variables were analyzed for the entire sample and compared between the two subgroups (EO: early-onset, age <18 years [40%]; LO: late-onset, age ≥ 18 years [60%]).

Results: The EO group showed a higher frequency of male gender (65.5% vs 34.5%, $p < .001$, see Figure 1a), a higher presence of lifetime psychiatric comorbidities (75.7% vs 24.3%, $p = .025$), and higher rates of Tic and Tourette disorders (7.2% vs 0%, $p = .006$) compared to the LO group. Additionally, in the EO subgroup, a longer duration of untreated illness was observed (9.05 ± 10.0 vs 5 ± 7.17 ; $p < .001$, see Figure 1b), along with a lower presence of insight (33.3% vs. 66.7%, $p = .024$). No significant differences emerged in the Yale-Brown Obsessive-Compulsive Scale scores between the groups.

Image:

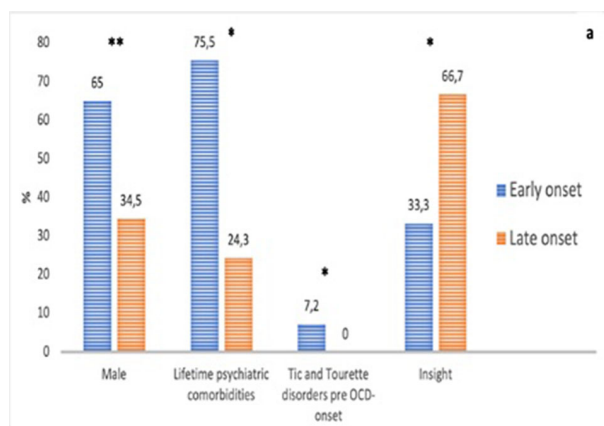
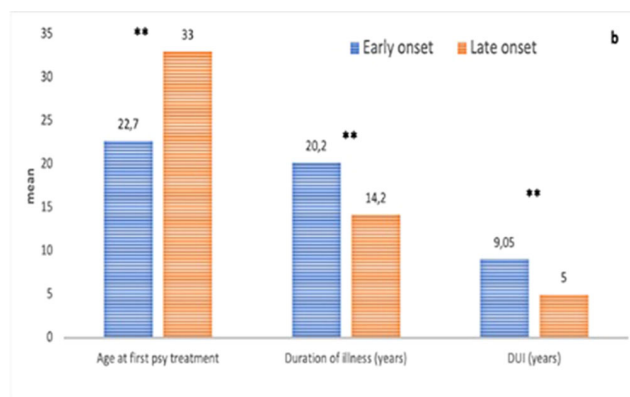


Image 2:



Conclusions: The early-onset OCD subtype highlights a more severe psychopathological profile compared to the late-onset group. Exploring distinct manifestations and developmental trajectories of OCD can contribute to a better definition of homogeneous subtypes, useful for studying risk factors and defining targeted therapeutic strategies for treatment.

Disclosure of Interest: B. Benatti Speakers bureau of: Angelini, Lundbeck, Janssen, Rovi, N. Girone: None Declared, M. Vismara: None Declared, C. Bucca: None Declared, B. Dell'Osso Grant / Research support from: Angelini, Lundbeck, Janssen, Pfizer, Otsuka, Neuraxpharm, and Livanova, Speakers bureau of: Angelini, Lundbeck, Janssen, Pfizer, Otsuka, Neuraxpharm, and Livanova.

O0005

A multivariate meta-analysis of peripheral cytokine levels in obsessive compulsive disorder

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Introduction: Obsessive-compulsive disorder (OCD) is a common psychiatric disorder. It is considered that dysregulation of cytokine levels is related to the pathophysiological mechanism of OCD. However, the results of previous studies on cytokine levels in OCD are inconsistent.

Objectives: To perform a meta-analysis assessing cytokine levels in peripheral blood of OCD patients.

Methods: We searched in PubMed, Web of Science, and Embase from inception to March 31, 2023 for eligible studies. We conducted multivariate meta-analysis in combined proinflammatory cytokines (interleukin-6 [IL-6], IL-1 β , IL-2, tumor necrosis factor- α [TNF- α], and interferon- γ [IFN- γ]) and combined anti-inflammatory cytokines (IL-10 and IL-4) respectively, and calculated the same meta-analysis in each cytokine. We also performed sensitivity analysis and publication bias tests, as well as subgroup

analysis (i.e. different age groups, varied cytokine measurement methods, medication treated or naïve, and presence of psychiatric comorbidities) and meta-regression analysis (variables including patients' sex ratio, age, age at symptom onset, illness duration, scores of Y-BOCS, family history of psychiatric disorders, and BMI).

Results: 17 original studies (13, 13, 10, 5, 4, 3, 2 studies for IL-6, TNF- α , IL-1 β , IL-10, IL-2, IL-4, and IFN- γ , respectively), 573 patients (mean age, 25.2; 50.3% female) and 498 healthy controls (HC; mean age, 25.3; 51.4% female) were included. The results showed that the levels of combined pro- or anti-inflammatory cytokines and each single cytokine were not significantly different between OCD patients and HC (all $P > 0.05$), with significant heterogeneities in all analyses (I^2 from 79.1% to 91.7%). We did not find between-group differences in cytokine levels in all subgroup analyses. Meta-regression analysis suggested that age at onset ($P = 0.0003$) and family history ($P = 0.0062$) might be the source of heterogeneity in TNF- α level. Sensitivity analysis confirmed that all results were stable, except for IL-4 where different cytokine measurement methods may be the contributing factor. Egger test did not find publication bias.

Conclusions: Our study showed no difference in cytokine levels between OCD patients and HC, but age at onset and family history may affect TNF- α level. Confounding factors such as age at onset, family history, and cytokine measurement methods should be controlled in future studies to further explore the immune mechanism of OCD.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

O0007

Exploring predictors of Treatment Attendance in Patients with PTSD and Comorbid Personality Disorders: Secondary Analysis of a Randomized Controlled Trial

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Introduction: Posttraumatic stress disorder (PTSD) and personality disorders (PD) often co-occur and treatment dropout remains a challenging problem for both disorders. The literature on predictors of treatment dropout is highly mixed and few reliable predictors have been identified for both PTSD and PD treatments separately, let alone for concurrent PTSD and PD treatment.

Objectives: The aim of the present study was to identify predictors of treatment attendance among a wide range of variables in patients

with PTSD and comorbid PD who received trauma-focused treatment with and without concurrent PD treatment.

Methods: Data were used from the prediction and outcome study in comorbid PTSD and personality disorders (PROSPER), a study consisting of two randomized clinical trials (RCT) testing the effectiveness of trauma-focused treatment (eye movement desensitization and reprocessing or imagery rescripting) with versus without concurrent PD treatment (dialectical behavior therapy or group schema therapy). 256 patients with PTSD and comorbid personality disorder participated in the study. The potential predictors included demographic (e.g. work status), patient severity (e.g. PTSD severity), patient-therapist (e.g. working alliance) and therapist (e.g. therapist experience) variables. The ordinal outcome variable was treatment attendance (0, 1-7, 8-11, 12+ trauma-focused treatment sessions). Relevant predictors were identified by a series of ordinal regression analyses (threshold for inclusion $p < .10$). Relevant predictors were then entered together in a final ordinal regression model. Multiple imputation was used to handle missing data.

Results: The final model included ten predictor variables and provided a good fit for the data (pooled $R^2_{\text{Nagelkerke}} = .29$). Higher education level (OR = 1.22, $p = .009$), self-rated PTSD severity (OR = 1.04, $p = .036$) and working alliance (OR = 1.72, $p = .047$) were associated with a larger number of attended sessions. Higher levels of inadequate social support from a friend (OR = 0.90, $p = .042$) and being randomized in the concurrent treatment condition (OR = 0.52, $p = .022$) were associated with a smaller number of attended sessions.

Conclusions: In terms of treatment attendance rates, the results suggest that trauma-focused treatment is preferred over concurrent trauma-focused and personality disorder treatment for patients presenting with PTSD and PD. Clinicians should further be aware of the risk of lower treatment attendance for patients with a lower educational background and those reporting inadequate social support. Enhancing working alliance may protect against early treatment termination. Finally, patients with higher levels of PTSD severity at baseline may need a larger number of treatment sessions.

Disclosure of Interest: None Declared

Psychophysiology

O0009

Assessment of Cognitive Performance and Psychophysiological Signals in Mental Patients by a Novel Method

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Introduction: Mental disorders often manifest broad cognitive deficits that detrimentally affect daily functioning. Stress indicated by heart rate variability (HRV) has been linked to these cognitive functions.

Objectives: We aimed to develop a new method to assess cognitive performance and simultaneous measurement of psychophysiological signals related to stress and relaxation levels.

Methods: 20 adult patients with mental disorders in a rehabilitation program were recruited along with 21 healthy volunteers. A test protocol was carried out with a purpose-developed computerized psychophysiological device. The protocol consisted of a relaxation period; digitized questionnaires on pathological distress (GHQ) and sense of coherence (SOC); gamified cognitive tasks to assess working memory, attention, and decision-making; and a final relaxation period. Acute stress was assessed by heart rate variability measured by a wireless ECG sensor. The inter-beat interval's root mean square of successive differences (RMSSD) was calculated as an inverse stress measure. Relaxation levels were assessed by the relative power of the alpha frequency band measured by a commercial 4-channel EEG headband. Stress and relaxation levels were compared to the first relaxation period as a baseline.

Results: Patients scored worse than the reference group both regarding distress ($d=7$, $p=0.004$) and sense of coherence ($d=-8$, $p=0.047$). The cognitive performance of patients was significantly lower ($p<0.001$) than the reference group for all tasks. RMSSD at baseline tended to be lower for patients ($d=-12.69$, $p=0.098$), reflecting a higher level of physiological stress; 61% of patients started at an elevated stress level compared to 25% of the reference group. In addition, relative alpha levels at baseline were also lower ($d=-5.8\%$, $p=0.007$) for patients.

Compared to baseline, RMSSD decreased on average to 94% during cognitive assessments in patients and decreased to 91% by the end of the final relaxation. RMSSD decreased to 76% in the reference group and reached a final value of 78% of the baseline. Alpha levels slightly increased among patients during the tasks (103.4%) and then returned close to baseline (99.1%). For the reference group, alpha decreased during the tasks (95.5%) and then slightly increased (97.3%).

Conclusions: Patients displayed heightened distress, reduced sense of coherence, and inferior cognitive scores compared to controls. While starting with higher stress, patients exhibited less elevation in stress during tasks, coupled with alterations in alpha levels, suggesting diminished engagement or focus. Our innovative method could aid in the diagnostics of cognitive performance in mental patients after further measurements for validation.

Disclosure of Interest: None Declared

Precision Psychiatry

O0010

Association between escitalopram dose personalisation based on quantification of drug plasma levels and the outcome of escitalopram treatment

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Introduction: Given the negative impact of anxiety and depression on society and the shortage of new antidepressants, it is of paramount importance to make the best use of available treatment options. Therapeutic drug monitoring (TDM) in escitalopram treatment can potentially be clinically useful, as underexposed patients show reduced efficacy of escitalopram treatment and as adverse drug reactions (ADRs) of escitalopram are dose-dependent.

Objectives: This prospective cohort study aimed to investigate whether escitalopram treatment efficacy or safety are associated with escitalopram dose adjustment based on TDM readouts.

Methods: 89 included patients aged between 15 and 65 years who suffered from depression were enrolled in the study before starting treatment with escitalopram. Patients were assessed one day before starting treatment with the recommended dose of 10 mg/day escitalopram (baseline, visit 0) and at follow-up after four and eight weeks. Dose adjustment at four-week follow-up was based on the measured escitalopram plasma level two weeks after treatment initiation; patients who required dose increase to 15 or 20 mg/day comprised comparator group, patients who did not required dose increase comprised control group, while patients who did not reach optimal exposure at eight-week follow-up were characterized as non-compliers. Treatment efficacy was approximated by the relative change on the Hamilton Depression Rating Scale (HAMD), while safety was approximated based on the changes on the Scandinavian UKU side effect rating scale and ECG readouts. Changes in HAMD, UKU score and QTc interval were compared between groups by one-way ANOVA or chi-square tests.

Results: Compared to baseline, significant reductions in HAMD scores of 36% (95%CI, 30%-43%) and 53% (95%CI, 47%-60%) were observed at four- and eight-week follow-up, respectively; however, there were no significant differences between groups ($p > 0.1$). In the groups adjusted to 15 and 20 mg, 15/26 and 19/33 patients, respectively, reported adverse effects, compared with 6/17 patients in the control group and 6/13 in the non-complier group ($p>0.1$). A significant mean QTc prolongation of 6.40 ms (95%CI, 3.27-9.53) was observed between the baseline and eight-week follow-up ($p=0.0013$), without significant differences in QTc interval prolongation between groups ($p > 0.1$).

Conclusions: Escitalopram dose adjustment resulted in optimal drug exposure and solid treatment response in the majority of patients; however, no differences in efficacy were found between the patients who required dose adjustments, the ones who did not, and the ones who ultimately did not achieve optimal exposure. In addition, the selective increase of the dose to the patients who did not reach optimal drug exposure on the recommended dose of

10 mg/day did not lead to significant increase in adverse drug reactions and QTc prolongation.

Disclosure of Interest: None Declared

Psychoneuroimmunology

O0011

Multicausal disruption of complement system activity in schizophrenia: abnormal transcription of C4, complement control proteins and microglia specific genes in brain and blood

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Introduction: The *synaptic pruning* process is based on the joint action of the complement system and microglia. In schizophrenia, accumulating evidence support that abnormal synaptic pruning during adolescence may be due to an altered Complement system activity. While this hypothesis is supported by C4 overexpression in various brain regions of individuals with schizophrenia, such alterations should be replicated and extended to other brain regions. Moreover, transcriptional studies of genes encoding regulators of the complement system activity (complement control proteins, CCP) and microglia-specific genes are lacking. Furthermore, it remains unknown whether brain and peripheral expression of such genes are related.

Objectives: To explore expression of C4 as well as 4 CCP encoding genes and 10 microglia-specific genes at the brain and peripheral levels in individuals with schizophrenia as compared to healthy controls.

Methods: We analyzed candidate gene expression from 9 Gene Expression Omnibus datasets obtained from 333 individuals with schizophrenia and 306 healthy controls (HC). We first compared expression of the candidate genes between individuals with schizophrenia and HC in postmortem brain samples from 7 different brain regions. Then, the same comparison was made in 4 different peripheral tissues.

Results: Regarding the complement system, we observed C4 overexpression in the DLPFC, parietal, temporal cortex and associative striatum of individuals with schizophrenia. We report distinct altered expression patterns of CCP genes in the DLPFC, hippocampus and cerebellum of individuals with schizophrenia. Only CD46 expression was altered in the blood of individuals with schizophrenia. Regarding microglia, we report an underexpression of several microglia-specific genes in the cerebellum, associative striatum, hippocampus and parietal cortex of individuals with schizophrenia vs. HC. At the peripheral level, we observed a mixed

altered expression pattern in the whole blood of individuals with schizophrenia.

Conclusions: Firstly, our results suggest that the CCP-mediated regulatory mechanisms of the Complement system are impaired in the brain of individuals with schizophrenia, potentially contributing to an excessive Complement system activity (CSA). Secondly, our results support the hypothesis of a widespread underexpression of microglia-specific genes in brain tissues of individuals with schizophrenia. Functionally, the observed transcriptional alterations may be related to the synaptic pruning impairment. Alternatively, they may translate a compensatory mechanism for neuroinflammation. In the whole blood, the altered transcriptional pattern may represent a potential peripheral signature of SZ.

Disclosure of Interest: None Declared

O0012

Neuroinflammation in Recent Onset Mental Health Disorders – Developing Multi-level Signatures of Early-stage Depression and Psychosis in Young Adults

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doi: 10.1192/j.eurpsy.2024.147

Introduction: An early and comprehensive neurobiological characterization of severe mental disorders could elucidate mechanistic pathways, aid the development of novel therapeutics, and therefore enable timely and targeted intervention in at-risk youth and young adults. Therefore, we present an unsupervised transdiagnostic machine learning approach to investigate shared and distinct patterns of early-stage depressive and psychotic disorders on multiple clinical and neurobiological levels.

Objectives: To derive multi-level neurobiological and clinical signatures of early-stage affective and psychotic disorders in adolescents and young adults.

Methods: From the multicenter prospective European PRONIA cohort, we acquired data from 678 individuals (51% female) comprising young, minimally medicated in- and outpatients with clinical high-risk (CHR) states for psychosis, with recent-onset depression (ROD) or psychosis (ROP), and healthy control (HC) individuals. Within repeated nested cross-validation frameworks, we employed Sparse Partial Least Squares Analysis to detect associations between blood markers and grey matter volume (GMV), followed by support vector machine prediction of these signatures using biographical, clinical, neurocognitive, proteomic, and functional data.

Results: Our results demonstrated a psychosis staging signature separating ROP from CHR individuals via GMV patterns in the

cortico-thalamo-cerebellar circuitry with a blood marker set of elevated of IL-6, TNF- α and CRP ($\rho = 0.272$; $P = 0.002$). A depression signature separated ROD from HC individuals via altered GMV in the limbic system with a blood marker set of elevated IL-1 β , IL-2, IL-4, S100B and BDNF ($\rho = 0.186$; $P = 0.021$). Only the psychosis staging signature showed a distinct proteomic enrichment regarding innate immune response, abnormal neutrophil function, cellular senescence, and anti-inflammatory drugs (Balanced Accuracy (BAC) = 87.73%; Area Under the Curve (AUC) = 0.94). Childhood trauma differentially predicted psychosis and depression signatures, while past level of functioning, personality and quality of life was predictive of both signatures (BAC = 67.19-78.00%; AUC = 0.71-0.83).

Image:

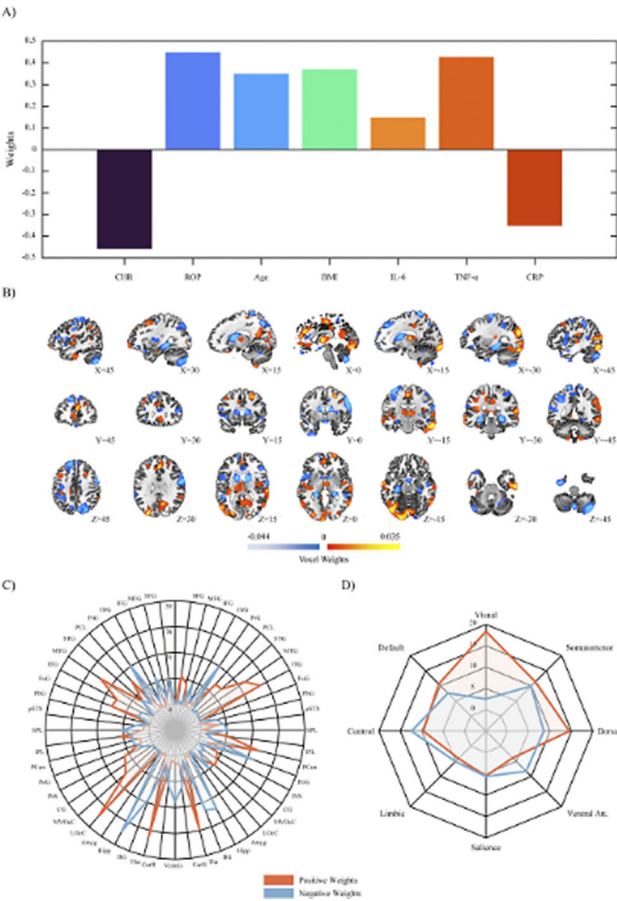


Image 2:

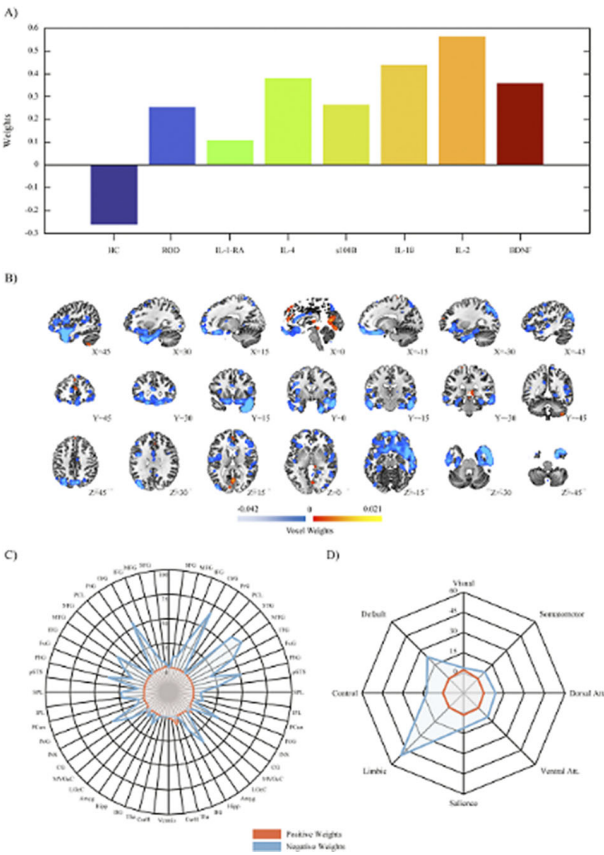
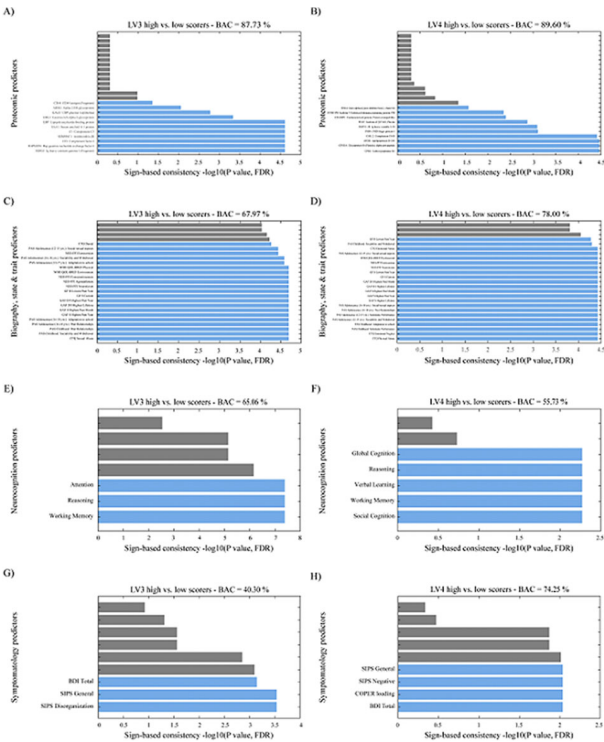


Image 3:



Conclusions: Psychosis and depression exhibit distinct multi-level signatures evident in early disease stages. Enhanced insight into these signatures could help delineate individual trajectories and potentially new mechanisms for pharmacological treatment.

Disclosure of Interest: None Declared

O0013

Elevated herpesvirus antibody levels linked to schizophrenia and bipolar disorder

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Introduction: Previous research has implicated herpes simplex virus 1 (HSV1) and cytomegalovirus (CMV) in severe mental illness (SMI) with conflicting results. Both pathogens have high universal seroprevalence, are neurotropic and after the primary infection typically establish a persistent latent infection with periodic reactivations. Increased immunoglobulin G (IgG) concentrations are considered to be attributable to an increased infection severity with more frequent reactivations or host immune system alterations.

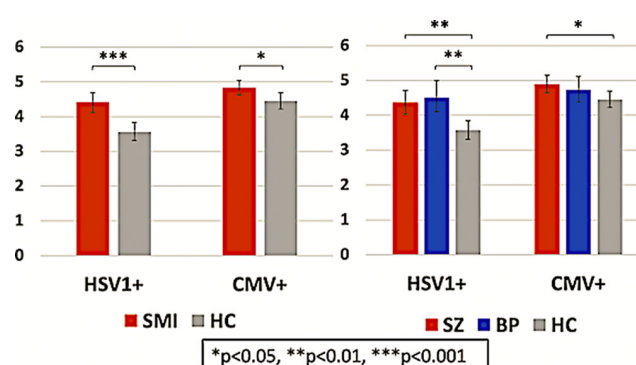
Objectives: We assessed the HSV1 and CMV IgG concentrations in previously infected (seropositive) patients with SMI and healthy controls (HC). We hypothesized that seropositive patients would show higher IgG concentrations than seropositive HC.

Methods: We included 765 patients, 515 with schizophrenia (SZ) and 250 with bipolar disorder (BP), and 541 HC. HSV1 and CMV IgG seropositivity and concentrations were measured with immunoassays. 355 patients, mean age 33 years, 45% females, and 238 HC, mean age 35 years, 44% females, were HSV1 seropositive (HSV1+) while 447 patients, mean age 33 years, 50% females, and 296 HC, mean age 34 years, 47% females, were CMV seropositive (CMV+). In our main analysis among seropositive participants, we investigated the main effect of patient/control status on HSV1 and CMV IgG concentrations.

Results: There were no significant differences in CMV or HSV1 seropositivity frequencies between patients with SZ, patients with BP and HC. Among seropositive participants, patients had higher HSV1 ($p<0.001$) and CMV ($p=0.018$) IgG concentrations than HC; stratifying by diagnosis, both patients with SZ ($p=0.001$) and patients with BP ($p=0.001$) had higher HSV1 IgG concentrations than HC, while patients with SZ, but not BP, had higher CMV ($p=0.045$) IgG concentrations than HC (Image). For HSV1, higher IgG concentrations were associated with higher general ($p=0.017$),

negative ($p=0.041$) and positive ($p=0.028$) psychotic symptom scores.

Image:



Conclusions: Seropositive patients with SMI showed higher HSV1 and CMV IgG concentrations than seropositive HC suggesting that patients suffer a more severe infection or exhibit an altered immune response when contracting the pathogens. For HSV1, higher IgG concentrations were linked to more psychotic symptoms.

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O0014

Significant beneficial effects of 12-weeks add-on yoga therapy on antipsychotic-stabilized schizophrenia patients through epigenetic modulation: novel findings from a randomized controlled study

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Introduction: Complementary and alternative therapy, especially yoga, is emerging as an important treatment modality for various complex disorders. Yoga therapy has reportedly been demonstrated to exhibit clinical benefits in schizophrenia. However, the modulatory effects of yoga therapy on the pathobiological pathways of schizophrenia are inadequately explored. Immune dysregulation is a widely recognized etiopathological construct of schizophrenia. It is not precisely known whether yoga therapy can modulate the expression of immune molecules by regulating gene expression and epigenetic processes in schizophrenia.

Objectives: To understand the impact of 12-weeks add-on yoga therapy on the immune-inflammatory pathway in schizophrenia

by examining plasma levels and gene expression levels of cytokines and complement proteins as well as by profiling promoter DNA methylation pattern of genes coding for cytokines and complement proteins.

Methods: Fifty-seven schizophrenia patients fulfilling DSM-V criteria were recruited into the study and randomized into Yoga therapy (n=28) and waitlist control (n=29) groups. Plasma levels of IL-1 β , IL-6, IL-10, IL-17, C1q, C2, C3, C4, C5, C5a, Factor B and Factor H by Multiplex Suspension Assay, quantification of gene expression of *Il1b*, *Il6*, *Il10*, *Il17*, *C3*, *C4* and *C5* genes by quantitative PCR and promoter DNA methylation of *Il1b*, *Il6*, *Il10*, *Il17*, *C3*, *C4* and *C5* genes by pyrosequencing were carried out in all the study participants.

Results: Plasma levels of IL-1 β (Z score= 2.42, p=0.02) dropped significantly and C2 (Z score= 2.24, p=0.03) levels increased after 12-weeks of yoga therapy. The expression of *Il1b* (Z score=2.45, p=0.01) and *Il6* (Z score=2.07, p=0.04) genes were significantly downregulated, while the levels of *C4* (Z score=2.23, p=0.03) gene was upregulated in schizophrenia patients of yoga therapy group. Two CpG sites in the promoter region of *Il1b* (all p \leq 0.05) and *Il6* (all p \leq 0.05) genes and three CpG sites in the promoter region of *C4* (all p \leq 0.05) gene were hypermethylated, while two CpG sites in the gene body of *Il6* (all p \leq 0.05) gene and two CpG sites in the promoter region of *Il10* (all p \leq 0.05) gene were hypomethylated after 12-weeks of yoga therapy in schizophrenia patients.

Conclusions: Our findings provide important insights into the mode of action of yoga therapy in schizophrenia. This study for the first time reports the epigenetic effects of yoga therapy on immune-inflammatory pathway in schizophrenia.

Disclosure of Interest: None Declared

Psychopathology

O0015

Mental health competencies are stronger determinants of well-being than mental disorder symptoms even in psychiatric samples

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Introduction: Exploring the positive psychological and behavioural dimensions of people living with mental disorders can establish a firm ground in a therapeutic alliance for setting up positive life goals.

Objectives: The present study aimed to explore whether the strength of the mental health capacities and the severity of mental disorder symptoms and the interaction of the two differ in the strength of their associations with several dimensions of well-being on Hungarian adult psychiatric and non-clinical community samples.

Methods: The psychiatric sample (129 patients (44 male, 85 female)) was collected in four Hungarian healthcare facilities using a cross-sectional design. The non-clinical community sample (253 adults (43 male, 210 female)) was collected online using a cross-sectional design. All the respondents completed the Mental Health Test, six well-being and mental health measures, and the Symptom Checklist-90-Revised.

Results: Including both the mental health competencies and mental disorder symptoms variables in one regression model in both samples can predict patients' well-being even more accurately. Mental health competencies related positively; mental disorder symptoms connected negatively to subjective well-being. In all models and both samples, mental health competencies were found to be a stronger determinant of well-being than the mental disorder symptoms. The interaction of mental health functioning and mental disorders is no more predictive of well-being in either psychiatric or non-clinical samples than when the effects of each are considered separately.

Conclusions: The assessment of mental health competencies has an important predictive value for well-being in the presence of psychopathological symptoms and/or mental disorders.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

O0016

Use of Intranasal Oxytocin to Treat Adult Autism Spectrum Disorder: A Randomized Double Blind Controlled Trial

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Introduction: Autism Spectrum Disorder (ASD) is characterized by impairments in social interaction and restricted interests. It has been reported that oxytocin may improve processing of social cues and emotions in adults with ASD.

Objectives: The aim of this study was to evaluate the therapeutic effects and safety of intranasal oxytocin in this population.

Methods: Thirty-nine patients with ASD were randomly assigned to two groups: one group received intranasal oxytocin and the other group received a placebo, with 24 units administered every 12 hours for 8 weeks. The patients were evaluated using the Autism Quotient (AQ), Ritvo Autism Asperger Diagnostic Scale – Revised (RAADS-R), Social Responsiveness Scale (SRS), Clinical Global Impression (CGI), and World Health Organization Quality of Life-BREF (WHOQL-BREF) questionnaires at weeks 0, 4, and 8.

Results: The intervention group showed clinical improvements in RAADS-R ($P=0.010$), social communication subscale of SRS ($P=0.002$), CGI ($P=0.000$), physical ($P=0.004$), psychological ($P=0.006$), and social relationships ($P=0.046$) domains of WHOQL-BREF. Improvements reached their maximum at week 4 and were maintained until week 8 (Table 1).

Table 1. Effect of group, time time-group interaction and the effect size

	Time			Group			Time-Group Interaction		
	F	P-Value	Effect Size (Partial Eta Squared)	F	P-Value	Effect Size (Partial Eta Squared)	F	P-Value	Effect Size (Partial Eta Squared)
AQ	19.44	0.000	0.344	0.391	0.536	0.01	2.63	0.079	0.066
RAADS-R	12.68	0.000	0.255	0.944	0.338	0.025	7.250	0.001	0.164
SRS	23.63	0.000	0.390	0.050	0.823	0.001	7.82	0.001	0.175
WHOQL-BREF -Physical Health	6.34	0.003	0.146	0.115	0.737	0.003	5.7	0.005	0.134
WHOQL-BREF -Psychological Health	8.31	0.001	0.183	0.048	0.828	0.001	6.14	0.003	0.142
WHOQL-BREF -Social Relationships	7.72	0.001	0.173	1.052	0.312	0.028	3.64	0.031	0.090
WHOQL-BREF -Environmental Health	4.87	0.010	0.116	0.162	0.690	0.004	2.69	0.074	0.068
CGI	22.08	0.000	0.374	2.28	0.139	0.058	9.42	0.004	0.203

AQ : Autism Spectrum Quotient, SRS : Social Responsiveness Scale, SCI : Social Communication Interaction, RRB : Restricted interest and repetitive behavior, WHOQL-BREF : World Health Organization Quality of life-BREF, CGI : Clinical Global Impression

Conclusions: The findings of this study suggest that nasal oxytocin therapy can significantly improve social skills and quality of life in individuals with ASD. Further research is needed to determine the timing and scope of oxytocin’s effects across the lifespan.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

O0017

Challenges of Sexuality Expression in Individuals with Autism Spectrum Disorder

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Introduction: Sexuality, although an essential component of human health, remains a controversial topic shrouded in stigma, particularly in the context of neurodiversity, which includes autism

spectrum disorder (ASD), where the expression of sexuality presents unique challenges. Autism and sexuality is a complex and multifaceted topic that involves understanding the unique ways in which individuals on the autism spectrum experience and express their sexuality.

Objectives: The purpose of this work is to address the complexity of the biopsychosocial sexuality components of people with autism, promoting a shift in the medical perspective, societal attitudes, and supporting greater inclusion of these individuals in current discussions regarding this area of human behavior and experience.

Methods: Evidence-based review, through research conducted on PubMed and selection of the most relevant studies on this topic, published in the last decade.

Results: Sexuality in autism is now recognized as a normative and integral aspect of development and functioning. Existing research suggests that most individuals with ASD display a clear interest in sexuality and relationships, with a study revealing that 96% of the ASD sample expressed an interest in sexuality. Individuals with high autistic traits tended to identify themselves more times as bisexual or presented a sexuality not definable within the categories of heterosexual. The relationship between autism and gender dysphoria is an area of ongoing research and discussion. Studies have suggested a higher prevalence of gender diverse identities and experiences within the autism community compared to the general population. Various hypotheses have been proposed to explain the increased gender and sexual diversity among individuals with autism. People with ASD may face unique challenges when it comes to their sexuality. The impairments in social skills and communication central to ASD potentially impact an autistic individual’s expression and experience of sexuality by affecting their abilities to understand and interpret social cues, emotions, and nonverbal behaviors of others. Importantly, such individuals may be more vulnerable, as they may have different or even limited understanding of boundaries and consent. To address these challenges, it is important to acknowledge and respect the diversity of sexual experiences and desires among individuals with neuro(bio)logical differences. This can be done by providing accurate and inclusive sex education, creating safe spaces for such individuals to explore and express their sexuality, and working to address discrimination and abuse in intimate contexts.

Conclusions: Recognizing and respecting this diversity and fostering inclusive and accepting environments, we can help individuals with neurological differences to fully express and explore their sexuality and have satisfying sexual lives.

Disclosure of Interest: None Declared

O0018

Associations of sexual dysfunction with problematic pornography use and attachment styles: a cross-sectional study of Hungarian-Spanish samples.

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Introduction: In the last decades, growing evidence suggests, that young adults and even adolescents consume more and more pornographic content, which might lead to behavioural addictions. Excessive pornography use was found to be associated with higher rates of sexual dysfunctions, such as genital dysfunction or disorders related to desire, arousal, orgasm and pain. The role of attachment style on sexual function has still rarely been investigated.

Objectives: To examine associations between sexual dysfunction, problematic pornography use and attachment styles in a Spanish-Hungarian sample.

Methods: A cross-sectional comparative study was carried out in 2023 which included a Hungarian (N=447; 63% female; age: 30,5 ±9,8) and a Spanish sample (N=201; 72% female; age: 40,7±14) from the general population. In the online survey, we used the Arizona Sexual Experiences Scale (ASEX) to measure sexual dysfunction, the Problematic Pornography Use Scale (PPCS) to assess pornographic content consumption within the theoretical framework of addiction and the Relationships Questionnaire to explore the attachment styles of the subjects.

Results: 13% of the Hungarian sample and 19% of the Spanish sample reported severe sexual dysfunction (ASEXTotal >19). The Hungarian sample reported more problems related to orgasm (climax and satisfaction). Overall, 7% of the Hungarian sample and 1% of the Spanish sample reported very severe problems (PPCSTotal >76) with pornography use. We found significant differences in every subscale and the Hungarian sample reportedly showed more difficulties in every aspect, especially in salience and mood change. Regarding attachment styles, the samples also showed significant differences (Hungarian: 31% secure, 26% anxious-ambivalent, 20% avoidant, 23% disorganized; Spanish: 53% secure, 11% anxious-ambivalent, 23% avoidant, 13% disorganized). In the combined sample, secure attachment style was associated with the least difficulties in sexual functioning, whereas subjects with anxious-ambivalent style reported more problems in sexual drive, arousal and erection. Disorganized attachment style was associated with the most severe dysfunction in orgasm (climax and satisfaction). The association between problematic pornography use and attachment styles was more consistent. Secure attachment style showed the least of problems, whereas subjects with anxious-ambivalent and disorganized attachment styles reported the most, especially in salience and mood change.

Conclusions: Our findings showed significant intercultural differences between the two samples and highlighted the potential role of attachment styles in sexual functioning and problematic pornography use. A more profound understanding of the relationship between attachment and sexual functioning could facilitate potential treatment of sexual dysfunctions by addressing attachment issues in psychotherapy.

Disclosure of Interest: None Declared

Psychotherapy

O0019

Mindfulness possibilities in the treatment of chronic headaches

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Introduction: Headache is a very common health problem worldwide and in our country due to the increasing environmental damage and daily stress. The proportion of patients with headache in general practice is 4-5%, in neurology up to 30%. Chronic headache as a persistent stressor exhausts the body through central sensitisation, which can lead to the consolidation of maladaptive coping strategies such as avoidance, feelings of loss of control, catastrophising pain. This can lead to a deterioration in quality of life and depression also. The effectiveness of pharmacotherapy in coping with chronic pain is limited, so attention should be paid to modifying maladaptive pain behaviour, as recommended by the NICE guidelines. The international literature shows that mindfulness-based cognitive therapy (MBCT) has been shown to be effective in the management of chronic headache, primarily in improving quality of life, increasing self-efficacy and reducing pain catastrophisation and depression (Hunt et al., 2022).

Objectives: Our first objective was to introduce mindfulness-based cognitive therapy in Hungary to patients suffering from chronic headache. Secondly, we wanted to measure the impact of the method on quality of life, coping with pain and depression.

Methods: N=28 patients, suffering from chronic headaches (tension headache and migraine) participated in the study at the Department of Clinical Psychology, Semmelweis University (BNO: G430, G431, G442). Selection criteria were: referral from a neurologist, age 18-65. The intervention was an 8-session mindfulness-based cognitive therapy for pain (Day, 2017) led by an MBCT teacher and a clinical psychology resident. Before the intervention, all patients had an individual first interview and filled in the questionnaires. *Measures:* Beck Depression Questionnaire, Pain Catastrophizing Scale, Comprehensive Headache-related Quality of life Questionnaire, Five Facet Mindfulness Questionnaire, Cognitive Emotion Regulation Questionnaire.

Results: After the intervention, there was a significant reduction in the negative impact of pain on quality of life ($p < 0.05$, Cohen's $d = 0.6$), pain catastrophization ($p < 0.01$, Cohen's $d = 0.74$), and depression ($p < 0.001$, Cohen's $d = 0.84$). In addition, several sub-factors of mindfulness increased, including non-reactivity and being non-judgemental ($p < 0.05$, Cohen's $d = 0.57$), as well as adaptive cognitive emotion regulation strategies ($p < 0.05$, Cohen's $d = 0.49$).

Conclusions: We can conclude, that in line with international findings, MBCT has been shown to be effective in reducing the negative impact of depressive symptoms, pain catastrophisation and headache on quality of life, and in helping people to cope with pain more adaptively, primarily through the acquisition of mindfulness skills.

Disclosure of Interest: None Declared

O0020

Psychotherapies for generalized anxiety disorder in adults: systematic review and network meta-analysis of randomized-controlled trials

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Introduction: Generalized anxiety disorder (GAD) is one of the most common mental disorders in adults. Psychotherapies are among the most recommended treatment choices for GAD, but which should be considered as first-line treatment still needs to be clarified.

Objectives: To examine the most effective and accepted psychotherapy for GAD both in the short and long-term, via a network meta-analysis.

Methods: We searched MEDLINE, Embase, PsycINFO, and the Cochrane Register of Controlled Trials – CENTRAL, from database inception to January 1st, 2023, to find randomized controlled trials (RCTs) of psychotherapies for GAD. Eight psychotherapies (behaviour therapy, cognitive-behaviour therapy, cognitive restructuring, psychoeducation, psychodynamic therapy, relaxation therapy, supportive psychotherapy, and third-wave CBTs) were compared with each other and two control conditions (treatment as usual, waiting list). We followed Cochrane standards when extracting data and assessing data quality and used PRISMA guidelines for the reporting. We conducted random-effects model pairwise and network meta-analyses. We assessed risk of bias of individual studies through the second version of the Cochrane's Risk of Bias tool and used the Confidence in Network Meta-Analysis (CINeMA) to rate certainty of evidence for meta-analytical results. Severity of GAD symptoms and acceptability of the psychotherapies were our outcomes of interest.

Results: We analysed data from 66 RCTs. Effect size estimates on data from 5,597 participants suggest third wave cognitive-behavioural therapies (standardized mean differences [SMDs] = -0.78; 95%CI = -1.19 to -0.37; certainty=moderate), cognitive-behavioural therapy (CBT) (SMD = -0.68; 95%CI = -1.05 to -0.32; certainty=moderate), and relaxation therapy (SMD = -0.54; 95%CI = -1.04 to -0.05; certainty=low) reduced generalized anxiety symptoms more than treatment as usual (TAU). Relative risks for all-cause discontinuation signalled no differences compared with TAU for all psychotherapies. When excluding studies at high risk of bias, relaxation therapy lost its superiority over TAU. When considering anxiety severity at three to twelve months after completion of the intervention only CBT remained significantly more efficacious than TAU (SMD = -0.58; 95%CI = -0.93 to -0.23).

Image:

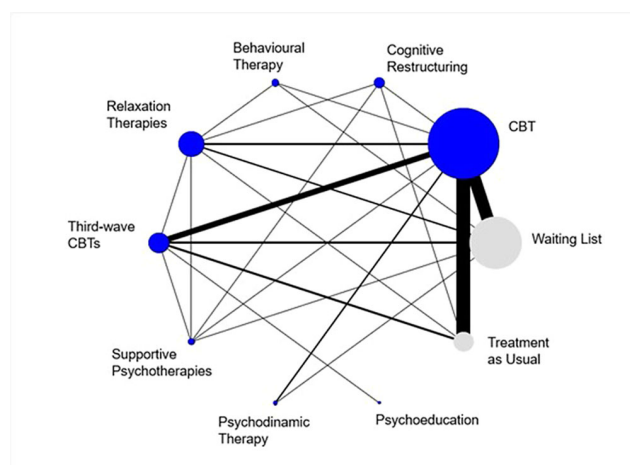


Figure 1. Network plot of evidence for efficacy. The thickness of lines is proportional to the precision of each direct estimate and the size of circles is proportional to the number of studies including that treatment. Psychotherapies are represented as coloured circles, while controls are in grey.

Conclusions: Given the evidence for both acute and long-term efficacy, CBT may represent the reasonable first-line psychological treatment for GAD. Third-wave CBT and relaxation therapy have short-term efficacy and may also be offered. Results from this investigation should inform patients, clinicians, and guidelines. This project is funded by the European Union's HORIZON EUROPE research programme under grant agreement No 101061648.

Disclosure of Interest: None Declared

O0021

Nature-Adventure based experiential methods for enhancing psychotherapeutic efficacy

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Introduction: A complex, Nature-, and Adventure Therapy - integrated Schema Therapeutic program (N-ABST) and a related efficacy study was launched in 2022 April at the Psychotherapy Department, at Semmelweis University. The participants had the opportunity of having outdoor, experience based group processes – seven full days in a month - in addition to the classic Schema Therapy (ST) sessions. According to the study design, 4-week long traditional thematic ST programs and 4-week long N-ABST programs were taken place alternately.

Objectives: Our aim was to compare the efficacy in a randomized, controlled design, short and medium terms. The participants of the programs and thus the target group of the research were adults, diagnosed mainly with Borderline Personality Disorder, inpatients in psychiatry.

Methods: This methodological innovation also meant the integration of two therapeutic teams in practice. When establishing the collaboration, we put emphasis on finding common points and understanding how N-AT contributes to schema therapy goals. During our joint work, it became clear that the elemental need for contact with nature enriched the schema therapy approach with a new basic need that was not included in it before. Measurements were taken before the start of the entire program and at the end of the 4-week cycle. Preliminary results are presented based on the Personality Inventory for DSM-5 - Hungarian Short Form (PID-5-HSF), and the Derogatis Symptom Checklist (SCL90).

Results: In the N-ABST group (n=23) the PID5 "Dysinhibition" scale ($p < .01$, Cohen's $d = .636$), and the "Negative Affectivity" scale ($p < .05$, Cohen's $d = .388$) showed significantly lower scores after therapy. In the case of the "Detachment" we have found a tendency to decrease after the therapy. Regarding the comparison of the effectiveness of N-ABST and classical Schema Therapy - with the current state of analysis - there was a significant difference in the PID5 values for "Suspiciousness" and "Manipulativeness". The former characteristic was reduced to a greater extent by the schema therapy, and the latter by the N-ABST therapy. Based on the SCL90, the N-ABST program resulted in a significant symptom reduction measured by the following subscales: somatization, obsessive compulsive, interpersonal sensitivity, depression, phobia. Global symptom severity also decreased significantly ($p < .05$, Cohen's $d = .588$).

Conclusions: According to our results, Nature- Adventure Therapy enhanced Schema Therapy seems to be an innovative and efficient method in the psychotherapy of personality disorders. Besides the effectiveness, there is a great challenge to design programs that are sustainable and therefore serves therapy long term as well.

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Disclosure of Interest: None Declared

O0022

Existential Therapy within Palliative Care: Searching for Meaning

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Introduction: Irvin D. Yalom defines existential psychotherapy as a dynamic therapeutic approach that focuses on concerns rooted in existence with the four ultimate concerns being death, isolation, meaning in life, and freedom. Patients in advanced stages of cancer often experience elevated levels of psychological distress, encompassing conditions such as depression, anxiety, and a sense of spiritual hopelessness. Recently, interest in spiritual well-being has prompted a new wave of interventions that directly target this

population, namely logotherapy and other existential interventions based on existential principles.

Objectives: In this review, the primary focus was to comprehend the current evidence on the application of existential psychotherapy for individuals coping with advanced cancer and give an overview of the therapy approaches used.

Methods: Narrative review of scientific literature using Pubmed search engine.

Results: Terao and Satoh identified nine types of existential psychotherapies which were investigated using randomized controlled trials for patients with advanced cancer or in terminal care: Meaning-Centered Group Psychotherapy (MCGP), Individual Meaning-Centered Psychotherapy (IMCP), Meaning-Making intervention (MMi), Meaning of Life Intervention, Managing Cancer and Living Meaningfully (CALM), Hope Intervention, Cognitive and Existential Intervention, Dignity Therapy, and Life-Review Interviews. All deal with the issues pointed by Yalom. Existential or spiritual well-being improvements were validated in MCGP, IMCP, Meaning of Life intervention, and Life-Review intervention.

Conclusions: Current evidence is still based on a very limited number of studies. Additional research is needed to delve into the impact of existential psychotherapy on individuals facing advanced cancer.

Disclosure of Interest: None Declared

O0023

Comparing The Effectiveness Of Mentalization-Based Therapy And Dialectical Behavior Therapy In An Adult Population With Cluster B Personality Disorders To Reduce Hospital Service Use

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Introduction: Mentalization-based therapy (MBT) and dialectical behavior therapy (DBT) are two treatments known to be effective for borderline personality disorder (BPD). However, head-to-head comparisons between those two treatments are scarce and their effectiveness in naturalistic clinical services, where BPD is often comorbid with other cluster B personality disorders (PD), needs to be further explored.

Objectives: The study's goal was to answer the following question: Is there a difference in emergency department visits, hospitalizations and dropout rates after one year of treatment in MBT compared to DBT for a clinical adult population with cluster B PD?

Methods: We compared the effectiveness of MBT and DBT in 288 patients between 2015 and 2019 with at least one cluster B PD by measuring their emergency services use and hospitalizations one year before and one year after beginning therapy. Drop-out rates for those two treatment modalities are also compared. Image 1 illustrates the patient distribution for the study.

Results: In terms of reducing emergency room use, patients in each treatment group experienced a significant decrease with medium effect sizes ($p < .001$ for both, $d = .768$ for MBT and $d = .640$ for DBT). In terms of reducing hospitalizations, the MBT group had a significant decrease ($p < .05$) with a medium effect size ($d = .568$) whereas the DBT group had a non-significant decrease ($p = .595$) with a negligible effect size ($d = .140$).

When we compare both therapies, no significant differences were found between them in terms of reductions in emergency room use ($p = .358$) and hospitalizations ($p = .195$), as well as dropout rates ($p = .743$). Image 2 further illustrates the dropout trends in the first year of treatment for both groups in intervals of 3 months.

Hospitalizations were rare in our population, which may hinder the validity of results containing this variable. In absolute numbers, total emergency room visits decreased from 119 to 37, whereas hospitalizations were reduced from 24 to 12. Drop-out rates before entering treatment were high (20.6%), as it was during treatment for both therapies (around 30% in the first year of treatment).

Image:

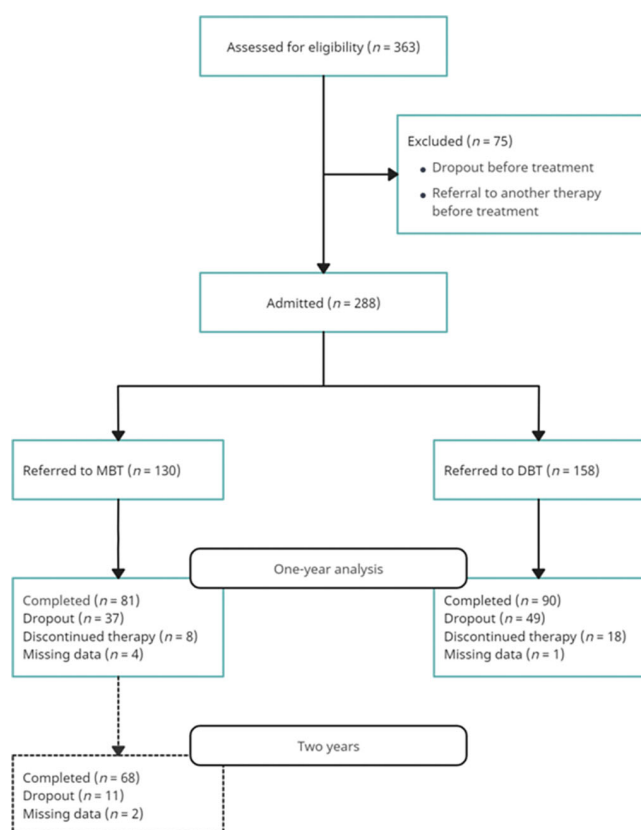
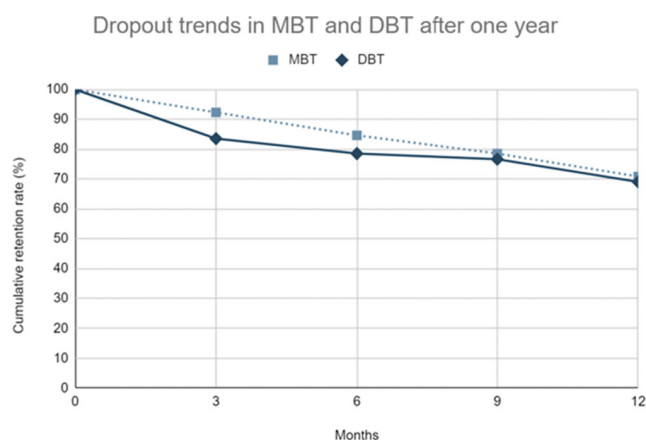


Image 2:



Conclusions: This study emphasizes that both DBT and MBT are linked to a reduction in service use over time. Dropout rates in both treatments are also similar to other studies. Therefore, future research should investigate the factors that can help clinicians guide individuals with PDs towards the type of therapy that is most suitable for them.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

O0024

The improvement of mental and physical health of people with severe mental disorder: one-year efficacy of a lifestyle experimental intervention

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Introduction: Patients with severe mental disorders have a significantly reduced life expectancy than the general population, often resulting from the increased prevalence of cardiovascular and metabolic diseases. Reasons include unhealthy lifestyle behaviours, reduced access to screening programs and adverse effects of many psychotropic drugs.

Objectives: Our goal is to assess the efficacy of a psychosocial group intervention promoting healthy lifestyle behaviors compared to a brief psychoeducational group intervention in terms of improvement of severity of psychiatric symptoms and perceived quality of life, and a series of anthropometric and hematological parameters.

Methods: This is a multicenter randomized controlled trial. Patients between 18 and 35 years of age with a diagnosis of schizophrenia and other primary psychotic disorders, unipolar depression and bipolar disorder were recruited. Exclusion criteria

were inability to perform moderate physical activity, pregnancy and breastfeeding and impaired cognitive functions.

Results: 401 patients were recruited and randomly assigned to receive the experimental intervention (LIFESTYLE) or a behavioural control intervention. About 57% of the sample were female, with a mean age of 45.8 ± 11.8 , and BMI of 32.5 ± 5.5 . All of them were receiving almost one psychotropic drug. At one year, we observed a reduction in HOMA-IR index (from 4.3 ± 5.5 to 3.1 ± 2.9 , $p < 0.01$) and triglycerides (from 162.5 ± 78.1 mg/dL to 131.4 ± 76.0 mg/dL, $p < 0.001$), as well as an increase in HDL (from 46.2 ± 14.6 mg/dL to 50.9 ± 26.7 mg/dL, $p < 0.05$). Moreover, a reduction in the values of BPRS "Affectivity" (from 8.7 ± 3.0 to 7.2 ± 2.5 , $p < 0.001$), "Activity" (from 4.7 ± 1.9 to 4.2 ± 1.3 , $p < 0.01$) and "Negative Symptoms" subscale (from 7.7 ± 3.1 to 7.0 ± 2.7 , $p < 0.001$) was also observed, along with an improvement in perceived quality of life (MANSA total score from 4.0 ± 1.0 to 5.3 ± 0.8 , $p < 0.01$).

Conclusions: The results support the evidence that the LIFESTYLE intervention has long-lasting positive effects on physical and mental health of people with mental disorders. More efforts need to be done in order to increase the availability of these treatments in routine clinical settings.

Disclosure of Interest: None Declared

O0025

Sport-based psychosocial interventions for people suffering from severe mental disorders: EASMH pilot actions from 4 European Countries

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Introduction: The *European Alliance for Sport and Mental Health* (EASMH) is a partnership of scientific institutions, charity associations and sport organizations, funded by EU-Erasmus+. It aimed at developing good clinical practice in psychiatric rehabilitation through sport-based interventions as an integration of pharmacological and psychological therapies. Within the framework of the EASMH projects, several actions have been promoted including an assessment of the dissemination of sport-based interventions, a training course for specialized coaches and the implementation of pilot actions in four European Countries.

Objectives: To briefly describe EASMH pilot actions performed in Finland, Italy, Romania and United Kingdom, where trained coaches delivered sport-based interventions to patients with severe mental disorders.

Methods: After completing pilot actions, charity associations and sport organizations belonging to EASMH network described general and specific aims, sport activities, composition of staff, timing and tools for assessing the outcomes.

Results: In Italy, "Crazy for Rugby", including adolescents and young patients, and "Not only headshots", a football project for adults with severe mental disorders were performed. In UK, a football-based activity called "Imagine Your Goal" and a walking-football program for participants aged more than 40 were delivered. In Romania, two courses including gymnastics, yoga and pilates called "Get fit!" were provided. Different team sport-based activities were implemented in Finland, where "Multiple Sport Group" and "Rehabilitating Sports" aimed at increasing patients' autonomy. Assessment of psychopathological, social, cognitive and sport/fitness outcomes confirmed the overall beneficial effects of sport on mental health.

Conclusions: Pilot actions represent the final step of EASMH project, which showed improvement of mental health outcomes by also delivering sport-based rehabilitation to patients with severe mental disorders. Institutions and stakeholders are now called to promote the implementation of such initiatives on a broader scale.

Disclosure of Interest: None Declared

Research Methodology

O0026

Geographical variation in compulsory mental health care: cause for concern and source of causal inference

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Introduction: Compulsory mental health care remains a controversial practice. The many difficulties in performing Randomised Controlled Trials (RCT) on the topic means there is limited evidence to support its effectiveness. For ethical and legal reasons, compulsory mental health care should only be used when necessary. Yet, geographical variations, which can indicate both overuse and underuse, have been observed. In the funded research project "Controversies in Psychiatry" we intend to use this variation as a source of knowledge production. We propose that this naturally occurring variation mimics randomisation, and can therefore permit causal inference from registry data.

Objectives: We will estimate the causal effect of compulsory inpatient mental health care on a range of outcomes, including injuries, self-harm, and all-cause mortality; violent crime; employment vs benefit allowance; rehospitalisation and outpatient commitment.

Methods: Observed variation in register data on all episodes of compulsory inpatient mental health care in Norway between 2015-2016 ($N \approx 300\,000$), will serve as a source of as-random variation. Provider-preference for compulsion usage will be used as an instrumental variable (IV).

Results: Outcomes will be observed from 2017-2025. If assumptions underlying IV-analysis do not hold, the project will still provide important and complete descriptive data on long-term outcomes for a whole population.

Conclusions: Geographical variation is a cause for concern if people are treated differently depending on area of residence. But it also presents an opportunity to use differences in service provider's preference for using compulsory care as an instrumental variable to estimate the causal effect of compulsory care on multiple short and long-term outcomes. This approach can help resolve controversies that are difficult or even impossible to investigate through RCTs. After presenting the project plan we invite to a discussion of the feasibility of using an instrument variable approach to explore if relatively low versus high rates of compulsory care produce favorable outcomes for patients.

Disclosure of Interest: None Declared

O0027

What influence mothers' mental health and health care seeking behaviors for their malnourished children in Nepal: building evidence for a broader perspective

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Introduction: Implementing research projects on community-based health care interventions in low-resource settings is feasible with specific methods and applications. In order to critically understand all ins and outs of influencing factors involved in health care pathways for children and their mothers, we must consider to implement more than one research in the same context.

Objectives: The objective of this presentation is to showcase the continuum of research projects starting from the assessment of the effectiveness of a combined nutrition and psychosocial intervention and its economic evaluation, and how that led to exploring social representations of malnutrition in order to better understand the link with health care seeking behaviours.

Methods: The FUSAM cluster randomized control trial included 427 were severe acutely malnourished (SAM) children and their mothers. They were divided in two groups receiving the standard nutrition treatment while the intervention group benefited from five psychosocial sessions. A battery of tests for child development and maternal mental health was administered pre and post intervention. For the economic evaluation, a data collection was conducted with 98 community members and District Public Health Office personnel in Saptari and 17 Action contre la Faim and government personnel in Kathmandu. Finally, a mixed-method study comparing social representations of malnutrition included 376 adults in Saptari and Nuwakot district. Data analysis was performed according to the study design: a multivariate model analysis for the CRCT, a micro-costing methodology to cost data collection and analysis was favored. For the mixed-method analysis, descriptive and inductive analysis were performed.

Results: Regarding the child development, children in the intervention group showed higher scores than children in the control group at all time points. And the economic evaluation showed that the costs of adding psychosocial counselling to an existing CMAM program was approximately EUR 28,788 for 6 centers per year.

However, referrals of children through the community-based screening were not optimal. The findings related to health seeking behaviors showed that different meaning categories were simultaneously resorted to by community members leading to different representations of SAM children and that relevant health advises were neither systematically nor uniquely associated to medical categories but are linked to different meaning categories depending on the cultural context.

Conclusions: Multiplying research projects is crucial to mitigate the limitations of the studies often facing numerous contextual challenges and ultimately to leverage further opportunities.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

O0028

Does the association between short-chain fatty acids and depressive symptoms vary with age? A large population-based study

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Introduction: Fat plays an important role in brain function; 60% of the brain's dry weight is fat. Among fats, omega-3 fatty acids, which are long-chain fatty acids, have been reported to reduce depressive symptoms. On the other hand, there are few studies on short-chain fatty acids (SCFAs), and those that do exist are mostly animal studies, with only a few human studies (about 100 cases). This is the first study to examine the association between fecal short-chain fatty acids and depressive symptoms on a large scale in the general population.

Objectives: We examined the association of fecal SCFAs with depressive symptoms. In addition, we analyzed the associations stratified by age and examined differences in the associations.

Methods: This study was conducted using data from the Dynamics of Lifestyle and Neighborhood Community on Health Study (DOSANCO Health Study). The target population was all residents of the city of Suttu, Hokkaido, Japan, excluding residents of special nursing homes (n=2638). 579 individuals (22% of the target population) aged 18 years and older who were able to measure fecal SCFA participated in this study with written informed consent. Approval was obtained from the Ethics Committee of Hokkaido University School of Medicine (15-002 and 15-045). Fecal SCFA was measured by high-performance liquid chromatography. We examined the association of fecal concentrations of SCFA subtypes (i.e., acetate, butyrate, and propionate) and total SCFA concentrations (mg/g wet weight as a continuous variable) with total Patient Health Questionnaire-9 (PHQ-9) scores using multiple regression analysis. We adjusted for age, sex, habitual exercise, total energy intake, and total dietary fiber intake. We performed additional

multiple regression analyses with stratification by age group (18-59 years and 60 years or older). Two-tailed tests were used for all analyses with a significance level of $P < 0.05$.

Results: The mean age (standard deviation) of the study participants ($n=534$) was 58.3 (16.0) years. Among them, 48% were 18-59 years old and 54% were female. Fecal propionate concentration was significantly associated with total PHQ-9 score ($\beta=0.62$, $p<0.01$). Other SCFAs and total SCFA were not significantly associated with total PHQ-9 score. In addition, using stratification analyses by age group, the associations between fecal propionate concentration and total PHQ-9 score showed a different trend by age group ($\beta=0.18$, $p=0.62$ for 18-59 years; $\beta=0.80$, $p<0.01$ for 60 years or older).

Conclusions: The study showed an association between higher concentrations of fecal propionic acid and higher levels of depressive symptoms. The association was particularly pronounced in older people, those aged 60 years and older. The results suggest that improving dietary habits to reduce fecal propionic acid may be effective in preventing depression in the elderly.

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O0029

Physical activity reduces cardiovascular risk and mortality in people with severe mental illness: a cohort study using accelerometry

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Introduction: Cardiovascular disease (CVD) is a leading cause of excess mortality in people with severe mental illness (SMI). Physical activity (PA) is widely acknowledged with multiple health benefits, but associations of PA with incident CVD, all-cause and CVD mortality in people with SMI remain unclear.

Objectives: To determine dose-response and intensity-specific associations of PA with incident CVD, all-cause and CVD mortality in people with SMI.

Methods: This prospective cohort study was conducted on 6313 SMI participants with accelerometry data from UK Biobank (mean age 61.05 years) from February 2013 to November 2021 (median 7-year follow-up). Moderate-to-vigorous PA (MVPA) was categorized by meeting the guideline level or not, while total PA and light-intensity PA (LPA) were grouped by tertiles. Incident CVD, all-cause and CVD mortality ascertained by hospital and death registries were main outcomes.

Results: PA was inversely associated with the risk for incident CVD ($P_{\text{overall}} < 0.05$ for total PA and MVPA, $P_{\text{nonlinearity}} > 0.05$ for all PA), all-cause mortality ($P_{\text{overall}} < 0.05$ for all PA, $P_{\text{nonlinearity}} < 0.05$ for total PA and LPA), and CVD mortality ($P_{\text{overall}} < 0.001$ for total PA

and LPA, $P_{\text{nonlinearity}} < 0.05$ for all PA). Performing guideline-recommended volume of MVPA was associated with a reduced risk of 19% for incident CVD (95% CI, 0.67-0.98), 42% for all-cause mortality (95% CI, 0.43-0.79), and 50% for CVD mortality (95% CI, 0.31-0.82). A combination of recommended MVPA and a moderate volume of LPA was associated with the lowest risk, mitigating 21% risk for incident CVD, 59% for all-cause mortality, and 78% for CVD mortality.

Conclusions: Primary engagement of guideline-recommended MVPA, supplemented with moderate amount of LPA, was associated with lower risks for incident CVD, all-cause and CVD mortality among people with SMI.

Acknowledgements: This research has been conducted using the UK Biobank Resource under Application Number 58082.

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Disclosure of Interest: None Declared

Promotion of Mental Health

O0030

Stigma and its impact on Quality of Life among Early Career Mental Health Professionals

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Introduction: Stigma towards mental health has been described as a major obstacle to seek help and access to mental health services. This could result in a worsened Quality of Life (QoL). There is a little evidence of stigma in Mental Health Professionals and its consequences, especially in Early Career ones (ECMPH), who can be a more vulnerable group. There is even more lack of studies with multicultural approaches. Exploring stigma, support systems and access to these, and the link of these factors with QoL is essential to develop effective strategies to support ECMHP, for both their own mental health and providing care to patients.

Objectives: This study aims to explore the association between ECMHP's stigma towards mental health and their QoL, and to identify predictors of QoL among this population.

Methods: In this cross-sectional study, we designed an online survey to collect data among ECMHP, identified as having completed training since less than 7 years. QoL was assessed using the WHO-QoL. Stigma towards mental health was measured with the Opening Minds Stigma Scale for Health Care Providers (OMS-HC). Other general sociodemographic data were also collected. Descriptive results are resumed in absolute and relative frequencies for categorical variables. Student's t-test and ANOVA were used to analyse scores in WHO-QoL and OMS-HC according to categorical variables. Pearson's correlation coefficient was used to assess the association between WHO-QoL and OMS-HC. Simple and multiple linear regression were used to study the effect of stigma on QoL, taking into account potential confounders.

Results: We collected data from 277 ECMHP from Europe (54.15%) and Asia (45.85%). Only 20% of our sample knew that their workplace has staff dedicated for mental health practitioners support, and among those, only 44% had visited it. OMS-HC total scores were significantly higher ($p < 0.05$) in nurses and practitioners without a sufficient support system and without a mental disorder. WHO-QoL total scores were significantly higher in participants with sufficient support systems, and without a mental or physical illness. There was a negative correlation between OMS-HC and WHO-QoL total scores. Univariate analysis showed that OMS-HC total scores predicted WHO-QoL total scores. In the multivariate analysis, OMS-HC total scores, having a mental illness and having sufficient support, independently predicted WHO-QoL total scores, even when adjusted for sociodemographic variables.

Conclusions: Stigma towards mental health is related to QoL in ECMHP. Also, having sufficient support in the workplace improves QoL in this population. More studies are needed to help clarify the relationship between stigma and QoL using a longitudinal design.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

O0032

BDNF plasma concentrations, cognitive test performances and lifetime suicide ideation in psychotic disorders: a secondary analysis.

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Introduction: Psychotic disorders present a significant lifetime risk for suicide. Past estimates suggest that up to 25-50% of individuals with schizophrenia (SCZ) may attempt suicide during their lifetime. A growing body of literature indicates that the level of cognitive performances may be associated with a differing level of lifetime suicide attempts, albeit inconsistently depending on the diagnostic category and study setting. However, the vast majority of the literature in the field is composed of cross-sectional studies, limiting the overall interpretation of the available evidence.

Objectives: In the present study, we probed the possible association of BDNF plasma levels, cognitive functions assessed through the Brief Assessment of Cognition in Schizophrenia (BACS) and lifetime suicide ideation and/or attempts (LSI+LSA). More specifically, we tested whether such association would persist during the 2 years follow-up divided in 5 different timepoints at 6-month intervals, if present.

Methods: The present study represents a secondary analysis of a previously described cohort (Manchia et al. Brain Sci. 2022 Dec 4;12(12):1666). The sample comprised 105 subjects with SZC or schizoaffective disorder. We employed the 1) Wilcoxon test for non-parametric data 2) linear modelling to test the possible association of BACS-defined cognitive task performances with LSI+LSA. We also investigated if either BDNF plasma levels or four tested BDNF SNP genes would mediate this association.

Results: From a total of 105 subjects, data relevant to the analysis were available for 89 subjects. We observed a significant association between BACS-Letter fluency task (BACS-LF) with LSI+LSA, persisting even when adjusting for gender, duration of untreated psychosis, total Positive and Negative Syndrome Scale score, age, chlorpromazine equivalents of antipsychotic therapy and for the effect of time. The association remained significant even when adjusting with the Bonferroni-Holms method for multiple comparisons ($p=0.002$). No association was found either for BDNF plasma levels or the tested BDNF genes for the tested outcomes.

Conclusions: In our sample, higher BACS-LF performances appeared to be associated with a higher lifetime risk of LSI+LSA. This report adds to the previous literature suggesting that different cognitive performance levels may represent one of the many chronic risk factors associated with LSI+LSA, and that may ultimately complexly interact with more proximal ones.

Disclosure of Interest: None Declared

O0034

Examination of Speech Analysis to Predict Suicidal Behavior in Depression

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Introduction: Suicide is one of the leading causes of preventable deaths worldwide. The psychiatric disorder that is most strongly

associated with suicide is depression. It is crucial to develop clinical tools that can provide objective data to assess suicide risk in clinical settings. Depression and high suicide risk may lead to physiological changes that can affect the speech pattern. Prior research has indicated that the acoustic and prosodic characteristics of speech may hold potential clues for assessing suicide risk. Additionally, specific speech parameters may serve as discriminators for identifying individuals at risk. In recent years, deep learning-based models have yielded successful results in identifying such alterations in speech signals.

Objectives: The aim of our study was to examine specific voice analysis parameters between control, depressive and high suicide risk groups. We also aimed to investigate the effect of voice-related variables in predicting suicidal behavior in patients with depression using an artificial intelligence model. The results of voice analysis are intended to serve as a starting point for the development of future artificial intelligence algorithms.

Methods: The study sample consisted of 30 near-term suicidal patients, 30 patients with major depression and 30 healthy controls. The participants were presented with a pre-determined text and a voice recording was carried out. Feature extraction and model training for three tasks, namely depression or not, suicide or not, and depression or suicide were carried out. Mel-Frequency Cepstral Coefficients (MFCCs), deep learning-based (VGGish), formant and prosodic features were extracted to analyze the sound characteristics of the participants. The Support Vector Machine was used as the machine learning algorithm for classification and the three models were trained for each task. A 10-fold cross-validation was carried out and presented by metrics including accuracy, precision, sensitivity and specificity.

Results: Among the metrics examined, MFCCs for the “Suicide or not” task were found to be more successful with rates of 0.90, 0.88, 0.93 and 0.86 for accuracy, precision, sensitivity, and specificity, respectively. MFCCs were also more successful for the “Depression or suicide” task with rates of 0.68, 0.66, 0.76, and 0.60 for accuracy, precision, sensitivity, and specificity, respectively. Among the metrics examined for the “Depressed or not” task, VGGish was more successful with rates of 0.73, 0.81, 0.70, and 0.76 for accuracy, precision, sensitivity, and specificity, respectively.

Conclusions: To the best of our knowledge, our study is the first to compare the VGGish and other features of speech (MFCCs, prosodic, formant features) between high suicide risk, depression and control groups. Classification parameters developed using the VGGish and MFCCs features of speech could be useful in predicting suicide risk in future studies.

Disclosure of Interest: None Declared

O0035

Deliberate self-harm and suicide in people with immigrant background: how can reason for immigration and country of origin differentiate the risks?

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Introduction: A growing body of research have devoted into suicide and deliberate self-harm in immigrant population, but no study has examined how reason for immigrating to the host country differentiates the risks.

Objectives: To gain firm insight into suicide and deliberate self-harm among people with immigrant background.

Methods: Norwegian registers were interlinked to identify all individuals who died by suicide in 1992-2018 and who received emergency treatment for non-fatal deliberate self-harm (DSH) in 2008-2018, and to construct the respective databases via a nested case-control design. Rates and relative risks of suicide and DSH were assessed according to immigrant background, country of birth and reasons of immigration, and in the context of personal socioeconomic status.

Results: People with an immigrant background accounted for 11.6% of all suicides in 1992-2018 and 17.9% of all DSH incidents treated in hospital emergency departments in 2008-2018. The rates of both suicide and DSH were highest in people born abroad with two Norway-born parents (mean rate: 19.4/100 000 for suicide and 280.9/100 000 for DSH) and lowest in the second-generation immigrants. Compared with the native Norwegians, suicide risk was significantly higher for those foreign-born with two Norway-born parents (HR=1.50) and those born in Norway with 1 one foreign-born parent (HR=1.20), but was significantly lower for the first- and second-generation immigrants. The associated risks remained almost unchanged when the data were adjusted for personal differences in education, marital status, income and place of residence in Norway. The analyses on deliberate self-harm exhibited similar patterns of results as for suicide, although the estimated reduced risks in the first- and second-generation immigrant is somewhat smaller. Evidently, the risks for suicide and DSH varied significantly by reason of immigration and country of origin. Immigrants coming for education had the lowest risk for suicide and self-harm, and those coming for work the second lowest. The risks for immigrants coming for family unity were lower than the natives, but significantly higher than counterparts coming for job or education from the same country. Among immigrants coming to Norway as a refugee or asylum seeker, the risk of suicide was comparably high as those coming for work, but the relative risk for self-harm was significantly higher. The increased risks associated with the mixed immigration background tended to be slightly higher in females than in males, and were likely confined to adoptee population.

Conclusions: Risks for suicide and deliberate self-harm in people with an immigrant background differs significantly by reason of immigration and country of origin. The findings should be taken into account in efforts of mental healthcare and suicide prevention targeting immigrant population.

Disclosure of Interest: None Declared

O0036

Prospective mortality in patients with non-fatal deliberate self-harm: a national cohort study

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Introduction: Deliberate self-harm (DSH) is a strong indicator of psychological distress and constitutes a significant risk factor for subsequent mortalities.

Objectives: In this study we want to gain insights into cause-specific mortalities in self-harming patients and to disentangle important factors differentiating the risks so that to inform follow-up care and mortality prevention.

Methods: Retrospective data from nationwide registries were inter-linked to follow all patients presenting to specialist healthcare with non-fatal DSH from January 2008 through December 2018. Data on cause of death, personal socioeconomic status, clinical features of DSH and other medical covariates were retrieved. The Fine and Gray competing risks model was used to identify significant factors impacting subsequent mortality risk by specific causes of death in the cohort.

Results: The cohort of 43153 DSH patients comprised 24286 females and 18867 males, with 45.3% being 10-34 years old, 38.1% being 35-64 years old and 16.6% above 65 years old at index DSH episode. Of these patients, 7041 died during the follow-up period, including 2290 within the first 1-year, corresponding to a mortality rate of 31.9 per 1000 person-years in the follow-up period and 54.9 per 1000 person-years in the first year. Common causes of death included suicide (n=911), other external causes (n=1020), cancer (n=896), cardiovascular diseases (n=1523), respiratory disease (n=787) and mental and substance misuse disorders (n=463), but the causes of death varied greatly by age groups and other factors. The risk of dying by suicide was highly associated with middle-age, male gender, tertiary education, psychiatric history, and DSH by injury, clear intent of self-harm, comorbid affective or personality disorder, referral to psychiatric treatment, as well as DSH repetition during the period of follow-up. Significant risk factors for death by other external causes included male gender, old or middle age, single marital status, lowest quartile income, history of psychiatric treatment, and DSH by injury and comorbid substance misuse. For death by natural causes, the relative risk was highest among the elderly and the middle-aged, with other significant risk factors including male gender, single marital status, low education, lowest quartile income, and comorbid substance misuse. Attendance in psychiatric treatment after DSH appeared to be beneficial reducing the risk for mortality by suicide, other external causes and natural causes as well.

Conclusions: Patients with DSH represent a high-risk group for suicide, other external and natural cause mortalities. Mental healthcare is essential in follow-up care and personalized care should take into account patients' socio-demographic background and clinical features of self-harm.

Disclosure of Interest: None Declared

E-mental Health

O0037

Co-design of a digital violence prevention and management tool for psychiatric inpatient care: focus on supporting integration into electronic health record system

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Introduction: Violence in psychiatric inpatient settings is a global challenge. Several methods have been developed and tested to help staff prevent the occurrence of violence on the wards. One novel and effective method is eDASA+APP, originating from Australian forensic psychiatric settings (Maguire *et al.* Int J Ment Health Nurs 2019; 28:1186-1197, Griffith *et al.* Psychiatr Serv 2021; 72:885-890). This electronic method contains an instrument (DASA) to assess the risk for imminent violence and includes evidence-based violence risk management methods for risk levels. It is important to ensure that this electronic intervention is integrated into daily clinical practice. This can be done in co-design between all that are involved e.g., staff and experts by experience, and by encouraging them to achieve a common goal and gain benefits by working together.

Objectives: This prevention gives an overview of how the Finnish version of eDASA+APP was co-designed with healthcare staff and experts by experience, focusing on integration into the electronic patient health record system. The presentation is part of a larger research project testing eDASA+APP in Finnish psychiatric inpatient care.

Methods: Co-design workshops focusing on three major themes: 1) identifying current practices and how eDASA+APP would fit in those, 2) producing a linguistically and culturally appropriate version of eDASA+APP, and 3) preferred use of eDASA+APP in an electronic patient health record system. Notes were kept during the workshops by researchers. Qualitative material were analysed with deductive content analysis. Results from the third theme are shared in this presentation.

Results: Staff and experts by experience described that integration of eDASA+APP in electronic patient health record system is supported if it 1) brings clear and fast information to the staff about the violence risk of a patient, 2) is a visible measure that is concretely in sight in electronic patient health record system, 3) provides information about which violence prevention and management interventions have worked with a patient, 4) involves patient preferences, and 5) consist of joint decisions that have been agreed multi-professionally.

Conclusions: Integration of eDASA+APP in the electronic patient health record system has the potential to succeed if it is realized in cooperation with staff and experts by experience, is technically easy to use, and the users have an understanding of its benefits to everyone involved.

Disclosure of Interest: None Declared

O0038

Guidance on how to involve people with lived experience in research on digital mental health interventions

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Introduction: Digital technologies and interventions (defined as patient-facing or self-administered interventions delivered through a digital platform) have an increasing role in mental health care. It is key to ensure that appropriate patient and public involvement (PPI) is not overlooked when developing new digital mental health interventions (DMHIs). The unique perspective offered by those with lived experience can improve study conduct and design as well as ensure that interventions meet the needs of users, which may improve their quality and acceptability.

Objectives: To develop guidance for the involvement of people with lived experience of severe mental illness in designing and conducting research on DMHIs.

Methods: Four co-production workshops were arranged online with people who have lived experience of severe mental illness. Initial ideas were formulated in the first workshop and were then prioritised in the second workshop using the nominal group technique. The prioritised ideas were then refined in workshops three and four. Minutes were generated from each workshop and were validated by the those who took part. These minutes were analysed using thematic analysis.

Results: Nineteen people with lived experience participated in the co-production workshops overall. Six people took part in one workshop only and 13 took part in multiple workshops. Two main themes were identified in this study: why do people become and remain involved in PPI?; and what areas should be discussed within PPI consultations? Three subthemes associated with the second theme were also identified. These are: areas related to specific types of DMHI; areas related to any type of DMHI; and what can make a difference within DMHIs? To ensure that people become and remain interested in PPI around DMHIs, it is important to provide a non-judgemental space for people with lived experience to discuss any concerns and ensure they feel valued during consultations. Aspects to consider discussing in PPI consultations around the development of DMHIs include the provision of safety and security within DMHIs, issues around digital exclusion and the potential impact of people's symptoms on DMHI use. Finally, points that were identified as important to consider when developing DMHIs include offering encouragement throughout the DMHI, accommodating for individual and collective needs within DMHIs and developing a structure within the DMHI which includes adding in attainable goals.

Conclusions: If used, the information provided from this study can generate positive and productive PPI consultations where those with lived experience can make significant contributions to the development of DMHIs. Such contributions will increase the acceptability and efficacy of the DMHIs developed.

Disclosure of Interest: None Declared

O0039

The Online Support System for Mental Health Problems After the Earthquake: A Prompt Response from The Psychiatric Association of Turkey

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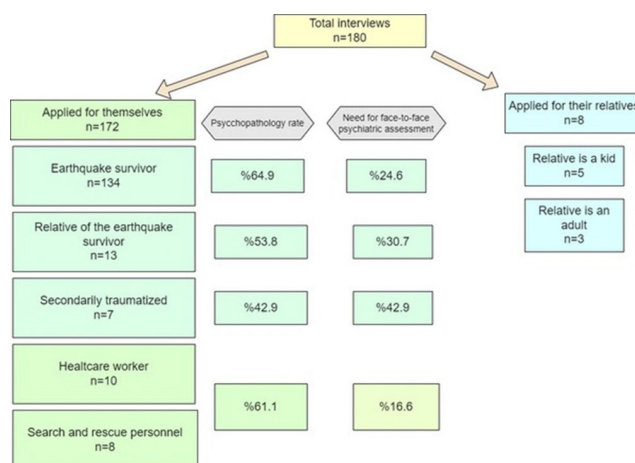
Introduction: Previous research demonstrated that disasters have adverse mental health outcomes. Preventive mental health interventions in the golden hours/days after a disaster may reduce psychological harm by getting in the way of emerging mental disorders or alleviating existing ones. The widespread use of smartphones and broad internet access enabled remote mental health interventions during disasters. After the 2023 Turkey earthquake, observing the mental health burden of the earthquake, The Psychiatric Association of Turkey conducted an online platform for psychological first aid. The aim was to unite volunteer psychiatrists and disaster survivors.

Objectives: This study presents the organization of an online mental health service during a disaster while reporting the characteristics of the service users.

Methods: The Psychiatric Association of Turkey called its members to volunteer for an Online Support System for Mental Problems After the Earthquake. The group regularly united to set standards of care. An action plan and algorithm were set up for applicants with acute suicidal, homicidal risk, or active psychotic symptoms in collaboration with local institutions and field volunteers. Volunteer psychiatrists were asked to collect information on the applicant's sociodemographic characteristics, disaster experience, and mental health status.

Results: Volunteer psychiatrists collected data on 180 applications. Most cases applied for themselves (%95.5), and some asked for advice to care for their relatives (%4.5). Earthquake survivors have the highest psychopathology rate (%64.9), followed by healthcare workers and search and rescue personnel (%61.1). Figure 1 summarizes the subgroups of the service users. The earthquake survivors group had a mean age of 34.45, % and 76.1 of them were female. Only %15.7 of them had lower educational levels than high school. %75 cases reached safe places on the 5th day of the disaster. Applicants reported discrimination and aggression after the catastrophe, related to experiencing mental health problems, owning a pet, looting, and being seen as less traumatized since their relatives are alive.

Image:



Conclusions: The present experience of the Psychiatric Association of Turkey is an example of a fast and collaborative response to a disaster regarding mental health. Our results also represent the characteristics of online mental health service users during a disaster.

Disclosure of Interest: None Declared

O0040

Artificial Intelligence in Psychiatry: A Comprehensive Literature Review

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Introduction: The incorporation of artificial intelligence (AI) in healthcare, especially in mental health services, offers potential advancements in efficiency and personalization. As AI technologies like machine learning and natural language processing (NLP) continue to evolve, it's vital to evaluate their applications in psychiatry comprehensively.

Objectives: This review aims to summarize and characterize studies that used AI, particularly machine learning and NLP, in mental health. Additionally, it endeavors to understand how these technologies may enhance diagnostic tools, symptom monitoring, and delivery of personalized treatment in psychiatry.

Methods: Adhering to PRISMA guidelines, a systematic search was executed across multiple medical databases, including PubMed, Scopus, ScienceDirect, and PsycINFO. Keywords encompassed machine learning, data mining, psychiatry, and mental health. Exclusion criteria included non-English papers, anonymization process descriptions, case studies, conference papers, and other reviews. Data from various segments in the provided information were synthesized to capture the broader picture of AI's application in psychiatry.

Results: From the 327 articles initially identified, 58 were chosen for detailed review. Studies predominantly revolved around three main populations: patients in medical databases, emergency room visitors, and social media users. The primary applications of AI entailed symptom extraction, illness severity classification, therapy effectiveness comparison, and psychopathological insights derivation. Data sources mainly included medical records and social media, with Python emerging as the preferred platform for most studies.

Conclusions: While AI shows immense promise in revolutionizing mental health care, its current applications largely confirm existing clinical hypotheses. Ethical concerns, such as patient privacy and data biases, remain paramount. Future work should delve deeper into these challenges while further exploring AI's potential in clinical psychiatry practice.

Disclosure of Interest: None Declared

O0041

Text4Hope: An e-Mental Health Tool for Mitigating Psychological Symptoms among Young Adults

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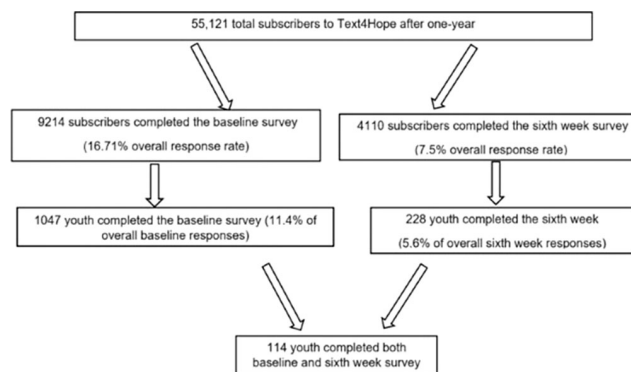
Introduction: Chronic stress, anxiety, and depression can interfere with young adults' everyday function, academic achievement, and interpersonal relationships. Interventions aimed at preventing the deterioration or possibly onset of these mental disorders among young people are timely.

Objectives: To assess the impact of a supportive text messaging program (Text4Hope) on the psychological well-being of young adults.

Methods: This study adopted both longitudinal and naturalistic controlled trial designs. Longitudinal study: compared baseline and 6th week outcomes in the same group of young adult subscribers. Naturalistic controlled study: compared clinical parameters in two groups of Text4Hope young adult subscribers: (i) intervention group (IG), subscribers who received once-daily supportive text messages for 6-weeks and completed 6th-week evaluation between 26 April and 12 July 2020, and (ii) control group (CG), subscribers who joined Text4Hope the same time frame, completed a baseline survey and were yet to receive text messages. The prevalence and severity of moderate-high stress, anxiety, and depression was measured using standardized scales. Inferential statistics, including the t-test, McNemar test, chi-square, and binary logistic regression analyses, were used to evaluate the differences in the prevalence and severity of the psychological symptoms.

Results: Longitudinal study: subscribers who completed both the baseline and 6th-week surveys, had significant reduction in the prevalence of moderate-high stress (8%) and likely GAD (20%) from baseline to six weeks. The largest reduction in mean scores was for the GAD-7 scale (18.4%). Naturalistic study: significantly lower prevalence for likely Moderate Depressive Disorder (25.2%) and suicidal thoughts/thoughts of self-harm (48.4%), with a small effect size in the IG compared to CG.

Image:



Conclusions: TheText4Hope program has been demonstrated as an effective e-mental health tool for mental health support for young adult subscribers. This is particularly encouraging, as young adults have already adapted to SMS text messaging and texting. Therefore, this mode of intervention can be used to supplement existing treatments for psychological problems impacting young adults. In addition, the cost effectiveness and easy scalability of supportive text message interventions mean that policymakers and governments can quickly implement similar programs as part of national youth suicide prevention strategies.

Disclosure of Interest: None Declared

Mental Health Care

O0042

A pragmatic randomised controlled non-inferiority trial of open-door policy versus treatment as usual in urban psychiatric inpatient wards

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Introduction: Open-door policy (ODP) is an approach to reduce coercion in psychiatric wards recommended by the World Health Organization and the Council of Europe. Observational studies from Switzerland and Germany have shown promising results in reducing coercion, but no RCTs have been conducted. Skeptics have been concerned the observational evidence could mask that ODP could increase risks and harms and / or increase the use of coercive measures staff use to assist patients with psychoses, while proponents have argued that de-escalation and alliance-building will result in no such increase.

Objectives: To evaluate open-door policy in an openly randomised, ethical-board approved trial of all patients referred to ward care at the Lovisenberg Diaconal Hospital in Oslo, Norway.

Methods: A 12-month pragmatic, randomised-controlled non-inferiority trial comparing two ODP and three TAU acute psychiatric wards. The trial was pre-registered (ISRCTN16876467) and conformed to CONSORT. Ethical committee exemption enabled waiver of consent rules for the study, meaning all regular patients were included. Patients were randomly assigned (2:3 ratio) by a clinical admissions team using an open list. The non-inferiority margin was 15 % on the primary outcome: the proportion of patient stays with one or more coercive measures, including involuntary medication, isolation/seclusion, and physical and mechanical restraints. Primary and safety analyses were based on intention-to-treat. Safety analyses included suicides and violent events against staff. Secondary outcomes were individual coercive measures, intensive care, resource use, and patient feedback.

Results: N=556 patients were included and randomised and were similar on all pre-admission demographics: Around 75% of patients were diagnosed with a psychotic disorder and were involuntarily admitted. Primary outcome: Use of coercive measures was within the non-inferiority margin (see table 1). Safety outcomes: No suicides occurred during ward care in any group. Violence against staff did not differ between study wards. Secondary outcomes: Use of intensive care ('skjerming') and number of days admitted was significantly less on open-door policy wards. Patients on open-door policy wards rated their experience of coercion and ward atmosphere better than patients on control wards.

Table 1. Absolute and relative risk of being subjected to coercion on open-door policy or usual-treatment wards.

Main outcome	Number (%)		Relative Risk (95% CI)	Risk Difference (95% CI)	Primary hypothesis confirmed
	Absolute Risk ODP wards (n=245)	Absolute Risk TAU wards (n=311)			
One or more coercive measures during the admission	65 (26.5%)	104 (33.4%)	1.3 (0.97 to 1.6)	6.9% (-0.7 to 14.5)	Yes

Conclusions: This first RCT found open-door policy does not increase use of coercion or resource use. It does not harm staff or patients and is experienced as better by patients.

Disclosure of Interest: None Declared

O0043

The relationship between mental-health-related stigma among psychiatrists and country indicators across Europe

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Introduction: Mental health-related stigma occurs not only within the public community but is also an issue among healthcare professionals. The relationship between national culture and provider stigma remains yet to be empirically attested.

Objectives: We performed a cross-sectional multicentre study across 32 European countries to investigate the attitudes of psychiatrists towards patients with mental health problems. We aimed to examine the relationship of attitude with country-specific indicators.

Methods: We measured stigmatizing attitudes using the Opening Minds Stigma Scale for Health Care Providers (OMS-HC) within an online survey among specialists and trainees in general adult, child and adolescent psychiatry. Its total score was correlated with the Human Development Index (HDI), the Democracy Index (DI), the Social Progress Index (SPI), the number of psychiatrists per 100,000 people, and the Hofstede dimensions. Latent class analysis was done to find subgroups of countries according to the stigmatizing attitudes of psychiatrists and the six Hofstede dimensions.

Results: Altogether, n=4245 participants completed the survey. The total score of the OMS-HC significantly correlated with the long-term orientation ($r=0.453$, $p=0.015$) and indulgence dimensions ($r=-0.629$, $p<0.0001$) and with the HDI ($r=-0.503$, $p=0.005$), DI ($r=-0.418$, $p=0.024$), SPI ($r=-0.348$, $p=0.040$). The latent class analysis separated high- and low-stigma countries. High stigma was associated with high power distance and uncertainty scores.

Conclusions: Findings from this study not only expand knowledge of factors related to stigmatizing attitudes of healthcare professionals, but also enlighten the cultural aspects of the stigma that could contribute to the further development of anti-stigma programs.

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O0044

Physical activity and treatment adherence in patients with mental disorders: a randomized controlled trial

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Introduction: Lack of adherence to pharmacological treatment is considered a multifactorial phenomenon, remarkably frequent in clinical practice. Non-adherence is associated with increased number of relapses, poor clinical and functional outcomes, and worsening of patient health status, with a resulting increase in healthcare costs, particularly in people with severe mental disorders (SMD). Treatment adherence rates remain extremely low, highlighting the need to develop innovative and integrated strategies; one of these is represented by the promotion of healthy lifestyle behaviours, including regular physical activity.

Objectives: The aim of this study is to assess how the rates of treatment adherence vary in patients with SMD after receiving a psychosocial intervention, focusing on the positive relationship between treatment adherence and physical activity.

Methods: LIFESTYLE is a randomized controlled trial comparing the efficacy of a structured psychosocial lifestyle intervention involving moderate physical activity exercises over a brief psychoeducational intervention. Levels of physical activity was assessed thorough the IPAQ scale, while treatment adherence was evaluated by the Morisky Medication Adherence Scale (MMAS).

Results: The sample includes 401 patients, with a mean duration of illness was 16.3 (± 17.8) years. All patients were receiving a pharmacological drug treatment; in particular, 59.6% (N=239) were treated with a second-generation antipsychotic and 54.9% (N=220) with a mood stabilizer. Our results show that moderate physical activity improves rates of treatment adherence. After 6 months, adherence to treatment increased from 35.8% at baseline to 47.6% at baseline in the experimental group, along with improvement in clinical health parameters (reduction in BMI, weight, and metabolic parameters). Another significant inverse correlation was found between adherence and quality of life (Rho di Person: $-.140$, $p<.005$). Furthermore, this study indicates that having a diagnosis of major depression, a better cognitive functioning, a shorter duration of illness and contact time with the local mental health centre are factors that positively influence treatment adherence. Remarkably, treatment adherence was not influenced by symptom severity and type of pharmacological treatment.

Conclusions: Moderate physical activity can represent a valid strategy to increase treatment adherence in patients with SMD.

Therefore, promoting physical activity exercises in our clinical practice may be associated with better outcomes. However, further studies that evaluate patients with acute mental disorders are needed.

Disclosure of Interest: None Declared

O0045

Individual Placement and Support for persons with mental disorders and disability pension: Randomized controlled trial and follow up

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Introduction: Individual Placement and Support (IPS) is a supported employment method used for the vocational inclusion of individuals with mental disorders. There is vast evidence that IPS is effective for finding jobs. However, evidence concerning the applicability of IPS for persons with mental disorders receiving a disability pension and concerning the sustainability of IPS is scarce.

Objectives: The aim of the studies included in this report was to a) control for the applicability of IPS for persons receiving a disability pension and b) to gain insight in the sustainability of IPS in this context.

Methods: A randomized controlled trial with 250 participants was conducted. The participants in the intervention group received job coaching according to the IPS standard. Members of the control group received no organized support but were allowed to seek assistance on their own. The initial phase of the study lasted 24 month. Job coaching was delivered only in the first phase of the study and discontinued after 24 month. A follow up was performed six years after the start of the study to clarify the further course (number of employment relationships, degree of employment, duration of employment, salary).

Results: In the first phase of the study, the overall dropout rate was 32%. 114 participants (46% of the original number of participants) took part in the follow-up survey. The intervention was superior to the control condition in the first phase. There were no significant differences between the groups in terms of number of employment relationships, degree of employment, length of employment, and salary in the follow up.

Conclusions: The effect of a clear superiority of the IPS intervention with regard to the number of employment relationships, which was measured during the originally planned duration of the study, was only slightly detectable six years after the start of the study and up to four years after the end of the intervention and was no longer statistically significant. This result underlines the importance of continuing job coaching for an unlimited period of time, as called for in the IPS concept, in order to perpetuate the positive effects such as finding and maintaining a job in the primary labor market.

Disclosure of Interest: None Declared

Addictive Disorders

O0046

Prenatal Cannabis Use Disorder and Risk of Neurodevelopmental Disorders in Offspring: A Linked Data Cohort

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Introduction: Cannabis use has been increasing among women of reproductive age in the last few decades. In-utero cannabis exposure could be associated with an increased risk of neurodevelopmental disorders such as attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and intellectual disability (ID) during childhood and adolescence; however, existing evidence was generated based on maternal self-report of cannabis use in pregnancy. We conducted a large-scale with data linkage cohort study, in which both exposure and outcome of interests were confirmed using diagnostic tools, ICD-10-AM.

Objectives: This study aimed to examine the association between prenatal cannabis use disorder (CUD) and neurodevelopmental disorders in offspring using a large-scale cohort study.

Methods: We conducted an administrative health data-based cohort study of 222,569 mother-offspring pairs using linked data obtained from health registries in New South Wales (NSW), Australia. Data were drawn from the NSW Perinatal Data Collection (PDC), which included all live births in the Australian state of NSW between January 2003 and December 2005. These were linked with the NSW in-patient and ambulatory data collections for mothers and offspring. The prenatal cannabis use disorder (exposure) and neurodevelopmental disorders in offspring (outcomes of interest) were measured by using ICD-10-AM. Generalized linear regression with a binomial family model was used to explore the association. We also carried out a modification/interaction effect of low birth weight (LBW), smoking and premature births (PTB), which enhanced the methodological robustness of the study.

Results: This study found that offspring from mothers with prenatal CUwD had a 98%, 94% and 46% increased risk of ADHD [aRR = 1.98: 95 % CI 1.36 – 2.88], ASD [aRR = 1.94: 95 % CI 1.34 – 2.82], and ID [aRR = 1.46: 95 % CI 1.01 – 2.63] compared to those non-exposed offspring, respectively. We observed a significant interaction effect between CUD during pregnancy and maternal smoking on the risk of childhood ADHD, ASD and ID [CUD*smoking: RR = 5.62: 95 % CI 3.77 – 8.39, RR = 2.72: 95 % CI 1.78 – 4.18, and RR = 2.84: 95 % CI 1.54 – 5.22, respectively]. Furthermore, we also found significant associations between PCUD and ADHD, ASD and ID when interacting with LBW, and PTB.

Conclusions: Maternal prenatal CUD is associated with a higher risk of ADHD, ASD, and ID in offspring. The effect of maternal CUD on neurodevelopmental disorders was also found to be stronger when mothers also reported smoking during pregnancy, compared to the individual effects of cannabis use or smoking alone. The findings highlight the importance of implementing preventive strategies to reduce cannabis use in pregnancy.

Disclosure of Interest: None Declared

Eating Disorders

O0048

Assessment of anorexia nervosa according to the DSM-5 alternative personality model using the SCID-5-AMPD diagnostic interview system

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Introduction: Anorexia nervosa (AN) is a chronic disease that significantly impairs the quality of life, with a low (less than 50%) remission rate, the incidence of which is increasing and it appears at younger and younger ages.

Objectives: Our aim is to facilitate effective and targeted therapy for anorexia nervosa by identifying personality traits and endophenotypes that aid diagnosis and identification of psychotherapeutic targets.

Methods: AN patients aged 18-45 years (N=14 female patients in the current study) completed online questionnaires on personality traits (PID-5), eating disorder (EDI-1), emotion regulation style, mentalization (MZQ), dissociation (DIS-Q), current emotional and mood state (SCL-90, PHQ-9), and past traumatic events (CTQ) after MINI and SCID-5-AMPD interview. Results were compared with a matched healthy control sample.

Results: Apart from AN, the most common comorbidity was depressive episode, and anxiety disorders were also present. In the SCID-5-AMPD interview, high scores were obtained for several domains describing personality dysfunction in the AN group. Among self-report questionnaires, we observed significant differences in scores on the SCL-90-R, and no difference in CTQ in the AN patients compared to healthy controls.

Conclusions: Based on the results of our study, the AN group showed more severe personality trauma, especially in the functional domains of identity and intimacy, and more psychological distress. The above may help to identify personalised psychotherapeutic treatment targets in AN patients, which may significantly improve effectiveness and reduce the time spent in therapy.

Disclosure of Interest: None Declared

O0050

Perceived parental bonding and cortisol awakening response in people with eating disorders

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Introduction: Early life experiences may have an impact on hypothalamic–pituitary–adrenal (HPA) axis functioning in eating disorders (EDs). Parental bonding is defined as the parental contribution of care and control to parent–child relationships. We evaluated whether perceived care and protection of parental bonding in childhood and adolescence were associated with HPA axis functioning in adult patients with EDs. The activity of the HPA axis was assessed by measuring the salivary cortisol awakening response (CAR).

Objectives: We evaluated whether parental care and control in childhood and adolescence were associated with HPA axis functioning in adults with EDs. On the basis of literature data on healthy participants, we hypothesized that people with high levels of parental care would show a reduced CAR compared to people with low levels of parental care.

Methods: We admitted patients according to the following inclusion criteria: (a) female sex, (b) age > 18 years, (c) current diagnosis of AN or BN according to DSM-5 criteria, (d) absence of severe physical disorders, (e) no history of endocrine disorders, psychoactive substance use, schizophrenia or other psychoses, bipolar disorders or head trauma. Participants completed the Italian version of the Parental Bonding Instrument (PBI). To measure the CAR, participants were instructed to collect saliva samples at awakening and 15, 30, and 60 min after awakening.

Results: 64 women with EDs participated in the study: 37 with AN and 27 with BN. 28 participants reported low levels of both maternal and paternal care while 12 participants reported high levels of care from both parents; 31 participants reported high levels of both maternal and paternal control, while 12 participants reported low levels of control from both parents. When maternal care was entered as between factor in the analysis, the repeated measures 3-way ANOVA showed a significant time effect ($F_{3, 180} = 2.81, p < 0.05$) and a significant maternal care X time interaction ($F_{3, 180} = 2.99, p < 0.05$), while, when paternal care was entered as between factor, the repeated measures 3-way ANOVA did not show significant effects for time and no significant paternal care X time interaction.

Conclusions: Our results show an association of perceived maternal care with the time pattern of CAR in female patients with ED, while perceived parental control was not associated with any CAR feature in EDs. Maternal control, paternal care and paternal control were not associated with any difference in the CAR.

Disclosure of Interest: None Declared

Guidelines/Guidance

O0051

Updating the WHO Model Lists of Essential Medicines to promote global access to the most cost-effective and safe medicines for mental disorders

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Introduction: Since its first publication in 1977, the World Health Organization's (WHO) Model List of Essential Medicines (EML) has guided the national procurement of medicines deemed essential to

inform public health policy worldwide. Aiming to include the most effective, safe, and cost-effective medicines for priority conditions, WHO updates the EML every two years. However, over the past 45 years, updates to the mental health section of the EML have been infrequent, mostly involving the addition of individual medicines. A comprehensive revision of the entire section was never attempted.

Objectives: The aim of this project was to update the mental health section of the EML to identify the most effective and safest medicines for mental disorders in the light of the most up-to-date evidence base.

Methods: A series of nine evidence-based applications were submitted to the WHO Expert Committee on the Selection and Use of Essential Medicines in December 2022, recommending a substantial revision of the entire mental health section.

Results: All of our applications were accepted by the WHO Expert Committee. For psychotic disorders, aripiprazole, olanzapine, paliperidone, and quetiapine were added as therapeutic alternatives to risperidone; short-acting intramuscular chlorpromazine was replaced by short-acting intramuscular olanzapine; first-generation antipsychotics were limited to oral haloperidol and chlorpromazine. For bipolar disorder, the list now includes second-generation antipsychotics such as quetiapine, aripiprazole, olanzapine, and paliperidone. Tricyclic antidepressants for depressive disorders were limited to amitriptyline alone. Treatment options for anxiety and obsessive-compulsive disorder are now expanded to include SSRIs. For anxiety disorders, diazepam and lorazepam became the only benzodiazepines recommended, with the specific caveat that they should only be used for short-term emergency treatment of acute and severe anxiety symptoms. Finally, chlorpromazine and haloperidol are no longer considered essential medications for psychotic disorders in children under 13 years of age.

Conclusions: The WHO released the 23rd EML in July 2023. After decades of minimal and inconsistent updates, groundbreaking changes have been made to its mental health section. The updated mental health section provides a compelling opportunity to improve the quality of medicine selection at the country level, with the goal of increasing the availability of the safest and most effective psychotropic medicines worldwide.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

O0053

Mental Health and Addictions in Pregnancy: Feasibility and Acceptability of a Computerized Clinical Pathway and Prevalence Rates.

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Introduction: Mental Health problems and substance misuse during pregnancy constitute a serious social problem due to high maternal-fetal morbidity (Cook et al, 2017; JOCG, 39(10) ,906-915) and low detection and treatment rates (Carmona et al. Adicciones. 2022;34(4):299-308)

Objectives: Our study aimed to develop and test the feasibility and acceptability of a screening and treatment clinical pathway in pregnancy, based on the combination of e-Health tools with in-person interventions and, secondly, describe the prevalence of mental illness and substance use problems in this population.

Methods: 1382 pregnant women undergoing her first pregnancy visit were included in a tailored clinical pathway and sent a telematic (App) autoapplied questionnaire with an extensive battery of measures (WHO (Five) Well-Being [WHO-5], Patient Health Questionnaire [PHQ-9], General Anxiety Disorder [GAD-7], Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST], Columbia Suicide Severity Rating Scale [C-SSRS] and specifically designed questions on self-harm and psychopharmacological drugs).

Patients who did not respond to the questionnaire on their own received a counseling call.

Based on the screening results, patients were classified into five groups according to severity (Figure 1) and assigned a specific action pathway (Figure 2) that included a range of intervention intensity that goes from an individual psychiatric appointment to no intervention.

Results: Of the 1382 women included in the clinical pathway, 565 (41%) completed the evaluation questionnaires. Of these, 205 (36%) were screened as positive (Grades III,IV or V. Table 1) and 3(0.5%) were classified as needing urgent care. Of the patients offered on-line groups (100), 40% (40) were enrolled in them. Concerning prevalence rates, 73 (12,9%) patients endorsed at least moderate anxiety according to GAD-7 (≥ 10), 65 (11,5%) endorsed at least moderate depression according to PHQ-9 (≥ 10), 17 were positive on DAST (3%) and 63 (11%) patients scored above the threshold in AUDIT-C(≥ 3) for alcohol use.

Table 1: Grade distribution of those screened as positives

Grade III	97 (17,2%)
Grade IV	105 (18,6%)
Grade V	3 (0,5%)

Image:

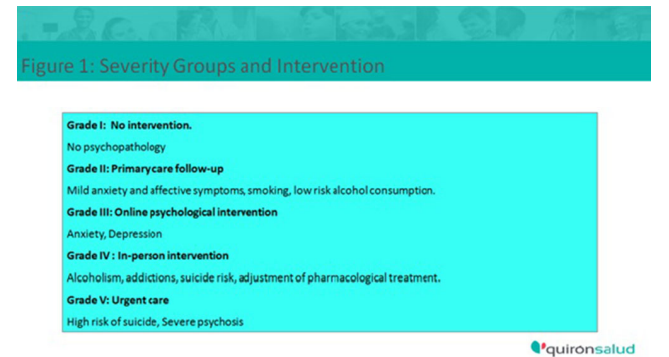


Image 2:

Figure 2: Action Pathway



Conclusions: High prevalence rates suggest that effective detection and treatment mechanisms should be integrated into usual care. The use of standardized clinical pathways can help with this aim, allowing better clinical management and referral to treatment, but still face challenges to increase retention. The use of e-health tools offers the opportunity to improve accessibility and therapeutic outcomes through online interventions.

Disclosure of Interest: None Declared

O0054

The association between prenatal cannabis use and congenital birth defects in offspring: A systematic review and meta-analysis

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Introduction: A body of research has examined the association between prenatal cannabis use and congenital birth defects in offspring; however, these studies have not been synthesised. We performed a comprehensive synthesis of existing research to test whether there is an association between prenatal cannabis use and congenital birth defects in exposed offspring.

Objectives: The aim of this study was to conduct a comprehensive systematic review and meta-analysis of existing evidence to synthesise the association between prenatal cannabis use and congenital birth defects in exposed offspring.

Methods: In line with the preregistered protocol (PROSPERO: CRD42022368623), we systematically searched PubMed/Medline, CINHAL, EMBASE, Web of Science, ProQuest, Psych-Info, and Google Scholar for published articles until 4 April 2023. The methodological quality of the included studies was appraised by the Newcastle-Ottawa Quality Assessment Scale (NOS). A meta-analysis was carried out to report the pooled effect estimates from the included studies. We further performed subgroup, leave-one-out sensitivity, and meta-regression analyses, which increased the robustness of our findings.

Results: Thirty observational studies (i.e., fifteen case-control and fifteen cohort studies) with 229,930 cases of birth defects and 26,826,741 controls (healthy babies) were included in the final analysis. We found that offspring exposed to maternal prenatal

cannabis had a 56%, 69%, 47%, 23%, and 13% increased risk of any birth defects (irrespective of specific body system) [RR = 1.56: 95 % CI 1.28 – 1.92], defects of the gastrointestinal [RR = 1.69: 95 % CI 1.37 – 2.09], cardiovascular/heart [RR = 1.47: 95 % CI 1.09 – 1.97], central nervous systems [RR = 1.43: 95 % CI 1.09 – 1.89], and facial/oral cleft [RR = 1.13: 95 % CI 1.08 – 1.18], respectively.

Conclusions: The findings from the current study suggest that maternal prenatal cannabis exposure is associated with a higher risk of birth defects in offspring. The findings highlight the importance of promotive and preventive strategies to reduce cannabis use during pregnancy that contribute to minimising the risk of birth defects in offspring.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

O0055

Traits of narcissistic vulnerability in adults with Autism Spectrum Disorders without intellectual disabilities

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Introduction: The relationship between Autism Spectrum Disorders (ASD) and Narcissistic Personality Disorder (NPD), considering the dimensions of narcissistic grandiosity and vulnerability, represents an important differential diagnosis and potential ground of comorbidity, since both conditions show high grades of pervasiveness, a life-long course, ego-syntonic traits, and difficulties in building up and sustaining interpersonal relationships. Although the co-diagnosis rates, according to the categorical criteria in use, are limited (0%–6.4%), it is common to encounter diagnostic doubts in clinical practice.

Objectives: Here we aimed to explore both the dimensions of narcissistic vulnerability and grandiosity in a group of adults diagnosed with ASD without intellectual disabilities.

Methods: 87 individuals with ASD completed the Pathological Narcissism Inventory-52 Items (PNI-52). The mean scores of our sample were compared with the normative distribution available in the literature. Participants also underwent a detailed sociodemographic and anamnestic interview, along with an assessment for autistic traits, comprising the “Ritvo Autism and Asperger Diagnostic Scale-Revised” (RAADS-R) and the Autism Quotient (AQ). **Results:** Individuals with ASD scored significantly higher than neurotypical controls at the Total Score and at the Vulnerable Narcissism subscale, but not at the Grandiose Narcissism subscales. Demographic features did not influence these results. Vulnerable narcissism was significantly associated with the RAADS-R subscale Social Relatedness.

Conclusions: Our findings could potentially be indicative of a greater comorbidity rate between the two disorders with respect

to the one reported to date, possibly because DSM-5 criteria are mainly focused on the grandiose dimension. Potential explanatory links between ASD phenomenology and vulnerable narcissism, such as the personality dimension of neuroticism, are discussed, together with the possible role of narcissistic vulnerability in mediating internalizing symptoms (e.g., anxiety, depression) in individuals with ASD.

Disclosure of Interest: None Declared

O0056

Mental Disorders in patients hospitalized due to Neurologic Disorders: a nationwide study

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Introduction: The presence of psychiatric comorbidity significantly impacts the quality of life for patients and often goes unnoticed within the realm of neurology.

Objectives: This study's objective was to elucidate and characterize psychiatric comorbidity among patients hospitalized for neurological disorders in mainland Portugal.

Methods: This retrospective observational study analyzed hospitalizations categorized with a primary diagnosis of neurological disorders, defined by Clinical Classification Software (CSS) for ICD-9-CM codes 76, 77, 79-85, 95, and 109, occurring in adult patients (≥ 18 years) between 2008 and 2015. Psychiatric comorbidity was determined by the presence of secondary diagnoses falling under CCS categories 650-670.

Results: A total of 294,806 hospitalization episodes were documented with a primary diagnosis of neurological disorders in adult patients between 2008 and 2015 in Portuguese public hospitals. Approximately 26.9% ($n=79,442$) of these episodes were associated with documented psychiatric comorbidity (22.1% for female hospitalizations and 32.2% for male hospitalizations). Patients with recorded psychiatric comorbidity were younger (66.2 ± 16.2 vs. 68.6 ± 17.2 for those without psychiatric comorbidity, $p < 0.001$), exhibited a lower overall in-hospital mortality rate, and experienced significantly longer mean hospital stays. Among these comorbidities, 'Delirium, dementia, amnesic, and other cognitive disorders' were documented in 7.4% ($n=21,965$) of hospitalizations, followed by alcohol-related disorders in 6.5% ($n=19,302$) and mood disorders in 6.1% ($n=18,079$). Epilepsy/seizures had the highest recorded psychiatric comorbidity rate among neurological disorders (39.9%).

Conclusions: Psychiatric comorbidity is present in more than a quarter of hospitalizations with a primary diagnosis of neurological disorders. The prevalence of psychiatric comorbidity varies across

different neurological disorders and is associated with distinct demographic and clinical characteristics.

Disclosure of Interest: None Declared

Old Age Psychiatry

O0058

Evidence-Informed Approach to De-Prescribing of Atypical Antipsychotics (AAP) in the Management of Behavioral Expressions (BE) in Advanced Neurocognitive Disorders (NCD): Results of a Retrospective Study.

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Introduction: Diagnosis of behaviors in advanced neurocognitive disorders (aNCD) is one of exclusion, and the framework has been laid out in DSM-V. However, clinical assessments in aNCD become increasingly unreliable, and commonly used psychometric tools for clinical assessments lack reliability and validity, thereby making outcomes unreliable. Consequently, the syndromic and symptom management approaches for behaviors in aNCD behaviors have yielded poor results. To address this, the focus has shifted towards understanding the 'meaning' of behaviors in aNCD, recognizing them as a 'mode of communication'. To date, there are no existing frameworks to ascribe 'meaning' to behaviors in aNCD.

Objectives: LuBAIR™ paradigm is the first step in offering such a framework for understanding the 'purpose' and 'meaning' of behaviors in NCD. The 'meaning' ascribed to each behavioral category was used to guide the use of atypical antipsychotics in their management. De-prescribing was attempted on patients who qualified to enter this retrospective study. De-prescribing was defined as successful if individuals were completely withdrawn from AAP and remained off them for 60 days without the re-emergence of behaviors.

Methods: The data collected on the second occasion, in the successful and failed de-prescribed groups, were compared in this retrospective study. MANOVA, Chi-Square paired *t*-test statistical analyses were used to detect the differences in the behavioral categories between the two cohorts. Cohen *d* was used to measure effect size.

Results: Patients who did not have Mis-Identification and Goal-Directed Expressions were more likely to successfully de-prescribe: X2 (1, $N = 40$) = 29.119 $p < 0.0001$ and X2 (1, $N = 40$) = 32.374, $p < 0.0001$, respectively. Alternatively, the same behavioral categories were more likely present in patients who failed de-prescribing: MANOVA and paired *t*-test ($p < 0.0001$). Atypical antipsychotics, in their role as an antipsychotic and mood stabilizer, may be used to manage Mis-Identification and Goal-Directed Expressions, respectively.

Conclusions: LuBAIR paradigm has the potential to guide the development of specific behavioral care plans and the use of AAP in managing individual behavioral categories. AAP use can be justified for managing Misidentification and Goal-Directed Expressions. Vocal expressions may warrant the use of AAP, pending further study. The LuBAIR paradigm offers guidance for de-prescribing AAP for all other behavioral categories in the LuBAIR Inventory. This study is also a preliminary step in validating the psychological theories used to support the individual categories. This workshop will educate the participants on the LuBAIR paradigm and its application in developing person-centered interventions for behaviors in a NCD.

Disclosure of Interest: None Declared

O0059

A thematic analysis of the introduction of smart-hub technology to a rural Psychiatry of Old Age Service during Covid-19 lockdowns.

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Introduction: The use of smart technology in supporting older adults is a growing field of research. However, there is little qualitative research on the experiences of patients utilizing this technology, particularly those attending psychiatry services.

Objectives: To explore the experiences of staff and patients utilizing smart-hubs implemented during the Covid-19 pandemic to provide remote audio/visual communication and smart AI personal assistant technology for the management of patients in a rural Psychiatry of Old Age service.

Methods: Smart hubs were installed in patient homes and in the Psychiatry of Old Age base during the Covid-19 pandemic when lockdown restrictions limited in-person service provision. Patients and staff utilized the smart hubs for its assistive technology and to engage with each other. Semi-structured qualitative interviews were conducted of 10 staff and 15 patients at 6-12 months following the introduction of the smart hubs and thematic analysis was conducted to generate themes.

Results: Three themes were generated from the thematic analysis: 1) Openness to SMART hub technology, 2) Getting set-up and 3) Keeping SMART. The majority of participants did not have much experience using smart technology prior to the intervention. However, many participants reported that they would be comfortable using technology. The Covid-19 pandemic contributed to the rapid adoption of this intervention within the service with mixed views regarding the smart hub prior to implementation. The role of key individuals such as staff and family was highlighted in supporting older persons with setting-up the smart hub. Technical needs included the need for a strong internet connection and technical

limitations were driven by privacy, cost and regional considerations. Many patients were able to utilize the smart hub independently to access interests, therapeutic activities and as a memory aid. The smart hub offered a novel way to connect to services and families and was also seen as a companion by some patients and staff to help address loneliness and isolation. The majority of participants found the use of smart hubs acceptable and were willing to utilize the smart hub in the future as an adjunct to face to face psychiatric interventions. However, suggestions for future use included the need for additional training as users felt that there was more they could do with the smart hub, continued support to manage any challenges and improved information leaflets to better engage users.

Conclusions: Smart hub technology offers an alternate means of providing remote and inclusive psychiatric care to older patients unable to access services in person and at risk of deterioration without intervention in the community.

Disclosure of Interest: None Declared

O0060

Temporal Dynamics of Depressive Symptoms and Cognitive Decline in the Oldest Old: Dynamic Time Warp analysis of the Leiden 85-plus Study

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Introduction: The prevalence of depressive symptoms and cognitive decline increases with age, reducing quality of life. However, the temporal relationship between the two remains elusive.

Objectives: We aimed to explore the temporal relationship between depressive symptoms and cognitive decline in individuals aged 85 years, during up to 5 years follow-up.

Methods: Participants eligible for this study were selected from the Leiden 85-plus Study, who participated for at least 3 follow-up measurements. Depressive symptoms were assessed at baseline and at follow-up in a period of 6 yearly assessments, utilizing the 15-item Geriatric Depression Scale (GDS-15). Cognitive decline was measured through various tests including the Mini Mental State Exam (MMSE), Stroop Test, Letter Digit Coding Test, and immediate and delayed recall using the 12-word learning test. Dynamic Time Warping (DTW) analysis was employed to model their temporal dynamics, in undirected and directed analysis, to ascertain whether depressive symptoms precede cognitive decline, or vice versa.

Results: The study included a total of 325 (54.2%) of 599 patients, of whom 68.0% were female, 45.0% with intermediate to higher education, and all aged 85 years. Depressive symptoms and cognitive functioning significantly covaried in time, and directed analyses showed that depressive symptoms preceded most of the parameters of cognitive decline in the oldest old. Of the 15 GDS

symptoms, those with the strongest outstrength were worthlessness, hopelessness, low happiness, dropping activities/interests, and low satisfaction with life (all $p < .01$).

Conclusions: We found a strong temporal link between depressive symptoms and subsequent cognitive decline in a population of the oldest old. This highlights the importance of a holistic approach that considers both mental and cognitive well-being in the aging population. As depressive symptoms were an early indicator of cognitive decline, it is of importance that healthcare professionals recognize and address depressive symptoms early to allow for appropriate interventions and support, to potentially mitigate the impact on cognitive decline.

Disclosure of Interest: None Declared

Oncology and Psychiatry

O0062

Prevalence of depressive disorders in breast cancer patients

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Introduction: Breast cancer is the most common type of cancer and the leading cause of death from malignant neoplasms in women in Russia and in most countries in the world (Lima *et al.* *EClinicalMedicine* 2021; 38 100985). According to an analysis of the incidence and mortality from 36 cancers in 185 countries (Sung *et al.* *CA Cancer J Clin* 2021. 3 209-249) in 2020, 2261419 new cases of breast cancer were identified in the world in both sexes, which is accounted for 11.7% of the total cancer incidence. Mortality from breast cancer in 2020 amounted to 684996 cases. Patients with comorbid depression and anxiety disorders experience more severe symptoms, have longer recovery time, use more healthcare resources and have poorer outcome compare to those with cancer alone (Katon *et al.* *Gen Hosp Psychiatry* 2007; 2 147-155).

Objectives: Analytical review of data on the impact of depressive spectrum disorders as comorbid conditions on the survival of breast cancer patients and their quality of life.

Methods: The following databases were searched for publications: PubMed, Embase, CINAHL, PsycINFO, Scopus, Science Citation Index/Social Sciences Citation Index, Cochrane Evidence Based Medicine database. The searches were limited to English language and studies with more than 100 subjects with diagnosed breast cancer where this information was mentioned. The analyzed period is between 1977 and 2018.

Results: The reported prevalence of depression in breast cancer patients, according to researches, varies 4,5 to 38%. In patients with I-III stage breast cancer depression increased hazards of all-cause mortality by 50% compared to non-depressed patients. Stage-specific analyses demonstrated a 2–2.5 fold increase in breast cancer-specific and all-cause mortality in patients with stage I

and II disease (Vodermaier *et al.* *Breast Cancer Res Treat* 2014; 2 373-384.). Women with non-metastatic breast cancer who report mild to moderate depressive symptoms in the weeks after surgery have approximately 2.5 times greater risk of death 8–15 years later than women who report little or no depressive symptoms post-surgery (Antoni *et al.* *Gen Hosp Psychiatry* 2017; 44 16-21). Depression in advanced cancer not only reduces quality of life but is also an independent predictor of poorer survival (Lloyd-Williams *et al.* *J Affect Disord* 2009; 113 127-132.).

Conclusions: Depression and anxiety both have adverse effects on recurrence and all-cause mortality in patients with breast cancer. Untreated depression leads to significant increase in incidence and mortality. Depression can debut at any stage of cancer, including the stage of diagnosis. It proves the necessity for affective disorders screening in patients with cancer on the stage of diagnosis. Patients with diagnosed affective disorders should be observed not only by oncologist, but also by a psychotherapist in order to receive the necessary treatment to improve the quality of life and reduce the risk of mortality.

Disclosure of Interest: None Declared

Pain

O0063

Combined effects of psychological and life style factors on pain intensity and/or disability in patients with chronic low back pain: A cross-sectional study

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Introduction: Chronic Lower Back Pain (CLBP) is a frequently encountered health issue in primary care settings, leading to global disability and imposing a considerable economic burden.

Objectives: This study aimed to: (1) compare socio-demographic, health, lifestyle (sleep, physical activity) and psychological factors (depression, anxiety) between people with and without CLBP; and (2) quantify the correlations between these psychological and life-style factors, and clinical outcomes (intensity of CLBP and CLBP-related disability) in people with CLBP after considering other confounders.

Methods: A cross-sectional study was undertaken at the neurosurgery and orthopedic outpatient department of Heraklion University Hospital between 2019-2021. Two hundred fifty three volunteers with CLBP and 116 without CLBP provided socio-demographic information, daily habits, medical history, subjective sleep/ sleep complaints, low back pain intensity and disability using a 10-point numeric Visual Analogue Scale pain rating scale and Quebec Back Pain Disability Scale, as well as questions assessing impact of pain on mobility, self-care, routine activities and psychological status, respectively. Participants also completed the Zung Self-Rating Scale (SDS) for self-assessment of depression and

Self-rating anxiety scale (SAS). Associations among CLBP, demographics, psychosocial or sleep disorders parameters and clinical outcomes were analyzed using multivariate models.

Results: People with CLBP exhibited a substantially greater prevalence of depressive, insomnia and obstructive sleep apnea (OSA) symptoms than controls ($p < 0.05$). CLBP diagnosis was independently correlated with female gender, older age, as well as worse physical and mental health outcomes measured by (i) higher level of sleep symptoms such as sleepiness, OSA and insomnia symptoms and (ii) higher prevalence of physician-diagnosed depression, and moderate to severe depressive symptoms. The level of functional disability for CBLP patients (based on Quebec score) was independently associated with age, physician diagnosed depression, lower educational status, moderate to severe depressive symptoms and OSA symptoms. The combination of moderate to severe depressive symptoms with OSA or insomnia symptoms was the most important predictive factor for functional disability for CBLP patients (OR 13.686, 95% CI 4.581-40.885; $p < 0.001$).

Conclusions: Depressive symptoms and subjective sleep disorders appear to relate to greater CLBP-intensity and/or CLBP-related disability in people with CLBP. To achieve the desired outcomes when treating patients with chronic CLBP, it is essential to employ a holistic approach, involving assessment and management of their psychological comorbidities, and sleep issues, that may improve quality of life in these patients.

Disclosure of Interest: None Declared

Genetics and Molecular Neurobiology

O0064

Gene expression of protein synthesis, immunity and brain pathways specifically altered in Anorexia Nervosa

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Introduction: Anorexia nervosa (AN) is a severe and chronic psychiatric disorder, resulting from a voluntary food restriction, vomiting, use of laxatives and excessive exercises, leading in dramatic weight loss and high mortality. AN is a multifactorial disease involving genetic and epigenetic factors supporting that AN is a metabo-psychiatric disorder. The molecular mechanisms involved in the etiology of AN remain unclear. One work reported gene expression by RNA sequencing in peripheral blood before and after weight restoration in 6 AN patients (Kim 2013), and one RNA sequencing in human iPSC-derived neurons from 4 patients and 4 controls (Negraes 2017). To date, the profile of expression of genes and proteins in AN is undetermined.

Objectives: In this study, our goal is to identify specific gene expression signatures from circulating blood nuclear cells to decipher the pathophysiology of AN and characterize biomarkers that can be used for diagnostic or prognostic of AN.

Methods: All consented participants are recruited at Sainte-Anne Hospital, Paris, France, using DSM5 criteria. They had a blood draw in Paxgene tube for the collection of RNAs. Total RNA was extracted from peripheral blood mononuclear cells of 15 patients suffering of AN and 15 healthy controls. All messenger RNAs are sequenced on a Novaseq platform. Reads are aligned to the human genome 19 and statistical analyses on the read counts for differentially expressed genes are computed with DESeq2.

Results: The total RNA sequencing allows us to identify 673 dysregulates genes (p adjusted value < 0.01 , fold change > 1.5). Among them, 248 are down-regulated and 425 are up-regulated genes in AN patients compared to controls. From them, 151 transcripts are annotated as pseudogene and 45 are referenced as antisense RNA. Of the 522 remaining transcripts, 424 correspond to a transcript or protein annotated by HGNC and ENSEMBL and 93 are known pseudogenes. A large number of proteins resulting from the expression of deregulated genes interact with each other and form a statistically enriched network impacting biological processes. They are mainly increased and acting in the cellular machinery allowing protein synthesis (biological process: transcription, ribosome, spliceosome and mitochondria). In contrast, down-regulated genes present an enrichment in genes involved in immunity pathways. Finally, several genes are also expressed in the brain. We observed a significant enrichment of genes expressed in the blood and brain tissues.

Conclusions: We identify specific profiles of gene expression in AN. Several genes are both blood and brain tissue expression. Some genes are good candidates for biomarker of the diagnostic in AN that need to be investigated in a longitudinal study to evaluate their useful as prognostic biomarker of AN.

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Disclosure of Interest: None Declared

O0065

Crosstalk between Anxiety and Depression and Inflammatory bowel diseases: preliminary data on circulating miRNAs

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Introduction: Numerous studies have established a heightened prevalence of anxiety and depression (A&D) in individuals diagnosed with Inflammatory Bowel Diseases (IBD) when compared to the general population. Research indicates that patients with active IBD exhibit a higher frequency of anxiety symptoms and depression symptoms compared to those with inactive disease. In patients with IBD, anxiety was linked to reduced medication adherence and an increased likelihood of undergoing surgery. Furthermore, associations were identified between depression and an elevated risk of disease relapse, as well as a poorer response to treatment in IBD

patients. In both IBD and depression, there is evidence of disruptions in circulating miRNAs.

Objectives: One facet of the ongoing project titled “The brain-gut axis linking inflammatory bowel disease with anxiety and depression: the inflammation-microbiome network” (CRP/ROU21-01) involves the exploration of circulating miRNA profiles in various patient groups.

Methods: These groups encompass IBD patients with symptoms of anxiety and/or depression (IBD+A&D+), patients lacking anxiety and depression symptoms (IBD+A&D-), a cohort of individuals without IBD but experiencing depressive and anxiety symptoms (IBD-A&D+), and a control group (IBD-A&D-). Thus far, our investigation has entailed screening a comprehensive panel of 179 miRNAs in the plasma of six IBD patients and 12 non-IBD patients (CTRL) to identify a subset of highly dysregulated miRNAs. MiRNA isolation was achieved using the miRNeasy Serum/Plasma Kit, and miRNA expression levels were assessed via quantitative reverse transcription-polymerase chain reaction (qRT-PCR) utilizing the Human serum/plasma focus, MIRCURY LNA miRNA Focus PCR panel (Qiagen).

Results: Our statistical analysis revealed significant differential expression in 45 miRNAs ($p < 0.05$). Specifically, we identified 29 miRNAs with elevated expression and seven miRNAs with reduced expression. Among these dysregulated miRNAs, 15 (miR-223-3p, miR-143-3p, let-7f-5p, miR-30b-5p, miR-26a-5p, let-7a-5p, miR-339-5p, let-7d-5p, miR-221-3p, miR-191-5p, let-7g-5p, miR-24-3p, miR-107, miR-26b-5p, miR-320b) were associated with depression and/or anxiety and were previously identified as dysregulated in the plasma of patients in other studies. These miRNAs will soon undergo evaluation in the plasma of IBD-A&D+ and IBD+A&D+ patients.

Conclusions: These initial findings provide us with a panel of circulating miRNAs that warrant further investigation in the aforementioned patient groups. The miRNA profile we obtained may either be unique to IBD or linked to the intricate phenotypes of IBD occurring concurrently with anxiety and depression. A more profound comprehension of these mechanisms will aid in the development of enhanced diagnostic tools and disease monitoring strategies, as well as the exploration of innovative therapeutic approaches.

Disclosure of Interest: None Declared

Neuroimaging

O0068

Longitudinal amygdala resting state functional connectivity develops differently in adolescents with internalising disorders compared to healthy peers

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Introduction: Longitudinal neuroimaging studies focused on adolescents with internalising psychopathology (i.e. with clinical anxiety and/or depression) are scarce, even though anxiety and depression are highly prevalent mental illnesses in adolescence. Often linked to comorbidity with anxiety disorders, a large proportion of depressed adolescents displays more severe symptoms and poorer response to treatment. Previous longitudinal resting-state fMRI (RS-fMRI) studies of intrinsic functional connectivity (iFC) in depressed adolescents point to dysregulation of underlying neural networks such as the corticolimbic network, including among others the amygdala and frontal regions, which are involved in emotion processing and regulation.

Objectives: This naturalistic study investigates longitudinal changes in resting-state iFC in adolescents with internalising disorders, compared with healthy peers.

Methods: 23 treatment naïve adolescent patients with clinical depression and comorbid anxiety (INT) and 24 healthy controls (HC) participated in RS-fMRI scans at baseline and after three months. Questionnaires measuring anxiety and depression were completed at both timepoints. Imaging analyses were conducted using independent component analysis (ICA) to extract 7 networks, being the default mode, frontoparietal (bilateral), affective, salience, executive control and dorsal attention network. Additional iFC of amygdala subregions, being laterobasal (LB) and centromedial (CM), was investigated using seed-based analyses. To investigate changes over time between groups, voxelwise analyses were conducted using FSL's PALM.

Results: No significant results within ICA defined networks were found. iFC between the left LB amygdala and left frontal pole significantly increased over time in patients and decreased in HC. iFC between the right LB amygdala and right pre- and post-central gyrus also significantly increased over time in patients and decreased in HC, and was significantly associated with reduction in depressive symptoms within patients.

Conclusions: This study provides initial evidence that iFC between the laterobasal amygdala and frontal regions develops differently over time in adolescents with internalising disorders compared to healthy peers and that it is associated with reduction in depressive symptoms.

Disclosure of Interest: None Declared

O0069

Abnormal Neural Activation in Attention-Deficit/Hyperactivity Disorder: A Meta-Analysis of Functional Magnetic Resonance Imaging Studies

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a highly prevalent psychiatric condition that frequently originates in early development and is associated with a variety of functional impairments. Despite a large functional neuroimaging literature on ADHD, our understanding of the neural basis of this disorder remains limited, and existing primary studies on the topic include somewhat divergent results.

Objectives: The present meta-analysis aims to advance our understanding of the neural basis of ADHD by identifying the most statistically robust patterns of abnormal neural activation throughout the whole-brain in individuals diagnosed with ADHD compared to age-matched healthy controls.

Methods: We conducted a meta-analysis of task-based functional magnetic resonance imaging (fMRI) activation studies of ADHD. This included, according to PRISMA guidelines, a comprehensive PubMed search and predetermined inclusion criteria as well as two independent coding teams who evaluated studies and included all task-based, whole-brain, fMRI activation studies that compared participants diagnosed with ADHD to age-matched healthy controls. We then performed multilevel kernel density analysis (MKDA) a well-established, whole-brain, voxelwise approach that quantitatively combines existing primary fMRI studies, with ensemble thresholding ($p < 0.05$ - 0.0001) and multiple comparisons correction.

Results: Participants diagnosed with ADHD ($N=1,550$), relative to age-matched healthy controls ($N=1,340$), exhibited statistically significant ($p < 0.05$ - 0.0001 ; FWE-corrected) patterns of abnormal activation in multiple brains of the cerebral cortex and basal ganglia across a variety of cognitive control tasks.

Conclusions: This study advances our understanding of the neural basis of ADHD and may aid in the development of new brain-based clinical interventions as well as diagnostic tools and treatment matching protocols for patients with ADHD. Future studies should also investigate the similarities and differences in neural signatures between ADHD and other highly comorbid psychiatric disorders.

Disclosure of Interest: None Declared

Neuroscience in Psychiatry

O0070

Nicotinamide Riboside Attenuates Memory Impairment and Depressive-like Behavior in an Alzheimer's Disease Animal Model

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Introduction: Depression in Alzheimer's disease (AD) differs from major depression in terms of clinical features and treatment. Anti-depressants do not provide the expected benefits in depressive symptoms accompanying cognitive decline in AD, suggesting distinct mechanisms. Emerging research suggest that compromised mitophagy, the selective removal of damaged mitochondria, may contribute to the pathogenesis of AD. However boosting nicotinamide adenine dinucleotide (NAD+) to induce mitophagy reduces

amyloid β (A β) aggregation and enhances cognitive function in AD models (Kerr *et al.*, Trends Neurosci 2017;40:151-66). Nevertheless, data on NAD's impact on depression in AD remains limited.

Objectives: This study aimed to examine the impact of the NAD+ precursor nicotinamide riboside (NR) on cognitive and neuropsychiatric symptoms in a AD rat model.

Methods: To induce the AD, a single dose of 5 μ l A β 1-42 was injected into each lateral ventricle of rats (day 0), while the control group received an intracerebroventricular (icv) saline (0.9%NaCl). Four experimental groups were designed: control (icv saline+po saline), NR (icv saline+po NR), A β (icv A β +po saline), and A β +NR (icv A β +po NR). After the injection, to reduce A β clearance (Kang *et al.* Science. 2009;32 1005-7.) rats were subjected to 96 hours of sleep deprivation. Starting from day 6, rats were given either 700 mg/kg oral NR or saline, and handling test scores were recorded daily. The procedures were repeated daily until the rats were sacrificed on day 28. Behavioral experiments were randomly conducted at the end, and statistical analysis was performed using repeated measures ANOVA, followed by the Tukey post hoc test.

Results: Passive avoidance test results showed that the A β group had the shortest latency to enter the dark area. However, the A β +NR group exhibited a prolonged latency compared to the A β group ($F(3,2)=5.5$; $p < 0.05$). A β injection induced depressive-like behavior in rats, as indicated by the forced swim test (FST) for anhedonia. In AD rats treated with NR (A β +NR), A β -induced depressive-like behavior was reduced, with lower FST immobility scores ($F(3,2)=6.2$; $p < 0.05$) and increased sucrose preference in the SPT ($F(3,2)=7.5$; $p < 0.05$). There were no significant differences in anxiety-like behaviors among the groups, assessed by the time spent in the open arm in the elevated plus maze test ($F(3,2)=1.9$; $p > 0.05$). During the 28-day monitoring period, the A β +NR group of rats exhibited a more rapid decrease in aggression levels compared to the other groups in the handling test. This decrease was significant between days 7 and 10 compared to the A β group ($F(48,5)=1.5$; $p < 0.05$).

Conclusions: NR improved memory, reduced depressive behavior, and lowered aggression in AD rats. This suggests that NAD+ precursor NR effectively treats cognitive decline and neuropsychiatric symptoms in an AD model.

Disclosure of Interest: None Declared

O0071

Treatment effect of trauma-focused treatment and/or integrated trauma-focused and personality disorder treatment on brain activation during an emotional face task

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Introduction: Post-traumatic stress disorder (PTSD) and personality disorders are highly comorbid. There is some evidence that

trauma-focused treatment normalises activation in brain areas involved in the fear circuit and regions involved in emotion regulation in people with PTSD. Although we assume that working mechanism of personality disorder treatments relies on improving emotion regulation and associated brain regions, there is as of yet little evidence of neurobiological effects of personality treatment on people with PTSD and comorbid PD.

Objectives: To 1) study the effect of trauma-focused and/or trauma-focused and personality disorder treatment n brain activation in participants with PTSD and comorbid personality disorders and 2) relate change in brain activation to symptom improvement.

Methods: Participants with PTSD and comorbid borderline and/or cluster c personality disorders from the PROSPER-trials (Prediction and Outcome Study for PTSD and personality disorders) were randomized to either trauma-focused treatment (TFT) or TFT with personality disorder treatment (TFT+PT). Brain activation was measured with an emotional face task during functional magnetic resonance imaging scanning before and after treatment. Regions of interest for the analyses were the amygdala, dorsal ACC, insula, ventromedial prefrontal cortex (PFC), ventrolateral PFC and dorsolateral PFC. Bayesian multilevel analyses were conducted to analyze change in brain activation. Clinical measures were clinician-administered PTSD severity, self-rated emotion regulation problems, depression severity and dissociation severity.

Results: We included 42 participants with a pre- and posttreatment scan (24 with TFT, 18 TFT+PT). Analyses on the pre-post data are currently being run and will be presented in April.

Conclusions: This is one of the first studies to conduct functional MRI analyses on treatment in participants with both PTSD and personality disorders.

Disclosure of Interest: None Declared

O0072

A Meta-Analysis of fMRI Activation Studies of Ketamine in Healthy Participants

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Introduction: There has been rapidly growing interest in understanding the pharmaceutical and clinical properties of psychedelic and dissociative drugs, with a particular focus on ketamine. This compound, long known for its anesthetic and dissociative properties, has garnered attention due to its potential to rapidly alleviate symptoms of depression, especially in individuals with treatment-resistant depression (TRD) or acute suicidal ideation or behavior. However, while ketamine's psychopharmacological effects are increasingly well-documented, the specific patterns of its neural impact remain a subject of exploration and basic questions remain

about its effects on functional activation in both clinical and healthy populations.

Objectives: This meta-analysis seeks to contribute to the evolving landscape of neuroscience research on dissociative drugs such as ketamine by comprehensively examining the effects of acute ketamine administration on neural activation, as measured by functional magnetic resonance imaging (fMRI), in healthy participants.

Methods: We conducted a meta-analysis of existing fMRI activation studies of ketamine using multilevel kernel density analysis (MKDA). Following a comprehensive PubMed search, we quantitatively synthesized all published primary fMRI whole-brain activation studies of the effects of ketamine in healthy subjects with no overlapping samples (N=18). This approach also incorporated ensemble thresholding ($\alpha=0.05-0.0001$) to minimize cluster-size detection bias and Monte Carlo simulations to correct for multiple comparisons.

Results: Our meta-analysis revealed statistically significant ($p<0.05-0.0001$; FWE-corrected) alterations in neural activation in multiple cortical and subcortical regions following the administration of ketamine to healthy participants (N=306).

Conclusions: These results offer valuable insights into the functional neuroanatomical effects caused by acute ketamine administration. These findings may also inform development of therapeutic applications of ketamine for various psychiatric and neurological conditions. Future studies should investigate the neural effects of ketamine administration, including both short-term and long-term effects, in clinical populations and their relation to clinical and functional improvements.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

O0073

A longitudinal study of child and adolescent psychopathology in conditions of the war in Ukraine

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Introduction: According to UNICEF, 2 million children have left the country since the beginning of the war. 2.5 million Ukrainian children are internally displaced persons. Minors often become victims or witnesses of violence.

The events of 2022-2023 are the largest military conflict in the world since World War II. The impact on the mental health of the population is characterized by the variety and mass of traumatizing factors.

Mental trauma causes PTSD, depressive disorders (DD), anxiety disorders (AD), behavioral disorders (CD), attention deficit hyperactivity disorder (ADHD).

Objectives: The aim of the study was to determine the prevalence of PTSD and its comorbidities at different stages of experiencing a traumatic experience.

Methods: 785 teen's displaced from the zone of military operations, occupied territories were surveyed. Examinations included: K-SADS-PL, PSC-17, SCARED, CATS. 260 teen's were examined during - 6, 400 – 6–12 months after traumatization.

Results: After 6 months of trauma, PTSD was diagnosed in 9.8%, ADHD – 10.2%, DD-22.3%, AD-30.8%, CD – 15.4%, 28.8%; examined 6 to 12 months after the injury, respectively: 21.9%, 12.6, 33.3%, 11.5%, 18.0%.

Conclusions: In war-affected children, PTSD is a risk factor for the subsequent development of comorbid depression, anxiety, conduct disorders, and ADHD. Female sex, secondary traumatization after displacement increase the risk of developing depression, signs of pervasive development and ADHD - the risk of destructive and self-injurious behavior. The prevalence of PTSD, DD, ADHD increases within 6-12 months after the trauma, the sensitivity of children with PTSD to secondary traumatic events increases.

Disclosure of Interest: None Declared

O0076

The association between glucose 6-phosphate dehydrogenase (G6PD) deficiency and attention deficit/hyperactivity disorder (ADHD)

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Introduction: Glucose-6-phosphate dehydrogenase (G6PD) deficiency is an X-linked genetic enzymopathy that impacts 4.9% of the population, with greater prevalence among Mediterranean, East Asian, and African populations. G6PD deficiency results in levels of nicotinamide-adenine dinucleotide phosphate (NADPH) and glutathione (GSH) that are insufficient for maintaining the balance of oxidation-reduction in the body. This results in elevated production of reactive oxygen species (ROS), oxidative stress on proteins and lipids, damage to DNA, and potential activation of chemokine and cytokine pathways by astrocytes and microglia. We propose that these direct and indirect effects of G6PD deficiency are associated with development of ADHD.

Objectives: This study investigated the association between G6PD deficiency and Attention Deficit/Hyperactivity Disorder (ADHD).

Methods: The study involved 7,473 G6PD-deficient patients and 29,892 matched case-controls (selected at a 1:4 ratio) from a cohort of 1,031,354 within the Leumi Health Services database. Clinical characteristics were analyzed using Fisher's Exact Tests for categorical variables and Mann-Whitney U tests for continuous variables.

Results: The average age of patients was 29.2 ± 22.3 years, with 68.7% being male. The mean follow-up duration was 14.3 ± 6.2 years. Individuals with G6PD deficiency showed a significant 16% higher risk of being diagnosed with ADHD (Odds Ratio (OR) = 1.16 [95% CI, 1.08-1.25], $p < 0.001$) on follow up. Furthermore, G6PD deficiency was associated with a 30% greater likelihood of seeking care from adult neurologists (OR = 1.30 [95% CI, 1.22-1.38], $p < 0.001$) and a 12% higher probability of

consulting adult psychiatrists (OR = 1.12 [95% CI, 1.01-1.24], $p = 0.048$). The use of stimulant medications among G6PD deficient individuals was 17% higher for methylphenidate class drugs (OR = 1.17 [95% CI, 1.08, 1.27], $p < 0.001$), and use of amphetamines elevated by 16% (OR = 1.16 [95% CI, 1.03, 1.37], $p = 0.047$).

Conclusions: This study establishes a significant association between G6PD deficiency and an increased risk of ADHD diagnoses. These findings suggest potential opportunities for the development of culturally sensitive interventions.

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O0077

The bifactor model of the Hungarian self-report version of the Strengths and Weaknesses of ADHD and Normal Behaviors scale

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Introduction: Attention Deficit/Hyperactivity Disorder (ADHD) is one of the most common neuropsychiatric conditions, maintaining its presence well into adolescence and adulthood, resulting in impaired functioning. Evaluating ADHD symptoms through self-reporting plays a crucial role in assessing individuals within these age groups. The novel self-report version of the Strengths and Weaknesses of ADHD and Normal Behaviors (SWAN) scale offers a comprehensive assessment of behaviour, extending beyond just focusing on the typical signs and symptoms of ADHD, thus providing a more holistic perspective.

Objectives: Our goal was to assess the factorial validity of the Hungarian version of the SWAN self-report by comparing a two-factor model with bifactor models with a general and 1) two specific factors (inattention, hyperactivity/impulsivity), 2) three specific factors (inattention, motor hyperactivity/impulsivity, verbal hyperactivity/impulsivity) in a community sample.

Methods: Data from 717 adolescents and young adults (mean age = 20.0 years, SD = 3.10, range: 14 - 25 years, female: N = 664, 92.6%) were analysed. Participants completed an online questionnaire including the SWAN scale after giving informed consent. Confirmatory factor analyses were conducted based on the maximum likelihood estimator (ML).

Results: The bifactor model with a general and three specific factors demonstrated the best fit to our data (CFI = .933, RMSEA = .064 [90% CI: .058 – .071], SRMR = .038). While the overall composite reliability was excellent ($\omega = .91$), the reliability of the specific verbal hyperactivity/impulsivity factor fell below acceptable ($\omega_h = .40$).

Conclusions: In line with previous studies, the fit indices of the bifactor models were superior to the non-hierarchical two-factor model. Our results support the existence of a strong general factor but suggest uncertainty in the capacity of the specific factors to consistently explain the distinct variance in observed variables,

particularly when compared to the overarching influence of the general factor.

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Disclosure of Interest: None Declared

O0078

Associations between psychiatric diagnoses in parents and psychiatric, behavioral, psychosocial outcomes in their offspring: a Swedish population-based register study

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Introduction: Children with parents with psychiatric diagnoses have an increased probability for not only the same condition as their parent, but also for other conditions and behavioral and psychosocial problems. Whereas many studies have focused on parental severe mental illness due to their significant impairment, less attention has been paid to more common disorders despite their higher prevalence. In addition, because most past research only included one exposure or one outcome at a time, it remains difficult to examine and compare broad patterns of intergenerational transmission.

Objectives: To examine associations between six parental psychiatric diagnoses in parents, and a broad range of psychiatric diagnoses, psychotropic medications, criminality, suicide, violent victimization, accidents, and school and labor performance in their offspring.

Methods: Based on Swedish national registers, we linked all individuals born in Sweden between 1970 and 2000 to their biological parents ($N = 3\,286\,293$). We used a matched cohort design, analyzed with stratified Cox regression and conditional logistic regressions to examine associations between six psychiatric diagnoses in the parents, and 32 outcomes in their offspring. All exposed and unexposed children were followed from their date of birth to the date of emigration from Sweden, the death, or 31 December 2013 when the offspring were 14-44 years old.

Results: In terms of absolute risk, most children who had parents with psychiatric diagnoses were not diagnosed in specialist care themselves, as the proportion of having any of the 16 types of psychiatric conditions ranged from 22.17% (exposed to parental depression) to 25.05% (exposed to parental drug-related disorders) at the end of follow-up. Nevertheless, in terms of relative risk, all six parental psychiatric diagnoses increased the probability of all 32 outcomes in their offspring, with the Hazard Ratio ranging from 1.04 to 8.91 for time-to-event outcomes, and the Odds Ratio ranging from 1.29 to 3.36 for binary outcomes. Some specificities were observed for parental psychotic and substance misuse diagnoses, which strongly predicted offspring psychotic-like and externalizing-related outcomes, respectively.

Conclusions: The intergenerational transmission of parental psychiatric conditions appeared largely transdiagnostic, even for non-psychiatric outcomes in offspring. Given the broad spectrum of associations with the outcomes, service providers (e.g., psychiatrists, teachers, and social workers) should consider clients' broader psychiatric family history when predicting prognosis and planning interventions/treatment.

Disclosure of Interest: None Declared

O0079

The Prevalence of Attention Deficit Hyperactivity Disorder in Children and Adolescents: An Umbrella Review of Global Evidence

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Introduction: From recent epidemiological studies to emerging epidemiological evidence, it becomes evident that numerous primary studies have investigated the prevalence of ADHD in children and adolescents. Additionally, several systematic reviews and meta-analyses have explored this subject. The objective of this umbrella review is to offer a robust synthesis of evidence derived from these systematic reviews and meta-analyses

Objectives: To conduct a comprehensive umbrella review that synthesizes emerging epidemiological evidence regarding the prevalence of ADHD in children and adolescents, drawing insights from numerous primary studies as well as systematic reviews and meta-analyses.

Methods: We conducted a systematic search across multiple databases, including PubMed, Web of Science, PsychINFO, and Scopus, to identify relevant studies. The study was preregistered with PROSPERO (registration number: CRD42023389704). To assess the quality of these studies, we utilized the Measurement Tool to Assess Systematic Reviews (AMSTAR). We employed an inverse variance-weighted random-effects meta-analysis to combine prevalence estimates from the included studies.

Results: The final analysis incorporated thirteen meta-analytic systematic reviews, encompassing 588 primary studies and a total of 3,277,590 participants. A random-effects meta-analysis of these studies revealed that the global prevalence of ADHD in children and adolescents stood at 8.0% (95% CI: 6.0%–10%). Notably, the prevalence estimate was twice as high in boys (10%) compared to girls (5%). Among the three subtypes of ADHD, the inattentive type (ADHD-I) emerged as the most prevalent, followed by the hyperactive type (ADHD-HI) and the combined type (ADHD-C).

Conclusions: The comprehensive umbrella review findings emphasize the high prevalence of ADHD in children and adolescents, with a notable gender disparity, wherein boys are twice as likely to be affected compared to girls. These results underscore the urgency of prioritizing prevention, early identification, and treatment strategies for ADHD in children and adolescents.

Disclosure of Interest: None Declared

Climate change

O0080

Climate change and mental health. Polish perspective.

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Introduction: World Health Organization estimates that climate changes are expected to cause an additional 250 000 deaths worldwide per year between 2030 and 2050 (1). We do not know, in what extent, population mental health will deteriorate due to climate change. Unfortunately, not all European countries, including Poland collect the evidence-based information about current and possible future risks for mental health.

(1)World Health Organization. Climate change and health; 2018. Available from who.int/news-room/fact-sheets/detail/climate-change-and-health [cited 20 October 2020]

Objectives: The aims of present study are: (1) summarize the available literature through a current review and (2) make recommendations for future actions/ prevention strategy for Poland.

Methods: Medline database (through PubMed) and Polish authorities documents was searched for records published in 2010–2024. Mental health-related descriptors (i.e. „mental health” OR “mental disorders”) and „climate change” and “Poland/ Polish” and “Europe” term were used in particular searches. The results of the screening were included in the final selection list. References of screened full-text articles and reports were manually searched for further literature. Additionally, European and worldwide publications and reports prepared by mental health and/ or climate change organizations were taken into account.

Results: Mental health risks of climate change can stem from climate-related natural disasters (e.g., extreme weather events), slower moving events (e.g., drought), or concern about the phenomenon of climate change itself. Primary mental health impact is related mostly to disasters itself and its consequences: environment of disruption, trauma and grief. Direct consequences include increased rates of high-risk behaviours. Secondary effects of climate change are due to various processes of environmental changes and ecological disruptions. They consist of damages to physical and social infrastructure, physical health effects, food and water shortages, conflict, and displacement. Long-term droughts affect food and water supplies and can subsequently affect the economic and mental wellbeing not only the land-based workers.

Conclusions: A focus on climate change impact on mental health can help enhance the understanding of factors that strengthening psychosocial resilience and adaptation. The future mental health challenges of climate change in Poland cover:

- developing scientific knowledge regarding adaptation process and resilience,
- focusing on high-risk groups (i.e. children, rural workers),
- strengthened community engagement,
- developing available locally strategies for mental health improving.

Disclosure of Interest: None Declared

Intellectual Disability

O0081

Effectiveness of AI-driven Individualized Learning Approach for Children with Autism Spectrum Disorder (ASD)

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Introduction: Autism Spectrum Disorder (ASD) is a condition with varying degrees of social, emotional and behavioural disability. These children require focused and individualised learning plan to facilitate social integration. Robots have been used for this purpose but are not routinely available in several parts of the world. Effective, point of care (POC) digital therapies that can be used anywhere by anyone is the need of the day.

Objectives: To evaluate the effectiveness of Artificial Intelligence (AI) driven individualised learning plans delivered through POC digital platform (CognitiveBotics) for children with ASD.

Methods: After Ethical approval and parental consent, children diagnosed with ASD (Childhood Autism Rating Scale CARS 2) aged 2 years and above were screened for study inclusion and exclusion criteria and enrolled. AI driven individualised learning plan was administered through CognitiveBotics software that could be used on either computer or a tablet. Initially, interactive questions were administered to parents by the AI tool to understand child's functioning. Based on these, an individualised learning plan was assigned. Each task is delivered using either interactive videos, chatbot and/or animated/AI games. The child's progress is captured for attention (attempted questions, retries and timeouts) and retention (first time corrects and corrects) continuously. The initial interactive questions administered to parents were repeated to assess child's progress in real life. Paired 't' test using SPSS version 26 was used to compare initial and final data.

Results: Out of 85 registered children, 41 regularly used the AI tool. Mean age was 43.93 months (range 26 to 72 months). 37 (90.24%) were boys. The baseline mean scores (ranges), were CARS 33.48 (30-39.5); Social quotient 53.4 (27.25-80.32), Developmental quotient 71.35 (45.90-93.33) and IQ 62.34 (36.58-86.83). The base line mean score of parents assessed child function was 115.24 (range 58 to 215). A mean of 15.54 tasks were given (range 5 to 48). At the time of analysis with a mean follow up of 3 months (range 2 to 5 months) the children completed a mean of 10.10 tasks (range 0 to 42). There was significant improvement in child's learning captured by the AI software based on attention and retention parameters ($p = <0.00001$). This improvement was also reflected in parent assessed child function (mean 147.15, (59 to 231)) ($p = <0.00001$). The percentage of improvement in both software captured and parent assessed child function was directly related to the amount of time spent by the child on the software.

Conclusions: AI driven individualised learning approach is effective in teaching skills and promote social integration for children with ASD. Such technology can capture the child's progress on a day-to-day basis and deliver personalised training.

Disclosure of Interest: None Declared

Bipolar Disorders

O0082

The relationship between sleep problems and suicidality in Bipolar Disorder: a Systematic Review and a Meta-analysis

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Introduction: Bipolar disorder (BD) is a multifaceted illness encompassing mood, energy, cognitive and biorhythms alterations. Sleep disturbances are common in prodromic, acute and inter-episodic phases of BD. Suicidality presents a known association with sleep disturbances. However, their interplay in BD remains intricate and not fully elucidated.

Objectives: The aim of the present systematic review (SR) and meta-analysis (MA) is to summarise the available evidence and to provide an estimate of the association between sleep disturbances and suicidality, defined as presence of suicide ideation, behaviour and suicide attempts, in patients with BD.

Methods: We conducted a comprehensive literature search following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines across PubMed, PsycINFO, and SCOPUS databases. We included all studies reporting an association between sleep problems and suicidal behaviour in BD patients. No language restriction was imposed. Effect sizes were calculated as odds ratio (OR) for dichotomic variables, standard mean difference (SMD) for continuous outcomes, and Spearman's coefficient (r) for correlations. Heterogeneity was assessed using the I² statistic. Global inconsistency was evaluated using the Q statistics with the corresponding p-value.

Results: The initial search yielded 911 unique abstracts, of which 62 underwent full-text screening. Fourteen publications were included, comprising twelve cross-sectional and two longitudinal studies. The total sample consisted of 19,601 subjects diagnosed with BD, of which 51.76% were females and 69.52% had a diagnosis of BD type 1. We found that people with BD and sleep disturbances tend to have higher suicidality, both current (SMD=0.79, 95% CI=0.53, 1.05) and lifetime (OR=1.8; 95%CI=1.41, 2.55), when compared with people with BD and no sleep disturbances. Additionally, patients with BD and a history of suicide attempts tend to have more sleep problems (OR=1.37, 95%CI=1.21, 1.55).

Moreover, a positive correlation exists between suicidality and poor sleep quality measured by the Pittsburgh Sleep Quality Index (PSQI) (r= 0.24, 95%CI=0.10, 0.36). No heterogeneity was found, except in the subanalysis of correlation (I²=66.67%, Q p-value=0.01).

Conclusions: Our SRMA outlines a positive relation between sleep disturbances and suicidality in patients with BD. The small number of included studies and the scarcity of longitudinal studies, preventing the inference of a causal relationship, represent the major limitations of this study. Also, studies with objective measures of sleep alterations are currently lacking. The prompt recognition, objective measurement, and treatment of sleep alterations could be crucial in averting or reducing suicidal attempts in BD.

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O0083

Evaluation of Neurocognitive Functions of Children and Adolescents Diagnosed with Pediatric Bipolar Disorder and Disruptive Mood Dysregulation and at High Risk for Bipolar Disorder

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Introduction: Pediatric Bipolar Disorder (BPD) is a chronic psychiatric disorder that alters normal and psychological development processes among patients. Although cognitive deficits in BPD have identified in recent studies, little is known about the developmental trajectory of these deficits. DMDD is a newly defined diagnosis included in the DSM-V. Since it added a new dimension to the clinical spectrum but few studies conducted on DMDD, there are

some conflicting discussions in the literature about how to distinguish this disorder from other childhood psychiatric disorders and how to treat it.

Objectives: The aim of this study was to determine the phenomenological and neuropsychological differences between children and adolescents with a diagnosis of BPD (Pediatric Bipolar Disorder), DMDD (Disruptive Mood Dysregulation Disorder), and children and adolescents who are genetically at high risk for Bipolar Disorder (BD), and healthy controls (HCs) who do not have any psychiatric diagnosis, to investigate endophenotypes that may be predictive for BD.

Methods: Our study sample consists of four groups, the BPD group (n=30), the Risk group (n=25), the DMDD group (n=36), and the Healthy Control group (n=29). All participants were evaluated by the “Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children—Now and Lifetime Pattern (K-SADS-PL)”, “Young Mania Rating Scale/Parent Form (YMRS-ABF), Conner’s Parent Rating Scale (CPRS-48), Child and Adolescent Behavior Rating Scale (CBCL)” scales were filled by parents, and “Child Depression Inventory (CDI), Youth Self-Report Form for 11-18 Years Olds (YSR)” scales were filled by children and adolescents. Neurocognitive test battery was applied to each participant: Continuous Performance Test (CPT), Wisconsin Card Sorting Test (WCST), Stroop Color and Word Test (SCWT), Trait Making Test A and B sections (TMT-A/B), California Verbal Learning Test-Child version (CVLT-C).

Results: While it was determined that the cases in the BPD and DMDD groups performed significantly worse in CPT, SCWT, CVLT-C, TMT A/B tests compared to healthy controls, it was found that the subjects in the Risk group performed worse at the CPT test than healthy controls. In addition, the cases in the BPD, Risk and DMDD groups reported more clinical and behavioral problems than the healthy controls.

Conclusions: There is a significant deterioration in the areas of continuous attention, processing speed, cognitive flexibility, response prevention, verbal memory and working memory in the BPD and DMDD groups, and in the continuous attention area in the Risk group compared to healthy controls. Prospective follow-up and imaging studies using larger samples and a larger neurocognitive test battery in the future will better reveal the neuropsychological characteristics of the BPD, Risk and DMDD groups.

Disclosure of Interest: None Declared

O0084

Internalized Stigma in Patients with Bipolar Disorder: A Cross-sectional Study on Its Associations with Sociodemographic, Marital and Clinical Characteristics

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Introduction: Bipolar disorder (BD) is a chronic and complex affective disorder among top diseases that cause disability worldwide. Internalized stigmatization is a process including the

awareness of negative stereotypes adopted by the society, participation in and internalization of these judgements, associated with impaired social functionality. Studies examining internalized stigma and related factors in BD is limited.

Objectives: In this study, it is aimed to investigate the associations between internalized stigmatization and clinical characteristics, as well as sociodemographic and marital features of patients with BD.

Methods: This observational and cross-sectional study was conducted at a specialized affective disorders clinic in a university hospital between November 2020 and March 2021. During routine follow-up, each consecutive patient with BD was invited and a total of 118 were included in the study. Information about sociodemographic, marital and clinical characteristics of patients was collected through a prepared data form and follow-up documents. Internalized Stigma of Mental Illness Scale (ISMIS) was administered to assess internalized stigma. Statistical analysis of data was conducted by SPSS version 25 and a statistical significance level of $p < 0.05$ was determined.

Results: Mean ISMIS total score of the sample was 56.50 ± 13.65 . Multiple linear regression was used to test the predictors of higher ISMIS scores. Being currently unemployed ($p = 0.012$, $B = 0.208$), shorter BD duration ($p < 0.001$, $B = 0.302$) and presence of inter-episode residual symptoms ($p = 0.004$, $B = 0.248$) predicted higher ISMIS total. Younger age ($p = 0.002$, $B = 0.264$), being female ($p = 0.007$, $B = 0.226$) and absence of mania dominance ($p = 0.019$, $B = 0.190$) predicted higher alienation scores. Presence of inter-episode residual symptoms predicted both stereotype endorsement ($p < 0.001$, $B = 0.320$) and perceived discrimination ($p < 0.001$, $B = 0.358$). Younger age ($p = 0.001$, $B = 0.281$) and total number of depressive episodes ($p = 0.015$, $B = 0.212$) also predicted perceived discrimination. Shorter BD duration and absence of seasonality predicted higher ISMIS social withdrawal, while history of hospitalization predicted higher ISMIS stigma resistance.

Conclusions: Our study demonstrated similar mean ISMIS total scores to the findings previously reported in Türkiye, while roughly lower than results in the international literature. Considering that internalized stigmatization was increased in earlier stages of BD and in younger patients, as well as in patients with inter-episode residual symptoms, it might be important to implement psychosocial interventions for internalized stigmatization and appropriate psychoeducation programs in the earlier periods of BD. Therefore a multidimensional and holistic approach towards internalized stigmatization may positively contribute to the functionality of patients with BD.

Disclosure of Interest: None Declared

O0085

Cariprazine add-on in resistant bipolar depression. Long-term effectiveness and safety data from a multicentric real-world experience

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Introduction: Persistent depressive episodes and subsyndromic depressive symptoms frequently characterize mood alterations in bipolar disorder (BD) and negatively influence quality of life and suicide risk. BD patients with predominant depressive episodes generally show significantly higher treatment resistance rates. Although not specifically approved in Italy for bipolar depression, recently published observational data suggest that the cariprazine add-on may be a potential effective short-term treatment for resistant bipolar depression. Nevertheless data on long-term cariprazine treatment are lacking.

Objectives: This study evaluated the efficacy and safety of long-term cariprazine augmentation in patients suffering from treatment-resistant bipolar depression.

Methods: 30 resistant bipolar depressed patients, whose resistance was defined according to The CINP Guidelines on the Definition and Evidence-Based Interventions for Treatment-Resistant Bipolar Disorder, were treated with cariprazine 1,5 -3 mg flexible dose for 4 weeks, added to previous mood stabilizing and/or antidepressant treatment. Psychopathology at time 0 and at 4, 8, 12, 16, 20, 24 weeks of treatment was evaluated using the Hamilton Depression Rating Scale (HDRS), the Hamilton Anxiety Rating Scale (HARS), the Young Mania Rating Scale (YMRS) and the Bipolar Depression Rating Scale (BDRS); safety and tolerability was measured by the UKU Side Effect Rating Scale. The drop-out rate was assessed throughout the study duration.

Results: Cariprazine add-on was effective in the study sample but only during the first 4 weeks of treatment. Improvement in depression scores started from the first week, reaching about 40% mean HDRS score reduction at T4; a moderate ulterior decrease (-15%) was reached at T24 but was accompanied by a significant drop-out rate; anxiety symptoms improved (mean HARS score reduction 37% at T4) mainly during the first 4 weeks. The treatment was generally well tolerated. From week 4 to 24 we observed a near 70% drop-out rate (18 total drop-outs) with maximum drop-outs between weeks 4-8 (n=7) and 18-24 (n=7). Discontinuation causes were inefficacy (5/18); clinical worsening (10/18); side effects (3/18); hypomanic shift (2/18).

Conclusions: Despite the relatively small population examined and the observational design, our results suggest that cariprazine may represent an effective and safe short-term enhancement strategy in resistant bipolar depression. Long-term treatment, in this sample, did not lead to significant improvements and was burdened by a high drop-out rate, mainly due to inefficacy/clinical worsening. Further studies on larger samples are needed to confirm these preliminary findings, both in short-term and in longer observations.

Disclosure of Interest: None Declared

O0086

Mitochondrial respiratory capacity in patients with acute episodes of bipolar disorder compared with clinical remission

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Introduction: Bipolar disorder (BD) is a chronic and recurrent disease characterized by acute mood episodes alternated with periods of euthymia. The available literature postulates that a biphasic dysregulation of mitochondrial bioenergetics might be observed in BD.

Objectives: We aimed to explore differences in *in vivo* mitochondrial respiration (1) intra-individually: longitudinally within patients during an acute mood episode of BD and after clinical remission, and (2) inter-individually: between patients with BD on depressive or manic episodes and healthy controls (HC).

Methods: Patients admitted to our acute psychiatric ward with a manic episode or bipolar depression were recruited. Different mitochondrial oxygen consumption rates (OCRs) were assessed during the acute episode (T0) and after clinical remission (T1) in one million of peripheral blood mononuclear cells (PBMC): Routine, Leak, ETC and Rox. They were measured as picomoles of oxygen per million cells (pmol O₂/million). This experiment was also conducted in HC. High-resolution respirometry was performed at 37°C by polarographic oxygen sensors in a two-chamber Oxygraph-2k system. Manic and depressive symptoms were assessed using standardized psychometric scales. Oxygen consumption capacity was compared (1) intra-individually, during acute episodes and after clinical remission, and (2) inter-individually, during acute manic and depressive episodes, and in HC. Statistical analyses were performed with SPSS, GraphPad and R Statistics.

Results: 20 patients with BD (15 manic, 5 depressed) and 10 HC were included. A significant increase in the maximal oxygen consumption capacity (ETC) was observed in clinical remission (27.4 ± 17.4) compared to the acute episodes (21.1 ± 11.7 , $p = 0.001$), which remained significant after subtracting Rox from the other rates ($p = 0.001$). At T1, patients admitted with a manic episode tended to show higher mean ETC (31.2 ± 18.7) compared with T0 (24.1 ± 12.0 , $p = 0.074$); the tendency persisted after Rox subtraction ($p = 0.076$). Patients admitted with a depressive episode also showed higher ETC means in T1 (16.3 ± 3.8) compared to T0 (12.1 ± 3.4), but there were not significant differences ($p = 0.231$). When HC, manic and depressive patients at T0 were compared between them, significant differences were observed in ETC ($H = 8.5$; $p = 0.014$) and Rox ($H = 13.8$; $p = 0.001$). After Rox deduction, differences in ETC remained ($H = 11.7$; $p = 0.003$). Individuals with bipolar depression showed lower ETC rates (12.1 ± 3.4) than those with a manic episode (24.1 ± 12.0 ; $t = -3.5$, $p = 0.003$), which was also found after Rox deduction ($p = 0.001$).

Conclusions: In both manic and depressive episodes in BD, mitochondrial respiration might be reduced and increase after clinical remission. Further studies with larger samples will allow to confirm these results and also to identify potential mitochondrial state-dependent biomarkers.

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Comorbidity/Dual Pathologies

O0087

A qualitative exploration of the lived experience of informal caregivers of people with severe mental illness and co-existing long-term conditions.

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Introduction: People with severe mental illness (SMI), including schizophrenia and bipolar disorder, experience significant health inequalities and are more likely to develop long-term physical health conditions (LTCs), such as type 2 diabetes and cardiovascular disease. Many people with SMI rely on informal caregivers, typically friends and family, to support their health and enable them to live in the community. Informal caregivers of people with SMI experience high levels of caregiver burden, social isolation, and poor health outcomes. However, it is unclear how co-existing LTCs contribute to the caregiving experience.

Objectives: The aim of this study was to explore the lived experience of informal caregivers of people with co-existing SMI and LTCs.

Methods: We conducted a qualitative study with informal caregivers of people with co-existing SMI and LTCs in England. We recruited 12 informal caregivers and conducted five semi-structured interviews and two focus groups between December 2018 and April 2019. The interviews and focus groups were audio recorded, transcribed verbatim and thematically analysed.

Results: SMI impacts profoundly on the health and well-being of both service users and their informal caregivers. Service users were described as too unwell with their SMI to engage in self-management of their mental and physical health, with the primary responsibility for these tasks falling to informal caregivers. There were significant barriers to adequate physical healthcare for service users, therefore informal caregivers needed to advocate extensively for their loved ones to ensure access to services. Informal caregivers felt significantly under-supported and struggled with the caregiver burden associated with SMI and LTCs. This burden included the constant monitoring of risk, anxiety around the vulnerability of their loved one, repeated hospitalisations, physical health concerns, lack of respite services, lack of recognition of their role, the guilt

associated with paternalistic care, shame and stigma, and the difficulties managing the changeable nature of SMI.

Conclusions: Informal caregivers of people with SMI face an additional caregiver burden resulting from co-existing LTCs. This adds substantially to their caring role, yet they do not receive the necessary support, and therefore their own health and wellbeing are negatively impacted. Improved recognition of the role of informal caregivers and additional support, including improved provision of respite services, are needed to improve the well-being of informal caregivers.

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Personality and Personality Disorders

O0088

Physical illness and multimorbidities in patients diagnosed with personality disorder

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Introduction: People with personality disorder (PD) often experience suffering, suboptimal psychiatric treatment outcomes, and early mortality due to chronic physical illness (CPI) and multimorbidity (≥ 2 CPI) (CPM). Increasing research underscores the elevated prevalence of CPI and CPM in those with PD.

Objectives: To compare the prevalence of CPI/CPM between the general population and those with PD and to explore the relationship between CPI/CPM and various aspects of PD.

Methods: This cross-sectional study enrolled 126 PD patients (70.6% female, mean age 41.22 years) based on the ICD-10 criteria, and 126 socio-demographically matched individuals from the general population. The participants completed the following instruments: the ICD-11 Personality Disorder Severity Scale (PDS-ICD-11), the Personality Assessment Questionnaire for ICD-11 (PAQ-11), Subjective Emptiness Scale (SES), the Reflective Functioning Questionnaire-Revised-7 (RFQ-R-7), and self-reported chronic physical illnesses questionnaire.

Results: The mean number of CPI in patients with PD and matched controls was 2.69 (SD=2.371) and 1.02 (SD=1.702), respectively, and this difference was statistically significant. Patients with PD also suffered more often from CPM than none or one CPI, compared to matched controls. In the multivariate logistic regression analyses among the patients with PD, higher personality disorder severity, increased trait Negative Affectivity and poorer reflective functioning/mentalizing were predictive of having CPM. These relationships were independent of age, gender, education status, income level, length of psychiatric treatment, and smoking status. Subjective emptiness was not significantly predictive of having CPM.

Conclusions: This study highlights a higher prevalence of CPI and CPM in individuals with PD compared to the general population. Factors such as higher PD severity, increased Negative Affectivity, and poorer reflective functioning were identified as predictors of CPM. These findings underscore the necessity for integrated healthcare approaches to address the multifaceted needs of PD patients, emphasizing the importance of considering both mental and physical health in treatment strategies.

Disclosure of Interest: None Declared

O0090

Relationship between Early Maladaptive Schemas and DSM-5 Pathological Personality Traits from a Dimensional Diagnostic Approach

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Introduction: In DSM-5 Section III, the Alternative Model for Personality disorders (AMPD), a dimensional approach for conceptualization and diagnosing complex character problems was introduced. Based on recent findings, AMPD aligns well with the theory of Young's Schema Therapy (ST). ST seems to offer a valuable clinical framework that complements the empirically based AMPD, which is not built upon a certain theory of psychopathology.

Objectives: The aim of the current study was to explore the association between early maladaptive schemas (EMSs), DSM-5 pathological personality traits and certain psychological symptoms to gain a better understanding of their relationship and highlight the connection points between AMPD and the theory of ST.

Methods: A total of 490 Hungarian participants, including 98 males, took part in the cross-sectional research, with an average age of 26.9 (SD = 9.34). All participants completed the short form of Young's schema questionnaire (YSQ-S3), the brief form of PID-5 (PID-5 BF) and the revised version of the Derogatis Symptom Checklist (SCL-90 R).

Results: Results of a series of hierarchical regression analyses found that all five schema domains were able to predict psychological symptoms and DSM-5 pathological personality traits at a statistically significant level. Moreover, in accordance with our data, specific EMS patterns are associated with different psychological symptoms and pathological personality traits. Ultimately, we identified two EMSs, namely Negativity/Pessimism and Insufficient Self-control, which predicted all of our dependent variables.

Conclusions: Our findings suggest that the relationship between EMSs and DSM-5 pathological personality traits goes beyond the established fact that EMSs, like any other indicators of personality problems are associated with psychopathological symptoms and traits. This is supported by the fact that we could link specific EMS patterns to the pathological personality traits and psychological symptoms that we investigated. We believe that our results contribute to the clinical utility of AMPD, by assisting the creation of schema profiles tailored to personality pathologies, thereby facilitate the diagnostic process and the development of

schema - focused interventions. Furthermore, it seems that the identified EMSs, Negativity/Pessimism and Insufficient Self-control play a special role in relation to pathological personality traits and psychological symptoms and should be considered with particular emphasis in terms of risk group classification and vulnerability.

Disclosure of Interest: None Declared

COVID-19 and related topics

O0091

The Effect of a Virtual Reality Counseling Program Based on Metacognitive Therapy in Reducing Post-Traumatic Stress Disorder among Those Recovering from Covid-19

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Introduction: Many COVID-19 survivors who were attacked and suffered severe symptoms of the virus have suffered from post-traumatic stress disorder (PTSD) which persists for long periods. These people need treatment to alleviate the severity of these disorders. Metacognitive therapy (MCT) is one of the modern therapeutic trends in psychological counseling, which focuses on the nature of the thought rather than on identifying and changing the thought as in other cognitive therapies. It is also concerned with whether people possess an aspect of reflective awareness and aims for a broader understanding of the way the mind works. Working on the process of metacognition, that is, the individual's thinking about what he knows, being aware of his thoughts, and constantly monitoring and organizing them, helps reduce anxiety disorders and mood swings, and this will reduce psychotic disorders.

Objectives: The current study aims to identify the effect of a virtual reality (VR) counseling program based on MCT in reducing the severity of PTSD among survivors of Covid-19. It also examines the continuity of the effectiveness of this program in reducing these disorders.

Methods: The quasi-experimental method (two group design) with experimental and control groups with a pre-posttest and a follow-up test was adopted. The sample for the current study consisted of 60 COVID-19 survivors suffering from PTSD. The PTSD scale was applied online to a group of people recovering from Covid-19 from the Arab Republic of Egypt. Then those who had high scores were selected, contacted and their consent was obtained to apply a virtual reality counseling program to them. The counseling program was implemented via virtual reality technology, and consisted of 20 counseling sessions, each session lasted between 60-90 minutes. The program continued for two months, with two sessions per week.

Results: The results of the current research revealed a significant improvement in the experimental group through a significant reduction in their post-traumatic stress disorders. The results also showed the effectiveness of the counseling program based on metacognitive therapy in reducing the manifestations of post-

traumatic stress disorders in those recovering from Covid-19. The results confirmed the continuing effect of the program after the follow-up period.

Conclusions: Using metacognitive therapy has an effective effect in reducing post-traumatic stress disorder, and it can be used with many psychologically disturbed people.

Disclosure of Interest: None Declared

00092

Prevalence of Prolonged Grief Disorder and Related Clinical Factors During the COVID-19 Pandemic in Turkey

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Introduction: Prolonged grief disorder has recently been added to the Diagnostic and Statistical Manual of Mental Disorders 5, Text Revision. To understand the health burden and then allocate economic and professional resources, it is necessary to provide epidemiological data for this new disorder. More information on the characteristics of people suffering from PGD is also beneficial to better identify individuals at risk.

Objectives: This study, therefore, aimed to estimate the prevalence of the PGD criteria in a special period such as the Covid-19 pandemic and in a representative population-based sample, evaluate the sociodemographic, and loss-related correlates of PGD case-ness and explore possible predictors.

Methods: The study included 126 people (97 females/29 males) who lost a relative for any reason during the Covid-19 pandemic period (March 2019-January 2022) in Turkey. We used self-reported data from participants who all completed questions on socio-demographic and loss-related characteristics plus Hospital Anxiety and Depression Scale (HADS), Prolonged Grief Disorder Scale (PG-13), Multidimensional Scale of Perceived Social Support (MSPSS), Adult Separation Anxiety Questionnaire (ASA-27).

Results: Median age was 34 years, range (18-63); 12 participants were diagnosed with PGD (9.5%). No difference was detected between deaths due to COVID-19 and its complications and deaths due to other causes in terms of PGD diagnosis and PGD symptom severity. When we divide the participants into two groups according to PGD diagnosis (PGD and nonPGD): The average age of the PGD group was higher ($Z=-2.068$; $p=0.031$) and they had more additional medical conditions ($\chi^2=7.21$; $p=0.007$). Thoughts of guilt were more common in the PGD group ($\chi^2=7.92$; $p=0.005$). Additionally, HADS-total, HADS -depression, HADS -anxiety and ASA-27 were higher in the PGD group (respectively: $Z=-4.047$; $P=0.00$, $Z=-4.209$; $P=0.00$, $Z=-3.437$; $P=0.001$, $Z=-1.975$; $P=0.048$). PGD occurred most frequently after first-degree losses ($\chi^2=13.67$; $p=0.00$) and was inversely proportional to the age of the loss ($Z=-1.979$; $P=0.04$). In the nonPGD group, the rate of believing in any religion ($\chi^2=5.807$; $p=0.016$). and the level of fulfilling the requirements of the religion were

higher ($\chi^2=10.584$; $p=0.05$). In the linear regression analysis examining the predictors associated with the severity of prolonged grief; the deceased person was a first-degree relative ($t=6.23$; $p<0.001$) and younger in age ($t=-3.71$; $p<0.001$), the presence of guilt ($t=3.28$; $p=0.001$), and increased separation anxiety ($t=4.13$; $p<0.001$) and depression scores ($t=4.29$; $p<0.001$) were significant boost of prolonged grief severity.

Conclusions: Although higher PGD rates were expected in deaths due to Covid-19 compared to deaths due to other causes, we did not detect any significant difference in this study. However, this study identified some possible predictors associated with PGD.

Disclosure of Interest: None Declared

00093

Physical healthcare gap among patients with severe mental illness through the COVID-19 pandemic. Preliminary results from a real-world investigation in Lombardy, Italy

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Introduction: Patients suffering from mental disorders tend to be less adherent to the recommended therapies. Moreover, the COVID-19 pandemic had a global impact on physical and social well-being, which turned out stronger in the most fragile patients, like those with a mental condition.

Objectives: To assess whether the COVID-19 pandemic influenced the physical healthcare gap between patients with and without severe mental illness (SMI) treated for chronic conditions.

Methods: Data were retrieved from Healthcare Utilization Databases of Lombardy region (Italy). Prevalent users of antihypertensive drugs, statins or antidiabetic drugs, receiving healthcare in Lombardy during 2020, were identified. Among them, those with a previous diagnosis of schizophrenic or bipolar disorder were selected and matched with up to 3 patients without any sign of mental disorder by sex, age and number of contacts with the NHS during the previous year. 3 cohorts (not necessarily independent) were formed.

High adherence to specific recommended drug therapies and discontinuation during 2020 were evaluated.

Association between presence of SMI and high adherence was evaluated by using a log-binomial model (risk ratios, RR with 95% CI); a Cox model (hazard ratios, HR) was used for discontinuation.

As comparison, same analyses were performed to the cohorts of prevalent users in 2019, to evaluate the impact of the COVID-19 pandemic. Results were stratified according to the type of mental disorder.

Results: 36'436, 14'136 and 12'597 prevalent users of antihypertensives, statins or antidiabetics respectively were identified, of which 25% with SMI (9'109, 3'536 and 3'152 respectively).

During the pandemic period, for all the three cohorts, patients with mental illness had 10% lower probability of being adherent to the recommended drug therapies.

The association between SMI and discontinuation was significant and varied among the three cohorts, with HR (95% CI): 1.27 (1.21; 1.33) for antihypertensives users, 1.16 (1.07; 1.26) for antidiabetics users and 1.08 (1.01; 1.16) for statins users.

Compared with 2019 the gap remained similar, except for discontinuation of antidiabetics, where the gap diminished from 34% in 2019 to 16% in 2020.

No differences between the two mental disorders were found.

Conclusions: Results show that suffering from a mental disorder in people with chronic physical conditions affects their adherence to recommended drug therapies. During the pandemic period, the restrictive measures adopted may have led to a better care by family members, counteracting any increase in the gap.

The healthcare gap in patients suffering from mental illness remains an unsolved problem of primary importance for public health.

Disclosure of Interest: None Declared

Depressive Disorders

O0094

N-acetylcysteine counteracts increased brain excitatory/inhibitory balance following maternal high-fat diet and restores emotional and cognitive profiles in adult mouse offspring

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Introduction: High-fat diet (HFD) consumption during pregnancy can shape fetal brain development, increasing susceptibility to mental disorders. Nevertheless, the mechanisms underlying these negative outcomes remain unclear.

Objectives: We hypothesize that mHFD induces inflammation and oxidative stress (OS) in the fetal brain, disrupting excitatory/inhibitory (E/I) balance in the adult brain. This results in altered hypothalamic-pituitary-adrenal (HPA) axis reactivity, emotional regulation, and cognitive function. We tested the ability of N-acetyl-cysteine (NAC) - a powerful anti-oxidant and anti-inflammatory compound - to counteract mHFD effects.

Methods: Our mHFD model consists of female C57BL/6N mice fed either HFD (fat 58%, carbohydrate 25.5%, and protein 16.4%) or control diet (CD, fat 10.5%, carbohydrate 73.1% and protein 16.4%) before and during pregnancy (13 weeks). After 5 weeks on diets, half of them received NAC (1g/kg) for 8 weeks, until delivery. Gene expression of *Il-1b*, *Cd68*, *Tmem119*, *iNOS*, and *Arg1* was measured in fetal brains. Cognitive function and emotional phenotype were assessed in adult male and female offspring through the

Morris Water Maze (MWM) and the Emergence test, respectively. HPA axis functionality was assessed by measuring plasma corticosterone levels by ELISA following acute stress. Gene expression of vesicular glutamate transporter 1 (*Vglut1*) and vesicular GABA transporter (*Vgat*) were assessed as markers of E/I balance.

Results: Exposure to mHFD induced inflammation and OS in the fetal brain of both sexes, by increasing *Il-1b* and *iNOS/Arg1*. Additionally, *Cd68* and *Tmem119* were specifically increased in females. In adulthood, mHFD reduced latency to emerge from the shelter in the Emergence test in both sexes. In females, mHFD impaired cognitive function, reducing time spent in the MWM target zone, and increased HPA reactivity in response to acute stress. Furthermore, mHFD decreased *Vgat* expression in both sexes, resulting in an imbalanced *Vglut1/Vgat* ratio towards excessive excitatory input. Maternal NAC supplementation rescued this imbalance.

Conclusions: Overall, these data show that mHFD increases inflammation and OS in fetal brains, with greater effects in female offspring, inducing alterations in the E/I neuronal balance with concomitant disruptions of the neuroendocrine system and the emotional and cognitive profiles during adulthood. The supplementation with NAC was effective in rescuing the E/I imbalance as well as the behavioral phenotype.

Disclosure of Interest: None Declared

O0095

Depressive Symptoms and Urbanization - A Cross-Sectional Network Analysis

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Introduction: With increasing urbanization, more people are exposed to mental health risk factors stemming from the urban social or physical environment. However, research on urbanization and depression is not clear.

Objectives: This study aimed to explore environmental and social factors with depression symptoms in view of a network theory of mental health disorders.

Methods: The study was conducted among a representative sample of 3,296 habitants of Metropolis GZM (63% of women) – the most urbanized region in Poland. The measurements used were PHQ-9, UCLA, Neighbourhood Cohesion (Neighbourhood Belonging and Social Cohesion), REAT 2.0 (Quality of architecture in neighborhood area), distance and frequency use of green public areas, Self-Rated Health, Physical Activity, size of place of residence per person.

Results: The prevalence of depression risk in villages ($N=713$), towns under 20,000 ($N=219$), towns (under 99,000; $N=823$), and cities (under 300,000; $N=1541$) was 44.2%, 44.7%, 39.2%, and 34.9% respectively.

The depression nodes with the highest centrality degree and expected influence were PHQ9 (suicidal thoughts), PHQ2 (feeling depressed), and neighborhood belonging. Living in a more urbanized area (UA) had a smaller centrality degree in the network.

Edges between PHQ9 and environmental factors were mediated by loneliness (UCLA). Poor architectural conditions (REAT) were linked positively with neighborhood belonging and adversely with social cohesion. Living in UA was negatively related to PHQ9, PHQ5 (eating control), and PHQ2, social cohesion, and green area distance, while positively to PHQ7 (problems with being focused), poor physical health, REAT, and neighborhood belonging (Figure 1).

Conclusions: Living in a city is negatively related to the most central depression symptoms. Even though social cohesion is negatively linked to UA, neighborhood belonging is higher in more urbanized areas.

The balance between detrimental environmental factors and those that protect mental health requires a better understanding of the interaction between urban living and depression.

Disclosure of Interest: None Declared

O0096

Brain magnetic resonance imaging outperforms clinical severity ratings in the prediction of treatment outcomes in major depressive disorder

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Introduction: Major depressive disorder (MDD) is a prevalent and disabling condition. Approximately 30-50% of patients do not respond to first-line medication or psychotherapy. Therefore, several studies have investigated the predictive potential of pretreatment severity rating or neuroimaging features to guide clinical approaches that can speed optimal treatment selection.

Objectives: To evaluate the performance of 1) severity ratings (scores of Hamilton Depression/Anxiety Scale, illness duration, and sleep quality, etc.) and demographic characteristic and 2) brain magnetic resonance imaging (MRI) features in predicting treatment outcomes for MDD. Second, to assess performance variations among varied modalities and interventions in MRI studies.

Methods: We searched studies in PubMed, Embase, Web of Science, and Science Direct databases before March 22, 2023. We extracted a confusion matrix for prediction in each study. Separate meta-analyses were performed for clinical and MRI studies. The logarithm of diagnostic odds ratio [$\log(\text{DOR})$], sensitivity, and specificity were conducted using Reitsma's random effect model. The area under curve (AUC) of summary receiver operating characteristic (SROC) curve was calculated.

Subgroup analyses were conducted in MRI studies based on modalities: resting-state functional MRI (rsfMRI), task-based fMRI (tbfMRI), and structural MRI (sMRI), and interventions: antidepressant (including selective serotonin reuptake inhibitors [SSRI]) and electroconvulsive therapy (ECT). Meta-regression was conducted 1) between clinical and MRI studies and 2) among modality or intervention subgroups in MRI studies.

Results: We included ten studies used clinical features covering 6494 patients, yielded a $\log(\text{DOR})$ of 1.42, AUC of 0.71, sensitivity of 0.61, and specificity of 0.74. In terms of MRI, 44 studies with 2623 patients were included, revealing an overall $\log(\text{DOR})$ of 2.53. The AUC, sensitivity, and specificity were 0.89, 0.78, and 0.75.

Studies using MRI features had a higher sensitivity (0.89 vs. 0.61) in predicting treatment outcomes than clinical features ($P < 0.001$). RsfMRI had higher specificity (0.79 vs. 0.69) than tbfMRI subgroup ($P = 0.01$). No significant differences were found between sMRI and other modalities, nor between antidepressants (SSRIs and others) and ECT. Antidepressant studies primarily identified predictive imaging features in limbic and default mode networks, while ECT mainly focused on limbic network.

Conclusions: Our findings suggest a robust promise for pretreatment brain MRI features in predicting treatment outcomes in MDD, offering higher accuracy than clinical studies. While tasks in tbfMRI studies differed, those studies overall had less predictive utility than rsfMRI data. For MRI studies, overlapping but distinct network level measures predicted outcomes for antidepressants and ECT.

Disclosure of Interest: None Declared

O0097

Rapid reduction of depressive symptoms with minimal dissociation: results from the KET01-02 and KET01-03 trials with oral prolonged-release (PR) ketamine KET01

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Introduction: Current ketamine-based therapies for treatment-resistant depression (TRD) often induce dissociative effects. A novel oral PR ketamine formulation (KET01) results in a low and delayed peak concentration of ketamine, high hydroxynorketamine concentration, and is associated with limited dissociative properties.

Objectives: To investigate efficacy, safety, and pharmacokinetics of KET01 in TRD.

Methods: KET01-02 was a randomized, double-blind phase 2 trial in outpatients with TRD comparing adjunct 120 mg (n=42) or 240 mg (n=40) oral KET01 once-daily for 3 weeks to placebo (PBO, n=40). The primary endpoint was change from baseline in the MADRS mean score on Day 21. KET01-03 was a randomized, double-blind, cross-over phase I trial in 26 healthy volunteers comparing single doses of 240 mg oral KET01 and 84 mg an approved intranasal formulation of esketamine. The primary endpoint was maximum change of Clinician-Administered Dissociative States Scale (CADSS) score from baseline.

Results: KET01-03 trial; the mean (\pm SD) maximum change of CADSS score within 24 hours after dosing was 29.6 ± 12.5 for intranasal esketamine and 0.7 ± 1.7 for KET01 ($p < 0.000000000001$). KET01-02 trial; no differences in CADSS score (range: 0.2 to 1.3), and heart rate and blood pressure were observed between the groups on Day 1 and beyond. 10%, 12%, and 15% of patients in

the PBO, 120 mg/day, and 240 mg/day KET01 groups, respectively had CADSS score >4 and increase from baseline. At 7 hours post first KET01 dose (240 mg), plasma concentration of ketamine (38.7 ± 27.0 ng/ml) was lower than its metabolites norketamine (267.5 ± 81.6 ng/ml) and hydroxynorketamine (190.2 ± 85.5 ng/ml). 240 mg/day KET01 induced clinically relevant reduction from baseline in MADRS score already within the first 7 hours of treatment (-7.65 ; Δ vs PBO: -2.22 , n.s.), with a statistically significant separation on Day 4 (-10.02 ; Δ vs PBO: -3.66 , $p=0.020$) and Day 7 (-12.21 ; Δ vs PBO: -3.95 , $p=0.042$). MADRS score decrease was sustained throughout Day 21 (-13.15 ; Δ vs PBO: -1.82 , n.s.), and during 4-week follow-up (-12.51 ; Δ vs PBO: -3.35 , n.s.). Treatment-emergent adverse events occurred in 47.5%, 50.0%, and 62.5% of patients in the PBO, 120 mg/day, and 240 mg/day KET01 group, respectively.

Conclusions: Oral 240 mg/day KET01 induces a rapid, and clinically relevant reduction of depressive symptoms with only minimal signs of dissociation, potentially due to lower ketamine levels and increased norketamine and hydroxynorketamine levels compared to intravenous administration. Our results suggest that KET01 may be an efficacious and safe take-at-home adjunct treatment for TRD.

Disclosure of Interest: C. zu Eulenburg Employee of: HMNC Brain Health, E. Papanastasiou Employee of: HMNC Brain Health, K. Schmid Employee of: Develco Pharma, A. Damyanova Employee of: HMNC Brain Health, A. Glas Employee of: HMNC Brain Health, C. Strote Employee of: HMNC Brain Health, L. Arvastson Employee of: HMNC Brain Health, H. Eriksson Employee of: HMNC Brain Health

O0098

Working mechanisms of Cognitive Behavioral Therapy and Acceptance and Commitment Therapy: a dynamic network approach

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Introduction: Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) seem to be similarly effective for the treatment of major depressive disorder (MDD). However, much remains unknown about the differences in underlying psychological mechanisms of change. Assessing dynamic change of depressive symptoms and treatment-specific psychological constructs over time may yield important insights.

Objectives: The current study will be the first to compare dynamic symptom networks in randomized groups of two psychotherapies by using dynamic time-warp (DTW) analyses.

Methods: We reanalyzed data from a randomized controlled trial of 82 patients suffering from MDD. Three depressive symptom subscales (mood, sleep, appetite/weight) and three treatment-related constructs (dysfunctional attitudes, decentering, and experiential avoidance) were collected at 7 time-points before, during, after treatment, and at up to 12 months follow-up. The DTW-analysis modeled the temporal dynamics of depressive symptoms and treatment-related constructs within each individual after which the findings were aggregated on the group-level. Undirected and directed networks were constructed, of which the latter

yielded in- and out-strength for each node, that were compared between treatment arms.

Results: Networks based on symptom and construct dynamics markedly differed between treatment arms. Within the CBT-arm a decrease of experiential avoidance was related to a decrease in dysfunctional attitudes ($d = 0.059$, $p = 0.008$). Within the ACT-arm a decrease of mood symptoms was related to a decrease of experiential avoidance ($d = 0.051$, $p = 0.04$) and an increase of decentering was related to a decrease in sleep symptoms ($d = 0.038$, $p = 0.02$) and appetite/weight symptoms ($d = 0.049$, $p = 0.03$).

Conclusions: DTW offers a promising alternative approach to study and compare working mechanisms of different treatment interventions. Comparing CBT and ACT revealed a decrease in experiential avoidance within CBT and an increase in the ability to decenter within ACT. However, within both treatments a change in other constructs, suggesting that a first alleviation of mood symptoms is important to activate underlying psychological change.

Disclosure of Interest: None Declared

O0099

An Umbrella Review of Effectiveness of Intravenous Ketamine in Treatment-Resistant Depression

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Introduction: Major depressive disorder (MDD) is a tremendous global disease burden and the leading cause of disability worldwide. Unfortunately, individuals diagnosed with MDD typically experience a delayed response to traditional antidepressants and many do not adequately respond to pharmacotherapy, even after multiple trials. The critical need for novel antidepressant treatments has led to a recent resurgence in the clinical application of psychedelics, and intravenous ketamine, which has been investigated as a rapid-acting treatment for treatment-resistant depression (TRD) as well as acute suicidal ideation and behavior. However, variations in the type and quality of experimental design as well as a range of treatment outcomes in clinical trials of ketamine make interpretation of this large body of literature challenging.

Objectives: This umbrella review aims to advance our understanding of the effectiveness of intravenous ketamine as a pharmacotherapy for TRD by providing a systematic, quantitative, large-scale synthesis of the empirical literature.

Methods: We performed a comprehensive PubMed search for peer-reviewed meta-analyses of primary studies of intravenous ketamine used in the treatment of TRD. Meta-analysis and primary studies were then screened by two independent coding teams according to pre-established inclusion criteria as well as PRISMA and METRICS guidelines. We then employed metaumbrella, a

statistical package developed in R, to perform effect size calculations and conversions as well as statistical tests.

Results: In a large-scale analysis of 1,182 participants across 51 primary studies, repeated-dose administration of intravenous ketamine demonstrated statistically significant effects ($p < 0.05$) compared to placebo-controlled as well as other experimental conditions in patients with TRD, as measured by standardized clinician-administered and self-report depression symptom severity scales.

Conclusions: This study provides large-scale, quantitative support for the effectiveness of intravenous, repeated-dose ketamine as a therapy for TRD and a report of the relative effectiveness of several treatment parameters across a large and rapidly growing literature. Future investigations should use similar analytic tools to examine evidence-stratified conditions and the comparative effectiveness of other routes of administration and treatment schedules as well as the moderating influence of other clinical and demographic variables on the effectiveness of ketamine on TRD and suicidal ideation and behavior.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

O0100

Electroconvulsive Therapy (ECT): A Scotland Wide Naturalistic Study of 4,826 treatment episodes

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Introduction: Despite its apparent efficacy in the treatment of a range of psychiatric disorders, electroconvulsive therapy (ECT) is viewed by some as a contentious treatment. Although most clinicians and researchers consider ECT a safe and effective treatment, there are ongoing and significantly publicised concerns about potential side effects.

Objectives: To explore use of ECT across Scotland in a large naturalistic clinical sample across an 11-year period from 2009 to 2019. To consider the efficacy and side effects of ECT for a range of common psychiatric disorders including, depression, bipolar depression, schizophrenia, and mania.

Methods: Using data from the Scottish Electroconvulsive Therapy (ECT) Accreditation Network (SEAN), information was collected for all adults who had received ECT. Variables included age, sex, Scottish Index of Multiple Deprivation (SIMD) quintile, International Classification of Diseases, Tenth Edition (ICD-10) diagnosis, indication for ECT, Mental Health Act status, consent status, entry and exit Montgomery-Asberg Depression Rating Scores (MADRS), entry and exit Clinical Global Index Severity CGI-S) scores and reported side effects. Side effects were recorded as present if the side effect was reported at any point during the episode of treatment.

Results: 4826 ECT episodes were recorded. The majority of episodes were in women (68.4%, $n=3,301$). Average age at treatment onset was 58.52 years. Males were slightly younger ($m=58.24$ years

vs $f=58.65$ years, $p=0.20$). Mean number of treatments/episode was 9.59 (95% CI 9.32 – 9.85). Mean treatment dose delivered was 277.75mC (95%CI 272.88 – 282.63mC).

2920 episodes of treatment had CGI-S entry and exit recorded. At entry, mean CGI-S indicated marked illness (5.03 95% CI 4.99–5.07). Recipients with schizophrenia had the highest CGI-S score (5.45 95% CI 5.21–5.60), followed by those with post-partum disorders (5.38, 95% CI 4.61–6.14). At exit, mean CGI scores indicated borderline illness (2.07, 95% CI 2.03–2.11), recipients diagnosed with mixed affective state had the lowest CGI-S score (1.72, 95% CI 0.99–2.47) followed by those with schizoaffective disorder (2.01, 95% CI 1.76–2.42).

Anaesthetic complications ($n=34$) and prolonged seizures ($n=38$) were rare, occurring in $<1\%$ of treatment episodes. Cardiovascular complications were reported in 2.2% ($n=102$). Nausea was reported in 7.2% ($n=334$) and muscle aches in 12% ($n=560$). Confusion was reported in 19% ($n=879$) and cognitive side effects were reported in 26.2% ($n=1212$). One third of treatment episodes reported confusion or cognitive side effects (33.1%, $n=1545$).

Conclusions: From this large naturalistic clinical sample, ECT appears to be effective in improving illness severity as measured by CGI-S score. While some side effects (such as prolonged seizures and cardiovascular complications) were rare, others (such as confusion or cognitive side effects) were relatively common.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

O0101

The Phase III CONNEX programme assessing the efficacy and safety of iclertin in patients with schizophrenia: Trial design and recruitment update

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Introduction: In a 12-week, Phase II (NCT02832037) trial, iclertin (BI 425809), an inhibitor of glycine transporter-1, was generally well tolerated and significantly improved cognition in 509 patients with schizophrenia.

Objectives: The Phase III CONNEX programme aims to confirm the efficacy, safety and tolerability of iclertin in improving cognition and functioning across a larger cohort of patients with schizophrenia.

Methods: The CONNEX programme includes 3 randomised, double-blind, placebo-controlled parallel group trials in patients with schizophrenia (NCT04846868, NCT04846881, NCT04860830) receiving stable antipsychotic treatment. Each trial aims to recruit ~586 patients, 18–50 years old, treated with 1–2 antipsychotic

medications (≥ 12 weeks on current drug and ≥ 35 days on current dose before treatment) who have functional impairment in day-to-day activities and interact ≥ 1 hour per week with a designated study partner. Patients with cognitive impairment due to developmental, neurological or other disorders, with a current DSM-5 diagnosis other than schizophrenia or receiving cognitive remediation therapy within 12 weeks prior to screening, will be excluded. Patients will be recruited from multiple centres across 41 countries in Asia, North and South America, Europe and the Asia-Pacific Region, and randomised 1:1 to receive either iclertin 10 mg (oral administration; $n=293$), or placebo ($n=293$) once daily for 26 weeks. The primary endpoint is change from baseline in overall composite T-score of the Measurement and Treatment Research to Improve Cognition in Schizophrenia Consensus Cognitive Battery. The key secondary endpoints are change from baseline in total score on the Schizophrenia Cognition Rating Scale and change from baseline in the adjusted total time T-score in the Virtual Reality Functional Capacity Assessment Tool. **Results:** The CONNEX programme is currently recruiting (Table); the first patients were enrolled in Aug–Sept 2021 and completion is expected in Q1 2025. The presentation will describe the current study status, information relating to screening failures, and the experience of collecting these data as part of a large multi-country, multicentre study.

Table. The number of patients recruited by 31 August 2023

	CONNEX 1	CONNEX 2	CONNEX 3
Screened	565	521	493
Randomised	409	360	350
Completed trial medication	202	184	191

Conclusions: Iclertin may represent the first efficacious medication for cognitive impairment associated with schizophrenia.

Funding: Boehringer Ingelheim

Disclosure of Interest: C. Reuteman-Fowler Employee of: Boehringer Ingelheim, Z. Blahova Employee of: Boehringer Ingelheim, S. Ikezawa Consultant of: Boehringer Ingelheim Pharma GmbH, Lundbeck, Takeda Pharma, Sumitomo Dainippon Pharma, Employee of: International University of Health and Welfare, Mita Hospital, Tokyo, Japan, S. Marder Consultant of: Boehringer Ingelheim Pharma GmbH, Merck, Biogen and Sunovion, P. Falkai Consultant of: Boehringer Ingelheim Pharma GmbH, Boehringer Ingelheim Pharma Advisory Board, J. H. Krystal Shareholder of: Freedom Biosciences, Inc., Biohaven Pharmaceuticals, Sage Pharmaceuticals, Spring Care, Biohaven Pharmaceuticals Medical Sciences, EpiVario, RBNC Therapeutics, Terran Biosciences and Tempero Bio, Consultant of: Aptinyx, Atai Life Sciences, AstraZeneca Pharmaceuticals, Biogen, Biomedisyn Corporation, Bionomics, Boehringer Ingelheim International, Cadent Therapeutics, Clexio Bioscience, COMPASS Pathways, Concert Pharmaceuticals, Epiodyne, EpiVario, Greenwich Biosciences, Heptares Therapeutics, Janssen, Jazz Pharmaceuticals, Otsuka America Pharmaceutical, Perception Neuroscience Holdings, Spring Care, Sunovion Pharmaceuticals, Takeda Industries, Taisho Pharmaceutical Co.; Biohaven Pharmaceuticals, BioXcel Therapeutics, Cadent Therapeutics, Cerevel Therapeutics, Delix Therapeutics, EpiVario, Eisai, Jazz Pharmaceuticals, Novartis, PsychoGenics, RBNC Therapeutics, Tempero Bio and Terran Biosciences Advisory Boards

O0102

Association between loneliness in childhood and first-episode psychosis

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Introduction: Evidence from observational and genetic studies suggests a bidirectional relationship between loneliness and psychosis. To our knowledge, no previous study has assessed the association between loneliness in childhood and first-episode psychosis (FEP).

Objectives: We aimed to assess the association between loneliness in childhood and the odds of FEP and clinical variables of interest (i.e., diagnosis and clinical and functional severity) in FEP and to explore gender differences in this association.

Methods: This was an observational, case-control study, based on the AGES-CM cohort, a longitudinal prospective study including patients with FEP ages 7–40, their first-degree relatives, and an age- and sex-matched sample of controls in seven university hospitals in the region of Madrid. We assessed loneliness in childhood with the question “Have you ever felt lonely for more than 6 months before the age of 12” and objective social isolation with the peer relationships item from the childhood subscale of the Premorbid Adjustment Scale. We conducted logistic and linear regression analyses to assess the association between childhood loneliness and i) the odds of presenting a FEP and ii) clinical variables of interest (diagnosis and scores on positive, negative, general, depressive, and manic symptoms and functioning), while adjusting for demographic variables.

Results: The study sample comprised 285 patients with FEP (32.6% female, age 24.50 ± 6.2 years) and 546 controls (48.7% female, age 25.93 ± 5.5 years). Loneliness in childhood was associated with increased odds of FEP (adjusted odds ratio; aOR: 2.17, 95% CI [1.40-3.51], $p=.002$). This association remained significant after controlling for objective social isolation in childhood (aOR:2.70, IC 95% [1.58-4.62], $p<.001$).

The effect of the association was stronger in females (aOR:4.74, 95% CI [2.23-10.05], $p<.001$) than in males (aOR:1.17, IC 95% [0.63-2.19], $p=.623$). In females with FEP, loneliness in childhood was significantly associated with increased odds of receiving a diagnosis of other psychosis (aOR:0.155, 95% CI [0.048-0.506], $p=.002$) relative to an SSD diagnosis. In the FEP sample, loneliness in childhood was associated with greater severity of positive and affective symptoms and worse functioning.

Conclusions: Loneliness in childhood is associated with increased odds of FEP and clinical variables of interest. This suggests the potential role of this phenotype as an early risk marker for psychosis that could help guide targeted interventions.

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00103

Transdiagnostic Analysis of Verbal Fluency across Autism Spectrum Disorder, Schizophrenia, and Neurotypical Healthy Control Groups

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Introduction: Verbal fluency, a cognitive function that reflects executive functions and the rapid retrieval of pertinent information from memory, has yielded inconsistent findings in previous research on autism spectrum disorder (ASD), however in schizophrenia (SCH) semantic fluency exhibits a more pronounced impairment compared to letter fluency.

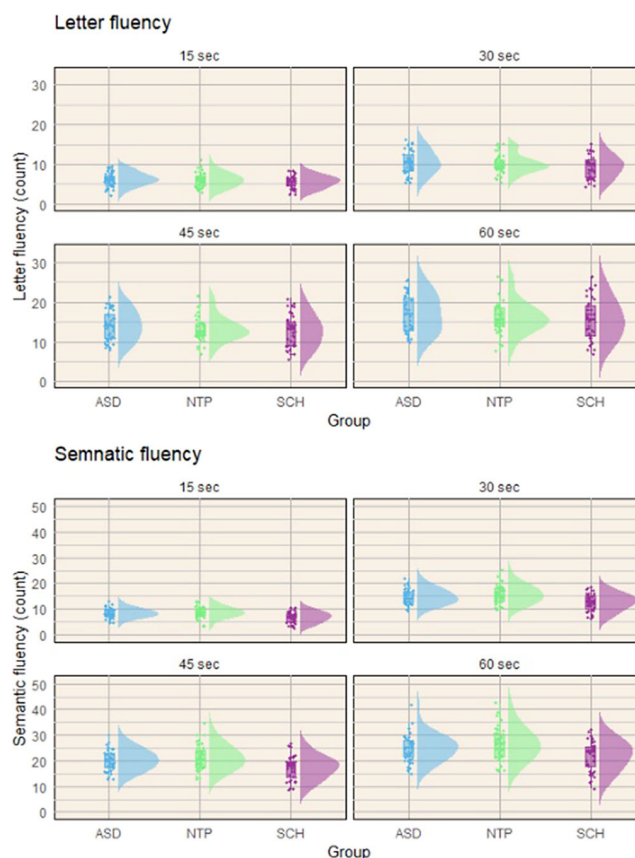
Objectives: In this study we aim to comprehensively investigate verbal fluency in ASD, SCH, and neurotypical healthy control individuals (NTP). The primary objective is to investigate disparities in novel response generation, specifically between the ASD,

SCH and NTP groups, using phonemic and semantic fluency tasks. Three central inquiries guide our research: (1) whether differences between groups (ASD, SCH, and NTP) can be identified in word productivity, clustering, errors, and perseverations; (2) whether participants with ASD and SCH exhibit different word production with elevated imageability and concreteness values; and (3) if individuals with ASD and schizophrenia demonstrate reduced productivity during the earlier phases of fluency tasks.

Methods: Forty participants with ASD (12 female, 24 male, 4 other, mean age: 30.5), 39 with SCH (10 female, 28 male, 1 other, mean age: 34.7) and 41 NTP (13 female, 28 male, mean age: 31.0) were recruited from the outpatient units of the Department of Psychiatry and Psychotherapy, Semmelweis University. Participants were requested to list as many words as they could on two phonemic and two semantic category conditions. Audio recordings were later transcribed. To assess concreteness and imageability, we employed a seven-point scale and recruited independent external raters to evaluate a total of 1481 words.

Results: Preliminary results indicate that the three study groups did not differ significantly in phonemic fluency ($F(2, 119)=0.983$, $p=0.377$), during either time period. However, a significant difference was observed in semantic fluency ($F(2, 119)=6.531$, $p=0.002$). Post-hoc tests (Tukey corrected) revealed that this difference stemmed from impaired performance in the SCH group. Participants with schizophrenia (SCH) exhibited reduced semantic word productivity compared to both neurotypical (NTP) individuals and participants with ASD (Figure 1). However, there were no significant differences between participants with ASD and NTP individuals.

Image:



Conclusions: In conclusion, our study investigated the characteristics of verbal fluency in a transdiagnostic approach. While phonemic fluency did not reveal significant differences among the three groups, our analysis of semantic fluency unveiled a distinction. Specifically, individuals with schizophrenia exhibited impaired semantic word productivity. Our study highlights the complex nature of verbal fluency impairments in different conditions and the importance of considering more nuanced methods when assessing cognitive functions.

Disclosure of Interest: None Declared

O0105

Evaluation of The Relationship of Circular RNA With Suicide Behavior In Patients Diagnosed With Schizophrenia and Other Psychotic Disorder

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Introduction: Schizophrenia is a major mental disorder with a high risk of suicide, which is one of the leading causes of early death in schizophrenia patients. It is known that suicidal behavior is 20-50 times higher in schizophrenia patients compared to the general population. Clinical features makes it difficult to determine the risk of suicide in this patient group. Since genetic studies on suicides of patients with schizophrenia are limited, this area was deemed worthy of research.

Objectives: CircRNAs can potentially serve as minimally invasive biomarkers because they can freely cross the blood-brain barrier. It is aimed to define the effect of circRNA molecules on suicidal behavior in patients diagnosed with schizophrenia and other schizophrenia spectrum psychotic disorders, and to increase protective and preventive approaches by predicting possible consequences of suicidal behavior.

Methods: 104 patients followed up with the diagnosis of schizophrenia and other schizophrenia spectrum psychotic disorders were included in the study. RNA was isolated from the blood taken into a hemogram tube, and three circRNA molecules were identified using a number of RNA sequencing techniques. In addition, socio-demographic characteristics of the participants, clinical features of the disease, suicidal behavior history, current treatment status were questioned in detail. Simultaneously, the current clinical status was evaluated with clinical evaluation scales as Positive and Negative Syndrome Scale (PANSS), Calgary depression scale for schizophrenia (CDSS), Suicide Probability Scale (SPS), Beck Suicidal Intent Scale (BSIS).

Results: Three circRNA molecules were identified, chr3_196488683, chr5_69175537 and hsa_circ_0084021. No significant difference was found between these molecules and past suicide attempts. It was found that chr5_69175537 was negatively associated with the age of onset of psychotic disorder negative symptoms, and hsa_circ_0084021 was negatively associated with the age of onset of both negative and positive symptoms. When the relationship between the clinical assessment scales and suicidal behavior was evaluated, the PANSS general symptoms subscale score was significantly higher in the group with suicidal behavior

($p < 0.05$). CDSS mean scores and BSIS scores were also found to be significantly higher in the group with previous suicide attempts ($p < 0.01$).

Conclusions: Although our findings do not allow definitive conclusions due to the complex interaction between epidemiological and clinical factors and limited literature, it has shown that schizophrenia contains many risks that increase suicidal behavior. To predict suicide, circRNA molecules need to be supported by prospective studies with large sample groups and comparison with control groups.

Disclosure of Interest: None Declared

O0106

Serum d-serine and d-amino acid oxidase (DAO) levels in schizophrenia and related psychotic disorders: a 6-month follow-up study

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Introduction: D-serine and the DAO enzyme may impact the NMDA receptor and contribute to schizophrenia, but the exact role and outcomes are not fully understood due to the complexity of the disorder.

Objectives: We analyzed serum levels of d-serine and DAO in untreated individuals with schizophrenia during acute psychotic episodes. We correlated these factors with clinical characteristics and compared results to a healthy control group. We also examined any differences after six months of treatment.

Methods: The study involved 89 patients with schizophrenia or related psychotic disorders who were hospitalized due to psychotic episodes. Also, the study had 81 healthy participants matched in terms of gender, age, and smoking status with the patient group. PANSS, CGI, GAS, CDSS, and MoCA were applied to determine the severity of the disease. Serum d-serine and DAO levels were measured by ELISA kits.

Results: During an acute psychotic episode, patients had significantly lower levels of D-serine, DAO, and D-serine/DAO ratio compared to healthy individuals ($Z=6.52$, $p < 0.001$; $Z=4.54$, $p < 0.001$; $Z=2.90$, $p=0.004$). Although DAO and D-serine levels increased with symptom regression after six months of treatment, the D-serine and D-serine/DAO ratios were significantly lower in patients than in healthy individuals ($Z=3.52$, $p < 0.001$; $Z=3.44$, $p < 0.001$). There was no correlation between the change in D-serine level and the change in scale scores. However, there was a negative correlation between the change in DAO level and the change in PANSS total ($r=-0.681$, $p=0.000$), anxiety scores ($r=-0.336$, $p=0.032$), and Calgary depression score ($r=-0.547$, $p=0.000$). There was a positive correlation between the change in D-serine/DAO ratio and the change in the Calgary depression scale score ($r=0.353$, $p=0.024$) in addition to PANSS positive ($r=0.395$, $p=0.011$) and total scores ($r=0.585$, $p=0.000$). Antipsychotic doses negatively correlated with the changes in DAO level ($r=0.421$, $p=0.01$). It was found that the female patients had significantly lower levels of DAO than the female healthy subjects ($Z=-5.061$, $p < 0.001$).

No correlation was found between serum D-serine level, DAO level, and the D-serine/DAO ratio with cognitive function. D-serine level negatively correlated with age ($r=-0.265$, $p=0.012$) and age at onset of the disease ($r=-0.227$, $p=0.032$).

Conclusions: The findings support the view that D-serine and DAO may play a role in the pathophysiology of schizophrenia and related psychotic disorders. To better understand the relationship between D-serine metabolism and symptom clusters in psychosis and the effects of antipsychotic drugs on NMDAR dysfunction, further studies that directly measure DAO enzyme activity and examine cognitive symptoms in more detail are needed.

Disclosure of Interest: None Declared

O0107

Catchment area rates of involuntary care and subsequent patient morbidity and mortality in Norway

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Introduction: Mental health legislation allows for involuntary care of patients with severe mental disorders, assuming it improves health and reduces risk. Professionals have warned against potentially adverse effects of recent initiatives to heighten involuntary care threshold, such as CRPD and national coercion-reduction strategies. We have not found that the impact of high thresholds for involuntary care have been studied.

Objectives: Our aim was to use national data from Norway to test implications of the hypothesis that areas with lower levels of involuntary care show higher levels of morbidity and mortality in their severe mental disorder populations compared to areas with higher levels. We pre-specified five models of how such adverse effects could manifest in national register data.

Methods: Using national register data, we calculated standardized (by age, sex, and urbanicity) involuntary care ratios across Community Mental Health Center areas in Norway. For patients diagnosed with severe mental disorders (ICD10 F20-31), we tested whether lower area ratios in 2015 interacted with 1) case fatality over four years, 2) an increase in inpatient days, and 3) time to first episode of involuntary care over the following two years. We also assessed 4) whether area ratios in 2015 predicted an increase in the number of patients diagnosed with F20-31 in the subsequent two years and whether 5) standardized involuntary care area ratios in 2014–2017 predicted an increase in the standardized suicide ratios in 2014–2018.

Results: We included 21481 patients with either an F20-31 diagnosis, an episode of involuntary care in 2015, or both. The standardization variables age, sex, and urbanicity explained 70.5% of the variance in raw rates of involuntary care, and the remaining extremal quotient was 2.5. Age and sex predicted case-fatality, but involuntary care-rate was insignificant. Patients with F20-31 and no involuntary care episode in 2015 showed a steady reduction in inpatient days the following years, but not significantly related to the area's involuntary care rates. For the same sample, these rates

did not predict the time to an episode of involuntary care. The area's involuntary care rate in 2015 did not predict *changes* in the number of patients in treatment for a diagnosis of F20-31 from 2015-2017. Finally, the area's involuntary care rate from 2014-2018 explained 1.2% of the variance in suicides in 2014-2019 in the area.

Conclusions: In the models, we found no significant associations between low standardized catchment area rates of involuntary care and the pre-specified outcomes. This raises questions about some assumptions in mental health legislation and merits further research.

Disclosure of Interest: None Declared

O0108

Preliminary data from the CONNEX-X extension trial examining the long-term safety of iclepterin in patients with schizophrenia who completed Phase III CONNEX trials

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Introduction: Cognitive impairment associated with schizophrenia (CIAS) is an important unmet need as there are no effective treatments available. Iclepterin (BI 425809), a glycine transporter-1 inhibitor, has been shown to improve CIAS in Phase II trials, and Phase III trials are underway.

Objectives: The ongoing CONNEX-X extension study aims to collect additional safety data relating to iclepterin treatment in patients with CIAS.

Methods: CONNEX-X (NCT05211947/1346-0014) is a multinational, multicentre, open-label, single-arm extension study in patients with CIAS who completed 26 weeks of treatment (iclepterin 10 mg or placebo) in one of 3 Phase III CONNEX parent trials (NCT04846868/1346-0011, NCT04846881/1346-0012, NCT04860830/1346-0013). An estimated 1400 clinically stable outpatients will be treated (iclepterin 10 mg daily) for 1 year, irrespective of previous treatment (iclepterin/placebo). Patients are excluded if any of the following circumstances occur during the parent study and up to Visit 1 of CONNEX-X: suicidal behaviour or ideation (type 5 on the Columbia-Suicide Severity Rating Scale), diagnosis with moderate/severe substance use disorder, diagnosis other than schizophrenia (according to Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition), development of any condition preventing participation, a haemoglobin level decrease ($>25\%$ or $<100\text{g/L}$ from baseline in parent trial) or haemoglobinopathies. The primary endpoint is the occurrence of treatment-emergent adverse events. The secondary endpoints include change from baseline (Cfb) in Clinical Global Impressions-

Severity (CGI-S) and Cfb in haemoglobin. Further efficacy end-points include Cfb in MATRICS Consensus Cognitive Battery (MCCB) overall composite T-score, Cfb in Schizophrenia Cognition Rating Scale total score and Cfb in Virtual Reality Functional Capacity Assessment Tool (VRFCAT) total times.

Results: Currently, 460 patients have been enrolled and randomised from the parent trials with 0% screening failures (-80% roll-over rate, 30 August 2023). Current study status, including recruitment, screening failures and data collection experiences, are presented.

Conclusions: Patient enrolment rates from the CONNEX trials to the CONNEX-X open-label extension study are stable. CONNEX-X will allow the exploration of long-term safety, as well as descriptive analyses of cognitive and functional endpoints of iclepertin in the treatment of CIAS.

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Disclosure of Interest: C. Reuteman-Fowler Employee of: Boehringer Ingelheim Pharmaceuticals, Inc., Z. Blahova Employee of: Boehringer Ingelheim RCV GmbH & Co. KG, S. Marder Consultant of: Boehringer Ingelheim Pharma GmbH, Merck, Biogen and Sunovion, S. Ikezawa Consultant of: Boehringer Ingelheim Pharma GmbH, Lundbeck, Takeda Pharma, Sumitomo Dainippon Pharma, Employee of: International University of Health and Welfare, Mita Hospital, Tokyo, Japan, P. Falkai Consultant of: Boehringer Ingelheim Pharma GmbH, Boehringer Ingelheim Pharma advisory board

Emergency Psychiatry

O0109

Evaluation of Psychiatric High and Intensive Care (EPHIC-study): monitoring innovative care from a value-based approach

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Introduction: Systematic monitoring and evaluation of innovative healthcare programs are essential to develop sustainable solutions to health needs in the population (Porter & Teisberg, 2006). Development of Psychiatric High and Intensive Care Units (HIC's) in Belgium, following the Dutch Model (van Mierlo et al., 2013), is an innovative model for patients with acute and severe psychiatric illness, resulting in potential danger. HIC aims to provide intensive, need-adapted care with interventions that reduce (perceived) coercion, focusing on participative processes and continuity of care.

Objectives: (1) What are the clinical characteristics of admitted patients? (2) How does clinical symptomatology evolve during admission? (3) How do patients, relatives and caregivers experience the process of care and recovery? (4) What is the role of HIC's in the reformed mental health care?

Methods: This is an explorative, hypothesis-generating study, using a mixed-method approach, consisting of qualitative and quantitative methods against a value-based framework. Data collection lasted 18 months in the first 9 HIC's in Belgium. Results are

based on validated questionnaires completed by adult patients and their HIC caregivers at admission and discharge (N=472).

Results: We provide the first, preliminary results. Suicidality, psychotic and substance-related symptoms are the most important primary symptoms. Almost 70% have 2 or more symptoms, with psychiatric comorbidity of 50%. Substance-related- and psychotic disorders are the two most common diagnoses, followed by personality disorder cluster B and depressive disorder. 83% have been in residential care in the past, of whom 87% twice or more. The median age is 36 years, but the median age of onset of mental disorders is 21 years, which equals to 15 years in mental disorder progress and comorbidity development. Over 50% meet the criteria for Severe Mental Illness and 56% are involuntary admitted. There is a high degree of unmet needs: no outpatient care is provided for one out of five prior to admission and there is a low follow-up by mobile teams prior to and after admission (around 12% each). We found significant improvements after an average stay of 22 days for aggression, suicidality and crisis (respectively decrease of 68%, 25% and 9%); readiness to change and motivation for treatment (respectively increase of 5% and 14%) The Client Satisfaction Questionnaire scores range from 1 to 4, with an average score 3.15 out of 4.

Conclusions: Based on these preliminary results we can conclude that aggression, suicidality, crisis, readiness to change and motivation for treatment all improve significantly after a short stay of 3 weeks. Despite a vulnerable, severely distressed population, patients are generally satisfied with received care. There is a high degree of unmet needs: insufficient provided outpatient care and low follow up by mobile teams.

Disclosure of Interest: None Declared

Forensic Psychiatry

O0113

Involuntary Psychiatric Hospitalization of Minors Due to Court Orders: Effectiveness Assessing Through a Case Series

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Introduction: Involuntary treatments in forensic psychiatry represents a complex intersection of mental health, legal systems and ethics. Judicial authorities may compulsorily refer children to inpatient clinics for receiving necessarily treatment. Despite its importance, there is limited research on the reasons behind and effectiveness of such interventions in minors.

Objectives: The objectives of this study were to describe the clinical characteristics of minors who have risks of harming themselves and/or others so receiving involuntary treatment due to a court order. It is aimed to assess the effectiveness of involuntary treatment.

Methods: A follow-up case series was conducted on 9 minors who hospitalized by court orders in a secure inpatient child and adolescent psychiatry clinic, in the year of 2023. Data collected from medical records, including demographic information, clinical presentation, diagnosis and discharge treatment. After one, three and six month of the discharge, interviews made with the patients and their families. Current data collected on treatment regimen, compliance, behavioral outcomes and reoffending rates. All data were anonymized to maintain patient confidentiality.

Results: The case series consisted of 3 males and 6 females, with a mean age of 16.5 years at the time of admission. The most common reason to hospitalization was homicide risk 88%, followed by substance use 66%. Conduct Disorder was the most common diagnosis with the rate of 88%, followed by Substance Use Disorder (66%) and Attention Deficit and Hyperactivity Disorder (50%). 44% of minors had a history of juvenile delinquency. School dropout rates were 100%. Treatment consisted of a combination of individual and group therapy and medication. Treatment refusal rates were 88% so in terms of treatment, 88% of the minors in this sample treated with depot form antipsychotic medications, with the most common medication being risperidone. Overall all of the sample showed a significant reduction in disruptive behaviors during their hospital stay. Follow-up data collecting is still continue and preliminary statistics show us that relapse rates are low and treatment compliance is relatively high of the sample.

Conclusions: The findings suggest that involuntary hospitalization can be effective in reducing disruptive behaviors and increasing treatment compliance in minors with conduct disorders, substance abuse disorders and a history of juvenile delinquency. These results underscore the need for comprehensive, multidisciplinary approaches that integrate psychiatric treatment, psychoeducation and social support. Given the relatively small sample size and short-term follow-up, further research is needed to determine the long-term effects of involuntary treatment and to identify factors that predict treatment response.

Disclosure of Interest: None Declared

O0114

Increasing Physical Activity in Medium Secure Mental Health Services in the UK: (IMPACT) - Preliminary Results from the Phase 4 Feasibility Study, with a highlight into the Women's Services

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Introduction: In the UK there are 3500 individuals detained in medium secure forensic psychiatry units. Service users in such settings have complex and serious mental illness (SMI), often with co-morbid physical health problems and a life expectancy of at least 10 years shorter than the general population. They often have low levels of physical activity. There is little evidence about physical activity interventions for medium secure service users in the United Kingdom.

Objectives: Our objective is to co-produce, with medium secure service users, the content and delivery of an intervention to increase physical activity. We shall assess feasibility, acceptability, and pilot

data collection methods for outcomes relevant for a future randomised controlled trial.

Methods: This is a 30-month mixed-methods project that will follow the Medical Research Council (MRC) framework Developing and Evaluating Complex Interventions. The study has 4 phases. Phases 1-2 will gather information required to co-develop an evidence-based intervention in Phase 3. Phase 4 will assess the intervention in a feasibility study, evaluating and testing the intervention for a future pilot study.

Study settings: Two NHS Medium Secure In-Patient Psychiatric Hospitals in the UK.

Results: This paper presents the preliminary findings from Phase 4 and also offers a highlight into the results from the Women's Services from both study sites. A total of thirty-three service users from both study sites participated in Phase 4 of the study and twenty-six completed the physical activity intervention, known as the IMPACT Intervention. Between both study sites, there were two Women's Standard Medium Secure Services and one Women's Enhanced Medium Secure Service, involved in this study. A total of nine female service users participated in Phase 4.

Conclusions: The preliminary findings of Phases 4 are allowing the team to move forward and evaluate the effect of the IMPACT Intervention.

Disclosure of Interest: None Declared

Migration and Mental health of Immigrants

O0115

War in Ukraine as a mental health challenge of Czech health care workers

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Introduction: Czech health care workers recently experienced serious challenges to their mental health. After the COVID-19 pandemic that was extremely stressful, a war in Ukraine caused a flood of refugees that needed health care. Although the Czech Republic does not have borders with Ukraine, it welcomed more than 400,000 refugees in 2022.

Objectives: The aim of this study was to investigate the association between depression and working with Ukrainian refugees among health care workers and the nature of emotional burden connected with this situation.

Methods: We use data from an online survey of the Czech COVID-19 Health Care Workers (HEROES) Study collected in September - November 2022 (n=1,076). We combined quantitative binary logistic regression and qualitative content analysis of answers to an open-ended question ("How does the current situation of war in Ukraine affect your mental well-being and working conditions?"). Logistic regression estimated odds ratio (OR) of at least moderate depression, defined as ≥ 10 points on the Patient Health Questionnaire.

Results: Among our participants (75.1% women, mean age 46 (SD 11.0)), 62.1% had experience of working with Ukrainian refugees, and 13.8% reported moderate to severe depression. Logistic regression model (adjusted for potential confounders) indicated that health care workers who worked with Ukrainian refugees had slightly greater chance of having depression, but the association was not statistically reliable (OR 1.05; 95% CI 0.59-1.86). Out of all survey respondents, 867 replied to an open-ended question. As follows from qualitative analysis, three categories of psychological strain were described by the health care workers: 1) specificity of work with the refugee patients (e.g. language barrier, increased workload, opinion conflicts), 2) insecurity, threat of war and fears about future (regarding global and nuclear war, security, future of kids, economic burden, etc.), 3) grief and compassion for the suffering of refugees. It was also frequently mentioned in the responses that war is a greater threat to health care workers than the COVID-19 pandemic.

Conclusions: There is a slight association between working with refugees and depression. However, health care workers are also endangered by general fears of war and insecurity in a nearby country. In this changing world, it is of the greatest importance to pay attention to resilience building and stress prevention programs. Further, health care workers should be offered psychological support and practical resources to deal with the varying workload.

Disclosure of Interest: None Declared

Training in Psychiatry

O0117

EFPT Exchange programme - Feedback results from 2012 - 2022

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Introduction: Differences in psychiatry training vary substantially across Europe. Such organisations as the European Federation of Psychiatry Trainees (EFPT), the European College of Neuropsychopharmacology, and the European Psychiatry Association, have committed to offer international experiences based on the premise that it could foster international collaboration, aid early career professionals to progress professionally and spark discussion regarding different practices across Europe. To date, there are no studies that focus exclusively on the exchange experience in mental health professionals

Objectives: I present the synthesis of the ten years answers from 2012 to 2022 to the post-exchange online evaluation form, which trainees had to fill in in order to receive an attendance certificate.

Methods: The present study analysed the answers of 202 psychiatry trainees or recent graduates who took part in the EFPT exchange program during 2012 and 2022 and filled in the internet-based evaluation form. The inclusion criteria were currently in training or recently finished training as a psychiatrist in Europe and filling in the questionnaire. The exclusion criterion was participation in the EFPT exchange program for the second or subsequent time.

All trainees were systemically asked to complete the online evaluation form after the exchange period. The form includes socio-demographic, training in host country-related, and exchange experience-related questions. Experience measures were evaluated using the 4-point Likert scale. Data was anonymized before the analysis. The study followed the principles of the Declaration of Helsinki.

Results: The majority of participants were females in the second half of their training. The average age was 29 years. The largest number of applicants were from Turkey, whereas the United Kingdom hosted the most participants. One-third of the participants had previous international exchange experience. Most trainees were exposed to both outpatient and inpatient treatment settings and were involved in educational or research activities. 96.7% of participants indicated that they were satisfied or very satisfied with the experience, 95.6% said that the exchange was useful or very useful, and 98.9% were likely or very likely to recommend exchange to colleagues.

Conclusions: To my knowledge, this study is the first to assess the experience of psychiatry trainees who went on exchange during their professional training. Vast majority of trainees were satisfied with their exchange, thought it would be useful for their clinical practice and would recommend it to their colleagues. These findings are in line with other studies that examined medical exchange experiences.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

O0118

Rates of delirium referrals to the Neuropsychiatry Service in a tertiary referral centre hospital

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Introduction: Beaumont Hospital is the National Neurosurgical Centre in Ireland. Due to the high numbers of referrals from Neurology and Neurosurgery, The Department of Psychiatry established a specialist Neuropsychiatry inpatient Liaison service and a weekly Neuropsychiatry outpatient clinic. Many of the referrals that the service receive involve the management of delirium. Delirium is a common medical complication, particularly in neurosurgical settings. Delirium causes significant symptom burden which can lead to distress to all involved and impacts quality of life.

Objectives: The aim was to improve the rates of referrals for delirium presentations and referral rates overall from Neurology and Neurosurgery. The neuropsychiatry service have implemented a delirium protocol for all medical and surgical teams in Beaumont Hospital. This protocol can be accessed through the Beaumont hospital phone app, or on site on each ward. For this reason, delirium can be managed by medical teams in the first instance. If this is not successful, neuropsychiatry can be contacted for further advice or review of patients with more complicated presentations.

Methods: The neuropsychiatry service receives referrals through the Patient Information Profile Explorer system which is accessed through the Beaumont Hospital online portal. In the event of an urgent referral, neurology or neurosurgery teams can contact the neuropsychiatry service directly by phone. Referrals are logged on the team referral log book, and details of the referral are recorded along with diagnosis and management. Data was collected retrospectively from the PIPE and log book to measure the rates and reasons for referrals over a one year period. Rates and details of referrals were initially recorded between July-December 2022. An educational intervention was provided where psychoeducation was provided to junior hospital doctors during protected teaching times and further education was provided over the phone when referrals were discussed between team members. Rates and details of referrals were then recorded between January-July 2023.

Results: There was a reduction in referrals when comparing the two six month periods. There were 115 neuropsychiatry referrals from July to December 2022 and 78 referrals from January to July 2023. Rates of delirium referrals also reduced from 31% to 25% after psychoeducation was provided to junior doctors.

Conclusions: This audit highlights the importance of communication and education for medical and surgical trainees in the management of delirium. There is a high rate of turnover of junior doctors throughout the year in Beaumont Hospital. For this reason, it is imperative that continued education is provided to allow them to follow the delirium protocol independently before seeking tertiary service assistance. Ultimately, early and rapid intervention of delirium can have a positive impact on patient care and prognosis

Disclosure of Interest: None Declared

O0119

The risk of antidepressant-induced hyponatremia: A meta-analysis of antidepressant classes and compounds

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Introduction: Hyponatremia (hypoNa) is a potentially serious adverse event of treatment with antidepressants. Previous research suggests that risk of drug-induced hyponatremia differs between antidepressants.

Objectives: This meta-analysis sought to determine the risk of antidepressant-induced hypoNa, stratified by different compounds and classes.

Methods: PubMed and Web of Science were searched for studies reporting on incidence or risk of hypoNa in adults using antidepressants (PROSPERO, CRD42021269801). We modelled random-effects meta-analyses to compute overall incidence and risk of any and clinically relevant hypoNa for each compound and class, and ran head-to-head comparisons based on hypoNa incidences. We conducted subgroup analyses for geriatric populations, study context and sodium cut-off value.

Results: Thirty-nine studies (n = 8,459,033) revealed that exposure to antidepressants was associated with significantly increased odds of hypoNa (OR = 2.82 (1.79 – 4.45)). The highest event rates were

found for SNRIs (7.17%), SSRIs (5.20%), and TCAs (2.26%); the lowest for mirtazapine (1.02%) and trazodone (0.89%). The highest odds ratios were found for MAOIs (4.12 (1.92 – 8.86)), SNRIs (3.16 (1.77 – 5.67)), and SSRIs (2.78 (1.57 – 4.91)); the lowest for mirtazapine (2.82 (1.87 – 4.21)) and TCAs (1.85 (1.28 – 2.69)). Compared to SSRIs, SNRIs were significantly more likely (OR = 1.27 (1.13 – 1.42), p < 0.001) and mirtazapine significantly less likely (OR = 0.61 (0.39 – 0.96), p = 0.032) associated with hypoNa.

Conclusions: Our meta-analysis demonstrated that, while no antidepressant can be considered completely risk-free, for hypoNa-prone patients mirtazapine should be considered the treatment of choice and SNRIs should be prescribed more cautiously than SSRIs and TCAs.

Disclosure of Interest: None Declared

O0120

Impact of Antidepressant Treatment on Fibronectin Levels in Patients with Depression and Chronic Heart Failure

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Introduction: Inflammation has emerged as a critical factor in the pathophysiology of both depression and chronic heart failure (HF). Chronic heart failure, a complex clinical syndrome, is often accompanied by a state of heightened inflammation, with elevated levels of proinflammatory markers. Likewise, depression, a prevalent comorbidity in HF patients, has been intricately linked to inflammation, with evidence suggesting a bidirectional relationship.

Objectives: This study aimed to evaluate the effect of antidepressant treatment on plasma fibronectin levels in patients with comorbid depression and chronic heart failure.

Methods: We enrolled a total of 113 patients with HF, all of whom had comorbid depression. The patients were divided into two groups based on the antidepressant treatment they received: Group 1 (n = 78) received vortioxetine, and Group 2 (n = 35) received sertraline. Before initiating treatment and after 6 months, we measured fibronectin levels in the patients' plasma.

Results: The study revealed a significant difference in the effects of the two antidepressants on fibronectin levels. Patients treated with vortioxetine demonstrated a substantial reduction in fibronectin levels post-treatment, with an approximate threefold decrease compared to the pre-treatment levels (pre-treatment value ± standard deviation) µg/ml to (post-treatment value ± standard deviation) µg/ml, (p < 0.05). Conversely, patients treated with sertraline experienced a comparatively lesser reduction in fibronectin levels, with a change from (pre-treatment value ± standard deviation) µg/ml to (post-treatment value ± standard deviation) µg/ml (p < 0.05).

Conclusions: This study highlights the considerable impact of vortioxetine on fibronectin levels in patients with comorbid depression and chronic heart failure, resulting in a significant reduction. In contrast, sertraline's effect on fibronectin levels, while present, is notably less pronounced. The study emphasizes the potential

therapeutic benefit of vortioxetine in cardiac remodeling associated with depression in patients with chronic heart failure, underscoring the need for further research and exploration.

Disclosure of Interest: None Declared

O0121

The psychosocial assessment of heart transplant candidates in Ireland

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Introduction: We aim to describe the psychosocial features, including Stanford Integrated Psychosocial Assessment for transplantation (SIPAT) scores of individuals undergoing assessment for heart transplantation in Ireland.

Objectives: All potential heart transplant candidates undergo assessment of psychosocial criteria to enhance selection and improve transplant outcomes. The Mater Hospital Consultation Liaison Psychiatry (CLP) department provides this national service in Ireland. All potential heart transplant candidates should receive a biopsychosocial assessment and screening via SIPAT tool as per international best practice. The SIPAT is a psychosocial evaluation and risk assessment tool which can help to determine suitability for organ transplant and identify modifiable risk factors to optimise a patient for transplant. Lower scores represent higher rates of suitability with a score < 21 representing an *acceptable* candidate and ≥21 *minimally acceptable*.

Methods: We retrospectively examined the clinical files of all individuals referred to the national centre for heart transplant assessment over a five-year study period between January 2014 and December 2019.

Results: One-hundred and fifty four individuals were referred for heart transplant assessment with 79% (n=122/154) listed for a heart transplant. The most common indication for heart transplant assessment was non-ischaemic cardiomyopathy (48%, n=74/154). Of those listed for transplant, 74% (n=90/122) went on to receive a heart transplant. Of those undergoing assessment for heart transplant, 92% (142/154) were assessed by CLP and 94% (144/154) received social work assessment.

SIPAT scores were available for 64/154 individuals with 22% (14/64) deemed *excellent* candidates for transplant, 59% (38/64) deemed *good* candidates, 14% (9/64) *minimally acceptable* candidate and 5% (3/64) deemed *high risk*. The SIPAT domain breakdown was as follows: patient readiness (mean 3.9, SD 3.4); social support system (mean 2.9, SD 4.2); psychological stability (mean 5.1, SD 4.9); and substance use (mean 3.8, SD 2.4), with an average total score of 16 (SD 12.4).

Post-transplant, 26% (23/90) were referred and seen by CLP, 53% (48/90) were referred to social work and 32% (29/90) required psychology services. Seventeen individuals (19%, 17/90) received

a psychiatric diagnosis and 27% (24/90) were prescribed psychotropic medication in the post-transplant period.

Conclusions: This study describes for the first time the psychosocial factors and SIPAT scores of a national cohort of individuals referred for heart transplant. Psychiatric morbidity is high and this has implication for transplant suitability and post-operative course. This highlights the need for services to proactively identify and treat psychosocial factors in potential transplant recipients.

Disclosure of Interest: None Declared

Cultural Psychiatry

O0122

Involve fathers in family dynamics and in early interactions with children, in the face of cultural factors

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Introduction: In the first years of life, parents and a secure family environment are essential to the survival and development of young children.

Attention is focused on the undeniable importance of mothers' role in childcare. But it's also important to involve fathers, who are often sidelined from the responsibilities of this role, not least because of cultural factors linked to the separation of roles. In some situations, this is compounded by the psychological suffering that men may feel, without being able to admit it or express it, as a result of representations linked to masculinity.

Objectives: The aim of the intervention was to strengthen the psychosocial and parenting skills of men, while taking into account their distress. The objective was to reduce intra-family violence, to involve men more in family life and in the care of young children, and to work on cultural representations of the role and cultural dynamics within the family and the community.

Methods: Men, fathers and future fathers were recruited in the Mweso region in the Democratic Republic of Congo, following community psychoeducation. The group protocol took the form of five weekly sessions covering various themes linked to psychological distress, emotion management, psychosocial skills as well as gender roles and child development.

Results: Between 2021 and 2023, 727 men participated in the program. They showed an improvement in well-being (reduction in anger, symptoms of anxiety, depression and PTSD), better management of emotions and the acquisition of strategies to address cultural factors linked to fatherhood within the family unit and the community.

Conclusions: The use of this protocol allowed men to become more aware of the issues of psychological suffering and fatherhood linked to cultural factors by allowing them better inclusion in the family dynamic.

Disclosure of Interest: None Declared

O0123

Comparison of PTSD prevalence between immigrants and locals with psychotic disorders

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Introduction: Due to the global humanitarian crisis, there has been a significant increase in global immigration.(1) The migration process typically involves multiple trauma exposures that are sustained over time(2), which may result in an impact on the mental health of these individuals(3), such as posttraumatic stress disorder(3). A recent meta-analysis estimated that 25% of migrants had PTSD(15), which is significantly higher than the 0.2% to 3.8 percent prevalence data found for the general population(4). In addition, a number of meta-analyses indicate an increased risk of psychosis among immigrants(5). Despite this rise, there is a gap in trauma research in non-refugee immigrants, particularly those with psychotic disorders.

Objectives: To describe and compare PTSD diagnosis between immigrants and locals recruited from mental health services in Barcelona.

Methods: Patients who have presented, according to DSM-V criteria, one or more non-affective psychotic episodes, were recruited in Acute and Chronic inpatients units at Hospital del Mar (Barcelona) from November 2019 to June 2021, leading to a total sample of 199 patients.

Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through a questionnaire. Database information was completed with electronic medical records. Global Assessment of Posttraumatic Stress Questionnaire (EGEP-5) was used as an instrument to assess PTSD diagnosis, main trauma nature and PTSD symptoms. Comparative analysis was performed with IBM SPSS Statistics (Chicago INC) using Chi-Square Test for qualitative variables and t-Student test for continuous variables. Covariate adjustment with demographic and clinical variables was performed by ANOVA test. Study received local ethics committee approval "CEIC" (No. 2019/8398/I).

Results: From the total sample of 199 individuals, 98 were immigrants and 98 locals. From the total sample 39 individuals (19.69%) presented PTSD. 32.3% of the immigrants with psychotic disorders presented PTSD compared to 7.1% of the locals with psychotic disorders ($F_{1,199}=19.9$, $p=0.00$). Most traumatic events related to PTSD in immigrants were: "murder of relatives" (33.1%), Physical violence (21.9%) and Terrorism (15.6%) in locals were: "physical violence" (28.6%). Immigrants and locals with psychotic disorders showed similar averages of symptoms, except for avoidance symptoms where locals showed a mean of 5.1 compared to a mean of 3.5 in the immigrant group. Finally, immigrants showed one more functionality affected area by PTSD (5.1) when compared to locals (4) ($F_{7,199}=3.9$, $p=0.05$).

Conclusions: According to our results there are important differences in PTSD prevalence between immigrants and locals with psychotic disorders. These findings ought to be taken into

consideration for programs that are both clinically and sociopolitically tailored to improve assessment and treatment for this population.

Disclosure of Interest: None Declared

O0124

Development and validation of the Illness Representation Interview (IRI)

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Introduction: It has been several years since the World Health Organization (WHO) advocated for shared decision-making(-SDM) models when developing treatment plans for individuals with mental illnesses. It is emphasizing the importance of actively involving patients in expressing their opinions and sharing treatment-related information. However, few clinicians accept patients' subjective views in clinical practice. Given that patients' subjective beliefs about their symptoms significantly impact treatment satisfaction, prognosis, and adherence, it is essential to assess these perceptions. However, few studies have been conducted to assess patients' subjective beliefs, their mental representation, of their disease. Therefore, this study aims to develop Interview that enable the utilization of patients' cognitive representations of their mental illnesses in clinical practice.

Objectives: The primary objective of this study is to develop a semi-structured interview and a self-report scale to evaluate patients' mental representations of their illnesses. Subsequently, validate the reliability and validity of these tools as psychological assessments.

Methods: An initial structure for both the semi-structured interview and self-report scale was established through a literature review of existing disease representation measurements. Subsequently, expert panel discussions and further literature reviews were conducted to refine the structure and content of both tools. Content validity for both the interview and self-report scale was assessed by a panel of nine experts and a group of ten students. Following this, the developed interview tool was subjected to a validity analysis with clinical patients using Missick's six validity criteria(Content, Substantive, Structural, Generalizability, External, Consequential).

Results: Content validity index (CVI) values for the overall structure indicated that all subdomains scored above 0.8, demonstrating the appropriateness of the interview tool's five subdomains: symptoms, causes, temporal aspects, impact, and treatment and control. Content validity assessment for individual items revealed that some items within the "causes of the disease" subdomain, specifically stress-related factors, scored below 0.6, prompting necessary item modifications. All other factors achieved CVI scores of 0.6 or higher. Facial validity assessment yielded favorable results for all items in the self-report scale. All validity was demonstrated to be satisfactory.

Conclusions: This study has provided evidence that the developed tools are reliable and valid instruments for measuring patients'

perceptions of their illnesses, offering a trustworthy means to assess these vital cognitive representations in clinical practice.

Disclosure of Interest: None Declared

Others

O0126

Understanding the Occurrence of Psychiatric Disorders in Epilepsy in Brazil: An Epidemiological Investigation

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Introduction: Epilepsy is one of the most common serious brain illness, with symptoms influenced by multiple risk factors and a strong genetic predisposition, rather than having a single expression and cause¹. Neuropsychiatric symptoms in epilepsy can encompass manifestations such as mood alterations, anxiety, sleep disturbances, psychosis, and behavioral disorders. While the motor and sensory manifestations of epileptic seizures are widely recognized, neuropsychiatric symptoms accompanying epilepsy are

often underestimated. Therefore, it is essential to understand the most prevalent epidemiological profile of these patients to improve the diagnosis and management of these symptoms.

Objectives: Our goal was to evaluate the neuropsychiatric behavior of epilepsy patients in Brazilian over the past 3 years through hospitalization data in order to outline an epidemiological and behavioral profile.

Methods: A cross-sectional, descriptive, retrospective, and quantitative study was conducted on hospitalizations of individuals simultaneously diagnosed with epilepsy, schizotypal and delusional disorders, and mood disorders in all five regions of Brazil (South, Southeast, Midwest, North, and Northeast) between February 2020 and December 2022. Data from January 2020 were not available. The data used were collected through the Department of Health Informatics of the Brazilian Unified Health System (DATASUS) in the "Hospital Information System of SUS" section, gathering information regarding the nature of care, age range, gender, and ethnicity of the patients.

Results: The analysis covers the years 2020 to 2022, totaling 503,045 hospitalizations. In 2022, the highest number of cases occurred ($\approx 37.55\%$), followed by 2021 ($\approx 33.62\%$) and 2020 ($\approx 28.81\%$). Urgent hospitalizations represented $\approx 90.85\%$ of the total. The most affected age group was 30 to 39 years old ($\approx 18.30\%$). Men were more affected than women ($\approx 52.03\%$ and $\approx 47.96\%$, respectively), and Caucasians accounted for $\approx 36.07\%$ of the hospitalizations. The average length of stay was 19.1 days, and the mortality rate was 1.4%.

Conclusions: Thus, there is a gradual and annual increase in the number of hospitalizations during the observed period. While there is a minimal disparity between the affected genders, it is evident that the profile of male, caucasian, and adult patients is the most prevalent. Moreover, the predominantly urgent nature of hospitalizations points to an alarming scenario regarding this issue. From the analysis of the data obtained in the study, there is a clear need for interventions capable of reducing the prevalence of hospitalizations for neuropsychiatric symptoms in epilepsy patients in Brazil.

Disclosure of Interest: None Declared

Abstract

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Addictive Disorders

EPP0001

Opioid Use Disorder in Three Samples of the Lebanese Population: Correlation with Clinical and Genetic Factors

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Introduction: Opioid Use Disorder (OUD) is a severe and recurrent condition that contributes to a global prevalence of disabilities. Accumulating evidence suggests a potential convergence of clinical and genetic factors underlying OUD.

Objectives: This study explores the clinical and genetic factors associated with OUD in the Lebanese population.

Methods: A cross-sectional study in the Lebanese population included three different groups of participants stratified according to the cut-off of the revised Opioid Risk Tool (ORT-OUD): (1) Low-risk group for OUD (n=513; general population; ORT-OUD score <2.5); (2) High-risk group for OUD (n=87; general population; ORT-OUD score ≥3); (3) a third group consisting of patients clinically diagnosed with OUD according to the DSM-5 (n=46). The survey included sociodemographic information and used validated scales to assess other substance use disorders, sleep disturbances, depression, and anxiety. Genotyping for the *COMT*, *MTHFR*, and *CRY2* genes was conducted for 91 patients using a real-time PCR (Roche®). Bivariate and multivariate analyses were conducted to identify the associations between OUD risk and sociodemographic, clinical, and genetic factors.

Results: This study enrolled 646 participants. Multivariate analysis showed significant associations between risk of developing an OUD and cigarette smoking (B=0.583), worse insomnia scores (B=0.074) and Alcohol, Smoking and Substance Involvement Screening Test-alcohol (B=0.053) scores, male gender (B=13.351), lack of education (B=4.159), unemployment (B=7.235), low income (B=11.285), lack of healthcare coverage (B=4.190), neuropsychiatric disorders (B=7.966). Conversely, OUD risk was negatively correlated with the morning chronotype (B=-0.372). Bivariate analysis showed that the *CRY2* AA genotype was significantly associated with a higher risk of OUD; nevertheless, none of the genetic factors remained significant in the multivariable model.

Conclusions: This study identified several sociodemographic, clinical, and genetic factors that could potentially increase the risk of developing OUD in the Lebanese population. Further research is needed to clarify risk factors and underlying mechanisms, enabling the development of more effective prevention strategies.

Disclosure of Interest: None Declared



EPP0002

Cannabis addiction in Tunisia: sociodemographic profile and neuropsychological complications

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Introduction: Cannabis consumption constitutes a public health problem both because of its serious repercussions and complications and the psychological and social problems it causes.

Objectives: Our objective was to assess the level of cannabis dependence in consumers receiving care at the Sfax detoxification center in Tunisia, to describe the sociodemographic profile of these consumers and the neuropsychological complications that may be caused.

Methods: We conducted a cross-sectional study, over a period of 13 months (September 2020 to October 2021), among cannabis users consulting the Sfax detoxification center in Tunisia. We used the Cannabis Abuse Screening Test (CAST) in order to detect a "problematic" cannabis use, along with a clinical information sheet to collect epidemiological and clinical data. All patients gave their free and informed oral consent to participate in the survey while ensuring anonymity.

Results: We included 38 patients. The average age was 26 years old with a median age of starting cannabis use at 17 years old. The sex ratio was 8.5 with an over-representation of men. Most of the subjects were single, lived with their family and had a secondary school education. Consumption was daily for the majority of patients (68.5%) with an average quantity of 4 joints/day. According to the CAST scale, 36 users (94.7%) had problematic cannabis use. The factors favouring cannabis consumption were stress and anxiety in 34 patients (89.5%) followed by depression and the festive atmosphere in 14 subjects (36.8%) each. Among the participants, 26.3% had a psychiatric history including depression (5.3%), a psychopathic personality disorder (10.5%) and cannabis-induced psychotic disorder (10.5%). History of psychiatric hospitalization and history of suicide attempt were found in 21.1% and 26.3% of the patients respectively. Concerning the complications caused by cannabis, 68.4% of the patients described a phenomenon of tolerance, while 63.2% reported the sensation of craving. Psychotic symptoms such as delirium and/or hallucinations were found in 6 patients (15.8%) and 8 subjects (21.1%) reported a history of overdose in the form of cannabis psychosis. Chronic complications were an amotivational syndrome (63.2%) and social disintegration (52.6%). Treatment of cannabis dependence was considered effective with total withdrawal in 31.6% of subjects. Weaning was partial in 42.1% of the patients.

Conclusions: Cannabis use is emerging as one among many interacting factors that can affect psychological and physical health, with an impact on various levels including mood, neurocognition and general health. Although studies have shown functional brain mechanisms underlying the effects of cannabis, the exact mechanisms remain unclear. Overall, treatment for substance use disorders generally prevents these complications and improves prognosis.

Disclosure of Interest: None Declared

EPP0003

Extent of substance abuse among patients with psychiatric disorders in Amman, Jordan

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Introduction: The issue of substance abuse is increasingly being recognized as a significant global public health concern. In relation to its influence on the Arab world, scholarly investigation continues to be regarded as relatively constrained in scope.

Objectives: The primary goal of the present study was to investigate the extent of substance abuse in a sample of patients with psychiatric disorders who attended a psychiatric clinic in Amman and analyse this in relation to demographic and clinical variables.

Methods: In this prospective study, we investigated the prevalence, sociodemographic, and clinical characteristics of substance abuse among patients with psychiatric disorders who attended an outpatient private psychiatric clinic in Amman, Jordan between January and May 2023. Overall, 671 patients were enrolled. We compared demographic and clinical parameters of drug abuse and non-drug abuse patients.

Results: Among the 671 patients included in the study, 48.0% (n=322) reported substance use, while 52.0% (n=349) did not. The mean age of the patients was 32.45±10.18 years. The sample included 546 male patients (81.4%). Among the participants, 388 (57.8%) were single, 360 (53.7%) held a bachelor's degree or higher, 394 (58.7%) were employed, and 545 (81.2%) lived with their families. 506 (75.4%) were smokers, 110 (16.4%) reported having a medical illness, and 25% reported engaging in self-harm. The most prevalent psychiatric diagnosis was major depressive disorder, accounting for 30.6% of cases, followed by anxiety disorders. Additionally, 148 patients (22.1%) reported emotional abuse, 40 (6.0%) reported physical abuse, 57 (8.8%) reported sexual abuse, and 47 (7.0%) had a family history of substance use.

Conclusions: Our research findings indicate that substance abuse is more prevalent among certain demographic groups, specifically young, unemployed, male patients with a low level of education and a family history of substance use. These findings highlight the need for further research in diverse settings and populations to better understand the scope and underlying factors contributing to substance abuse in Arab countries. Additionally, targeted interventions and prevention strategies should be developed to address the specific needs of these high-risk groups and reduce the burden of substance abuse in these communities.

Disclosure of Interest: None Declared

EPP0004

Trends in cannabis consumption: psychotic and anxiety symptoms among users

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Introduction: During cannabis use, some individuals may experience psychotic symptoms, such as unusual perceptions or irrational thoughts, including mild hallucinations or temporary paranoia. Anxiety is also common, characterized by excessive worry or intense fear. The occurrence of these symptoms varies based on cannabis quantity, individual sensitivity, and surroundings. Although not all users experience these effects, the link between cannabis and psychotic or anxiety symptoms highlights the need for a thorough risk assessment.

Objectives: Our goal is to analyze trends in cannabis use, as well as the psychotic and anxiety symptoms experienced by users, and to examine whether cannabis use is associated with other substances consumption.

Methods: We collected demographic and substance consumption data from two groups: 29 individuals aged 18 to 28 who had tried cannabis at least once and 19 regular consumers through a structured questionnaire.

Results: Regular cannabis consumers had a higher proportion of males than those who had tried it once ($X^2_{(1)}=4.81$; $p=0.028$). There were no significant differences in age, alcohol or tobacco consumption between the groups. Notably, regular cannabis consumers had a history of using other illegal drugs, both in the past and within the last month ($X^2_{(1)}=8.53$; $p=0.003$). Regarding cannabis effects, regular users more frequently reported sensations like euphoria, relaxation, altered time perception, tachycardia, motor coordination difficulties, and impaired clear thinking compared to one-time users ($X^2_{(1)}=10.12$; $p=0.001$). Regarding anxiety symptoms during cannabis consumption, both groups experienced a similar frequency. Finally, regular cannabis consumers reported strange ideas or perceptions more often than one-time users ($X^2_{(1)}=0.743$; $p=0.019$). However, the associated discomfort level was similar in both groups.

Conclusions: This study highlights that regular cannabis use is associated with a greater likelihood of using other substances and experiencing more pronounced effects, including psychotic symptoms. However, it doesn't necessarily lead to increased anxiety symptoms compared to one-time users. It's important to acknowledge that the relationship between cannabis and psychosis is intricate and influenced by factors like consumption quantity and individual sensitivity. These findings stress the importance of understanding cannabis's impact on mental health and its connection to the use of other substances.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0006

The Potential Cardiovascular Benefits of Physical Exercise in Early Onset Psychosis and Bipolar Disorder

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Introduction: Early onset psychosis (EOP) and bipolar disorder (EOBP), occurring before the age of 18, have been linked to early signs of atherosclerosis and an elevated risk of cardiovascular disease (CVD). Physical exercise is a well-established factor in reducing the risk of developing CVD. However, it remains unclear whether regular physical activity can mitigate cardiovascular risk factors and signs of atherosclerosis in individuals with EOP and EOBP.

Objectives: This study aimed to explore the impact of physical exercise on cardiovascular risk factors in these populations.

Methods: We assessed the physical exercise habits of 71 individuals, including 22 with EOP, 21 with EOBP, and 28 age-matched healthy controls. Participants' physical exercise routines were categorized as 0, 1, 2, or 3 or more times per week, with each session lasting at least 30 minutes. Our analysis included adjustments for conventional CVD confounders. Additionally, we used high-frequency ultrasound (22 MHz) to evaluate different layers of the arterial wall in the left common carotid artery (LCCA).

Results: Compared to the control group, adolescents with EOP and EOBP exhibited significantly thicker LCCA intima thickness (0.132 vs. 0.095 mm, $p<0.001$) and intima/media ratio (0.24 vs. 0.17, $p<0.001$). Remarkably, adolescents with EOP and EOBP who engaged in physical exercise three times or more weekly ($n=13$) displayed significantly less intima thickness (0.142 vs. 0.116 mm, $p<0.01$). However, we did not observe a significant association between exercise and other CVD risk factors. Even when considering factors such as the extent of antipsychotic medication use or the severity of the disorders in our regression analysis, the significant association between exercise and reduced intima thickness persisted ($p<0.05$).

Conclusions: Among adolescents with EOP or EOBP, those who engaged in physical exercise three or more times weekly exhibited less pronounced LCCA intima thickness compared to their less active counterparts, although it remained thicker than that of healthy controls. These findings, if replicated, suggest that regular physical exercise, specifically three or more times a week, could potentially offer protection against the future development of CVD in individuals with EOP and EOBP. Further research is warranted to confirm and expand upon these promising results.

Disclosure of Interest: None Declared

EPP0009

Descriptive study of adolescents hospitalized in the Psychiatric Unit of a hospital in Madrid, Spain

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Introduction: An increase in suicidal behavior among the adolescent population is reflected in the literature and in clinical practice. According to a study of suicidal behavior and mental health by the Spanish ANAR Foundation, the number of cases with suicidal behavior has experienced an accentuated growth in the period 2012-2022 (1,921.3%), highlighting the increase produced in the post-COVID-19 period, between 2020 and 2022 (128%)

Objectives: To analyze the reasons for admission to the short hospitalization unit. To describe the sociodemographic characteristics of hospitalized adolescents.

Methods: Descriptive observational study of the sample of adolescents admitted to the inpatient psychiatric unit of the Hospital Universitario Puerta de Hierro between January 1, 2023 and June 30, 2023. It is carried out through the information obtained in the clinical history of the patients.

Results: During this period of time 113 adolescents were admitted, 80.2% were female. The mean age was 15.16 years. The main reason for admission was autolytic ideation, occurring in 33.3% of the patients. The second most frequent reason for admission was suicide attempt (29.7%) and behavioral disturbance (17.1%) was the third most frequent. Of the methods used in suicide attempts, drug overeating stands out among the methods used in suicide attempts. (75.8%), followed by attempted hanging (12.1%) or cutting (12.1%).

Image:

Reason for admission	Total		Male		Female	
	N	Percent aje (%)	N	Percent aje (%)	N	Percent aje (%)
Suicidal ideation	37	33,3	2	10	35	40,2
Suicide attempt	33	29,7	4	20	29	33,3
Behavioral disturbance	19	17,1	11	55	8	9,2
Self-aggressiveness	8	7,2	2	10	6	6,9
Eating disorders	3	2,7	0	0	3	3,4
Psychotic symptoms	2	1,8	0	0	2	2,3
Dissociative symptoms	1	0,9	1	5	0	0
Conversive symptoms	1	0,9	0	0	1	1,1

Conclusions: The results corroborate what is reported in the scientific literature, where self-harm and self-injury attempts have increased and are the most frequent reasons for admission. This

shows that suicide is a public health problem of the first order, where prevention and early intervention programs are necessary.

Disclosure of Interest: None Declared

EPP0010

Sleep quality mediates the relationship between problematic social media use and attention-deficit/hyperactivity symptoms

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Introduction: Commencing in 2019, the onset of the COVID-19 pandemic prompted an upsurge in online engagement, drawing attention to the advantages and perils associated with the use of social media. Existing research emphasizes that elevated symptom levels of attention deficit/hyperactivity disorder (ADHD) are linked not to the extent (time) of usage but to its addictive nature. However, scant research has explored its relationship with sleep quality.

Objectives: In this study, we scrutinized the correlation between problematic social media usage, sleep quality, and ADHD symptoms in a non-clinical sample of young individuals during the third wave of the pandemic.

Methods: We administered an online survey to 139 participants (mean age: 21.37 years, standard deviation: 2.68 years, range: 15-27). The survey encompassed various assessments, including the Bergen Social Media Addiction Scale (BSMAS), the Athens Insomnia Scale (AIS), and the self-report version of the SWAN scale (Strengths and Weaknesses of ADHD Symptoms and Normal Behavior). Participants also reported on the extent of their social media use.

Results: Significant distinctions emerged in the extent of social media usage between online (M=3.12; SD=1.08) and in-person educational settings (M=2.47; SD=0.78) (t(73)=6.01; p<0.001; d=0.70). While ADHD symptom levels exhibited no correlation with the extent of social media engagement, they did exhibit a significant positive correlation with problematic usage (r=0.32; p<0.001). Likewise, the extent of social media usage displayed no correlation with sleep quality; however, problematic usage was linked to poorer sleep quality (r=0.27; p=0.002). In our mediation analysis, problematic usage correlated both directly (c'=-0.61; p=0.02) and indirectly (ab=-0.36; 95% CI: -0.60 - -0.10) with heightened ADHD symptoms through diminished sleep quality (F(1,120)=21.94; p<0.001; R²=0.27).

Conclusions: Our findings affirm that it is not the extent but rather the problematic nature of social media usage that assumes significance. Moreover, our results propose that problematic usage may

exacerbate ADHD symptoms, not only directly but also by influencing sleep quality.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0011

Prevalence and predictors of Anxiety and Depression among Adolescents and Young Adults: Findings from the MoreGoodDays Support Program in Alberta, Canada

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Introduction: The COVID-19 pandemic has led to a rise in psychological disorders among adolescents and young adults. There is an increase in the prevalence of likely anxiety and likely depression among the subscribers of MoreGoodDays supportive text message program, reflecting the impact of the COVID-19 pandemic on this cohort.

Objectives: To assess the prevalence, severity, and correlates of likely generalized anxiety disorder (GAD) and likely major depressive disorder (MDD) among subscribers of MoreGoodDays program.

Methods: This study used a cross-sectional design. An online survey questionnaire was used to collect sociodemographic and clinical information from subscribers of MoreGoodDays program, a daily supportive text message program co-designed with adolescents and young adults for their peers in Alberta. Validated instruments, the Generalized Anxiety Disorder GAD-7 and Patient Health Questionnaire-9 PHQ-9 were used to collect information on likely GAD and likely major depressive disorder (MDD), respectively. Data was analyzed with SPSS version 25 using chi-squared tests and binary logistic regression analysis.

Results: 343 subscribers of MoreGoodDays participated in the survey. Overall, 117 (56.0%) respondents had a likely MDD and 97 (46.6%) had a likely GAD. Participants who would like to receive mental health counselling were 27 times more likely to experience GAD (OR = 27; 95% CI: 3.09–250.00) and 40 times more likely to experience MDD (OR = 40.03; 95% CI: 4.43–361.51) than those who did not. Respondents who had received mental health counselling in the past were 18.5 times more likely to experience MDD compared with those who had not (OR = 18.52; 95% CI: 1.55–200.00). Demographic variables, including age, education, employment, and relationship status, and clinical variables, such as history of anxiety, depression, obsessive-compulsive disorder, ADHD, and adverse childhood experience, did not independently predict presence of likely GAD or MDD in subscribers of MoreGoodDays.

Conclusions: The prevalence of anxiety and depression was relatively high among subscribers of MoreGoodDays, indicating the

long-term effect of the COVID-19 pandemic. This finding has significant implications in the broader context of mental health research and emphasizes the need for more research into innovative mental health support for this cohort. The desire to receive counselling was predictive of both anxiety and depression and is a positive sign of the openness of this cohort to receive psychological intervention. Since this group is mostly adapted to mobile text technology, government agencies and policymakers should prioritize and implement readily accessible interventions such as supportive text messages to support their psychological well-being.

Disclosure of Interest: None Declared

EPP0012

The effect of prophylactic esketamine in labor and cesarian delivery on the prevention of postpartum depression (PPD): A systematic review and meta-analysis of randomized controlled trials

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Introduction: Postpartum depression (PPD) is a common psychiatric illness affecting maternal health, which can lead to poor outcomes for the infant, mother and family. Since the usual pharmacological treatment has low efficacy and a delayed onset of action, new treatment options should be explored. A recent meta-analysis demonstrated positive effects of racemic ketamine on PPD, but limited evidence is available on its more potent derivative esketamine.

Objectives: To determine the effect of esketamine administered prophylactically during labor on the risk of incidence of PPD at 1 week and 6 weeks after delivery.

Methods: PubMed, Scopus and GoogleScholar databases were searched for randomized controlled trials that studied the efficacy of esketamine that screened for PPD using the Edinburgh Postpartum Depression Scale (EPDS). Risk ratio was used to determine the effect of incidence on PPD. Heterogeneity was examined with I2 statistics. A random-effects model was used, as per moderate heterogeneity (I2=59%, p-value<0.05).

Results: We included 7 RCTs with 1287 patients, 635 having received esketamine (49.3%). Patient-controlled intravenous analgesia (PCIA) or single intravenous dose during the delivery or cesarian section were the main drug delivery methods. Follow-up ranged from 4 weeks to 6 months, and EPDS cut-off scores for depression risk differed between studies, from 9 to 13 points. Dosages varied from 0.2mg/kg to 0.5mg/kg for single-dose administration and 0.1mg/kg to 1.25mg/kg for PCIA. Incidence of PPD at one week (RR: 0.459 95%CI 0.217-0.970; p<0.05; figure 1A) and at 6 weeks (RR: 0.470 95%CI 0.273-0.810; p<0.01; figure 1B) was significantly less common in patients who received esketamine during or after labor. Risk of bias was low in 5 studies and moderate in 2 studies. Risk of publication bias is significant.

Image:

Figure 1A. Incidence of PPD was significantly reduced in puerperae receiving esketamine 1 week after delivery.

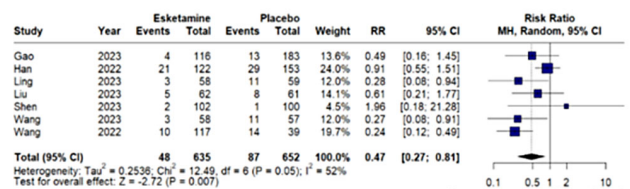
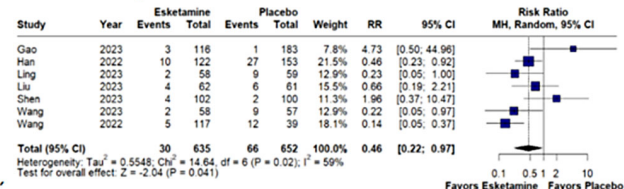


Figure 1B. Incidence of PPD was significantly reduced in puerperae receiving esketamine 6 weeks after delivery.



Conclusions: Prophylactic esketamine seems to improve EPDS scores in women at one and six weeks after birth. A more thorough analysis of the adverse effects on maternal and neonatal health are required, and long-term benefits are not fully understood. Larger multicenter studies would be a welcome addition to the issue at hand.

Disclosure of Interest: None Declared

EPP0013

How adults with treatment resistant depression experience their first esketamine nasal spray treatment? Preliminary results from a French qualitative study

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Introduction: Spravato® (esketamine nasal spray- ENS) is a new adjunctive drug for Treatment Resistant Depression (TRD), i.e. patients with major depressive disorder that failed to adequately respond despite the use of two different antidepressants. In France, a real world non-interventional post-commercialization cohort study is being conducted aiming to describe the conditions of use of the esketamine, and to observe the outcomes.

Objectives: To in-depth explore the lived experience of first administered ENS treatment among adults with TRD, we are conducting an ancillary qualitative study.

Methods: This qualitative study uses the IPSE approach (Sibeoni et al. *BMC Medical Research Methodology* 20.1(2020):1-21) and has been conducted in four French psychiatric departments. Design was based on the recruitment of patients through the Cohort study, all interviewed twice, the first time 3 to 5 weeks after the first administration of ENS, and the second time around 6 months after, whether treatment has been continued or not. Data analysis follows the IPSE analytic procedure and is conducted in two stages: three individual researchers carry out independent work and the group collectively pools data. These preliminary results are based on the sole analysis of the first interviews conducted from July 2022 to July 2023.

Results: Eighteen participants with moderate to severe TRD, including 13 women, were interviewed and two axes of experience have been produced: (1) the overwhelming experiences of the treatment, perceived differently depending on patients, as a dissociative experience, both inside – described as a *trip*- and outside of them; (2) A discordant treatment experience with both solitude and relational support from medical team.

Conclusions: These results highlight the need to better prepare the patients for the initiation of the treatment and to take into consideration the settings in which the treatment is administered, as well as the importance of the support received from the nursing staff.

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EPP0015

The DiSCoVeR trial – Mid-study look at post-training patient motivation for an innovative treatment approach

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Introduction: The DiSCoVeR Project: 'Examining the synergistic effects of a cognitive control videogame and a self-administered non-invasive brain stimulation on alleviating depression' is a double-blind, sham controlled, randomized controlled trial

investigating the feasibility and efficacy of an innovative, self-applied treatment approach for patients diagnosed with major depressive disorder. The trial is conducted at three clinical trial sites (Hadassah, Israel; Riga Stradiņš University, Latvia; Ludwig-Maximilian-University, Germany). The treatment approach combines prefrontal transcranial direct current stimulation with a videogame designed to enhance cognitive and emotional control. This treatment is self-applied at home and remotely monitored. At the beginning of the intervention the patients are randomized in an active group receiving both active stimulation and videogame and the other group receiving sham stimulation and visually similar but not active videogame.

Objectives: The present interim analysis after half of the patients included examines patients' intrinsic motivation after completing the first five sessions (of 30) of the treatment. We also examine patients' interest/enjoyment, perceived competence, effort, felt pressure/tension, and perceived choice following the first week of treatment. Intrinsic motivation has been associated with enhanced learning and performance, so it can be used as one of the predictors for patient compliance.

Methods: At the end of the 5th session, the patients filled in the Intrinsic Motivation Inventory (IMI) including the following subscales: interest/enjoyment, perceived choice, perceived competence, effort/importance and felt pressure/tension (scored on a 7-point Likert scale, ranging from 1 "not at all true" to 7 "very true").

Results: This report includes the first 55 patients randomized (27 patients in the active group and 28 patients in placebo group) for the DiSCoVeR trial. Patients rated their overall interest/enjoyment at 4.50 out of 7 (SD±0.17 95% CI 4.16 to 4.84), their perceived choice at 5.55 (SD±0.16; 95% CI 5.23 to 5.87), their perceived competence at 4.52 (SD±0.15; 95%CI 4.22 to 4.82), their effort/importance at 5.07 (SD±0.16; 95%CI 4.74 to 5.40) and their pressure/tension at 3.00 (SD±0.13; 95% CI 2.73 to 3.26).

Conclusions: We conclude that overall patients were quite interested in the treatment and had inherent pleasure while doing the sessions, felt that it was their choice to do them, felt that they performed the task quite effectively, were invested in doing the sessions and the experienced pressure and tension were low. The perceived choice and competence are positive predictors of intrinsic motivation. This aligns with the previous published data of a smaller patient subset (L. Konosonoka et al *Medicina* (Kaunas) 2022;58(Supplement 1):72) with the standard deviations being smaller in our larger patient sample.

Disclosure of Interest: None Declared

COVID-19 and related topics

EPP0016

Clinical suitability of intranasal delivery of M2 macrophage soluble factors in patients with post-COVID olfactory disorders

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Introduction: SARS-CoV virus showed transneuronal penetration through the olfactory bulb resulting in the rapid intracranial spread. So, olfactory dysfunction is an early marker of COVID-19 infection. However, individuals may develop chronic olfactory impairment for more than six months in 1–10% of cases.

Objectives: The study's objective was to evaluate the efficacy and safety of intranasal immunotherapy using bioactive substances produced by M2 macrophages for the treatment of people with long-term post-COVID-19 hyposmia.

Methods: Seven individuals with long-term persistent hyposmia (7 to 24 months), associated with PCR-confirmed coronavirus infection were evaluated for olfactory function at baseline, one, and six to twelve months after therapy.

Results: The intranasal inhalation of M2 macrophage conditioned medium (one time per day for 28-30 days) was well tolerated. Furthermore, olfactometry demonstrated that the patients restored their capacity to perceive (Kruskal-Wallis H test 14.123, $p = 0.0009$) and recognize odors ($H = 11.674$, $p = 0.0029$). In addition, the subjective evaluation of smell significantly improved ($H = 11.935$, $p = 0.0026$). At the 6- to 12-month follow-up, the majority of patients (5/7) reported extremely high levels of satisfaction with the outcomes, and the remaining two patients also felt generally positive about the therapy's success.

Conclusions: Overall, our study showed that the use of intranasal inhalations as a method of delivering bioactive factors and the conditioned medium of M2 macrophages as a therapeutic agent are both safe, well tolerated and, according to preliminary data, clinically effective in the treatment of patients with long-term post-COVID-19 hyposmia.

Disclosure of Interest: None Declared

EPP0017

Identifying predictors of resilient coping in students during COVID-19 lockdown

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Introduction: Although increasing resilient coping throughout life is beneficial, it is particularly important in young people. To prevent the development of mental health problems, it is crucial to understand the factors associated with resilience. However, among university students, the characteristics considered conducive to resiliency have not been sufficiently studied, particularly during pandemic times.

Objectives: The present study examined factors associated with resilient coping in Portuguese higher education students during the COVID-19 pandemic.

Methods: Data were collected from an opportunity large sample of participants during the academic year 2020/2021. Four self-report measures were utilized within the study: Herth Hope Index, Brief Resilient Coping Scale, Depression Anxiety and Stress Scale – 21 items, and Impact of Event Scale-Revised. Additionally, a demographic questionnaire was used to collect data including age, gender, have children, education level, and study area. Ethics clearance was obtained. In order to test the research question, a multiple

regression was conducted (using SPSS 28), with resilient coping as the dependent variable and the other variables entered as potential predictor variables.

Results: A total of 1522 students (75.1% women and 24.9% men) took part in this study. Most participants were single (91.2%), had no children (93%), and the ages ranged from 18 to 59, with a mean age of 22.88 ± 6.93 years. In terms of study level, the majority of students (73.7%) are at the undergraduate level and are not working (76.6%). Among the participants, 35.7%, 36.2%, and 28.5% had symptoms of stress, anxiety, and depression above the normal range, respectively. High resilience scores were found in 215 participants (14.1%). The mean hope (HHI) was 35.53 (SD = 5.92). Our results also demonstrated that hope is the only predictor of resilient coping ($p < 0.001$). A higher level of hope is expected to affect people's psychological adjustment by influencing both their appraisal of, and their coping with, the stressors confronted by them.

Conclusions: Establishing and improving protective factors should increase the likelihood of the individual successfully avoiding negative outcomes and increase their ability to function normally, thus promoting resilient outcomes. We were able to draw practical implications for developing resilience-promoting methods in a university context. These results can be used to help students build resilience by preparing for future problems.

Disclosure of Interest: None Declared

EPP0018

Role of L-Arginine supplementation in Long Covid-related Fatigue and Depression in Elderly Outpatients

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Introduction: Chronic fatigue and psychiatric manifestations (depression, anxiety and sleep disturbances) appear to be key features of post-COVID-19 syndrome and increase significantly in prevalence over time (Lavienraj et al. J Neurol Sci 2022;434:120162). Several studies have suggested an association between altered levels of arginine metabolites and depression, anxiety and stress severity (Arisoy et al. J Psychiatr Res 2020;120:21-28). L-arginine supplementation has also been shown to improve walking performance, muscle strength, endothelial function and fatigue in adults with Long COVID (Tosato et al. Nutrients 2022;14(23):4984).

Objectives: To study effects of L-arginine oral supplementation on chronic fatigue and depressive symptoms reported 3 months or more after acute COVID-19 onset in elderly outpatients without severe comorbid conditions.

Methods: This is a parallel-group, double-blind, randomized controlled trial conducted on 96 over 65 non-hospitalized patients suffering from Long Covid-related fatigue and depression. The first

group included patients that received 1,66 g L-arginine twice a day in addition to a standard antidepressant therapy based on Selective Serotonin Reuptake Inhibitors (SSRIs), whereas the second group received antidepressant only. Severity of fatigue and depressive symptoms was evaluated at baseline and after 8 weeks of treatment using Fatigue Symptom Inventory (FSI) and Hamilton Rating Scale for Depression (HAM-D), respectively.

Results: At baseline, 64 patients (66,7%) reported moderate fatigue (4-6) and the remaining 32 (33,3%) reported severe fatigue (7-10). In this phase the average HAM-D score was $12,85 \pm 5,97$; among patients, 57,3% experienced mild symptoms of depression, 32,3% experienced moderate symptoms and 6,4% experienced severe symptoms. After two months, patients treated with L-arginine supplementation exhibited a 30% greater improvement in fatigue-related symptom severity ($p=0.008$) and a significantly decrease in average HAM-D score ($p=0.002$) compared to the group treated with SSRI only.

Conclusions: According to our results, adding oral L-arginine to standard antidepressant therapy in elders with Long Covid-related fatigue and depression significantly decreases severity of both physical and affective symptoms. Further studies are needed to clarify the intriguing role of L-arginine in the treatment of Post Covid-19 syndrome and its potential effects in promoting geriatric patients' health, wellbeing and quality of life.

Disclosure of Interest: None Declared

EPP0020

COVID-19 Infection and Medicines in Pregnancy in Canada

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Introduction: Although over 100 million pregnant women worldwide are at risk of infection with SARS-CoV-2, little data exists on the impact of COVID-19 and related treatments on maternal/neonatal health.

Objectives: 1) To quantify the prevalence of medication use in pregnancy to treat COVID-19; 2) To quantify and compare the risk of adverse pregnancy/neonatal outcomes in those with and without COVID-19.

Methods: In the Canadian Mother-Child population-based cohort (CAMCCO), two key sub-cohorts were identified using prospective data collection of medical services, prescription drugs, hospitalization archives data, and COVID-19 surveillance testing program (02/28/2020-2021). The first cohort included all pregnant women with at least one completed trimester of pregnancy during the study

period regardless of pregnancy status (delivery, induced/planned or spontaneous abortion); this cohort was further stratified on COVID-19 status. The second cohort included all non-pregnant women (aged 15-45) with a positive COVID-19 test. COVID-19 infection in pregnant or non-pregnant women was assessed using COVID-19 test results or ICD-10CM code U07.1 from hospital data. COVID-19 severity was categorized based on hospital admission. Women were considered exposed to COVID-19 medications if they filled at least one prescription for a medicine included in the WHO list in the 30 days pre- or 30 days post-COVID-19 positive test/diagnosis. Considering potential confounders, association between COVID-19 during pregnancy, treated vs not, and perinatal outcomes were quantified using log-binomial regression models.

Results: 150,345 pregnant women (3,464 (2.3%) had COVID-19), and 112,073 non-pregnant women with COVID-19 diagnoses were included. Pregnant women with COVID-19 were more likely to have severe infections compared to non-pregnant women with COVID-19 (11.4% vs 1.6%, $p < 0.001$). The most frequent medications used in pregnancy to treat COVID-19 were antibacterials (13.96%), psychoanaleptics (7.35%), and medicines for obstructive airway disease (3.20%). In pregnancy COVID-19 was associated with spontaneous abortions (adjRR 1.76, 95%CI 1.3, 2.25), gestational diabetes (adjRR 1.52, 95%CI 1.18, 1.97), prematurity (adjRR 1.30, 95%CI 1.01, 1.67), NICU admissions (adjRR 1.32, 95%CI 1.10, 1.59); COVID-19 severity was increasing these risks but COVID-19 treatment with study medications reduced all risks.

Conclusions: Severity of COVID-19 was greater in pregnancy. Antibacterials, psychoanaleptics, and medicines for obstructive airway disease were the most used overall. Severe COVID-19 in pregnancy was associated with higher risks of adverse maternal, and neonatal outcomes.

Disclosure of Interest: None Declared

Eating Disorders

EPP0021

Impact Of Emotion Dysregulation On Eating Behavior Among The Tunisian General Population

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Introduction: Previous theoretical models and reviews have documented a strong connection between emotion dysregulation and eating disorders (ED) psychopathology among the general and clinical populations.

Objectives: We aimed to assess the link between emotional dysregulation and ED in the Tunisian general population.

Methods: We conducted a cross-sectional, descriptive and analytical study among Facebook group members, using an online questionnaire, over the period from February 17, 2023 to May 26, 2023. Emotional dysregulation was assessed via the “Difficulties in Emotion Regulation Scale” (DERS), which is composed of six sub-scores: “Non-acceptance” (N), “Strategies” (S), “Impulse” (I), “Goal” (G),

“Clarity” (C) and “Awareness” (A). The Eating Attitude Test (EAT-26) was used to assess the risk of developing ED.

Results: A total of 528 responses were included. The mean EAT-26 score was 12.36 ± 10.34 ; and 12.3% of our population were at high risk of developing an ED. The mean N, S, I, B, Cl, C and overall DERS scores were 7.78; 8.24; 7.08; 9.57; 6.46; 7.61 and 46.74, respectively.

We showed that the EAT-26 score was correlated with the overall DERS score ($r=0.260$; $p<0.001$) as well as with the N ($r=0.208$; $p=0.002$), S ($r=0.228$; $p<0.001$), I ($r=0.212$; $p=0.025$), B ($r=0.198$; $p<0.001$), C ($r=0.122$; $p=0.005$) and Cl ($r=0.136$; $p=0.002$) scores.

Conclusions: Our study showed that participants with a high risk of developing an ED seem to have more difficulties with emotional regulation. Thus, our findings call for interventions that target emotion regulation in the treatment of ED.

Disclosure of Interest: None Declared

EPP0022

The Zen Garden Virtual Reality App for eating disorders: description and preliminary results

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Introduction: Virtual Reality (VR) represents an emerging and promising tool to enhance standard care for patients with eating disorders (EDs). Indeed, VR provides an immersive and interactive experience in a safe and controlled environment that can simulate real-life situations, showing encouraging findings on various components of psychological treatments such as exposure therapy, psychoeducation, and emotional regulation.

Objectives: This study aims to evaluate the Zen Garden VR App in patients with anorexia nervosa (AN) in order to obtain pilot data regarding changes in mood, relaxation, anger, anxiety, and weight and shape concerns. A secondary aim was to receive feedback from participants about the VR experience, its components, and its possible application for people with AN.

Methods: Self-reported baseline and post-intervention data were collected from a sample of six female inpatients with AN recruited at the Eating Disorders Service at the Bethlem Royal Hospital of the South London and Maudsley NHS Foundation trust (SLaM). The technology used during the VR session consisted of an Oculus head-mounted display headset and two controllers which provided continuous rotational and positional tracking (Figures 1, 2 and 3).

Results: Findings showed a global improvement after the VR Zen Garden App session, mainly in reducing levels of anxiety (Cohen’s $d=1.07$) and promoting relaxation (Cohen’s $d=0.95$), with possible applications especially before and after meals when food fears are at

their highest. In addition, the music that was played during the intervention had a particularly positive effect.

Image:



Image 2:



Image 3:



Conclusions: Despite limitations, such as the small sample size and the one time point measurement, positive clinical implications have been highlighted for the Zen Garden VR App in patients with AN, although further studies are needed to confirm these preliminary findings. It is possible that VR could usefully augment and personalize care for people with an EDs. A range of interventions might be used to target the most compromised symptoms such as designing interventions that can help with triggers to eating disorder psychopathology.

Disclosure of Interest: None Declared

EPP0023

Comparative Analysis of Impulsivity Profiles in Children and Young Patients with Anorexia Nervosa Restrictive Type, Anorexia Nervosa Binge Eating/Purging Type, Bulimia Nervosa, and Binge Eating Disorder

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Introduction: High levels of impulsivity are associated with individuals suffering from eating disorders. Impulsivity is a complex and multidimensional construct, with elevated impulsivity traits posing a specific risk in relation to binge-eating and purging disorders when compared to restrictive types eating disorders.

Objectives: Our aim was to identify the difference in impulsivity profile in children and young patients with eating disorders, including anorexia nervosa restrictive type (ANR), anorexia nervosa binge eating/purging type (ANP), bulimia nervosa (BN) and binge-eating disorder (BED).

Methods: Patients aged 21 years or younger, meeting the DSM-V criteria for ANR (n=125), ANP (n=48), BN (n=38), and BED (n=37) were enrolled in the study. The participants had an average age of 16.3 ± 2.15 years. Data collection involved the administration of the UPPS Impulsiveness Scale (UPPS). Bilateral Student's t-tests were conducted to evaluate potential statistically significant differences among the diagnostic groups.

Results: Our results indicated statistically significant differences in total impulsivity between patients diagnosed with ANR and each of the other eating disorders including ANP (T-Stud $-2.19 p < .02$), BN (T-Stud $-2.17 p < .03$), and BED (T-Stud $-2.68 p < .008$) (Figure 1). However, no significant differences were observed among the other eating disorder groups. Nevertheless, it is noteworthy that heightened impulsivity traits, particularly sensation-seeking tendencies, were a common feature among all subtypes of eating disorders, regardless of their specific diagnostic category. Impulsivity and age also exhibited a statistically significant negative correlation ($r = -0.13, p = .03$) (Figure 2).

Image:

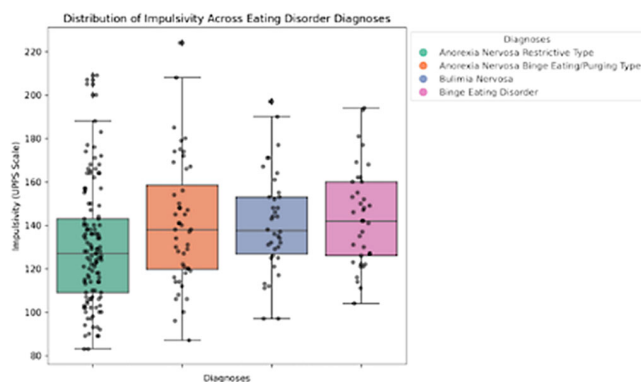
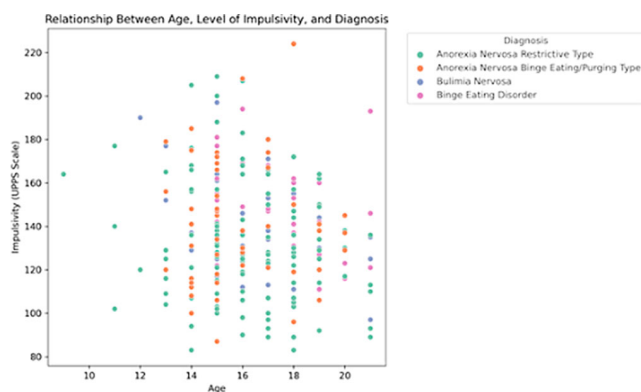


Image 2:



Conclusions: Impulsivity in individuals with restrictive and binge/purgative eating disorders differ significantly, with lower levels of impulsivity in ANR (Figure 1), except for sensation-seeking tendencies. This suggests that both groups may share a similar inclination for seeking intense emotions or engaging in emotionally arousing behaviors. As individuals age from adolescence to young adulthood, there is a tendency for impulsivity levels to decrease (Figure 2).

Disclosure of Interest: None Declared

EPP0024

Comparing DSM-5 pathological personality traits in eating disorder patients and healthy control subjects using PID-5: results of a pilot study

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Introduction: The presence of eating disorders is often associated with serious physical complications, self-destruction, and suicidal tendencies. Furthermore, eating disorders may often present as a symptom of or in comorbidity with personality disorders. In order to treat eating disorder patients successfully we need a more complex and individual approach taking into consideration the specific personality dysfunctions and traits present in the patient underlying symptomatic manifestations. Recently a paradigm shift in conceptualisation of personality disorders led to the introduction of a dimensional concept focusing on severity of dysfunction in both ICD-11 and DSM-5 in its Alternative Model for Personality Disorders (AMPD). In addition, DSM-5 as part of AMPD also considers the presence of 5 domains of pathological personality traits including 25 facets. This more complex mapping of personality could aid understanding personality contributors to psychopathology not only in personality disorders and could aid treatment by providing targets for psychotherapy.

Objectives: Our aim was to compare pathological personality traits according to DSM-5 AMPD in eating disorder patients, and matched healthy control subjects.

Methods: We are launching a large project focusing on personality disorders. For this analysis we used the adult form of PID-5 to assess pathological personality traits along 5 domains and 25 facets in eating disorder patients and psychiatrically healthy controls. Data were analyzed with the Mann-Whitney test using R.

Results: Preliminary results of a pilot analysis in 14 eating disorder patients and matched psychiatrically health controls are shown. Comparing the data of the two groups, a significant difference was observed in several personality facets, including Anxiousness, Deceitfulness, Grandiosity, Impulsivity, Manipulativeness, Perceptual dysregulation, Rigid perfectionism, Submissiveness, and Unusual beliefs. These differences in the above facets reflect differences in the two groups in all pathological personality domains including Anhedonia, Negative affect, Antagonism, Disinhibition, and Psychoticism.

Conclusions: Our results show complex differences between eating disorder patients and healthy control subjects in several facets, pointing to a unique pattern and the affectedness of all pathological personality domains. Such results could possibly add to identifying personality trait targets for psychotherapy in eating disorders besides increasing our understanding on the etiopsychopathology of this serious psychiatric illness. Our study is ongoing, but more complex analyses involving further measures and variables in larger samples bring the hope for increasing effectiveness of treatment for anorexia.

Disclosure of Interest: None Declared

EPP0025

Validity and reliability of the Eating Disorder Examination-Questionnaire-7 Portuguese version in the perinatal period

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Introduction: The EDE-Q-7 Portuguese version presented good reliability and validity in Portuguese women from the general population (Pereira et al. 2022).

Objectives: The aim of our study was to analyse the psychometric properties of the EDE-Q-7 in a sample of Portuguese women during the perinatal period.

Methods: Participants were 346 women with a mean age of 31.68 of years old (± 4.061 ; range: 18-42). 160 were pregnant (second or third trimester) and 186 were in the post-partum (mean baby's age=4.37 months (± 2.87 ; range: 1-12). They answered an online survey including the Portuguese version of the EDE-Q-7 and of the Screen for Disordered Eating/SDE.

Results: Confirmatory factor analysis (CFA) presented adequate fit, in pregnancy (χ^2/df =; RMSEA=, $p<.001$; CFI=; TLI=; GFI=), postpartum (χ^2/df =; RMSEA=, $p<.001$; CFI=; TLI=; GFI=) and considering both – perinatal period (χ^2/df =2.7998; RMSEA=.0722, $p<.001$; CFI=.9709; TLI=.9444; GFI=.9761). The Cronbach's alpha coefficients were >0.90 for the total and approximately .70 for the three factors - Dietary restraint, Shape/weight overvaluation and Body dissatisfaction. All the items contributed to the internal consistency and presented high internal consistency. Pearson correlations between factors and total scores were significant, positive and high, as well as between the EDE-Q-7 measures and SDE ($>.60$ with the total; $>.40$ with the factors), in pregnancy, postpartum and considering both periods.

Conclusions: Presented sound psychometric properties across the perinatal period, the EDE-Q-7 and can be very useful to evaluate the presence and severity of eating disorders symptoms in women in pregnancy and post-partum.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP0026

Stigma towards mental health disorders - Has anything changed?

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Introduction: Stigma towards mental disorders has been shown to be a major obstacle to recovery and quality of life among people with psychiatric disorders. Despite significant advances in the treatment of mental disorders, stigma remains concerning to patients, caregivers, and healthcare professionals. Singapore is a city state in South-East Asia with a multi-ethnic population. A nation-wide campaign launched in 2018, Beyond the Label, focusing on addressing stigma and promoting social inclusion for persons with mental health conditions.

Objectives: The aims of the current study were to (i) establish the dimensions of stigma and examine its correlates in the general population of Singapore using a vignette approach, and (ii) examine whether there was any change in stigma levels from 2016 to 2023.

Methods: Data for the current study comes from an ongoing nation-wide, cross-sectional study of mental health literacy conducted in Singapore since September 2022. The study population comprises Singapore Residents aged 18–65 years who are currently living in Singapore. Respondents were randomly assigned and presented a vignette describing one of seven specific disorders: alcohol abuse, dementia, depression, depression with suicidality, gambling disorder, obsessive-compulsive disorder, and schizophrenia. Stigma was assessed using Personal and Perceived scales of the Depression Stigma Scale (DSS) (Griffiths et al. Br J Psychiatry; 2004 185 342–349), and the Social Distance scale (SDS) (Link et al. Am J Public Health 1999; 89 1328–1333).

Results: 2500 respondents who completed the survey were included in the current analysis. The mean age of the respondents was 42.8 years. A three-factor model comprising 'weak-not-sick', 'dangerous/undesirable', and 'social distance' provided acceptable fit. Multivariable linear regression analyses revealed that younger age, female gender, students, and dementia vignette were significantly associated with lower weak-not-sick scores while Malay and Indian ethnicity, lower education, and alcohol abuse and gambling disorder vignette were significantly associated with higher weak-not-sick scores. Those of Malay and Indian ethnicities and those with a family member or close friend who had problems similar to the person in the vignette were significantly associated with lower social distance scores.

A significant decrease ($p < 0.001$) in all three factor scores was observed from 2016 to 2023 (Table 1).

Table 1. Mean stigma scores over time

	2016	2023
Factors	Mean (SD)	Mean (SD)
Weak-not-sick	10.2 (2.1)	9.5 (2.3)
Dangerous/undesirable	11.6 (2.8)	11.2 (2.7)
Social distance	12.0 (3.1)	11.6 (3.0)

Conclusions: Our study found a significant decrease in stigma from 2016 to 2023 in the Singapore population which indicates the positive impact of anti-stigma initiatives in Singapore. Interventions must be co-developed with males, older adults, and those with a lower education to further reduce stigma in this multi-ethnic population.

Disclosure of Interest: None Declared

EPP0027

Epidemiology of a psychiatric day hospital service in rome: descriptive analysis of a two-year period of hospitalizations

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Introduction: Psychiatric Day Hospital (DH) constitutes an area of semiresidential care for short- and medium-term diagnostic and therapeutic-rehabilitative services. Through a descriptive analysis, we analyzed the clinical rationale and expected goals leading to an admission to the psychiatric day hospital service at St. Andrew's Hospital in Rome, over a two-year period (2021-2022).

Objectives: We aim, through the evaluation of the epidemiological data of patients, particularly the causes of admission and sending institutions, to be able to have at our disposal important comparison data to understand the characteristics of the patient population received in psychiatric day hospital services.

Methods: Medical records of 218 patients admitted from 01.01.2021 to 31.12.2022 at the Psychiatry Day Hospital of Sant'Andrea Hospital in Rome were analyzed. The main sociodemographic and clinical characteristics and finally the type of psychiatric service from which the admission came were collected and analyzed, in addition to the reason for referral and therapeutic goal. Statistical analyses were conducted using Excel spreadsheets.

Results: 64% of admissions aimed to modify or start new medication regimens with monitoring (e.g., Clozapine, Carbolithium, Esketamine). 19% were for medical evaluations, mainly neurological, cardiological, endocrinological, or internal medicine. 9%

were for diagnostics. 2% were for infusion therapy, and an additional 2% for Esketamine treatment. The main findings highlight that Day Hospital use primarily focused on comprehensive patient assessments and therapy adjustments, often involving closely monitored drugs. Notably, 19% were for medical evaluations, with 28% of them being neurological assessments. This suggests challenges in conducting detailed medical assessments outside a context with prioritized access to such services.

Conclusions: Limited data in the literature make it challenging to conduct comparative analyses regarding patients in psychiatric day hospital services. However, our data can spark a discussion about admissions with objectives that could potentially be addressed through alternative services. We should also explore why this isn't happening. It could be interesting to conduct a descriptive analysis comparing epidemiological data from the two years before and after the period under investigation. Conducting retrospective statistical analysis on the collected data can yield more comprehensive results.

Disclosure of Interest: None Declared

EPP0028

Trends of the mental health of the Hungarian adult population between 2010-2023

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Introduction: Several data have been published in the past decade on the mental health of the Hungarian population by different research teams but less information is available about the trends of mental status of the population based on comparable research methods.

Objectives: Our aim is to provide data on the time trends of mental status in Hungary using comparable methodology.

Methods: Four cross-sectional mental health surveys of the adult Hungarian population were designed by the authors; data collection was carried out by an opinion polling company between 2010 and 2023. Representative samples were selected by multistage stratified cluster sampling and weighted for analysis. Self-filling questionnaires were used to collect information on demographic data and socioeconomic status; validated scales were used to assess pathological distress (GHQ) and sense of coherence (SOC).

Results: Distribution of the respondents by permanent residence, age and sex in all surveys reflected that of the adult population of the country. The proportion of adults struggling with severe psychological distress approximately halved from 14.53% in 2010 to 6.78% in 2019 showing a significantly improving trend ($p < 0.001$) with higher proportions of women being severely stressed compared to men. Sense of coherence, a measure of psychological resilience increased by 3.43 points from 2010 to 2019 ($p < 0.001$), also reflecting a significantly improving trend without gender difference. However, the last survey of 2023 showed significant worsening with 18.85% of adults struggling with pathological distress, and a dramatic decrease in sense of coherence (-13.64 points).

Educational level and social support were found to be consistent and significant determinants of mental health.

Conclusions: Mental health status improved among Hungarian adults in the past decade up until 2019 but the trend turned into the opposite by 2023. Further research is warranted to uncover the underlying causes of the latest changes.

Disclosure of Interest: None Declared

EPP0029

Regional Inequalities in Diagnosis and Therapies in Greece regarding Autism Spectrum Disorders

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Introduction: Autism spectrum disorders (ASD) represent a major public health concern on a global scale. The increasing prevalence of ASD worldwide, coupled with the arising demand for treatments, underscores its important role in the public mental health discourse. Ensuring the equitable integration of children with ASD and their families into all aspects of society becomes an imperative task, in order to eradicate the stigma associated with the broad spectrum of autism, encompassing both visible and concealed dimensions.

Objectives: The primary objective of this study was to determine the crude prevalence of ASD in Greece nationwide, while also examining regional disparities in both prevalence and therapies. The study spanned a three-year period from February 2019 to February 2022 and relied on retrospective data sourced from the Greek National Organization for Healthcare Services Provision (EOPYY).

Methods: EOPYY provided de-identified data, including information such as sex, age, diagnosis, and treatment for each child, facilitated by hashed social security numbers. Statistical analysis of the dataset was performed using the open-source statistical program R.

Results: A total of 18,245 children aged 2 -17 years were diagnosed with ASD in Greece, representing a nationwide crude prevalence rate of 1.16%. Regional disparities were evident, with prevalence rates ranging from 0.49% in the North Aegean to 1.57% in Crete. Over the three-year study period, a total of 15,328,327 non-medical therapies were prescribed, corresponding to an annual average of 264 therapies per child. Statistically significant differences between the thirteen regions in Greece were observed, ranging from 230 to 323 annual therapies per child.

Conclusions: Our findings align Greece's ASD prevalence with the global estimate of 1 in 100 children, as per the World Health Organization. Disparities between rural and urban areas in Greece may be attributed to differences in diagnostic procedures and the availability and accessibility of specialized services for autistic individuals. Thus, the establishment of a national surveillance system for ASD is recommended to enhance our understanding

of the autism spectrum, monitor changes in prevalence, and identify potential contributing factors to autism conditions. Furthermore, these evidence-based results offer invaluable insights for crafting policies concerning healthcare, education, and employment for individuals with ASD in order to ensure the development of people with autism, their wellbeing, and a good quality of life.

Disclosure of Interest: None Declared

EPP0030

Exploring Causal Relationships in Mental Health Literacy Through Twitter Content: A Machine Learning Approach

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Introduction: The concept of Mental Health Literacy (MHL) is inherently multidimensional. However, the interrelationships among its various dimensions remain insufficiently elucidated. In recent years, the textual analysis of social media posts has emerged as a promising methodological approach for longitudinal research in this domain.

Objectives: This study aimed to investigate whether temporal causal associations exist between recognition of mental illness (R), mental illness stigma (S), help-seeking efficacy (HE), maintenance of positive mental health (M), and help-seeking attitude (HA).

Methods: Tweets were collected at three distinct time points: T1, T2, and T3, spanning the period from November 1, 2021, to December 31, 2022. We employed a machine-learning approach to categorize the posts into five MHL facets. Using these facets, we trained a machine learning model, specifically Bidirectional Encoder Representations from Transformers (BERT), to determine the MHL scores. To be eligible, an account must have an R facet score at T1, and M, S, HE facet scores at T2, as well as an HA facet score at T3. In total, we retrieved 4,471,951 MHL-related tweets from 941 users. We further employed structural equation modeling to validate the causal relationships within the MHL framework.

Results: In the evaluation, BERT achieved average accuracy scores exceeding 89% across the five MHL facets in the validation set, along with F1-scores ranging between 0.75 and 0.89. Among the five MHL facets—maintenance of positive mental health, recognition of mental illness, help-seeking efficacy, and help-seeking attitudes—each demonstrated a statistically significant positive correlation with the others. Conversely, mental illness stigma exhibited a statistically significant negative correlation with the remaining four facets. In the analysis using single-mediation models, each of the individual mediator variables—namely, mental illness stigma, help-seeking efficacy, and maintenance of positive mental health—exhibited significant indirect effects. In the multiple-mediation model, two mediator variables—help-seeking efficacy and maintenance of positive mental health—demonstrated significant indirect effects. These findings suggested that the

recognition of mental illness exerted an influence on help-seeking attitudes through one or more of these mediators.

Conclusions: By leveraging machine learning techniques for the textual analysis of social media and employing a longitudinal research design with panel data, this study elucidates the potential mechanisms through which the MHL framework influences attitudes toward seeking mental health services. These insights hold significant implications for the design of future interventions and the development of targeted policies aimed at promoting help-seeking behaviors.

Disclosure of Interest: None Declared

Mental Health Care

EPP0032

Designing youth mental health services to improve access: A qualitative study and framework analysis of youths' perspectives in Singapore

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Introduction: Although there is an increasing interest in making mental health services (MHS) accessible to youths, there is limited ground-up involvement of youths while designing MHS in Asian settings.

Objectives: This qualitative study sought to understand what youths considered as important elements of youth centric MHS and how these could be designed to improve access by youths in Singapore.

Methods: We conducted seven focus group discussions, and four semi-structured interviews with 50 multiracial youths aged 15-35 years in Singapore - a high-income Southeast Asian country. Purposive sampling allowed adequate representation of age, gender, and race (mainly Chinese, Malay, and Indian) groups. Participants reflected on the features of an ideal MHS for youths and how these could improve youths' attitude and access to services. Participants also shared their preferences and additional opinions for culturally tailored and age appropriate MHS. Framework analysis using the 'Conceptual Framework of Access to Healthcare' (Levesque et al. *Int J Equity Health* 2013, 12:18) was used to code transcripts and identify the key themes (Ritchie & Spencer. *In Analyzing qualitative data*, 1994).

Results: The average age of the participants was 24 years. About one third of the participants had accessed MHS in the past. Three key themes were identified - making facilities 'approachable', 'available and appropriate' and 'affordable'. (i) Making facilities approachable related to having non-stigmatizing, non-threatening and welcoming aesthetics, organizational culture, and personnel. The participants also recommended a range of professional services, digital tools, and online features to enhance the approachability of MHS designed for youths. (ii) Flexible operating hours, easy appointment

management, accessible location, and easy availability to youths with unique needs (e.g., employed youths) or socio-cultural backgrounds were necessary for making facilities available and accessible to youths. (iii) While sharing challenges of family involvement in the help-seeking process, most of the participants, particularly those in the lower ages, talked about tailoring MHS to the ability of youths to pay for the services. Preferences such as having cheaper services for teenagers and initial contacts, offering more non-medical but trained professionals, and considering shorter in-person counselling sessions, followed by free online options were brought up by the participants.

Conclusions: The study provided insights into multiple aspects of MHS and how these could be designed to cater to the needs of youths in Singapore from their perspective. MHS that incorporate non-stigmatizing, flexible, non-threatening and affordable design approaches could improve help-seeking and early interventions in youths.

Disclosure of Interest: None Declared

EPP0033

Recovery among people with mental health challenges and alcohol and drug use issues in the Northern Territory, Australia

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Introduction: The Northern Territory (NT) has Australia's highest mental health burden. It has a diverse and transient population, including Aboriginal and Torres Strait Islander people and various multicultural communities. While peer support has been widely used nationwide, in the NT, peer support is poorly implemented in psychosocial support activities.

Objectives: The NT Lived Experience Network (NTLEN), in allyship with a team of researchers from Flinders University, has secured multiple fundings aimed to develop, implement, and evaluate a peer education and recovery program called Recovery Together (RT) for individuals with mental health and alcohol and drug use issues and related challenges.

Methods: The suitable evaluation approach was co-designed with live experience representatives from NTLEN and other local key stakeholders. It applied a mixed-method approach, including pre and post-program surveys (n=64) and individual interviews with program participants and the program delivery team (n=32). The evaluation findings were also informed by data collected by NTLEN via feedback forms (n=38). We also used a co-design approach to develop survey instruments to ensure they were strengths-based and recovery-oriented.

Results: Participants reported poor and fair self-perceived health, high stress levels, dissatisfaction with their relationships and relatively low recovery scores, which showed improvements at post-program completion. They discussed their journeys in the interviews and shared their experiences with local mental health services and the Recovery Together program. Many expressed that mental

health professionals are not necessarily the care providers they feel comfortable engaging with. However, they described their experience with the peer program as highly positive, empowering, safe, non-judgmental, and beneficial, satisfying their support needs. The program gave them hope and tools to manage their mental health challenges and opportunities to gain insight into non-clinical aspects of recovery. Participants conceptualised personal recovery in their own words and described the facilitators and barriers to their recovery. They emphasised that recovery is being empowered, strong within themselves and the leader of their journey, living their best possible life, understanding themselves, having the necessary knowledge about mental health, and looking forward in a hopeful way.

Conclusions: Our findings highlighted the demand and need for ongoing delivery of the RT program in the NT, which was highly effective in supporting personal recovery, addressing the service delivery gap and complementing the available clinical and mental health practices. They also showed the importance of providing recovery-oriented and trauma-informed education for medical and mental health professionals.

Disclosure of Interest: None Declared

EPP0034

The impact of clinical context on the recognition of facial expressions

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Introduction: Several authors have demonstrated the relevance of the therapist sensitivity to the affective expression of his client (Merten & Schwab, 2005; 150-158), as well as to his own emotional experience (Haynal-Raymond et al., 2005; 142-148) in order to build a more effective therapeutic relationship, and results. An important source of information to decode the emotional expression hints is the face, and its expression (Ekman & Friesen, 1975; Russel & Fernández-Dolls, 1997; 275-294). Despite common sense saying that context is relevant to understand the meaning of the emotional facial expression, the literature review shows inconsistent results.

Objectives: The main goal of this study was to evaluate the impact of clinical context over the perception of the emotional facial expression.

Methods: This study followed a within-subjects design, and its sample consisted of 60 clinical psychologists. 21 combinations of prototypical expression images with mixed emotional signals, and clinical information texts were presented to the participants. Then their judgement on the type of emotion displayed was requested. The presentation of the text-image pairs was randomized between three conditions: consistent, and non-consistent, and neutral.

Results: The results suggest that emotions are more easily recognized in the presence of a concordant context than a non-concordant or neutral one, and that the greater the similarity

between the facial expression of the image presented and the face prototypically associated with the context, the greater the influence of the context.

However, In the recognition of mixed emotional signs, there was greater recognition of signs of anger in the facial expression, as a non-dominant emotion, when in the presence of the neutral story than of the story that agreed with the dominant emotion (sadness). There was also greater recognition of sadness, as a non-dominant emotion, in the presence of a story in agreement with fear than in the presence of a neutral story. There was also a statistically significant increase in the attribution of anger to images in which it is not present and whose dominant emotion is fear, when associated with a context of aggression vs. a neutral context.

It was also found that there was a significant decrease in the attribution of fear to the sadness-anger image (25%-75%) in the presence of the aggression context compared to the neutral and panic contexts. There was also a statistically significant decrease in the attribution of sadness to an image of fear in the neutral context compared to the other contexts (panic and aggression).

Conclusions: In conclusion, our study have shown an impact of context over overvaluation or the undervaluation of the emotional facial expression as well as either with prototypical expressions or the mixed emotional signals when referring to sadness, fear, and anger. Thus, mental health clinicians should consider the influence of these contexts.

Disclosure of Interest: None Declared

EPP0035

Guidelines of inclusive architecture design for autism spectrum disorder: What is new?

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Introduction: Autism spectrum disorder (ASD) is a complex neuro-developmental condition. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), restricted interests and repetitive behaviors and difficulties with social communication and interaction characterize ASD. Different ways of learning, moving, or paying attention are related to the degree of impairments. By reducing environmental and social obstacles in school, work, and other areas of life, architecture could play a pivotal role in helping people on the spectrum become more independent and acquire more abilities.

Objectives: The aim of this study was to outline the recommendations and guidelines of the inclusive architecture design for ASD.

Methods: We conducted a comprehensive review of the scientific literature using the following keywords: inclusive design, architecture, autism or ADS.

Results: Our research found that the Autism ASPECTSS design index reported in 2013 by Magda Mostafa from Canada, which was based on the sensory design theory, is the world's first set of evidence-based design guidelines for managing built environments to serve ADS individuals interaction, particularly in schools and

workspaces. ASPECTSS conceptual framework delineate seven design concepts: acoustics, spatial sequencing, escape space, compartmentalization, transition spaces, sensory zoning, and safety. In 2023, the same author published an autism friendly design guide for the world's first autism-friendly university. This guide is characterized by a better understanding of human-centered design and advocates beyond the mere inclusion, aspiring to a state where the boundaries between 'normal' and 'special' are blurred in order to treat all users as human beings with equal rights, thus calling for equal opportunities beyond the ADS spectrum.

Conclusions: With such well-established conceptual framework, it is nowadays imperative to expand our buildings in cities, schools, workplaces, hospitals, and public areas using the guidelines of autism-friendly environments. These buildings will enhance our individual and social well-being.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP0036

Investigating Sex Differences in Opioid Use Disorder Risk Factors: Insights from Cross-Section Lebanese Study Population

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Introduction: Opioid use disorder (OUD) is a significant public health concern, and understanding the risk factors associated with OUD is crucial for effective prevention and management strategies. However, limited information is available regarding the role of sex differences in OUD risk factors. Women have often been excluded from clinical studies to create more homogeneous samples and simplify the analysis of treatment effects. The underrepresentation of women in clinical trials and the lack of sex stratification, typically limited to binary comparisons without considering gender dynamics, raise concerns about potential sex disparities. Given the emerging evidence suggesting the possibility of sex differences in the likelihood of developing OUD, further research is needed to investigate and understand these potential disparities to optimize the individualized management of OUD.

Objectives: The primary objective of this study was to examine and identify any sex-related variations in OUD risk variables within the Lebanese community. By pinpointing sociodemographic, psychiatric, and other factors related to sleep and chronotype, we aim to

elucidate their impact on the onset and progression of OUD in both males and females.

Methods: A cross-sectional study was conducted among 581 Lebanese adults using an online questionnaire that included sociodemographic questions, validated scales for substance use disorders and sleep disorders, and assessments for depression and anxiety. Multivariate analyses were performed to identify associations between risk factors and OUD scores in both male and female populations.

Results: Common risk factors for OUD were identified, including family and personal history of substance use disorder, co-occurrence of sedative and alcohol misuse, and psychiatric illnesses. Sex-specific risk factors were also observed. Among women, the ASSIST-opioids subscore was significantly associated with the Pittsburgh Sleep Quality Index (B=0.143) and Insomnia Severity Index (B=0.286) scores. Men demonstrated a correlation between ORT-OUD and younger age (B=0.882). Waterpipe consumption was negatively correlated with the ORT-OUD score in men (B=-0.018).

Conclusions: Our study emphasizes the importance of examining sex differences in risk factors for OUD, particularly within the Lebanese population. By acknowledging these gender-specific risk factors, interventions can be customized to address the distinct vulnerabilities of each sex. This approach could potentially improve prevention efforts, facilitate early identification, and implement treatment strategies tailored to the specific needs of individuals with OUD. Further research is needed to delve into the underlying mechanisms and develop targeted interventions for enhanced management of OUD.

Disclosure of Interest: None Declared

EPP0037

Bipolar Disorder in Pregnancy: A Challenging Case Managed with Maintenance Electroconvulsive Therapy

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Introduction: Pregnancy is a high-risk period for major affective disorders and can lead to a destabilizing period for our patients. Standard pharmacological strategies must be carefully evaluated due to potential teratogenic or side effects. We present a case of bipolar disorder type I with challenging-to-control maniac episodes during pregnancy, which has required Electroconvulsive Therapy for its management.

Objectives: Presenting maintenance electroconvulsive therapy (ECT) as a safe and effective therapeutic strategy during pregnancy, with the presentation of a case in which it has been administered every 3 weeks from the second trimester until the baby's birth at 37 weeks

Methods: This concerns a 28-year-old immigrant woman, married, with a 10-year-old child. She was diagnosed with bipolar disorder

type I at the age of 16 when she experienced her first manic episode in her country of origin. Subsequently, during her first pregnancy, she required hospitalization for electroconvulsive therapy (ECT) treatment, with a positive response after a single session. She remained stable for several years without maintenance pharmacological treatment or follow-up until the ninth week of her second pregnancy when she experienced a manic episode requiring hospitalization.

Results: She was initially treated with Olanzapine and Lorazepam with a positive response, but three weeks later, she was readmitted with a similar episode. These decompensations occurred almost monthly, leading to the consideration of introducing mood stabilizers after the first trimester. However, due to the patient's severe hyperemesis gravidarum, this stabilizing treatment was ruled out due to the difficulty in controlling its blood levels and the associated risk of intoxication. During the fifth admission at the 20th week of gestation, the decision was made to initiate ECT treatment, which yielded an excellent response and subsequent maintenance.

Conclusions: The indications for electroconvulsive therapy (ECT) during pregnancy are the same as in the rest of adult patients. In individuals with a psychiatric history, it is possible for a relapse of mental illness to occur during pregnancy, although the risk is considerably higher during the postpartum period. ECT is considered an effective and safe treatment option in all three trimesters of pregnancy and the postpartum period. During the informed consent process, patients should be informed about the potential impact of ECT as well as alternative treatment options.

Disclosure of Interest: None Declared

EPP0038

The impact of hormones on emotional and social development: a study in adolescent daughters of women with polycystic ovary syndrome

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Introduction: Polycystic Ovarian Syndrome (PCOS) is the most prevalent endocrine disorder in adolescents. It affects brain maturation, specially in highly neuronal plasticity periods. However, there is a lack of information about the impact of this exposure during brain plasticity windows.

Objectives: Characterize the consequences of hyperandrogenism in emotional status and social cognition (SC) on adolescents daughters of women with PCOS (dPCOS).

Methods: Analytical cross sectional study. dPCOS and controls between ages of 12 to 25 years old were recruited. Participants underwent a complete clinical evaluation, plasmatic hormones determinations (including total testosterone, SHBG, androstenedione and 17-OH-progesterone) and ovarian ultrasound

characterization. SC was estimated by: measurements of affects (PANAS), strength and difficulties (SDQ), self-reported empathy (EQ/SQ and AQ), and gaze patterns for autonomic response measurement via Eye-Tracking.

Results: 33 participants were recruited, 15 cases and 18 controls. Median age was 17 and 18 years, respectively. The dPCOS presented a larger anogenital distance (cm) (9.7 vs 7.8; $p=0.014$), Ferryman-Gallwey score mean (13.0 vs 2.0; $p<0.001$) and free androgen index value (7.5 vs 4.1; $p=0.004$), suggesting hyperandrogenism exposure during intrauterine and adolescence periods. Regarding SC, dPCOS exhibited a predominantly negative affective status (PANAS 8.0 vs 2.0, $p=0.049$) and a higher score in socio-emotional problems (SDQ 2.5 vs 1.5; $p=0.047$). The eye-tracking registration showed that dPCOS presents longer time to first fixation in areas of interest (s) (0.35 vs 0.28; $p=0.037$), which was associated with a worse endpoint in emotional recognition ($aR^2=-0.920$; $f=19.48$; $Pr >|t|<0.049$). Furthermore, the 2D:4D ratio (intrauterine marker of androgen exposure) was correlated with a predominance of negative affect ($\rho=0.51$; $p=0.019$) and less prosocial behaviors ($\text{coef}=-2.39$; $P>|t|=0.049$).

Conclusions: Clinical and hormonal markers suggest that dPCOS are exposed to hyperandrogenism during the most critical neuroplasticity periods. This exposure is associated with negative affects, more social-emotional difficulties and less score on emotional recognition and prosocial behavior. Due to a high psychiatric comorbidity in PCOS patients, these findings are relevant and emphasize the importance of early mental health treatment in these patients.

Disclosure of Interest: None Declared

EPP0040

Diversity and gender at the largest European university hospital: The effects of discrimination on mental health

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Introduction: Discrimination is known to have different effects on health. In particular the mental health of affected people diminishes. Although it is known that marginalized groups are discriminated against more, at present only research on gender and ethnicity has been done. Further diversity domains like socioeconomic status, care responsibilities, sexual orientation, disability, mental and physical health, and their intersections have been scarcely looked at.

Objectives: The aim of the study was to determine the effects of discrimination on the mental health for employees and students of a university hospital taking diversity domains into account.

Methods: A web-based survey between June 22 to October 23 was conducted using the PHQ-4 and WHO-5 as well as innovative Diversity Minimal Item set to measure different diversity domains.

Results: Preliminary data shows that discrimination among employees and students is common, widespread and most frequent

based on gender, ethnicity and health. The mental health of those who feel discriminated against tends to be poorer, especially looking at the intersectionality of diversity domains.

Conclusions: The results of this study suggest that both more measures to prevent discrimination in a university hospital have to be implemented and individuals from marginalized groups need special psychosocial support to ensure a safer working environment. In addition, greater attention to diversity and inclusion in medical research is needed to develop appropriate responses and interventions, including diversity policies.

Disclosure of Interest: None Declared

Others

EPP0043

Piled-up Risk Factors: a Case Report of Diogenes Syndrome

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Introduction: Diogenes Syndrome (DS) is an uncommon neuro-behavioral syndrome characterized by social isolation, extreme neglect of personal care and a tendency to excessively accumulate useless objects in the home, usually leading to unsanitary living conditions. It is further characterized by a lack of insight into the condition, leading to a refusal to seek assistance.

Objectives: To outline the clinical features of primary DS, unassociated with other psychiatric conditions, emphasizing key risk factors contributing to its development.

Methods: Descriptive report of a case of DS, based on an interview with the patient, review of his clinical file, and a non-systematic literature review using the PubMed database.

Results: We report a case of a 62-year-old man, widowed since the age of 33, without children, living alone in a rural area in the north of Portugal. Currently retired, he worked as a Philosophy Professor. He had no known psychiatric history until 2015, when he attended two psychiatric appointments, due to anxiety and changes in sleep pattern. He has since lost psychiatric follow-up and in May 2022 he was brought to the emergency department by his neighbor, due to changes in his behavior. He was seen several times rummaging through trash and he didn't leave the house for a few weeks, resulting in a cluttered and unsanitary living space. He looked malnourished, unkempt and dirty. Despite not recognizing his behavior as problematic, he accepted hospitalization. No obsessive-compulsive, depressive or psychotic symptoms were detected, nor were dysfunctional personality traits. Reversible causes of dementia were excluded, a cranioencephalic CT scan revealed no abnormal findings and a neuropsychological assessment showed no changes in cognitive functions. Post-discharge, local health services provided home support, with meal delivery and house cleaning. However, he did not buy the medication and canceled the home support service several times, ending up being hospitalized again. After this second hospitalization in August 2023, he went to live with his brother in another city and has

remained stable, medicated with an SSRI and low dose Aripiprazole.

Conclusions: Primary Diogenes Syndrome is rare and its etiopathogenesis remains poorly understood. It is known that there is no distinction between genders, profession or socioeconomic status, and that it is more common in the elderly, single people, widowers and people with poor or non-existent social links with their local community. Familiarity with DS characteristics enables earlier recognition of such individuals, thereby facilitating prompt provision of social and clinical support in order to reduce morbidity, mortality, and enhance public health.

Disclosure of Interest: None Declared

EPP0045

Community psychiatric care for people with mental disorder and homelessness, with the involvement of peer support. Cooperation of the Awakenings Foundation and BMSZKI

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Introduction: A person diagnosed with a psychiatric illness, must face labels and discrimination most of the time. Fear of these undermines the motivation of people in need to seek help. A special example of this phenomenon is the case of people experiencing homelessness and mental disorder, avoiding the additional stigma of homelessness and therefore do not seek any help for their mental ill-health. Availability of the specific services complicates their problem.

Fear of stigma, trauma, and previous bad experiences of using services also keep people experiencing homelessness away from services.

In Hungary, the February Third Working Group (F3) Report on the 2020 Homelessness Survey After the Penal Code - Before the Pandemic Homelessness - Services Perspectives by Péter Győri shows in his summary paper that only 29% had received psychiatric treatment.

Objectives: Methodology Center of Social and Its Institutions (BMSZKI), in collaboration with the Awakenings Foundation, developed a complex rehabilitation service for people experiencing homelessness and mental disorder. This presentation aims to present this good practice.

Methods: Complex rehabilitation based on the methodology of community psychiatric care with the involvement of peer support.

Results:

- provision of community psychiatric care for people experiencing homelessness and mental disorder,
- introduction of screening for effective care of undiagnosed persons with mental disorders,
- provision of outpatient and day hospital care
- focus of care in accommodation services on persons with mental disorders,
- the involvement of peer-support work in the service,

- building a network of contact points, organizing case conferences,
- developing and organizing training on recovery-based rehabilitation for people with mental disorders in cooperation between the two organizations,
- telemedicine, making digital mental health available
- presence of resources represented by self-help groups
- running a working group to promote improvements based on practical experience homelessness and mental disorder.

Conclusions: extra-institutional teamwork multiplies the resources for people experiencing homelessness and mental disorder.

Keywords: mental disorder, homelessness, community psychiatric care, peer support, collaboration

Disclosure of Interest: None Declared

Personality and Personality Disorders

EPP0046

Relations between the Arabic BFI-2 and HEXACO-60 scales among Kuwaiti Undergraduates.

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Introduction: Many researchers are likely to use the BFI-2 as a measure of the Big Five personality factors. The HEXACO-60 Honesty-Humility factor has no direct counterpart in the Big Five system; however, it should show modest positive correlations with Big Five Agreeableness.

Objectives: The study aimed to examine the BFI-2 in relation to a similar-length version of the HEXACO-60.

Methods: Participants were 1536 undergraduate students (960 women 576 men) at Kuwait university who completed the personality questionnaires. Participants aged 18–23-years-old mean age = 21.26 ± 1.20. The Arabic versions of HEXACO-60 and the BFI-2 instruments were administered in paper-and-pencil format in research laboratories.

Results: Cronbach's alphas ranged from 0.75 to 0.88 for the BFI-2 Domains and 0.70 to 0.75 for the HEXACO-60 Domains denoting good internal consistency. Regarding cross-inventory correlations, these were high for the two inventories variants of Openness (0.77), Conscientiousness (0.75), and Extraversion (0.71). BFI-2 Agreeableness correlated 0.56 with HEXACO-60 Agreeableness. The HEXACO-60 Honesty-Humility was weakly related to the BFI-2 scales, showing only modest correlation with Agreeableness (0.48). In addition, the BFI-2 Neuroticism correlated 0.53 with HEXACO-60 Emotionality, -0.33 with HEXACO-60 Extraversion, and -0.30 with HEXACO-60 Agreeableness.

Conclusions: The BFI-2 scales captured well the variance of the HEXACO-60 scales apart from Honesty-Humility. In particular, the BFI-2 accounted for about as much variance in the HEXACO Openness, Conscientiousness, Extraversion, and Agreeableness scales as the HEXACO-60 scales accounted for in the BFI-2 scales of the same names. The results confirm the BFI-2 and HEXACO-60 are heavily overlapping.

Disclosure of Interest: None Declared

EPP0047

Pharmacotherapy and psychotherapy interventions in patients with borderline personality disorder in outpatient clinical practice

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Introduction: Despite the high prevalence of borderline personality disorder (BPD) in the population, the evidence regarding approaches to therapy for BPD is inconsistent. No psychopharmacological medications are approved for the treatment of BPD, yet most patients with BPD are treated with pharmacotherapy. Meanwhile, psychotherapy is the method of choice for the treatment of BPD. Little is known about the clinical practice of BPD treatment in Russia, since most studies have been conducted in Western countries.

Objectives: The aim of the study: analysis of approaches to treatment of BPD in real outpatient clinical practice in Saint-Petersburg, Russia.

Methods: Fifty patients (72% female; n=36; mean age 22.4±4.3) who were treated in an outpatient community care were included in the study. Diagnosis was made according to the ICD-10 criteria (F60.31), as it does in clinical practice in Russia. Research methods included a clinical-catamnestic method.

Results: All examined patients received pharmacotherapy. Twenty-four patients (48.0%) received monotherapy with a selective serotonin reuptake inhibitor antidepressant. The remaining patients (52.0%) received two or more psychotropic medications simultaneously. The most frequent combination of psychopharmacotherapeutic agents was a combination of an antidepressant and a mood stabilizer. Analysis of therapy revealed that antipsychotics (always of the second generation) as well as mood stabilizers were prescribed to target emotional instability and impulsivity as symptoms of BPD, as well as increased self-harming behavior in order to reduce impulsivity. Despite the assumption that the simultaneous prescription of several medications to patients with BPD was due to the presence of a comorbid psychiatric diagnosis, this was not confirmed ($p>0.05$). Most of the patients (n=42; 84.0%) received individual and group psychotherapy (cognitive-behavioral with elements of dialectical-behavioral therapy). It was found that patients who received psychotherapy had a faster response to pharmacotherapy ($p<0.05$).

Conclusions: An analysis of approaches to the treatment of BPD in outpatient clinical practice in Saint-Petersburg, Russia, showed a predominance of medication-assisted psychopharmacotherapy (selective serotonin reuptake inhibitors, antipsychotics, mood stabilizers) over the frequency of prescription of psychotherapeutic care. In none of the cases was a first-line psychotherapy method (with proven efficacy for BPD) used. An assessment of the availability of psychotherapeutic care for patients with BPD is required. An earlier initiation of psychotherapeutic care after the BPD diagnosis is recommended, which may lead to an increase in the effectiveness of psychiatric care for patients with BPD in outpatient clinical practice.

Disclosure of Interest: None Declared

EPP0048

Use of Long-Acting Injectables in Borderline Personality Disorder: What Do We Know?

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Introduction: Psychotherapy serves as the foundation of care for individuals with borderline personality disorder (BPD), with pharmacotherapy being regarded as a supplementary measure to be considered when necessary. In clinical practice, however, most of BPD patients receive medication.

A major problem in the treatment of BPD is the lack of compliance derived from the pathological impulsivity of BPD patients. The use of long-acting antipsychotics (LAI) may be an option.

Objectives: This work aims to address the use of long-acting injectables in borderline personality disorder.

Methods: Non-systematic review of literature using the PubMed® database, based on terms “Borderline Personality Disorder” and “Long-acting antipsychotics”. Only six articles were found.

Results: Several studies have shown promising results in the treatment of Borderline Personality Disorder (BPD) with long-acting injectable (LAI) antipsychotics. A six-month study using IM risperidone demonstrated significant improvement, while LAI Aripiprazole also exhibited positive outcomes in individuals with BPD and Substance Abuse. Additionally, Palomares et al. (2015) found that palmitate paliperidone LAI reduced impulsive-disruptive behaviors and enhanced overall functioning in BPD patients. Carmona et al. (2021) compared oral and LAI antipsychotics and concluded that LAIs may have a role to play in the management of BPD.

Conclusions: Treatment with LAIs may play an important role in clinical and functional improvement in BPD patients.

Disclosure of Interest: None Declared

EPP0049

Title: Misdiagnosis in young females – Autism versus Borderline Personality Disorders

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Introduction: The diagnostic overlap between Autism Spectrum Disorder (ASD) and Emotionally Unstable Personality Disorder (EUPD), commonly referred to as Borderline Personality Disorder (BPD), presents a considerable challenge in psychiatric practice, particularly for young females. These complexities are amplified by gender biases in the healthcare system and can lead to misdiagnosis, affecting both treatment planning and long-term outcomes.

Objectives: There are differences and similarities between ASD and EUPD/BPD which encompass its own challenges in diagnosis and treatment

The presentation seeks to:

1. Offer an in-depth overview of the relationship between ASD and EUPD/BPD in young females.
2. Evaluate the diagnostic challenges associated with distinguishing between these two conditions.
3. Discuss the practical implications of misdiagnosis on treatment and quality of life.

Methods: Drawing from a rich corpus of evidence, including longitudinal studies (e.g., Kerns et al., 2015; Gunderson et al., 2018), meta-analyses, and patient case studies, the presentation adopts a multidisciplinary approach. It utilises clinical interviews, validated diagnostic tools such as the Autism Diagnostic Observation Schedule (ADOS) and the Structured Clinical Interview for DSM-5 (SCID-5), as well as direct observation to provide a nuanced understanding of ASD and EUPD/BPD characteristics.

Results:

Shared Characteristics: Both ASD and EUPD/BPD manifest challenges in social functioning and mood regulation, supported by studies indicating sensory sensitivities and affective dysregulation in both conditions (Zanarini et al., 2019; Happé et al., 2019).

Differentiating Factors: ASD individuals often struggle with verbal and non-verbal communication, whereas those with EUPD/BPD may excel in these areas but display emotional volatility and unstable relationships, substantiated by differing neurobiological markers (King-Casas et al., 2008; Minshew & Williams, 2007).

Misdiagnosis Risks: The failure to correctly diagnose these conditions may lead to ineffective or potentially harmful treatment plans (Zanarini et al., 2013; Solomon et al., 2012).

Necessity for Comprehensive Assessment: A multimodal and culturally sensitive diagnostic approach is essential for accurate clinical evaluation (Mandy et al., 2012; Betancur et al., 2009).

Conclusions: The complexities surrounding the accurate diagnosis of ASD and EUPD/BPD in young females necessitate a thorough and multifaceted approach. An incorrect diagnosis could have long-lasting implications, affecting not just the efficacy of therapeutic interventions but also the overall well-being and quality of life of the individual. This presentation underscores the critical importance of drawing from a robust body of evidence and utilising comprehensive diagnostic approaches to differentiate these conditions.

Disclosure of Interest: None Declared

EPP0050

Examining the Association Between Psychopathy Clusters and Risk-Taking Behaviors

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Introduction: Psychopathy encompasses the sub-dimensions of interpersonal manipulation, callous affect, erratic lifestyle, and criminal tendencies. Most studies investigating this trait have traditionally utilized a variable-centered approach. However, in the current study, we have adopted a person-centered approach.

Objectives: Our objective was to analyze distinct homogeneous subgroups of individuals characterized by specific psychopathy profiles and examine their relationship with risk-taking behavior.

Methods: Our sample consisted of 371 participants (26.4% men, aged 18 to 59 years), who completed the 34-item Self-Report Psychopathy Scale-III to assess psychopathy and Risk-taking behaviors were assessed using the Domain-Specific Risk-Taking Scale (DOSPERT-30).

Results: Through cluster analysis, we identified four distinct groups: Low psychopathy, Low criminal tendencies, High erratic lifestyle, and High psychopathy group. The primary findings revealed that the High psychopathy group, characterized by elevated scores in all sub-dimensions, exhibited higher levels of Risk-Taking Behaviors and a lower Perception of Risk compared to the other groups. Furthermore, the Low criminal tendencies group, marked by high scores in all dimensions and low scores in criminal tendencies, demonstrated greater risk-taking behavior compared to the Low psychopathy and High erratic lifestyle groups.

Conclusions: These results stimulate the debate about whether it is appropriate to incorporate the dimension of criminal tendencies within the concept of psychopathy. Certain clinical implications emerge from this study that are deserving of a comprehensive and thoughtful discussion.

Disclosure of Interest: None Declared

Psychopathology

EPP0051

Instagram addiction, life satisfaction and self esteem in young adults

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Introduction: Addiction to Instagram can have severe consequences at a psychological, physiological and social level. On the other hand, social networks can be useful tools for an individual's daily life. Studies show that the problematic use of some social networks, namely Instagram, can have an impact on users' self-esteem. This construct is considered a predictor of life satisfaction, which is why in the literature these two variables appear positively related.

Objectives: To explore the relationship between addiction to Instagram, life satisfaction and self-esteem in young adult university students and to carry out a comparison between groups with and without probable addiction to Instagram.

Methods: The sample was composed by 241 Portuguese university students with a mean age of 22.03, (SD = 2.29, range 18-29), and who have an Instagram account. Subjects fulfilled a sociodemographic questionnaire, and the Portuguese version of the Bergen Instagram Addiction Scale, the Life Satisfaction Scale and the Rosenberg Self-Esteem Scale.

Results: The average score on the Bergen Instagram Addiction Scale was of 13.37 (SD = 4.41), with 29.5% of the sample spending

one to two hours a day ($n = 71$) on the social network and 29.1% showing a probable Instagram addiction ($n = 70$). Mean scores of 27.17 (SD = 5.34) were found on the Rosenberg Self-Esteem Scale and 16.31 (SD = 3.97) on the Satisfaction with Life Scale. A strong relationship was found between life satisfaction and self-esteem, with males tending to have an higher self-esteem comparing to females. A low negative correlation was found between self-esteem and the total score on the Bergen Instagram Addiction Scale, which was not maintained when analyzing groups with and without a probable Instagram addiction.

Conclusions: This study demonstrates the probable presence of instagram addiction and the potential role of low self-esteem. It also emphasizes the strong relationship between life satisfaction and self-esteem. Instagram updates, as well as habits developed during the pandemic period, may have worsened the instagram use. The study shows how paradoxical the impacts of using this social network can be. Furthermore, the present study raises awareness to new national investigations that explore the use of Instagram and how they are related to the impacts on users' lives.

Disclosure of Interest: None Declared

EPP0052

Anxious-depressive symptoms after a first episode of schizophrenia: Response to treatment and psychopathological considerations from a 2-year follow-up study in Italy

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Introduction: Depression is common in schizophrenia and is correlated with suicide risk and poor long-term outcomes. However, the presence of depressive symptoms is often underestimated in both research and treatment, particularly at the illness onset.

Objectives: The goals of this study were: (a) to longitudinally observe anxious-depressive symptom levels in patients with First Episode Schizophrenia (FES) during a 24 months of follow-up period, and (b) to examine their associations with other psychopathology and the intervention patients received in an "Early Intervention in Psychosis" (EIP) program during the follow-up period.

Methods: The Global Assessment of Functioning (GAF) and the Positive And Negative Syndrome Scale (PANSS) were completed by 159 FES patients both at baseline and across the follow-up. Data were analyzed by linear regression analysis and Spearman's coefficients.

Results: Anxious-depressive symptoms had significant longitudinal associations with GAF deterioration and PANSS "Positive Symptoms", "Negative Symptoms" and "Disorganization" subscores. During the follow-up period, FES participants significantly improved the level of anxious-depressive symptoms. This was significantly associated with the number of case management and individual psychotherapy meetings the patient engaged in, as well as with lower antipsychotic doses prescribed during the follow-up period.

Conclusions: In conclusion, anxious-depressive symptoms are prominent in FES and at the initial entry into EIP programs. Anxious-depressive symptom severity tends to diminish overtime, especially with the provision of specialized EIP treatments. However, since we did not have a control population studied in parallel, we cannot say whether these results are specific to the protocols of EIP programs or just to the intensity of engagement in care.

Disclosure of Interest: None Declared

EPP0053

Psychological immunity: A new mental health test for psychiatric samples

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Introduction: The Mental Health Test serves as the operationalized, comprehensive measurement of Maintainable Positive Mental Theory which defines mental health (for either the non-clinical or psychiatric population) as a high level of global well-being, psychological, social and spiritual functioning, resilience, effective creative and executive functioning, savoring capacities, coping and enjoyment, regardless of the presence or absence of symptoms of psychopathology.

Objectives: To assist psychiatrists and clinical psychologists to assess their patients' psychological immune competence-based capacities and resources, depending on the mental health disorder diagnosis and the severity of the symptoms, the present study examined the psychometric properties of the Mental Health Test in a psychiatric sample.

Methods: The research was carried out in four Hungarian health-care facilities using a cross-sectional design. A total of 331 patients (140 male, 188 female, and 3 who preferred not to disclose their gender) completed the Mental Health Test, six well-being and mental health measures, and the Symptom Checklist-90. Clinical psychologists reported the mental disorder status of each participant.

Results: Confirmatory factor analysis showed a good fit of the five-factor model to the data for the clinical version of the Mental Health Test (CFI = 0.972, RMSEA = 0.034). High internal consistency coefficients (α : 0.70–0.84; ω : 0.71–0.85) and excellent external and content validity were reported. The Mental Health Test was not sensitive to sociodemographic indicators but was sensitive to correlates of well-being and symptoms of mental disorders in a psychiatric sample. Regression analyses demonstrated that unipolar depression and number of mental disorders were related to a lower overall Mental Health Test score. Personality disorders, unipolar depression, and the greater severity and higher number of mental disorders were associated with a lower global well-being score. Unipolar depression was related to lower savouring capacity. Self-regulation showed a correlation with the self-reported number of mental disorders only. Anxiety and somatization disorders, unipolar depression, and a higher number of self-reported mental disorders were related to a lower psychological resilience score. The regression model for the creative and executive efficiency subscale did not fit our data. The interaction of all combinations of psychotherapy and pharmacotherapy was significantly related to the overall Mental Health Test score and to the subscales. These results can later serve as a basis for designing intervention studies.

Conclusions: Our preliminary findings suggest that the Mental Health Test is a suitable measure for assessing mental health capacities and resources in psychiatric samples.

Disclosure of Interest: None Declared

EPP0054

Premenstrual dysphoric disorder—an undervalued diagnosis? Preliminary results of a prospective study on Hungarian women

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Introduction: The premenstrual dysphoric disorder (PMDD) is a new distinct diagnostic entity in the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). However, the severe premenstrual (PM) symptoms associated with PMDD result in functional impairment, globally, it remains highly underdiagnosed, underscoring the need for enhanced clinical recognition.

Objectives: This ongoing study aims to assess the prevalence and symptom profile of PMDD in a sample of Hungarian women. It is part of a comprehensive research process aiming to validate a prospective PMDD diagnostic questionnaire (Daily Record of Severity of Problems, DRSP) in order to facilitate the diagnosis of the disorder.

Methods: The study was performed in three steps. Firstly, retrospective data were collected from 112 women. Probable PMDD was assessed using the DSM-5 Based Screening Tool, while anxious-depressive symptoms and well-being were evaluated using the Beck Depression Inventory, the state subscale of the State-Trait Anxiety Inventory, and the WHO Well-Being Scale. Subsequently, prospective data were obtained from 9 women who completed the

DRSP along with the aforementioned mood questionnaires during both their PM and follicular phases.

Results: In the first research phase, the sample was divided into women with probable PMDD diagnosis (PMDD group, $n=68$) and women without probable PMDD diagnosis (nonPMDD group, $n=45$) based on the DSM-5-Based Screening Tool. The PMDD group reported significantly more severe depressive ($F(1; 56.2) = 19.394, p \leq 0.001$) and anxiety ($F(1; 35.6) = 17.714, p \leq 0.001$) symptoms and lower well-being ($F(1; 44.3) = 4.288, p = 0.04$) compared to the non-PMDD group, irrespective of the menstrual phase they experienced.

In the second and third research phases based on the DRSP, the sample was divided into women with probable PMDD diagnosis (PMDD group, $n=3$) and those without probable PMDD diagnosis (nonPMDD group, $n=6$). A statistically significant association was observed between the classifications according to the DSM-5 Based Screening Tool and the DRSP ($p=0.048$; Cramer's $V=0.79$). The PMDD group showed a tendency of lower well-being and more severe anxio-depressive symptoms than the nonPMDD group (Well-being: between phases $p=0.93$, between groups $p=0.06$; BDI-II: between phases $p=0.79$, between groups $p=0.07$; STAI-S: between phases $p=0.87$, between groups $p=0.17$).

Conclusions: The prevalence of PMDD was high in our sample. Women with probable PMDD retrospectively reported substantial affective difficulties and a decline in subjective well-being, regardless of their menstrual cycle. Prospective preliminary findings suggest a trend toward differentiation associated with probable PMDD. These results highlight the need for prospective clinical studies addressing the psychological symptoms of women with PM issues and the importance of appropriate treatment of the clinical appearance of PMDD.

Disclosure of Interest: None Declared

EPP0055

The Mediating Role of Maladaptive Metacognitive Beliefs between Adverse Childhood Experiences and Trait Anxiety

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Introduction: Adverse childhood experiences (ACE) have a significant negative impact on health. ACEs lead to more pronounced trait anxiety, among others, which serves as a basis for various mental and somatic symptoms. Recent findings suggest that the fact that individuals with more ACEs also have more maladaptive metacognitive beliefs may contribute to the development of these symptoms.

Objectives: We aim to study the possible mediating role of maladaptive metacognitive beliefs, resulting from adverse childhood experiences, on trait anxiety.

Methods: Data was collected online, anonymously, in a non-clinical population of adults over 18 years of age. The sample consisted of 304 subjects (84.21 % women, 15.79 % men). The applied questionnaires included a demographic questionnaire, the

Adverse Childhood Experiences Questionnaire 10 item version, the Meta-Cognitions Questionnaire, and the Spielberger Trait Anxiety Questionnaire. The system of correlations between the examined variables was explored using structural equation modeling (SEM). The study was carried out with ethical approval and in accordance with the Declaration of Helsinki.

Results: Our results confirm that ACEs have a significant impact on all the measured dimensions of maladaptive metacognitive beliefs. The direct effect of ACEs on adult trait anxiety is also significant. The results of the study on indirect effects support the joint mediating role of the five metacognitive dimensions. The strongest significant mediating effect was found for the uncontrollability and dangerousness of negative beliefs about worry. Both the direct and indirect effects of cognitive self-consciousness on adult trait anxiety are negative, which means that the more the cognitive self-consciousness is characteristic of someone, the lower the degree of trait anxiety in adulthood is.

Conclusions: Our results confirm the mediating effect of metacognitive beliefs on trait anxiety in the context of adverse childhood experiences, which points to the importance of further research on metacognition among the population that suffered early adversities. One of the limitations of the study roots in online data collection: the examined sample is not representative. Moreover, to extend the results, it is recommended to repeat the study on a clinical population. This would enable us to compare our results with those of the clinical population, which could provide further important results in the field of metacognition and adverse childhood experiences.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPP0056

Effect of intermittent theta-burst stimulation on the thyroid and adrenal systems in resistant depressed patients

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Introduction: Disturbances in the hypothalamic-pituitary-thyroid (HPT) and hypothalamic-pituitary-adrenal (HPA) axes have been frequently reported in treatment resistant depressed patients (TRDs). So far, the effects of intermittent theta-burst stimulation (iTBS) treatment—a form of repetitive transcranial magnetic stimulation (rTMS) technique—on the activity of the HPT and HPA axes are poorly understood.

Objectives: The present study aimed to evaluate the effects of iTBS sessions, applied to the left dorsolateral prefrontal cortex, in TRDs with abnormal chronobiological HPT functioning at baseline (BL) possibly associated with hypercortisolemia.

Methods: The $\Delta\Delta\text{TSH}$ test (i.e., the difference between the thyrotropin response to protirelin tests [ΔTSH] performed at 8 AM and 11 PM on the same day) and the dexamethasone suppression test (DST) were performed in 12 TRDs and 14 healthy hospitalized

control subjects (HCs). To be enrolled in this study, patients had to show at BL reduced $\Delta\Delta$ TSH values (i.e., < 2.5 mU/L) and a score of 18 or greater on the 17-item Hamilton Rating Scale for Depression (HAMD-17). Post-DST cortisol maximum (COR_{max}) serum level in excess of 120 nmol/L defined DST non-suppression (i.e., hypercortisolemia)—6 TRDs were DST non-suppressors at BL. After 10 and 20 iTBS sessions the $\Delta\Delta$ TSH test and the DST were repeated in all inpatients. A positive clinical response was defined by a final HAMD-17 score ≤ 8 .

Results: Compared to HCs, $\Delta\Delta$ TSH values were lower in TRDs at BL ($p < 0.00001$), and remained reduced after 10 and 20 iTBS sessions ($p < 0.001$ and $p < 0.02$ respectively). Post-DST COR_{max} levels were higher in TRDs than in HCs at BL ($p < 0.01$), but were comparable to those of HCs after 10 and 20 iTBS sessions. Responders ($n = 5$) were characterized by 1) a normalization of their $\Delta\Delta$ TSH values after 20 iTBS sessions (whereas after 10 iTBS sessions $\Delta\Delta$ TSH values were still reduced compared to HCs [$p < 0.05$]), and 2) a normality of post-DST COR_{max} levels at BL—while after 10 and 20 iTBS sessions post-DST COR_{max} levels were decreased compared to HCs ($p < 0.006$ and $p < 0.03$ respectively). Non-responders ($n = 7$) showed 1) no significant change in their $\Delta\Delta$ TSH values which remained lower than those of HCs at each assessment (all $p < 0.001$), 2) while increased post-DST COR_{max} levels found at BL ($p < 0.0008$ vs. HCs) normalized from the 10th iTBS session.

Conclusions: The present pilot study suggests that successful iTBS treatment can restore the chronobiological activity of the HPT axis. Although iTBS may increase glucocorticoid receptor signaling, baseline hypercortisolemia could negatively impact subsequent response to iTBS treatment.

Disclosure of Interest: None Declared

EPP0058

Brain atrophy but not white matter lesions associate with ECT-related confusion

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Introduction: Patients undergoing electroconvulsive treatment (ECT) may display an acute confusional state, often characterized by transient disorientation, inattention, memory and cognitive deficits.

Objectives: In this retrospective medical chart naturalistic study, we sought to determine whether white matter lesions and brain atrophy associate with the emergence of confusion during ECT treatment and preliminary results are presented herein

Methods: Medical charts of 24 consecutive inpatients with depression admitted to a psychogeriatric ward and subjected to bilateral frontotemporal ECT were examined retrospectively for patient and clinical characteristics. Mini-Mental State Examination (MMSE) and Geriatric Depression Scale (GDS) scores at admission and hospital discharge were retrospectively collected. Available brain

Magnetic Resonance Imaging (MRI) scans were graded for lesions (white matter hyperintensities, WMH), parietal, temporal and global brain atrophy

Results: In this pilot study of mostly elderly patients, 50% displayed signs of confusion. All patients improved substantially, as indicated by MMSE and GDS scores, irrespectively of whether they experienced transient confusion during ECT. Preliminary results indicate that WMH are unrelated to the emergence of confusion. Instead, brain atrophy, and in particular temporal lobe and mostly frontal lobe atrophy associated with confusion

Conclusions: In our sample of elderly inpatients with depression subjected to bilateral ECT, preliminary results of this pilot study indicate that brain atrophy, as evidenced by MRI scans, appears as a predictor of post-ECT confusion. Moreover, the Pasquier scale, and specifically the scale sub-scores regarding brain atrophy in the frontal and temporal sulci, could prove useful in helping the clinician estimate the probability of ECT-related confusion during ECT treatment

Disclosure of Interest: None Declared

EPP0059

Changing Tactics? Optimizing ECT in difficult-to-treat depression (ChaT): study protocol

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Introduction: Electroconvulsive therapy (ECT) is an evidence-based treatment for difficult-to-treat depression, in which an electrical stimulus is applied via right unilateral (RUL) (Fig 1) or bitemporal (BT) electrodes (Fig 2). Current guidelines recommend to start ECT with RUL placement, except for cases where rapid response is needed. BT ECT has the reputation of exerting a stronger and faster antidepressive effect, but is associated with more pronounced cognitive side effects, as compared to RUL ECT. Recent studies, however, suggest comparable outcomes. In patients responding to ECT, most of the improvement in depressive symptom severity is witnessed early in the treatment course. In case of non-response, it is common practice to switch from RUL to BT electrode placement, although scientific evidence is lacking. As an answer to this research gap, the ChaT-trial was designed: a randomized controlled trial (RCT) to address which treatment strategy (either continue RUL ECT or switch to BT ECT) speeds up recovery with the least impact on cognitive function, in case of early non-response after 4 ECT sessions.

Objectives:

- 1) To compare the antidepressant efficacy and cognitive effects of continuing RUL ECT vs switching to BT ECT.

- 2) To assess group and subject-specific trajectories of depressive symptom severity and neurocognitive performance during the acute ECT course and up to 3 months post-treatment.

Methods: This multi-center double-blind RCT includes adult patients with a uni- or bipolar depression. In case of non-response (<50% decrease of IDS-CR score (Inventory of Depressive Symptomatology-Clinician Rated)) after 4 sessions of brief-pulse high-dose RUL ECT, patients are randomized to either continue RUL ECT, or switch to brief-pulse moderate dose BT ECT until remission. Depressive symptoms are assessed by IDS-CR, Psychotic Depression Assessment Scale (PDAS) and CORE assessment of psychomotor change. An extensive neuropsychological test battery is used to assess different domains of cognitive functioning, e.g., autobiographical memory using the Colombia University- Autobiographical Memory Interview Short- Form (CU-AMI-SF)(Fig 3). **Results:** Our hypotheses are: (1) continuing RUL ECT is non-inferior to switching to BT ECT in terms of depressive symptom severity, and (2) continuing RUL ECT is superior to switching to BT ECT in terms of cognitive side effects.

Image:



Figure 1: Right unilateral electrode placement (RUL)



Figure 2: Bitemporal electrode placement (BT)

Image 2:

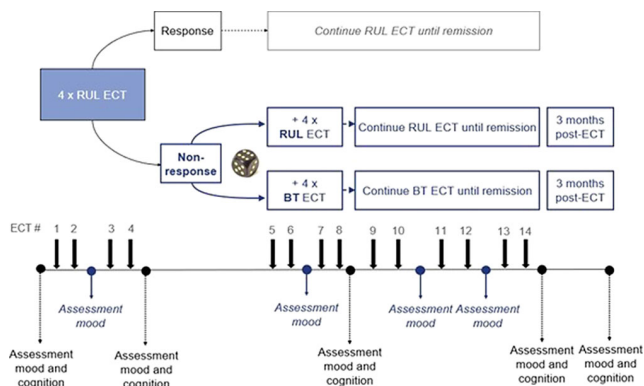


Figure 3: Study design

Conclusions: The ChaT-trial is the first RCT comparing anti-depressant efficacy and cognitive effects of continuing RUL ECT with switching to BT ECT in case of early non-response during an acute ECT-course. The results may optimize clinical decision making, speeding up recovery, while minimizing cognitive side effects.

Disclosure of Interest: None Declared

EPP0060

Postictal recovery of orientation in person, place and time relates to restoration of cortical activity after electroconvulsive therapy

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Introduction: Most patients show temporary impairments in clinical orientation (i.e., orientation in person, place, and time) after electroconvulsive therapy (ECT)-induced seizures. It is unclear whether postictal reorientation is related to electroencephalography (EEG) restoration. This tentative relationship may shed light on mechanistic aspects of reorientation after ECT.

Objectives: To study whether postictal EEG restoration after an ECT-induced seizure is related to recovery of clinical orientation in the cognitive domains person, place and time.

Methods: We performed a longitudinal study in ECT patients and collected continuous postictal EEGs. Postictal EEG restoration was estimated by the evolution of the normalized alpha/delta ratio (ADR). Recovery of orientation in the cognitive domains of person, place, and time was assessed using the Reorientation Time (ROT) questionnaire. In each cognitive domain, a linear mixed model was fitted to investigate the relationship between ROT and postictal EEG restoration. In these models, other (ECT-)parameters including seizure duration, use of benzodiazepines and electrode placement were included.

Results: In total, 272 ictal and postictal EEG recordings of 32 patients were included. In all domains, longer ROT was associated with slower postictal EEG recovery. Longer seizure duration and use of benzodiazepines were related to longer ROT in all domains. Increased total charge of the ECT-stimulus was associated with increased ROT in place and age was positively associated with ROT in time.

Image:

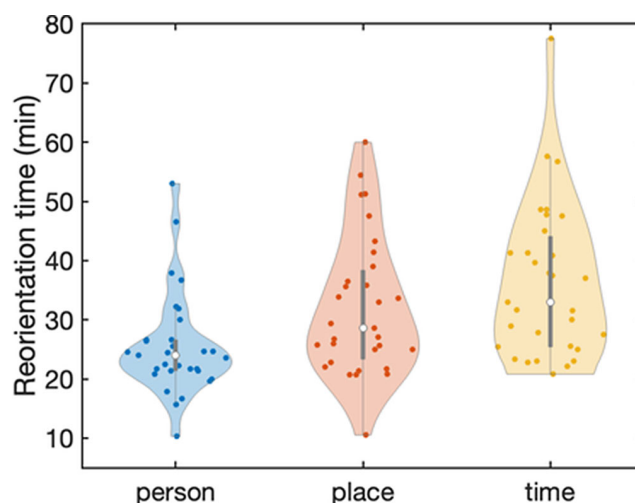
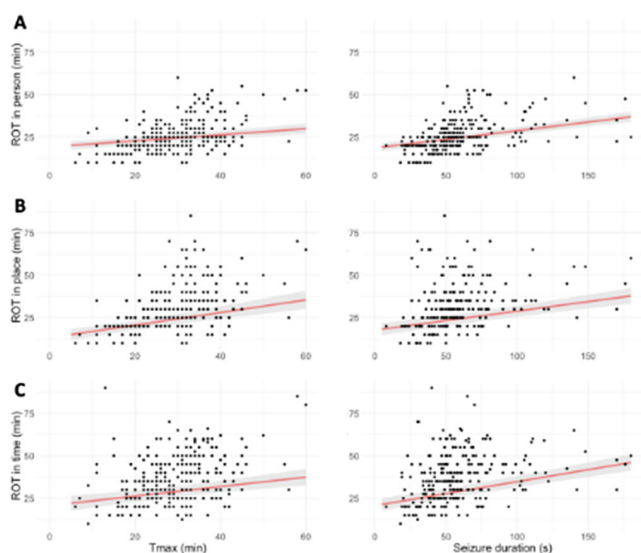


Image 2:



Conclusions: We show a relationship between restoration of the postictal EEG and clinical reorientation in person, place and time after ECT-induced seizures. This indicates that clinical reorientation probably depends on gradual cortical synaptic recovery. Increased seizure duration and the use of benzodiazepines were also related to increased ROT values. Longer seizures and use of benzodiazepines may induce longer postictal synaptic depression.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPP0061

Relation between biomarkers and suicide attempts in patients with schizophrenia

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Introduction: An increased risk of suicide has been reported by psychiatric patients, including schizophrenia¹. Numerous evidence suggests alterations in the grade of pro-inflammatory impact on suicidal behavior², and this relation has been shown in patients with mood or anxious disorders^{3,4}. However, the grade of inflammation impact suicidal behavior in patients with schizophrenia has hardly been investigated.

Objectives: Identify peripheral blood biomarkers of suicidal behavior in patients with schizophrenia, including inflammatory and lipid profile parameters.

Methods: Secondary analysis of a cross-sectional study. Sample: 254 patients with schizophrenia, aged 18-72. Assessments: ad-hoc demographic and clinical questionnaire, PANSS, CDS, CAINS,

PSP. Inflammatory and lipid parameters: C-reactive protein (PCR), interleukin 6 (IL-6); high-density lipoprotein cholesterol (HDL-C), low density lipoprotein cholesterol (LDL-C), total cholesterol (TC), triglyceridaemia (TG). Statistical analysis: Correlations, T Student, U Mann-Withney and lineal regression.

Results: Mean age: 40.49 (13.10). Men: 64.2%.

No statistically significant differences were found between patients with suicide attempts and those without in any of the inflammatory or lipid parameters ($p > 0.05$). However, differences were found in terms of suicide attempts (yes/no) in the PANSS negative ($T = -2.217$; $p = 0.028$) and PANSS general psychopathy ($T = -4.224$; $p < 0.001$), in depressive symptoms ($T = -6.967$; $p < 0.001$), and the MAP subscale of the CAINS ($T = -3.741$; $p < 0.001$).

Among patients with suicide attempts ($n = 42$; 16.52% of the sample) (mean = 1.90; $sd = 1.73$; Range: 1-7), statistically significant correlations were found with PCR ($r = 0.309$; $p = 0.046$), but not with cytokines and lipid parameters. On the other hand, no correlations were found with age, sex, length of illness, and any of the clinical scales.

A multiple linear regression was performed considering the number of suicide attempts as the dependent variable and as independent variables, age, sex, and those that were significant in the bivariate analysis (PCR).

A predictive model was found that explains 9.60% of the variance of number of suicide attempts ($F = 4.224$; $p < 0.001$). The variable that entered the model was PCR ($\beta = 0.309$; $p = 0.046$).

Conclusions: The increase in inflammation (manifested by the elevation of PCR) is related to an increase in the number of suicides. On the contrary, no correlations were found with lipid parameters or interleukins.

Disclosure of Interest: None Declared

EPP0062

Relevance of measurement of bêta-2-microglobulin in schizophrenia

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Introduction: There are several arguments supporting the inflammatory hypothesis in schizophrenia (SCZ). Among the inflammatory markers, beta-2- microglobulin ($\beta 2M$) is associated with abnormalities in neurogenesis and cognitive impairment described in (SCZ).

Objectives: The objectives of our study were to evaluate the level of $\beta 2M$ in a group of patients compared with a control group and to investigate the sociodemographic, clinical, and environmental factors associated with elevated $\beta 2M$ levels

Methods: We conducted a cross-sectional in outpatients with SCZ. We collected patients sociodemographic, environmental, and clinical data. We assessed psychopathology with the PANSS. We measured serum $\beta 2M$ concentration.

Results: We included 30 patients with SCZ compared with 20 controls. Patients mean age was 40.23 ± 10.66 . The mean level of $\beta 2M$

was $1,98 \pm 0.42$ mg/L for patients and 1.65 ± 0.56 mg/L for control group. The difference was significant between the patient group and the control group ($p < 10^{-3}$). No environmental or clinical factors have been associated with $\beta 2M$ levels other than smoking status ($p = 0.046$).

Conclusions: Further research with larger samples investigating the different stages of SCZ especially early psychosis would be needed to confirm the relevance of this biomarker in SCZ.

Disclosure of Interest: None Declared

EPP0064

Aberrant Salience, Psychotic-Like Experiences, and Anxiety: a Case-Control Study

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Introduction: In this research, we investigate how Aberrant Salience (AS), Psychotic-Like Experiences (PLEs), and anxiety are interlinked in both healthy individuals and subjects with psychotic disorders. AS is a trait contributing to a susceptibility to psychosis and anxiety, while PLEs are subclinical states often leading to psychosis. We hypothesize that AS impacts the occurrence and severity of PLEs, which in turn influences anxiety.

Objectives: The goal is to offer a more nuanced understanding of the risk factors leading to psychotic disorders and to shed light on anxiety psychopathogenesis in healthy and psychotic populations.

Methods: We used self-reported questionnaires like the Aberrant Salience Inventory (ASI), Community Assessment of Psychic Experiences (CAPE), and Symptom Check List-90-revised (SCL-90-R). Data analysis included descriptive statistics and mediation analysis, adjusting for age, gender, and education. Controls were sourced through convenience and snowball sampling, while out-patients diagnosed with Schizophrenia Spectrum Disorder, Bipolar Disorder with psychotic features, or Major Depression with psychotic features were recruited from Florence University Hospital.

Results: A total of 207 participants were included, with 163 controls and 44 patients. Descriptive statistics are shown in Table 1. Mediation analysis showed that PLEs frequency acted as a mediator between AS and anxiety only in the control group (Figure 1), not in patients (Figure 2).

Table 1. Descriptive statistics - Mean ± Std. Deviation.

	Control Group (N=163)	Psychotic Group (N=44)	p-value
ASI	11.690 ± 6.098	14.360 ± 7.163	0.014
CAPEposF	1.391 ± 0.340	1.617 ± 0.488	0.001
CAPEposD	1.792 ± 0.615	1.941 ± 0.694	0.167
SCL-90-R-ANX	0.678 ± 0.600	0.905 ± 0.643	0.030

Legend: ASI, Aberrant Salience Inventory; CAPEposF, Community Assessment of Psychic Experiences - positive dimension - Frequency; CAPEposD, Community Assessment of Psychic Experiences - positive dimension - Distress; SCL-90-R-ANX, Symptom Check List-90-revised, Anxiety.

Image:

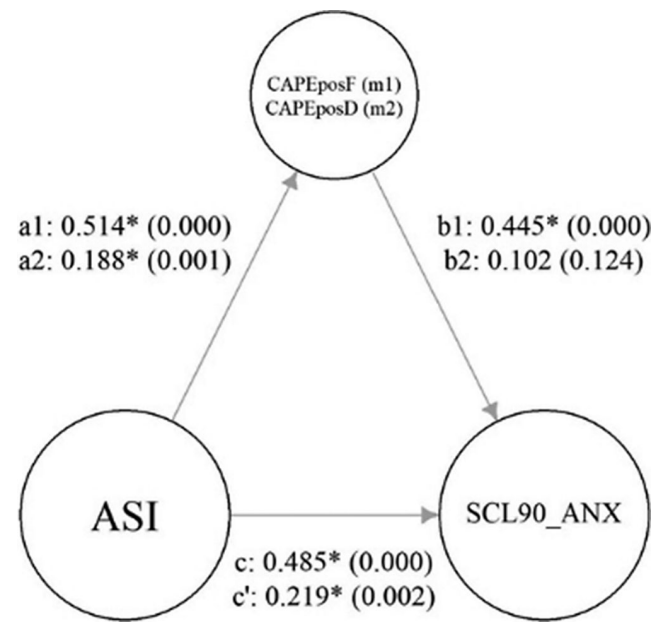
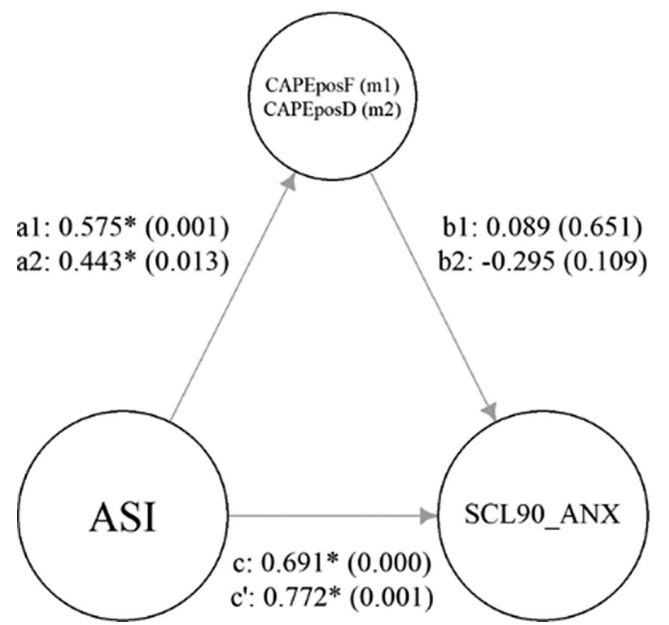


Image 2:



Conclusions: PLEs triggered by AS led to anxiety in the control group but not in psychotic patients. The discrepancy could be due to reduced novelty and awareness of experiences in the patient group. This may affect how bodily responses to PLEs are perceived and suggests the need for specialized treatment approaches for anxiety in these two groups.

Disclosure of Interest: None Declared

EPP0065

Challenges in Managing Antipsychotic-Induced Hyperprolactinemia: A Case Study and Clinical Considerations for Aripiprazole Integration

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Introduction: Current guidelines for managing antipsychotic-induced hyperprolactinemia recommend the use of aripiprazole, either as a substitute or in combination with the primary antipsychotic. However, there have been reported cases of exacerbated psychotic symptoms when introducing aripiprazole after chronic treatment with another antipsychotic.

Objectives: We present a case of a patient with unspecified schizophrenia spectrum disorder receiving amisulpride, who developed worsened psychotic symptoms following the introduction of aripiprazole to treat hyperprolactinemia. We also review this phenomenon and its clinical management in the literature.

Methods: Clinical case report and brief literature review.

Results: Ms. G, a 54-year-old woman diagnosed with unspecified schizophrenia spectrum disorder, was on amisulpride 400mg/day and had remained asymptomatic for months. During a follow-up, she complained of mastalgia and had a prolactin level of 71.7 ng/mL. Following clinical guidelines, aripiprazole was added at 10mg/day. Within a month, anxiety and sleep disturbances escalated, followed by the reappearance of psychotic symptoms. Aripiprazole was discontinued, amisulpride reinstated, achieving stability. Subsequently, hyperprolactinemia was managed using metformin.

Antipsychotic-induced hyperprolactinemia is common, especially with first-generation antipsychotics, causing various symptoms in both genders. Long-term consequences may include weight gain, reduced bone density, and potentially increased breast cancer risk, among others.

Aripiprazole is an atypical antipsychotic with a partial agonist effect on dopamine D2 and D3 receptors. This means that aripiprazole will act as a functional D2-antagonist under hyperdopaminergic conditions, but a functional D2-agonist under hypodopaminergic conditions. This property of aripiprazole may contribute to counteract 'prolactin-raising' agents, acting as a D2 agonist, potentially reducing prolactin rise.

Chronic use of presynaptic D2/D3 antagonist (amisulpride) might create a hypodopaminergic environment and hypersensitivity to dopamine agonists, possibly explaining worsened symptoms with aripiprazole introduction.

To prevent adverse outcomes when adding or switching to aripiprazole, gradual reduction of the previous antipsychotic (amisulpride) and high-dose aripiprazole initiation (30-40 mg/day) can help.

Conclusions: Antipsychotic-induced hyperprolactinemia is a serious issue that deserves our attention. While aripiprazole is recommended by several guidelines to treat it, introducing it to patients on chronic antipsychotic treatment may lead to a worsening of psychotic symptoms. Caution is recommended when combining aripiprazole with potent D2 receptor blockers. To mitigate this effect, gradual dose reduction of the previous antipsychotic and high-dose aripiprazole initiation are crucial.

Disclosure of Interest: None Declared

EPP0067

Prescription practices for antipsychotic medication in an acute inpatient ward: Risks / benefits discussions with patients and performance of baseline investigations as per NICE guidelines

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Introduction: Antipsychotic medications are essential for managing psychiatric disorders, offering symptom relief and improved functioning. However, their use carries potential risks. Vigilant monitoring and patient engagement are crucial when initiating antipsychotics.

Objectives: To explore whether comprehensive discussions with patients concerning the benefits and risks of antipsychotics are taking place, and whether baseline investigations are performed before initiation of antipsychotics as per NICE guidelines.

Methods: This retrospective study focused on admissions to a male acute ward between March 1 and May 31, 2023. Data from electronic patient records included demographics, Mental Health Act (MHA) status, psychiatric diagnoses, medical co-morbidities, documentation of medication benefits / side effects discussions with patients, medication information provision, as well as baseline investigations involving weight, height, waist/hip circumference, pulse, blood pressure, blood glucose, HbA1c, lipid profile, prolactin levels, movement disorder assessment, nutritional status, diet, physical activity, and ECG.

Results: Among 23 admitted patients, 15 were newly initiated or reintroduced to antipsychotics, with 14(93.3%) admitted under the MHA. Primary diagnoses included Paranoid Schizophrenia (33.33%), Unspecified Non-Organic Psychosis (20%), Bipolar Affective Disorder (20%), and others. Medical comorbidities were observed in 10(66.7%), notably type 2 diabetes (40%). Among initiates, 6(40%) were new to treatment, while in 9(60%) it was re-initiated.

Within the 15-patient group, discussions on treatment benefits engaged 11(73.3%), while 4(26.7%) lacked complete documentation. Only 6(40%) had discussions about side effects. Metabolic side effects were discussed with 3(20%), extrapyramidal effects with 2(13.33%), while 4(26.7%) had general side effect talks. Patient information leaflets were given to 5(33.3%) patients. Baseline measurements: 12(80%) had weight/height, 4(26.7%) waist/hip, and 14(93.3%) pulse/blood pressure assessed. Blood tests were declined by 4(26.7%). Baseline glucose, HbA1c, lipids, and prolactin were assessed in 8(53.3%), 10(66.7%), 9(60%), and 8(53.3%) patients respectively. Nutritional status was assessed in 13(86.7%), movement disorders in 1(6.7%), and physical activity in 1(6.7%). All 15(100%) patients were offered ECGs, although 5(33.3%) declined.

Conclusions: Adherence to NICE guidelines for baseline investigations and risk/benefit discussions prior to antipsychotic initiation was low, apart from ECGs, weight/height, pulse/blood pressure, assessment of nutritional status, and discussions about antipsychotics' benefits. Implementing effective monitoring and patient engagement to mitigate potential side effects, is crucial to facilitating the safe and efficient utilisation of antipsychotics.

Disclosure of Interest: None Declared

EPP0068

Differences in adherence to treatment, relapses and healthcare costs between delusional disorder and paranoid personality disorder

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Introduction: Limited information is available regarding the clinical features, optimal treatment and prognosis of Paranoid Personality Disorder (PPD) and Delusional Disorder (DD). This is partly due to the low prevalence of cases and poor patient insight. The difference between DD and PPD has been questioned in the literature, as some studies have described them as a continuum, highlighting the role of specific personality traits in the transition to clinical delusions.

Nonadherence to pharmacological treatment is one of the most challenging aspects. This further leads to relapses, increased use of emergency psychiatric services, psychiatric admissions, longer periods of hospitalization, and an increased cost of illness to healthcare systems.

Objectives: The primary goal of this study is to compare the differences between DD and PPD in terms of medication adherence, relapses, lost to follow-up, and costs. Other aims of this study are to analyze the differences in these variables between patients who are adequately adherent and patients who are not

Methods: An observational, retrospective, and multicenter descriptive epidemiological study was conducted. Patients were selected from four public departments of psychiatry in Madrid, providing an area of roughly one million people. All patients were older than 18 years-old, diagnosed with DD or PPD from 2005 to 2022. Data were extracted from electronic medical records and from electronic prescribing program used in the public health system. The study was approved by the Hospital Fundación Jiménez Díaz Ethics Committee.

Results: 1227 individuals diagnosed with DD (974 patients, 79.3%) or PPD (253 patients, 20.61%). 23.81% (232 patients) of the DD-group did not take out the prescribed medication of the pharmacy, and 16.6% (42 patients) of the PPD-group were considered non-adherent.

Adherent patients had greater follow-up (4.02 vs 2.89 years) and shorter hospital stays (5.15 vs 8.6 days, $p < 0.05$) compared to non-adherent patients. DD patients doubled the average hospitalization stay compared to the PPD group (6.7 vs 2.96 days, $p < 0.01$).

Regarding costs: DD had higher hospitalization costs than PPD (1164 vs 488 euros per year) and higher total costs than PPD (2180 vs 1528 euros per year, $p < 0.05$). The costs were also higher in non-adherent than in adherent patients (2570 vs 1895 euros per year, $p < 0.05$).

Conclusions: Our sample of 1227 DD and PPD patients followed from 2005-2022 is, to our knowledge, one of the largest collected to date. We found sociodemographic and clinical differences between the DD and the PPD group. We also found differences between adherent and non-adherent patients, highlighting that non-adherence is associated with longer mean stay of hospitalization and more costs, both hospitalization and total direct healthcare

costs. We have also found association between non-adherence and risk of psychotic relapse.

Disclosure of Interest: None Declared

EPP0070

Birth weight, leptin and adiponectin in patients initiating clozapine

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Introduction: Psychotic patients often require pharmacological treatment, which may prove ineffective, leading to treatment-resistant psychosis necessitating the use of clozapine. However, the emergence of side effects can result in discontinuation, potentially triggering a relapse of psychotic symptoms. One significant side effect is antipsychotic-induced weight gain which, over time, can lead to adverse metabolic events. Recent translational research is evaluating the impact of prenatal factors on the metabolic outcomes of psychotic patients, using a surrogate marker of the intra-uterine milieu such as birth weight (BW).

Objectives: We aim to evaluate the changes in leptin, adiponectin, and insulin levels in patients with treatment-resistant psychosis who initiate clozapine treatment due to persistent psychotic symptoms.

Methods: Subjects older than 18 years with a diagnosis of a major mental disorder and initiating clozapine were enrolled in this 18-months longitudinal study. Neurohormones levels, including leptin, adiponectin, and insulin were measured at baseline, 8 and 18 months during follow-up. Statistical analysis were conducted by using a fixed-effects model.

Results: A total of 23 subjects initiating clozapine were evaluated during the initial mandatory 18-week period. Neurohormones, specifically leptin and adiponectin, were measured at three time points: baseline, 8 weeks, and 18 weeks. The changes in leptin levels were significantly associated with birth BW with sex differences, being inversely correlated only in females. Adiponectin was

significantly associated with BW, being inversely correlated in males. Conversely, there was no observed association between insulin levels and BW.

Conclusions: Our findings highlight the significance of prenatal factors in influencing the subsequent evolution of neurohormones in individuals initiating clozapine treatment. This suggests that subjects with lower BW tend to exhibit elevated neurohormone values, emphasizing the role of prenatal events in this context.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

EPP0071

Fictional faces of female suicide: Qualitative analysis of selected Russian-language texts of the school reader

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Introduction: Isaiah Berlin's (1948) exploration of the self-searching of Russian thinkers includes studies of the writers – Tolstoy and others (now – Russian-language texts of the school reader). These studies refute a widespread misconception about the relations between Russian writers and thinkers: namely, that in Russia literature and radical thought form two distinct traditions related only by mutual hostility. The works of Tolstoy, Dostoevsky, Karamzin, Leskov, Ostrovsky, and of minor novelists too, are penetrated with a sense of their own time, of this or that particular social and historical milieu and its ideological content, to an even higher degree than the 'social' novels of the west. The personal characteristics of suicide victims, heroines of Russian literature, along with the gender aspects, deserve attention in suicidal behavior (SP) focus.

Objectives: To study personal characteristics of suicide victims, heroines of fiction.

Methods: Qualitative analysis of selected Russian-language texts of the school reader.

Results: At the dawn of literature, we have seen fiery heroines and tremulous victims in the arms of death. As psychology approach was developed, and we get acquainted with the tragic backstory. Psychotypes of suicides are exaggerated and overlapped. «Hysterical»: manipulative, frigid nymphomaniac (e.g., Anna Karenina). «Freedom-loving rebel» (i.e., Katerina reincarnations from A. Ostrovsky) in conditions of excessive regulation. «She-Devil, or Rebel Without a Cause». The obsession with death turns into a criminal and a victim (e.g., «Lady Macbeth of the Mtsensk» by N. Leskov, Turgenev's Susanna or Klara Milich). The image of a vindictively furious («velvet and tiger claws») woman descends to the Victorian view of female self-will. «Mimosa» is a sensitive, dreamy person, unable to resist the hardships of life, dependent (dies with her beloved, objection). In suicide, the strength of weakness is the outcome of a humiliating life (e.g., Karamzin's

«Poor Liza», «A Gentle Creature» by F. Dostoevsky. The meaning of suicides is the following: a call (to compassion, salvation), a «cry for help», atonement for one's (imaginary) – someone else's (by proxy) guilt, and release from encumbrance.

Conclusions: Fiction and life are united by emotionally unstable characters and/or depression as markers of unsatisfactory resilience. The cultural diversity of gender patterns and interpretations of SP challenges the essentialist view that «femininity» and marriage are protective factors. SP patterns illustrate and complement the explanatory concepts of SP. The inner world of suicidal people is fascinating and contributes to the evidence-based optimism in the «patient-centric» crisis care model.

Disclosure of Interest: None Declared

EPP0072

Decision-making competence in patients with depression and a history of suicide attempt: A systematic review

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Introduction: Decision-making is a complex process, and little is known about the various elements that comprise it. Recent literature on neurocognitive deficits in patients with a history of suicidality has highlighted that impaired (non-adaptive) decision-making is one of the most consistent deficits in individuals with a history of suicidality.

Objectives: This study aims to systematically review the available evidence on decision-making capacity in depressed patients with a history of suicide attempts.

Methods: A systematic search was conducted in PubMed, Psycnet, Elsevier and Scopus with additional searching through bibliographic references. This search was performed until the 31st of August 2022 and provided information on decision-making capacity in relation to suicidality and depression.

Results: The literature review provided 377 references, the titles and abstracts of which were reviewed for relevance to this study and the entry criteria set. The review of the title and abstract of these studies resulted in 50 articles that were potentially relevant to the study topic and a further review was then conducted to re-examine the selected studies and articles, which resulted in the final selection of 20 studies. The outcome measure used by the majority of studies as a measure of decision-making ability was the IOWA Gambling Task (IGT), in which the performance of patients with a history of depression and self-harm in most studies was significantly worse than that of healthy controls. Some methodological characteristics of the studies included in this review complicated the interpretation of the results, such as the sample size and characteristics of each study.

Conclusions: Decision-making ability shows alterations in patients with a history of suicidality and depression, confirming the findings of previous studies. Furthermore, an impaired or dysfunctional decision-making ability may potentially be a predictor of suicidal behaviour in patients with depression, a possibility that could be a reason for further research in this field, both in the context of investigating predictors and in developing appropriate treatments for these patients.

Disclosure of Interest: None Declared

EPP0073

The Global Burden of Suicidal Behavior Among People Experiencing Food Insecurity: A Systematic Review and Meta-analysis

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Introduction: Food insecurity has become a growing burden within a global context where climate change, catastrophes, wars, and insurgencies are increasingly prevalent. Several studies have reported an association between suicidal behaviors (i.e., suicide ideation, plans, and attempts) and food insecurity. This meta-analytic review for the first time, synthesized the available literature to determine the pooled prevalence of suicidal behaviors among individuals experiencing food insecurity, and examined the strength of their association.

Objectives: To determine the pooled prevalence of suicidal behaviors among individuals experiencing food insecurity, and examine the strength of their association.

Methods: Databases (*Ovid, PubMed, Web of Science, and CINAHL*) were searched using the appropriate search term from inception to July 2022. Eligible studies reporting the number/prevalence of suicidal behaviors among individuals experiencing food insecurity or the association between food insecurity and suicidal behaviors were included. The pooled prevalence of suicidal behaviors was determined using the random-effects model. The review was registered with PROSPERO (CRD42022352858).

Results: A total of 47 studies comprising 75,346 individuals having experienced food insecurity were included. The pooled prevalence was 22.3% for suicide ideation (95% CI: 14.7-29.9; $I^2=99.6\%$, $p<0.001$, $k=18$), 18.1% for suicide plans (95% CI: 7.0-29.1; $I^2=99.6\%$, $p<0.001$, $k=4$), 17.2% for suicide attempts (95% CI: 9.6-24.8; $I^2=99.9\%$, $p<0.001$, $k=12$), and 4.6% for unspecified suicidal behavior (95% CI: 2.8-6.4; $I^2=85.5\%$, $p<0.001$, $k=5$). There was a positive relationship between experiencing food insecurity and (i) suicide ideation (aOR=1.049 [95% CI: 1.046-1.052; $I^2=99.6\%$, $p<0.001$, $k=31$]), (ii) suicide plans (aOR=1.480 [95% CI: 1.465-1.496; $I^2=99.1\%$, $p<0.001$, $k=5$]), and (iii) unspecified suicide behaviors (aOR=1.133 [95% CI: 1.052-1.219; $I^2=53.0\%$, $p=0.047$, $k=6$]). However, a negative relationship was observed between experiencing food insecurity and suicide attempts (aOR=0.622 [95% CI: 0.617-0.627; $I^2=98.8\%$, $p<0.001$, $k=15$]). The continent and the countries income status where the study was conducted were the common cause of heterogeneity of the differences in the odds of the relationships between experiencing

food insecurity and suicidal behaviors - with North America and high-income countries (HICs) having higher odds. For suicide attempts, all non HICs had a negative relationship with food insecurity.

Conclusions: There is a high prevalence of suicidal behaviors among individuals experiencing food insecurity. Initiatives to reduce food insecurity would likely be beneficial for mental well-being and to mitigate the risk of suicidal behaviors among population experiencing food insecurity.

The paradoxical finding of suicide attempts having a negative relationship with food insecurity warrants further research.

Disclosure of Interest: None Declared

EPP0074

Examining the Effects of COVID-19 on Suicide Attempts in Budapest: A Focus on Violent and Non-Violent Attempts

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Introduction: In Hungary, in contrast to most other countries, suicide deaths increased significantly during the first year of the COVID-19 epidemic (March to December 2020). Globally, the burden of emergency care in the healthcare system tended to decrease during the first period of the epidemic.

Objectives: Our research aimed to evaluate the changes in the number of intentional suicide attempts by violent and non-violent means during the first two years of the epidemic, compared to the trend before March 2020 in the Budapest metropolitan area and Pest County.

Methods: We analyzed psychiatric assessment reports of self-poisoning patients admitted to Péterfy Hospital's Emergency Department and Clinical Toxicology from Jan 2019 to Dec 2021 to estimate non-violent suicide attempt trends. We analyzed patient data for violent suicide attempts treated at Dr. Manninger Jenő Trauma Centre from 2016-2021, focusing on trends during the first two years of the pandemic. Negative binomial regression estimates were used for interrupted time series analysis with Prais-Winsten regression, controlling for time and seasonal and autoregressive effects. We used change-point detection to examine the leveling of trends. The Institutional Review Board approved the research in both institutions. Approval numbers: 08-2022 (Péterfy Hospital) and 19-2021 (Traumatology Center).

Results: The number of male non-violent suicide attempts decreased by 16.6% compared with the pre-epidemic period ($p<0.001$). A similar and significant decrease was observed in females and in the total population (Image 1). The female and total population trends, i.e., the decrease, were reversed by August 2020,

and the male trends were reversed by October 2020. The total number of patients treated for violent suicide attempts increased significantly ($p < 0.05$) during the first two years of the pandemic (Image 2). There was a slight increase in violent attempts in men and a small decrease in women, but these changes are not statistically significant.

Image:

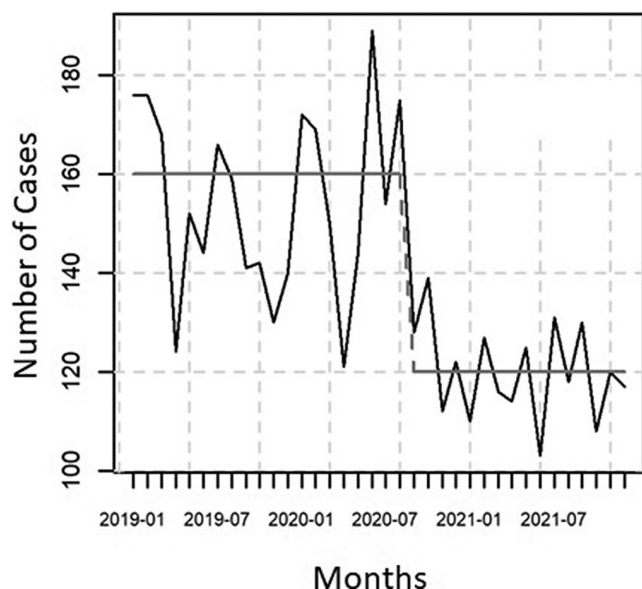
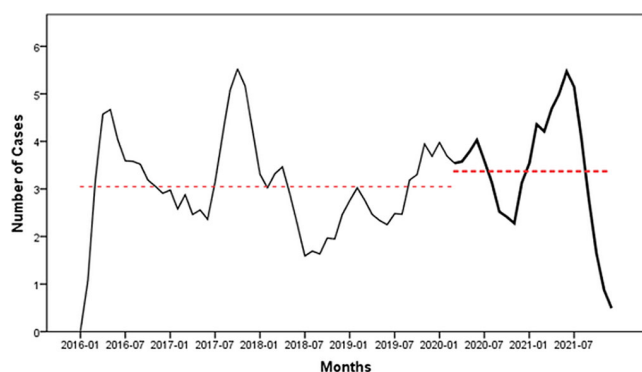


Image 2:



Conclusions: We hypothesize that those who tried to end their life through non-violent drug use were less inclined to seek assistance because they were concerned about being hospitalized during the COVID-19 outbreak. The surge in violent attempts is striking, as it correlates with the rise in suicide fatalities documented in Hungary during the initial year of the outbreak. Our data was obtained from two prominent public hospitals in Budapest, enabling us to conduct a more concentrated and thorough examination of the circumstances in the capital.

Disclosure of Interest: None Declared

EPP0075

Suicidal thoughts and behaviors (STB) among psychiatric emergency patients at the emergency unit of a university hospital in Belgium (UZ Leuven). A twenty year perspective using cross-sectional data.

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Introduction: Suicidal thoughts and behaviors (STB) are a serious public health problem. Suicide prevention programs have been established over the years, but many people who are suicidal do not seek treatment, and when they do, they end up in low-threshold sectors such as the Emergency Department in general hospitals. Previous studies about STB at the ED are mostly narrative, rather than a data-driven approach and limited in sample size.

Objectives: This study describes the prevalence and evolution over time of suicidal ideation (SI) and suicidal attempts (SA) in terms of sociodemographic, clinical and service use variables of the psychiatric patient referred to the Emergency Department of the University Hospital Gasthuisberg (Leuven, Belgium) over a 20 year period.

Methods: During a 20 year period (2002-2022), all patients with a psychiatric referral to the Psychiatric Emergency Department (PED) of the University Hospital Gasthuisberg (Leuven) were included ($N \sim 18,000$). We use descriptive statistics to summarize the data set, focusing on STB in terms of sociodemographic, clinical and service use variables.

Results: Around 1/10 patients presents with SA; another 1/5 with SI. Despite several reforms, SI and SA have remained relatively stable over the years. Notably, there is a higher prevalence of referrals for females in both SI and SA compared to males. However, there has been a notable increase in male SA cases over time. In the age group 36-49, both sexes exhibit the highest percentages of SI and SA cases, with exception for women in SI, where the age category 18-25 has the most referrals. Approximately one-third of male patients referred with STB have never accessed outpatient care, underscoring a critical gap in mental health services for this demographic.

Conclusions: Despite several reforms in mental health care, the PED remains a major entry point into mental healthcare for large proportions of STB patients.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0076

Alcohol and Sedative Use Disorders in the Lebanese Population: Role of Sleep and Psychiatric Factors

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Introduction: Alcohol and sedative substance use disorders are escalating global public health challenges. Lebanon has grappled with multiple crises, including economic, healthcare, and social issues.

Objectives: This study aimed to assess the correlates of the alcohol and sedative substance use risk scores with sociodemographic and clinical factors, including sleep disorders, chronotype, anxiety, and depression.

Methods: A cross-sectional study was conducted among the Lebanese population using several validated scales to assess the risk of alcohol and sedative substance use, including the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST). Other tools evaluated chronotype, sleep, and mood disturbances. Bivariate and multivariable analyses were then performed, taking the alcohol and sedative scores as dependent variables.

Results: A total of 646 participants were included. Multivariate analysis revealed positive and significant correlations between higher ASSIST-alcohol scores and personal history of alcohol abuse ($B=4.61$), family history of prescription substance abuse ($B=1.763$), psychiatric disorders ($B=2.898$), and worse Insomnia Severity Index scores ($Beta=0.14$). Conversely, ASSIST-alcohol scores negatively correlated with weight ($B=-0.39$) and morning chronotype ($B=-0.084$). Positive correlations were identified between higher ASSIST-alcohol scores and personal history of illicit substance abuse ($B=2.834$), prescription substance abuse ($B=2.252$), sleep quality ($B=0.130$), and sleep severity ($B=0.082$), while negatively correlating with cigarette smoking ($B=-0.038$).

Conclusions: This study elucidates the role of several predisposing factors to alcohol and sedative use disorders in Lebanon, including history of substance abuse, psychiatric disorders, sleep disorders, and chronotype. These findings advocate, in particular, for the integration of sleep disorder assessment and management into addiction rehabilitation programs.

Disclosure of Interest: None Declared

EPP0077

Changing drinking patterns among Italians: 7 out of 10 students experience Binge Drinking

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Introduction: The expression Binge Drinking (BD) refers to dysregulated alcohol consumption, characterized by the intake of large

quantities of alcohol, regardless of their nature, consecutively in a limited period of time. BD is a significant public health problem in many European countries, including Italy. According to data from the *Istituto Superiore di Sanità*, dated 2020, over 4 million Italians exhibit episodic excessive alcohol consumption (compared to 2019 data, there was an increase of approximately 5,3%).

Objectives: This study aims to examine alcohol consumption habits in the Italian population, evaluating psychopathological correlations that can explain its diffusion.

Methods: Between January and May 2023, an anonymous online questionnaire was randomly sent to the general population. Alongside with tests to evaluate psycho-social features, to estimate the presence of alcohol abuse or dependence the AUDIT scale (Saunders *et al.* Addict Abingdon Engl. 1993; 88:791–804) was used. It included two specific questions to frame the phenomenon of BD (Cranford *et al.* Alcohol Clin Exp Res. 2006; 30:1896–905). No other study conducted in Italy has so far used the aforementioned validated questions.

Results: The sample consists of 308 people (189 F, 119 M), with an average age of 32 years (sd 14). The AUDIT indicates a state of chronic alcohol consumption in 11,7% (95% confidence interval 8,5%-15,7%), of the recruited sample, positively correlating with the element of impulsivity ($p<0,005$) confirming what has already been reported in literature. BD prevalence reaches 56% (M 57%, F 55%) without any significant correlation with impulsivity, personality disorders, emotional dysregulation, or sensitivity to rejection. Among university students the prevalence of BD exceeds 70% (95% confidence interval 60%-76%), with a number of drinks reported for a single occasion reaching up to 25 units and a reported number of binge episodes, in a two-week span, ranging from 2 to 10.

Conclusions: Despite possible *biases*, this study raises the relevant issue of the extremely high prevalence of BD disorder, which is particularly alarming in light of the numerous issues related to the behavior itself. A direct correlation with reduced school performance, an increase in risky sexual behavior, and an increase in cases of drunk driving have been evaluated. Considering these consequences, it is of primary importance on a medical, but even more social level, to best characterize this phenomenon in such a way as to be able to implement awareness-raising and prevention interventions.

Disclosure of Interest: None Declared

EPP0079

A preliminary analysis of clinical characteristics of patient with alcohol use disorder and suicidal ideation

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Introduction: Suicidal behaviors are frequently observed among patients with substance use disorder, including suicidal ideation (SI) (1). Alcohol use disorder (AUD) is one of the most prevalent addictions and may be related to suicidal behaviors (2,3). However,

the association between AUD and SI requires a deeper analysis which includes several clinical features observed among AUD patients.

Objectives: To analyze the clinical characteristics and features associated with lifetime SI among patients who had AUD.

Methods: This is a cross-sectional study performed in an outpatient center for addiction treatment in patients seeking for treatment who met the criteria for AUD between 01/01/2010 and 12/31/2021. Patients were evaluated with an ad-hoc questionnaire and the European Addiction Severity Index (EuropASI), SI was evaluated using the item for SI in EuropASI.

Results: From a potential sample of $n=3729$ patients, only $n=1082$ (73.8% males; mean age 42.82 ± 12.51) met inclusion criteria and had data for the current analysis. Lifetime SI was present in 50.9% of the AUD patients. Several clinical features were related to SI, including: sex differences, any type of lifetime abuse, polyconsumption, benzodiazepine use disorder, any psychiatric diagnosis aside from SUD, and higher addiction severity according to the EuropASI.

Image:

Patient characteristic		All sample (n=1082)	No SI group (n=531; 49.1%)	SI group (n=551; 50.9%)	χ^2, t	P
Sociodemographic characteristics						
Age, mean \pm SD		42.82 \pm 12.51	43.62 \pm 13.56	42.06 \pm 11.37	2.025	0.043
Sex %	Male	73.8	52.9	47.1	17.626	<0.001
	Female	26.2	38.4	61.6		
Education %	<8 years		46.6	53.4	3.144	0.076
	8-12 years	37.4	52.2	50.6		
	13-15 years	35.7	46.8	53.2		
	16-18 years	55.5	44.5	55.5		
Marital status %	Single	23.7	44.1	55.9	9.354	0.025
	Married	35.7	44.1	55.9		
	Divorced	23.7	44.1	55.9		
	Widowed	3.2	48.5	51.5		
Lifetime emotional abuse	Yes	35.9	36.9	63.1	37.337	<0.001
	No	64.1	63.1	36.9		
Lifetime physical abuse	Yes	24.0	36.6	63.4	21.893	<0.001
	No	76.0	63.4	36.6		
Lifetime sexual abuse	Yes	11.0	26.3	73.7	28.247	<0.001
	No	89.0	73.7	26.3		
SUD variables						
Three or more SUD, %	Yes	33.6	40.9	59.1	14.549	<0.001
	No	66.4	59.1	40.9		
Amount of lifetime SUDs		3.46 \pm 1.94	3.22 \pm 1.89	3.69 \pm 1.96	4.003	<0.001
Alcohol use disorder onset (years), mean \pm SD		21.92 \pm 10.37	22.09 \pm 10.61	21.75 \pm 10.14	0.472	0.637
Cannabis use disorder, %	Yes	62.4	46.5	53.5	4.696	0.030
	No	37.4	53.5	46.5		
Cocaine use disorder onset (years), mean \pm SD		17.65 \pm 6.96	17.72 \pm 6.99	17.60 \pm 6.95	0.176	0.860
Cocaine use disorder, %	Yes	65.9	45.9	54.1	7.867	0.005
	No	34.1	54.1	45.9		
Cocaine use disorder onset (years), mean \pm SD		23.59 \pm 7.88	23.44 \pm 7.72	23.70 \pm 8.16	0.374	0.708
Opioid use disorder, %	Yes	24.8	42.2	57.8	6.809	0.009
	No	75.2	57.8	42.2		
Opioid use disorder onset (years), mean \pm SD		25.91 \pm 14.18	27.29 \pm 15.96	24.87 \pm 12.66	1.218	0.224
Benzodiazepine use disorder, %	Yes	35.1	38.7	61.3	25.307	<0.001
	No	64.9	61.3	38.7		
Benzodiazepine use disorder onset (years), mean \pm SD		26.85 \pm 18.72	27.31 \pm 23.89	24.71 \pm 16.78	1.878	0.062
Psychiatric comorbidities						
Any psychiatric diagnosis other than SUD	Yes	69.7	41.5	58.5	56.940	<0.001
	No	30.3	58.5	41.5		
Amount of psychiatric disorders		1.67 \pm 1.28	1.32 \pm 1.23	2.01 \pm 1.23	9.066	<0.001
Depressive spectrum disorders	Yes	40.5	36.5	63.5	46.349	<0.001
	No	59.5	63.5	36.5		
Anxiety spectrum disorders, %	Yes	23.8	41.2	58.8	8.270	0.004
	No	76.2	58.8	41.2		
Bipolar spectrum disorders, %	Yes	2.5	18.5	81.5	10.346	0.001
	No	97.5	81.5	18.5		
Psychotic spectrum disorders, %	Yes	6.8	29.7	70.3	16.852	0.001
	No	93.2	70.3	29.7		
ADHD, %	Yes	18.1	50.7	49.3	6.654	0.010
	No	81.9	49.3	50.7		
Any personality disorders	Yes	32.3	36.9	63.1	30.906	<0.001
	No	67.7	63.1	36.9		
Cluster A personality disorders	Yes	5.1	29.1	70.9	9.260	0.002
	No	94.9	70.9	29.1		
Cluster B personality disorders	Yes	25.0	35.1	64.9	28.439	<0.001
	No	75.0	64.9	35.1		
Medical		0.287 \pm 0.364	0.241 \pm 0.336	0.331 \pm 0.385	4.086	<0.001
Employment		0.541 \pm 0.316	0.514 \pm 0.318	0.567 \pm 0.311	2.755	0.096
Alcohol		0.273 \pm 0.279	0.252 \pm 0.265	0.293 \pm 0.290	2.396	0.017
Drugs		0.148 \pm 0.173	0.134 \pm 0.164	0.161 \pm 0.181	2.538	0.011
Legal		0.077 \pm 0.177	0.072 \pm 0.173	0.082 \pm 0.181	0.959	0.338
Familial		0.346 \pm 0.291	0.299 \pm 0.279	0.390 \pm 0.295	5.189	<0.001
Psychological		0.362 \pm 0.238	0.274 \pm 0.268	0.447 \pm 0.235	12.737	<0.001

Conclusions: SI among AUD patients is related to several clinical features which indicate a higher addiction severity, more polyconsumption, and a higher prevalence of psychiatric comorbidities. These findings may contribute to the understanding of suicidal behaviors in AUD patients but it is required further investigations, including longitudinal studies.

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Disclosure of Interest: None Declared

EPP0081

Association between Religiosity/Spirituality and Substance Use among Homeless Individuals

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Introduction: Alcohol and illicit drug use are highly prevalent among the homeless population. Religiosity and spirituality (RS) have been widely associated with lower substance use. However, evidence of this relationship among the homeless is still scarce.

Objectives: To assess the association between RS and the use of alcohol and illicit drugs among the homeless population of a large Brazilian urban center.

Methods: This cross-sectional study was conducted in São Paulo, Brazil. Aspects such as spirituality (FACIT-Sp12), religiosity (P-DUREL), religious-spiritual coping (Brief-RCOPE), and self-applied questions about current substance use (alcohol and illicit drugs) were evaluated. Adjusted Logistic Regression models were performed.

Results: A total of 456 homeless individuals were included, with an average age of 44.5 (SD=12.6) years. More than half of the participants used alcohol (55.7%) weekly and 34.2% used illicit drugs weekly. The adjusted Logistic Regression models identified that aspects of RS were associated with a lower propensity for alcohol and illicit drug use, whereas negative religious-spiritual coping strategies were associated with a higher propensity for the use of both.

Conclusions: The prevalence of alcohol and illicit drug use among participants was high. Positive RS and religious-spiritual coping were significant protective factors against the use of these substances. Conversely, negative religious-spiritual coping strategies were associated with risk factors.

Disclosure of Interest: None Declared

EPP0082

Research of cognitive disorders and quality of life in patients, who are receiving methadone replacement maintenance therapy

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Introduction: Important goals of substitution therapy include: reducing the desire to use opioids - methadone enters the brain with a minimal euphoric effect, reduce the desire to use opioids, allowing to avoid the risk of overdose and control their addiction; prevention of withdrawal syndrome; improving the quality of life - can contribute to the restoration of patients, allowing them to return to a normal life, improve their social, professional and family situation; reducing the risk of transmission of infections HIV and hepatitis; reducing crime - control addiction can reduce related crime and to illicitly obtain opioids; psychosocial support helps patients develop coping strategies and increases their chances of long-term recovery.

The goal of substitution therapy is not to completely get rid of addiction, but it can help stabilize the patient's life and facilitate the recovery process.

Objectives: Many patients receiving MT also have mental disorders such as cognitive decline, depression, anxiety, PTSD, or even bipolar disorder. These conditions can greatly affect the course and results of treatment. They may also have problems with employment, housing, family conflicts, and legal issues.

Methods: In the course of the study, 134 patients aged 26 to 64 years (105 men and 29 women) with a diagnosis of opioid addiction and receiving methadone therapy were examined. Of them, 48 patients had a period of stay at MT of up to three years and 86 – more than three years. The Montreal Cognitive Scale (MoCA) was used to assess comorbid cognitive impairments. The WHOQOL-BREF questionnaire was used to assess the quality of life.

Results: The range of indicators of cognitive functions varied from 21 to 29 points (average - 25.3). 61 patients (46%) showed a result of 26 and above, indicating the absence of cognitive impairment, 51 patients (38%) received from 24 to 21, indicating moderate cognitive impairment. 22 patients (16%) had borderline indicators.

When assessing the level of quality of life, indicators of physical and psychological components varied from 12 to 31; self-perception in the range from 10 to 27 points; microsocial support from 3 to 14 points; social well-being from 11 to 36. In general, the level of satisfaction with the quality of life was in the range of 38-83%.

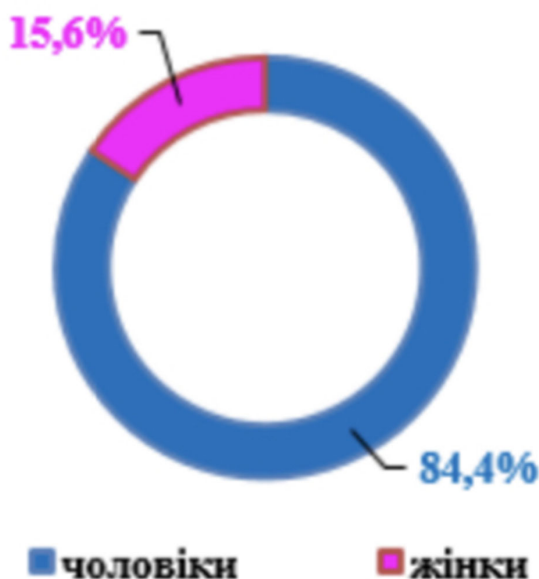
Image:

Частки пацієнтів ЗПТ за призначеними лікарськими засобами у 2021 році



Image 2:

Частки пацієнтів ЗПТ за статтю у 2021 році (%)



Conclusions: Opioid addiction therapy should consist of an assessment of physical and psychological status, comorbid disorders, quality of life, etc. We can see, MT does not significantly affect the cognitive functions. The differences in the assessment of the quality of life were noted in the components of microsocial support and social well-being, which indicates the vulnerability of patients in these areas. Duration of opioid dependence, availability of psychosocial support, presence of comorbid conditions affect the quality of life. It is important that treatment is tailored to individual needs of patients.

Disclosure of Interest: None Declared

EPP0083

Clinical features and factors related to suicidal ideation in adult patients with benzodiazepine use disorder

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Introduction: Benzodiazepine use disorder (BUD) has been associated with the presence of suicidal ideation (SI) in general population. It seems there is an overall increase in the risk of attempting suicide due to the increase of impulsivity, rebound and withdrawal of those who use benzodiazepines (1). However, this association has been scarcely studied.

Objectives: To explore the prevalence, clinical features and factors related to lifetime SI in adults with BUD.

Methods: A cross-sectional study was conducted in an outpatient center for addiction treatment between 01/01/2010 and 12/31/2021. Adult patients who met criteria for active BUD were included. Patients with language barriers, cognitive impairments and those who were participating in any clinical trial were excluded. All patients were evaluated with an ad-hoc questionnaire, Euro-ASI (European Addiction Severity Index), BDI (Beck Depression Inventory) and HRQoL SF-36 (Health-related quality of life according to SF-36). Univariate and bivariate analyses were performed comparing BUD patients with or without SI.

Results: 554 patients were included (65.2% males; M age 42.6 ±12.6 years). SI was reported in 57.2% of the patients. Regarding the sociodemographic variables, any type of lifetime abuse was correlated with SI (67.8%, 73.5% and 77.8% of the patients with emotional, physical and sexual abuse respectively). Considering the different psychiatric features studied, having any psychiatric diagnosis increased SI up to 64%. Depressive and cluster B personality disorders were the ones with a higher presence of SI (67.1% and 68.1% respectively). Anxiety and cluster A personality disorders had also higher proportions of SI (56.1% and 58.7% respectively). Regarding the different assessment instruments used, a higher punctuation on BDI score was seen in the group of patients with SI (23.73±12.86). The scores also showed a worse perception of the mental quality of life of those people with SI, measured by HRQoL (13.76 and 36.82±31.93 in patients with SI and no SI respectively). Considering the Euro-ASI, there was an increased proportion of SI in those patients with a worse familiar situation (0.44±0.30), a

higher alcohol consumption (0.26±0.28) and a worse psychological condition (0.48±0.24).

Conclusions: The prevalence of SI in patients with BUD is significant and is related to several clinical factors. Those factors should be taken into account in daily clinical practice, research, and any health policies on suicide. Further research should be developed.

1. Dodds, T.J. 'Prescribed benzodiazepines and suicide risk', The Primary Care Companion For CNS Disorders 2017; 19(2).

Disclosure of Interest: None Declared

EPP0084

Factors Associated with Voluntary Discharge in a Hospital Detoxification Unit: An Observational and Descriptive Analysis

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Introduction: Adherence to treatment for addictive disorders remains a clinical challenge. Despite detoxification admissions being scheduled and initiated voluntarily by the patient, several factors may contribute to treatment discontinuation.¹ Understanding these factors will enable the development of specific interventions for a more effective approach.²

Objectives: To identify and analyze the relationship between specific clinical factors and voluntary treatment discontinuation.

Methods: An observational and descriptive study was conducted using a retrospective database of 1146 patients admitted to the "Hospital Universitari Vall d'Hebron" Detoxification Unit between June 2008 and December 2019. Bivariate analysis was conducted to identify individual associations between clinical factors and voluntary discharge. Subsequently, a multivariate analysis was performed to assess the combined influence of these factors while controlling for potential confounding variables.

Results: A total of 135 patients (11.8%) requested voluntary discharge. Significant differences were found between the voluntary discharge and non-voluntary discharge groups in patients with dual diagnosis (91.1% vs 80.9%, $p<0.0001$), specifically the presence of psychotic disorder (18.7% vs 12%, $p<0.05$) and cluster B personality disorder (66.7% vs 31%, $p<0.0001$). Significant associations were also observed with prior detoxification admissions (64.5% vs 54.1%, $p<0.05$), heroin as the main admission substance (29.6% vs 13.3%, $p<0.0001$), lifetime use of more than three substances (65.3% vs 45.3%, $p<0.0001$), and pre-admission binge-pattern substance use (72.1% vs 51.4%, $p<0.0001$). A significant relationship was found with therapeutic discharge in the diagnosis of major depressive disorder (14.6% vs. 24.8%, $p<0.05$), admission for alcohol detoxification (25.9% vs. 42.8%, $p<0.0001$), and participation in group therapy during admission (27.4% vs. 49.9%, $p<0.0001$). In the multivariate analysis, it was found that cluster B personality disorder ($p<0.0001$), heroin as the primary substance of admission ($p<0.05$), and pre-admission binge-pattern substance use ($p<0.05$) were independently related to voluntary discharge.

Conclusions: Cluster B personality disorder, admission for heroin detoxification, and pre-admission binge-pattern substance use are factors associated with voluntary treatment discontinuation.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0086

Associations between cerebellar development and autistic traits during adolescence: a population-based cohort study

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Introduction: Brain maturation is associated with adolescent socio-cognitive development. The lateral posterior region of the cerebellum plays a critical role in higher cognitive processes, and deviations of this region are associated with autism-related behaviors. Hence, it is plausible that developmental changes in this region of the cerebellum during adolescence are different along a variation in autistic traits. Additionally, its difference may be moderated by parental age at birth and weight growth during infancy, which have effects on brain development.

Objectives: The aim of this study was two folds: (1) to test whether cerebellar development during adolescence is different along a variation in autistic traits (2) to test whether parental age at birth and weight growth during infancy moderate the results of (1).

Methods: Longitudinal study was conducted over a 6-year period with 256, 230 and 187 participants ranging from 10.5 to 17.6 years, observing adolescent development respectively at 2-year time periods. We undertook a detailed investigation into differences in the lateral posterior region of the cerebellum volume. The 50-item Autism-Spectrum Quotient (AQ) was rated by primary parents. Weight growth and parental age were evaluated using maternal and child health handbook records. A multiple regression analysis was performed to examine whether AQ subscales, sex, and their interactions affected cerebellar development. Moderation analysis assessed whether parental age and weight growth moderated associations between cerebellar development and autistic traits. All participants provided written informed consent, and the study was approved by the Ethics Committee (No.10069).

Results: Interactions between sex and attention switching and sex and attention to detail were significantly associated with cerebellar development in the bilateral gray matter (GM) and white matter (WM) of Crus I and Crus II (Fig1, 2). Simple slope analyses showed that the slopes of cerebellar development were significant for girls ($p_{FDR} < 0.001$). Although no significant interaction was found between them, the main effect of attention to detail was significantly associated with cerebellar development in WM of VIIB ($p_{FDR} = 0.006$). Further, moderation analysis found that the association between the cerebellar development and autistic traits were significantly moderated by maternal age; the magnitude of its effect was significant for high maternal age in boys ($p_{FDR} = 0.036$, Fig3).

Paternal age, early (0-9 months) and late weight growth (4-18 months) also moderated associations between them, however, no significance remained after FDR controlling.

Image:

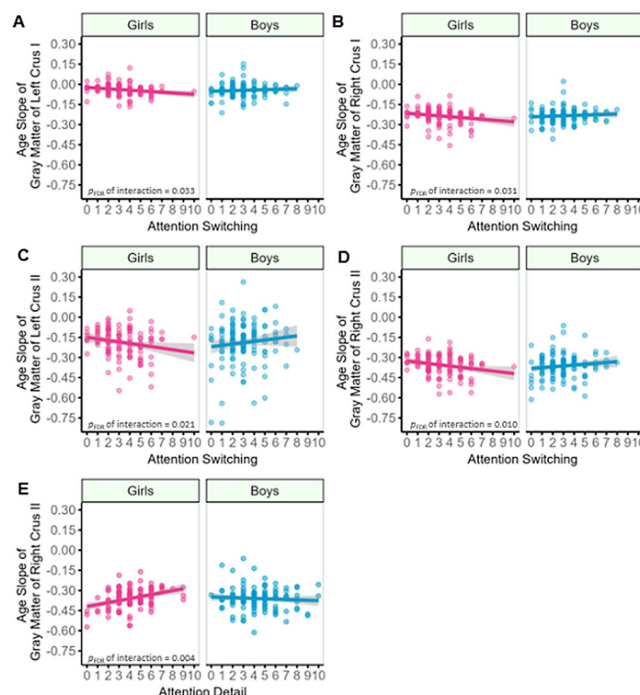


Figure.1

Image 2:

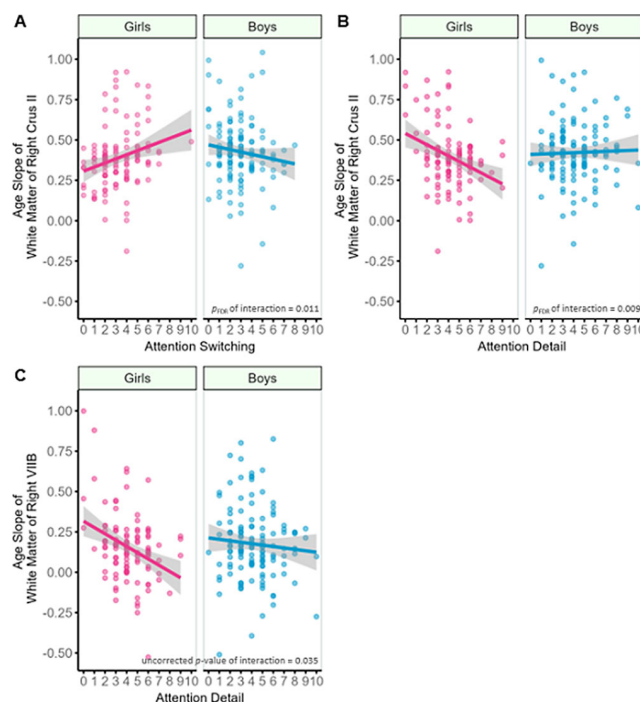


Figure.2

Image 3:

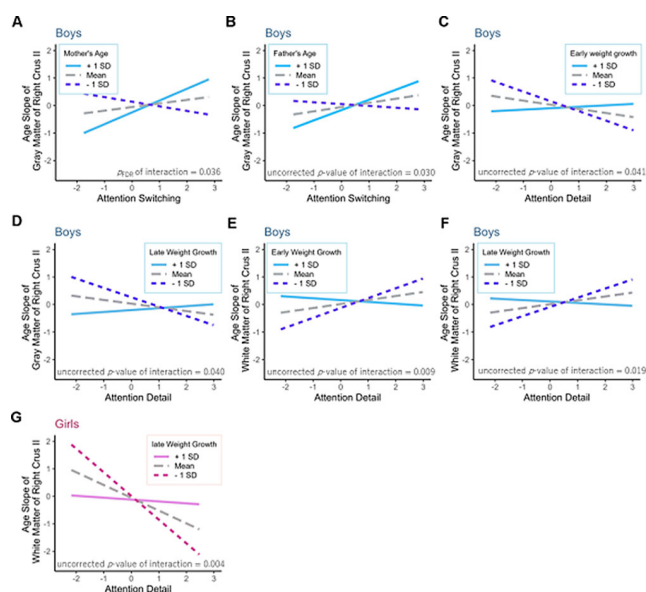


Figure.3

Conclusions: There are significant associations between cerebellar development during adolescence and autistic traits, and its pattern of association can be moderated by parental ages at birth and weight growth during infancy in a cerebellar region- and sex-specific manner.

Disclosure of Interest: None Declared

EPP0087

Changes in Parental Reflective Functioning before and after a postpartum depression group therapy

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Introduction: Parental Reflective Functioning (PRF) refers to parents' ability to view their children's and their own behavior by considering internal mental states, such as thoughts, desires, and intentions. Depression has been described as compromising reflective functioning in female samples, whereas other studies have not detected differences in RF between depressed and non-depressed mothers.

Objectives: We aim to study whether a group intervention focused on postpartum depression, which we have already observed to cause significant changes in the mother-child bond and the severity of depressive, also improves parental reflective functioning.

Methods: To that end, we analyzed pre-post data from two different groups (N=12), composed of mothers who had been clinically diagnosed with postpartum depression. They received the 6-week Mothers & Babies Program© and completed the Parental Bonding

Questionnaire (PBQ), the Edinburgh Postnatal Depression Scale (EPDS) and the Parental Reflective Functioning Questionnaire (PRFQ) before and after group therapy. Pre-post data from the PRFQ were analyzed using the repeated measures t-test. The correlation between changes in the three questionnaires was also analyzed using Pearson's correlation test.

Results: Significant changes were observed in the Pre-Mentalization Modes (pre= $2.37 \pm .457$, post= $2.03 \pm .520$, $t = 2.0206$, $p = 0.027$) and Certainty About Mental States (pre= 2.87 ± 1.141 , post= $3.68 \pm .908$, $t = -2.814$, $p = 0.010$) subscales of the PRFQ, with no significant changes in the Interest and Curiosity subscale ($t = -.516$, $p = 0.309$). A significant correlation was also observed between pre-post change in EPDS scores and pre-post change in the Certainty About Mental States subscale of the PRFQ ($r = -.640$, $p < .05$), while no significant correlations were observed with the rest of the PRFQ subscales, nor with the PBQ.

Conclusions: A brief cognitive-behavioral group therapy developed specifically to treat postpartum depression improves pre-post scores on the Pre-Mentalization (lower post- than pre- score) and Certainty About Mental States (higher post- than pre- score) subscales of the PRFQ. Although a control group is needed to determine the actual effect of the intervention, as time could also play a role in the observed changes, this is an encouraging result. Moreover, the improvement obtained in Certainty About Mental States is inversely correlated with the pre-post changes observed in the EPDS, meaning that the greater the improvement in depression, the greater the improvement in the aforementioned subscale of the PRFQ. A larger sample is needed to assess a hypothetical mediating effect of depression in the observed change.

Disclosure of Interest: None Declared

EPP0088

The Effect of Depression on Smartphone Addiction: The Medicating Effects of Interpersonal Problem in Korean Adolescents

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Introduction: Problematic smartphone use is twice as common among teenagers as it is among adults. Smartphone addiction is associated with anxiety, depression, attention deficit disorder, impulsivity, and sleep problems, among other issues.

Objectives: To assess whether interpersonal relationship problems mediate the relationship between smartphone addiction and depression among adolescents (ages 12-17) currently enrolled in middle and high school.

Methods: A cross-sectional study was conducted among 653 middle and high school students living in Wonju, South Korea between September 1 and November 30, 2019. Depression was measured by Center for Epidemiologic Studies Depression Scale (CES-D). In order to evaluate smartphone addiction, the Smartphone Addiction Scale Short Form Version (SAS-SV) was used. To examine interpersonal problems, the Korea Inventory of Interpersonal Problems

Circumplex scale (KIIP-SC) was employed. We used the dplyr package to check for skew, kurtosis, and create density plots. Scatterplots and Pearson correlation analysis were used to examine the relationships between the main variables. For the mediation analysis, we used the 8 sub-scales of KIIP-SC (Domineering, Vindictive, Cold, Socially avoidant, Nonassertive, Exploitable, Overly Nurturant, Intrusive) as mediators and conducted a mediation analysis with 10,000 bootstrap samples using the lavaan package in R, version 4.2.2. Each analysis was evaluated based on a 95% confidence interval to determine significance.

Results: Depression, interpersonal problems, and smartphone addiction exhibited significant positive correlations with each other. The direct effect of smartphone addiction was found to be significant. The association between depression and smartphone addiction was mediated by the KIIP-HI (Nonassertive), the KIIP-JK (Exploitable) and the KIIP-NO (Intrusive).

Conclusions: Interpersonal problems mediate the relationship between depression and smartphone addiction. Identifying the high-risk group is essential for treatment strategy development.

Disclosure of Interest: None Declared

EPP0089

Impact of the Covid pandemic on the mental health of children and young people with pre-existing mental health and neurodevelopmental conditions: a systematic review and meta-analysis

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Introduction: Existing systematic reviews have suggested mixed effects of the Covid pandemic on the mental health of children and young people. Those with pre-existing mental health and neurodevelopmental conditions have been suggested to be disproportionately affected, but this has not been meta-analysed. Most reviews of studies in clinical populations to date only include cross-sectional studies during the first lockdown or longitudinal cohorts up to early 2021, which limits our understanding of causality and long-term effects. To our knowledge, this is the first systematic review and meta-analysis to examine the longitudinal impact of the pandemic on the mental health of children and young people with pre-existing mental health and neurodevelopmental conditions.

Objectives: To compare 1) mental health pre versus during Covid, and 2) mental health during Covid.

Methods: Medline, Embase, APA PsycInfo, and Global Health databases were searched up to August 2023. Longitudinal studies reporting mental health outcomes in children and young people (≤ 18 years old) with pre-Covid mental health and/or neurodevelopmental conditions were included. Cohorts were deemed eligible if children and young people were diagnosed using a diagnostic assessment, scored above clinical threshold on validated measures, or attended mental health services pre-Covid. Outcomes included internalising, externalising, and other symptoms. Studies were

narratively synthesised by symptom category and meta-analyses performed where number of studies reporting the same outcomes were sufficient (≥ 5).

Results: 6,083 records were identified and 21 studies (N=2,617) were included. These widely differed in country, setting, diagnosis, outcome, and timepoints under study. The narrative synthesis highlighted mixed findings in mental health changes during the pandemic for all three symptom categories showing increases, reductions, and no changes. Only studies reporting changes in internalising symptoms pre- versus during the pandemic were in sufficient number to be amenable to meta-analysis.

Conclusions: Our findings suggest the pandemic's impact on the mental health of children and young people with pre-existing mental health and neurodevelopmental conditions were complex and varied. We highlight an urgent need for longitudinal Covid research on long-term mental health outcomes in this vulnerable group. Understanding risk factors and longitudinal trajectories is warranted to guide clinical practice and policy.

Disclosure of Interest: None Declared

EPP0090

Adherence to therapy of patients with adolescent depression

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Introduction: Therapy of adolescent depression is accompanied by a number of difficulties associated with the influence of the age factor, which include the following aspects: social - with the possibility of forming a fear of stigmatization, biological - with low tolerance of psychopharmacological agents due to the immaturity of the functional systems of the body, psychological - with a combination of oppositional behavior of adolescents and their desire to "be like everyone else". All these factors may lead to a decrease in patients' compliance in the treatment of adolescent depression and premature refusal to continue treatment, which may provoke a relapse of the disorder.

Objectives: To assess the adherence of adolescent patients with a first depressive episode regarding the continuation of therapy after discharge from the hospital.

Methods: 124 patients (average age - 19.4) were examined after discharge from the hospital where they were treated for a depressive episode (according to ICD-10: F32.1, F32.2, F32.38, F32.8). The severity of depression during hospitalization and at discharge was assessed according to the HDRS scale. During hospitalization, 45.9% of patients (n=57) were diagnosed with severe depression (HDRS score of more than 24), 54.1% (n=67) were diagnosed with moderate depression (HDRS score of 17-23) (Zimmerman M. et al. JAD 2013; 150(2):384-8). At discharge, 35.5% of patients (n=44) had moderate depression, 38.7% of patients (n=48) had mild depression (HDRS score of more than 7-16) and only 25.8% of patients (n=32) had no depression (HDRS score of less than 7 points). This indicated the need to continue therapy after discharge. The degree of adherence to therapy and the main reasons

for its refusal were analyzed using the Medication Compliance Scale (Lutova N. NIPNI, 2007; 26).

Results: The average duration of treatment continuation in patients with adolescent depression was 7.4 ± 9.6 months. At the same time, 42 patients (33.9%) refused to continue therapy within 30 days after discharge from the hospital. 15 patients (12.1%) turned out to be fully compliant, following the doctor's prescriptions. The main reasons for refusing therapy were: negative attitude to the fact of receiving therapy and visiting a psychiatrist ($n=50$, 40.3%), the development of side effects of therapy ($n=46$, 37.1%), negative attitude of relatives to the continuation of therapy ($n=11$, 8.9%), and negative attitude to the attending psychiatrist ($n=2$, 1.6%). In general, formally, the average duration of continuation of therapy coincides with the recommended 6-12 months (Sim K. et al. IGN 2015;19(2) pyv076), however, it is noteworthy that some patients tend to self-cancel therapy without the approval of the attending physician.

Conclusions: The results indicate a low level of adherence to therapy in patients with adolescent depression and require additional measures to improve it.

The work was carried out with the financial support of the RSF grant 22-15-00437.

Disclosure of Interest: None Declared

EPP0091

The association between maternal diabetes and the risk of attention deficit/hyperactivity disorder in offspring: Updated systematic review and meta-analysis.

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Introduction: The existing body of evidence on the association between maternal diabetes and attention deficit/hyperactivity disorder (ADHD) in offspring is inconsistent and inconclusive. Thus, we need to synthesise the available evidence to examine the association between maternal diabetes and risk of ADHD in offspring.

Objectives: The aim of this meta-analysis was to examine the association between maternal diabetes and the risk of ADHD in offspring.

Methods: We conducted a comprehensive search across PubMed, MEDLINE, EMBASE, Scopus, CINAHL and PsychINFO databases from their inception to September 8th, 2023. The methodological quality of the included studies was evaluated using Joanna Briggs Institute (JBI) and Newcastle-Ottawa Scale (NOS). Between-study heterogeneity was assessed using I² statistic and potential publication bias was checked using both funnel plot and Egger's test. Random effect model was used to calculate the pooled effect estimates and subgroup, sensitivity, and meta-regression were further performed to support our findings

Results: Twenty observational studies (two cross-sectional, five case-control and thirteen cohort studies) were included in this systematic review and meta-analysis. Our meta-analysis indicated that intra-uterine exposure to any type of maternal diabetes was associated with an increased risk ADHD in offspring [RR=1.33; 95 % CI: 1.23–1.43, I²=79.9%]. When we stratified the analysis by

maternal diabetes type, we found 17%, and 37% higher risk of ADHD in offspring exposed to maternal gestational [RR=1.17; 95 % CI: 1.07–1.29] and pre-existing diabetes [RR=1.37; 95 % CI: 1.27–1.48] compared to unexposed offspring respectively. Results of subgroup and sensitivity analysis further supported the robustness of our main finding.

Conclusions: Our review suggested that exposure to maternal diabetes increased the risk of ADHD in offspring. These findings underscore the need for early screening and prompt interventions for exposed offspring.

Disclosure of Interest: None Declared

EPP0092

The Influence of Nonparental Care on Internalizing and Externalizing Behaviors Across Adolescence: An individual Participant Meta-Analysis

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Introduction: In Europe, associations between different types of nonparental care and internalizing and externalizing behaviors in children have not been adequately explored (Gialamas, A et al. J Epidemiol Community Health. 2015). Internalizing and externalizing symptoms in childhood can have lifetime repercussions, thus understanding their risk factors and the potentially protective role of family policies is highly relevant.

Objectives: To explore the associations between different types of nonparental care prior to primary school and internalizing and externalizing behaviors across young adolescence.

Methods: Six parent-offspring prospective birth cohort studies across five European countries within the EU Child Cohort Network (EUCCN) were included in the study. A two-stage individual participant data (IPD) meta-analysis on complete cases was performed. Linear regression models (one for each age group: 5-6 years, 7-9 years, 10-13 years) were applied in each cohort separately and then cohort-specific coefficients and standard errors were combined using random-effects (restricted estimate maximum likelihood (REMD) meta-analysis to attain overall effect estimates. Data were then stratified by socioeconomic position and sex.

Results: There were 74 453 parent-offspring dyads to study children's internalizing difficulties and 72 462 parent-offspring dyads to study children's externalizing difficulties. Center-based care attendance was associated with lower levels of internalizing difficulties 5-6 years [-1.13 (95%CI:- 2.68, 0.42), $p=0.15$]; 7-9 years [-1.38 (95%CI:- 2.85, 0.10), $p=0.07$]; 10-13 years [-1.06 (95%CI:- 1.95, -0.17), $p=0.02$]. Children who attended other forms of nonparental care appeared to have higher levels of internalizing difficulties: 5-6 years [0.02 (95%CI:- 1.96, 2.01), $p=0.98$], 7-9 years [0.91 (95%CI:0.23, 1.58), $p=0.009$]; 10-13 years [0.52 (95%CI:- 0.23, 1.27), $p=0.17$]. Other forms of nonparental care (not including center-based care) had a positive association with externalizing symptoms : 5-6 years [2.45 (95%CI:0.35, 4.55), $p=0.02$]; 7-9 years [2.78 (95%CI: 0.60, 4.95), $p=0.01$]; 10-13 years [1.93 (95%CI:-0.45,

4.32), $p=0.11$]. We found some evidence of effect moderation by the child's sex and socioeconomic position (SEP).

Conclusions: The results suggest that center-based care may protect children from developing internalizing behaviors, but other forms of nonparental care may put children at more risk of developing more internalizing and externalizing behaviors. Also, factors such as sex and SEP may interact with nonparental care in influencing externalizing behaviors.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPP0095

"Beenomials": exploring beekeeping as a rehabilitation tool in the field of mental health

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doi: 10.1192/j.eurpsy.2024.319

Introduction: Beekeeping is a peculiar activity able to connect people both to nature and to other people. Extant research shows how it provides beekeepers with meaning, opportunities for learning, and a sense of connection to bees as well as to the surrounding ecosystem. The relationship of care and interdependence that is established supports well-being, encourages collaboration and positive social relations.

Objectives: "Beenomies" is a pilot project inspired by the union of opposites symbolically associated with bees: love and war, sweetness (honey) and bitterness (venom), the individual and multiplicity (society), regeneration and death. As CG Jung observed, honey expresses, psychologically, "the joy of life and the life urge which overcome [...] the dark and the inhibiting. Where spring-like joy and expectation reign, spirit can embrace nature and nature, spirit". Drawing on this psychological and philosophical basis, the project aimed to introduce beekeeping in a therapeutic community placed in the Alpine environment (Mondovì, Italy), to explore its rehabilitative potential and its ability to promote well-being in the field of mental health.

Methods: The project stems from the collaboration between mental health services, a local agriculture high school, and a farm involved in social agriculture. Initially, some beehives have been settled on the land surrounding the therapeutic community. Activities of beekeeping have been conducted and supervised by experienced beekeepers of the farm involved, who engaged a selected group of users hosted in the community ($n=15$), instructed them and worked side by side for several weeks, according to the bees' needs and the seasonal rhythms. Once the training was completed, teaching activities have been co-conducted by beekeepers and participants, to introduce and train a group of students from the local agriculture high school. A study encompassing observational data, surveys, and semi-structured interviews was conducted to monitor and evaluate the project as it unfolded.

Results: The performance of practical activities (i.e. beekeeping operations) proved successful in relaxing social norms around talking, lowering the emotional intensity of the encounter, allowing non-verbal communication and normalizing silence. These features supported participants with relational difficulties and

encouraged the gradual development of skills in the social area. In the second part of the project, the involvement of high school students that needed to be trained allowed participants to have an active role as teachers; this contributed to the development of positive feelings, increased self-esteem and self-efficacy, eventually supporting the recovery process.

Conclusions: Preliminary findings suggest further collaboration between different social actors and further research to develop inclusive, effective, and community-based interventions in the field of mental health and rehabilitation.

Disclosure of Interest: None Declared

Classification of mental disorders

EPP0096

A nosological approach to brief psychotic disorders and acute and transient psychoses

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Introduction: Acute and transient psychoses (International Classification of Diseases) and Brief Psychotic Disorders (Diagnostic and Statistical Manual of Mental Disorders) constitute heterogeneous nosological groups, which have undergone successive reformulations in the past decades, remaining doubts regarding their diagnostic validity and independence.

Objectives: This work aims to review the nosological evolution of these complex and neglected groups.

Methods: A review of the literature was conducted using PubMed and The Cochrane Library. The following terms were used: "acute and transient psychoses"; "brief psychotic disorders"; "cycloid psychosis"; "reactive psychosis".

Results: Since the early 20th century, a group of non-affective psychoses with acute onset and brief duration have been described in different countries and under various names, such as bouffée délirante, reactive psychosis or cycloid psychosis, denominations still present in ICD-9. In present-day classifications, as ICD-10 and DSM-IV, an effort was made to homogenise the various regional and national concepts creating the group of 'Brief Psychoses' (DSM) or 'Acute and Transient Psychotic Disorders' (ICD). The marked heterogeneity and low diagnostic stability of these groups, mainly based on temporal criteria, has posed significant obstacles to further research and conceptualization. Given these difficulties, the latest revision of the International Classification of Diseases (ICD-11) brought about a substantial change, restricting this diagnosis to polymorphic psychotic conditions of acute onset and rapid resolution, subgroup with greater diagnostic stability and characteristics distinct clinical features.

Conclusions: The relevance of a better clarification for this nosological group is evident in the successive changes over the last century. ICD 11, once again, substantially changed the diagnostic criteria and the scope of this nosological entity, leaving doubts about the independent nature of this group, its connection to schizophrenia, as an attenuated form (more common in women

and in developing countries), or even as a form of psychosis that is closer to affective disorders (due to its clinical evolution). Although little explored, this issue remains a source of doubt and interest, calling into question the Kraepelinian dichotomy for the so-called endogenous psychoses.

Disclosure of Interest: None Declared

EPP0097

ICD-11 Burnout for the psychiatrist: Meaning of the concept and prevalence of the condition.

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Introduction: Burnout was reclassified in 2019 as an occupational phenomenon in ICD-11. The new condition includes the classic tridimensional definition with symptoms in areas of fatigue/energy depletion, mental distance/cinism and sense of ineffectiveness/lack of accomplishment.

Objectives: To evaluate the knowledge and perceptions of psychiatrists regarding new ICD-11 burnout definition.

To analyse the frequency of burnout symptoms in the psychiatric consultations and among the psychiatrists as healthcare professionals.

Methods: An online survey (designed with Microsoft® Forms) was sent in June 2023 to psychiatrists from three regions of Spain, contacted from local scientific societies. Psychiatrists, currently working, had to consent and answer a brief survey (average time: 2 min 32 sec) of 9 questions regarding the definition of burnout, their experience in clinical practice, their own symptoms and symptoms observed in colleagues.

Results: 164 psychiatrists answered, 114 females (69.5%), mean age: 43.61 ± 11.28 years. 48.2% assured they had never used the term Burnout or the ICD codes Z73.0/QD85, whereas a 9.1% used them frequently in clinical practice. 58.5% considered burnout just a condition related to work and a 38.4% either a syndrome or a disorder.

Most psychiatrists referred that their patients exhibited symptoms of the three dimensions. Fatigue was the most common, attended frequently by 79.5% of the surveyed, followed by ineffectiveness (73.1%) and cinism (65.3%).

When reporting their own symptoms, only 16.5% psychiatrists referred not suffering any symptom. The most frequently involved was fatigue (66.5%), then ineffectiveness (56.1%) and cinism

(41.5%). 28,7% reported concomitant symptoms of the three dimensions.

70.7% recognized fatigue symptoms in their colleagues, 61% ineffectiveness, 72.6% cinism and 45,5% recognized symptoms from the three dimensions. Only a 7.3% did not identify any of them.

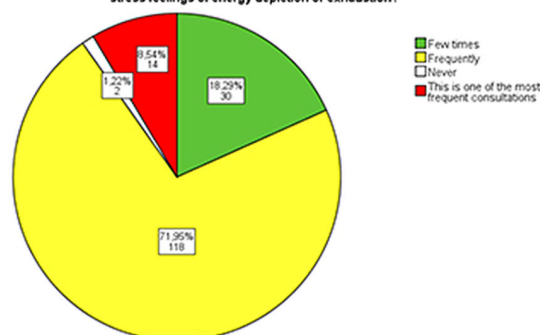
A younger age was related to higher probability of suffering cinism (T:2.546; p=0.012) and ineffectiveness (T:2.900; p=0.004) and to a higher probability of recognizing cinism (T=3,293; p=0,001) an ineffectiveness in others (T=2.355; p=0.020)

Females showed a higher frequency of ineffectiveness symptoms (61.4% vs 44%; $\chi^2:4.274$; p=0,029).

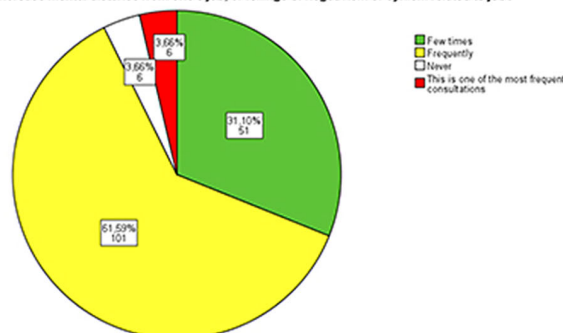
Image:

Image1. Frequency of Burnout dimension symptoms in psychiatric clinical practice

QUESTION 5. In your clinical practice, Do you attend patients that present, as a result of chronic workplace stress feelings of energy depletion or exhaustion?



QUESTION 6. In your clinical practice, Do you attend patients that have, as a result of chronic workplace stress increase mental distance from one's job, or feelings of negativism or cynism related to job?



QUESTION 7. In your clinical practice, Do you attend patients that have, as a result of chronic workplace stress a sense of ineffectiveness and lack of accomplishment?

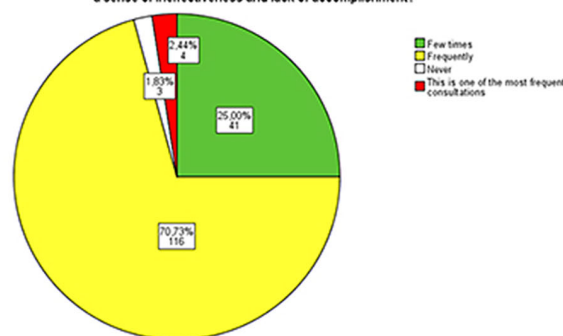
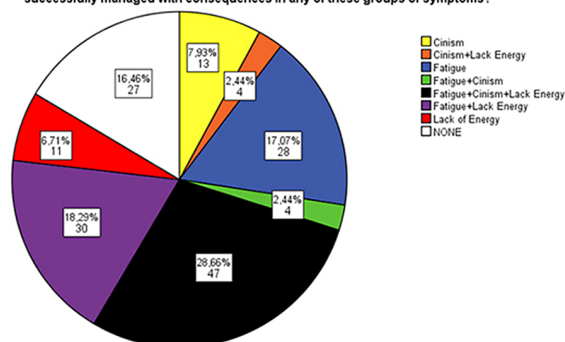


Image 2:

Image 2. Burnout dimension symptoms self reported by the surveyed psychiatrists and observed on their colleagues

QUESTION 8: Have yourself perceived that your work occasioned you chronic stress that you did not successfully managed with consequences in any of these groups of symptoms?



QUESTION 9: Have you observed in your colleagues that your work occasioned them chronic stress that they did not successfully managed with consequences in any of these groups of symptoms?

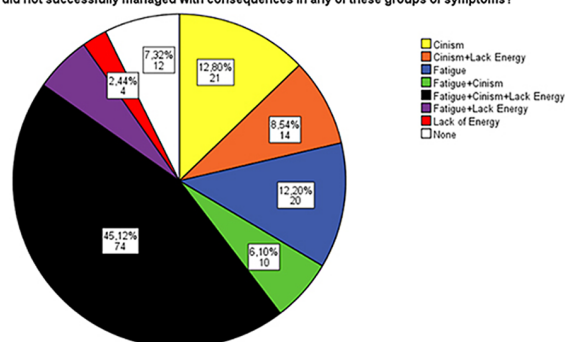
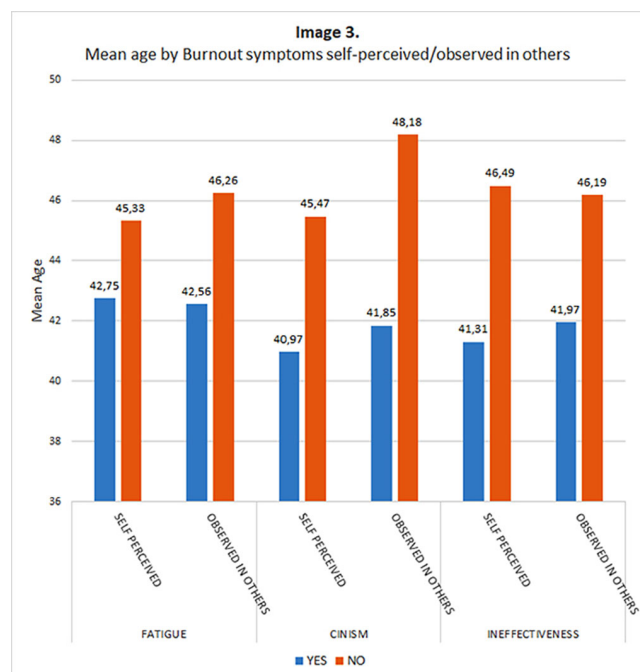


Image 3:



Conclusions: Psychiatrists' concept of burnout is diverse but the main construct is convergent with ICD definition, not a medical illness but a condition related to work.

The three classic dimensions of burnout are common in clinical conditions and also in the laboral environment of psychiatrists themselves. Psychiatrists tend to recognize more easily burnout in other colleagues, particularly cinism symptoms. Cinism and ineffectiveness appear to be related to younger age that can be associated to an imbalance between work demands and individual resources.

These results highlight the challenge of preventing, detecting and addressing burnout syndrome in psychiatric services.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPP0098

Who benefits from multifamily psychoeducation groups ? Descriptive analysis of participants

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Introduction: Guidelines for relapse prevention in schizophrenia recommend psychoeducation for patients and caregivers (Bighelli I, Leucht S et al. Lancet Psychiatry 2021). Considering that, in 2021, we implemented in our Psychiatric community center a multifamily therapy (MFT). The program is based on systemic approach and psychoeducation, focusing on schizophrenia.

Objectives: Describe participants of MFT groups focusing on schizophrenia.

* Patients' characteristics : age, gender, duration of psychiatric follow-up, history of hospitalization

* Caregivers' characteristics: status, age.

Methods: We carried out a descriptive study of the different profile of MFT groups participants in our community center from 2021 to today.

Results: Since 2021, 4 MFT groups took place including 50 participants: 18 patients suffering from schizophrenia and 32 relatives.

Image 1 illustrates the different participants of each group.

Each group was different. Some patients came with both their parents, even if divorced, some came only with their mother. Some came with a sibling. Nevertheless, the numbers of fathers and siblings did not always allow us to work in sub-groups.

Considering patients: 18 patients benefited from our program. 8 female and 10 male patients (55.6%) were admitted and distributed in each group as described in image 2. The mean age of patients was 31.9 years old [20.1 – 57.5]. Each group was made up of patients with psychiatric follow-up ranging from 1 year to more than 20 years, and having experienced between 1 to more than 5 psychiatric hospitalizations. It appears that Group 4 was noticeably younger than the other groups with a mean age of 22.4 years old [20.4 – 26.7] and a shorter history in psychiatry with less hospitalizations (image 3).

Considering relatives: 15 mothers, 9 fathers, 5 siblings, 1 spouse, 1 aunt and 1 uncle benefited from psychoeducation to caregivers. The relatives were from 47 to 81 years old for the parents, and from

17 to 50,7 for the siblings. Unlike parents, siblings generally attended a limited number of sessions.

Image:

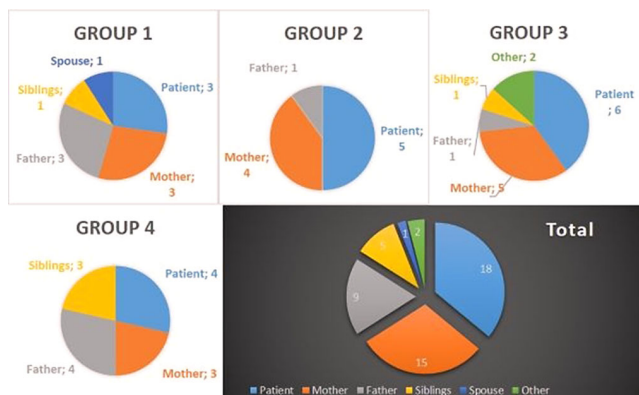
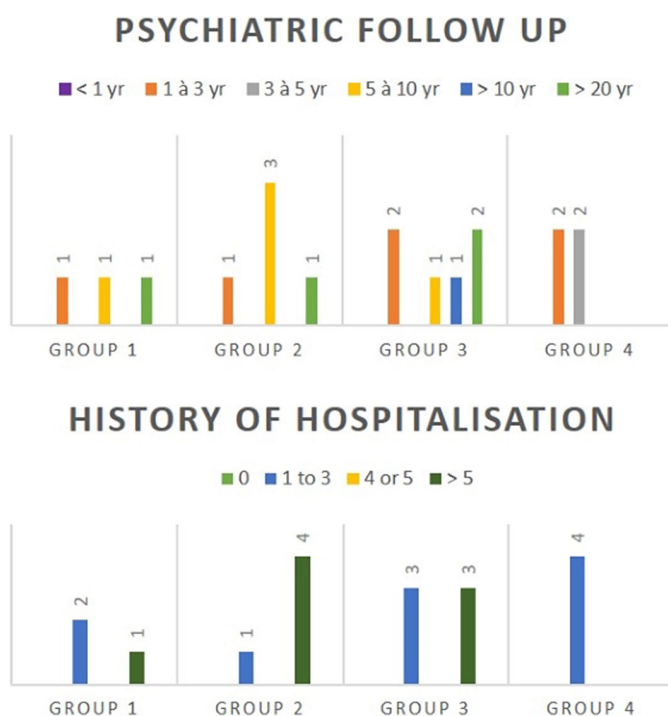


Image 2:

	PATIENTS				MOTHER		FATHER		SIBLINGS		SPOUSE	
	Patient	Age	sex	PRESENT	Age	PRESENT	Age	PRESENT	Age	Sex	Age	Sex
GROUP 1	1	27,5	M	Yes	56,4	Yes	56,5				50,2	F
	2	31,3	F	Yes	58,6	Yes	60,7					
	3	40,8	F	Yes	70,5	Yes	73,6		43,2	SISTER		
GROUP 2	4	28,7	M	Yes	61,8							
	5	30,2	M	Yes	61,3	Yes	63,8					
	6	33,2	F	Yes	59,1							
	7	31,6	F	Yes	59,1							
GROUP 3	8	53,1	F	Yes	80,4							
	9	33,7	M	Yes	63,6							
	10	20,1	M	Yes	79,4							
	11	47,5	F	Yes	80,9							
	12	57,5	M	Yes	79,3				50,7	SISTER		
GROUP 4	13	27,0	M	aunt	47,9	uncle	52,3					
	14	35,4	M	Yes	61,5	Yes	59,4					
	15	20,9	M	Yes	57,1	Yes	58,6					
	16	26,7	F	Yes	55,3				20,8	BROTHER		
	17	21,5	M			Yes	54,3		24,3	SISTER		
	18	20,4	F	Yes	51,1	Yes	50,8		17,2	SISTER		

Image 3:



Conclusions: This descriptive study reflects the work carried out with 18 patients and their relatives in an MFT group providing psychoeducation to patients suffering from schizophrenia and their caregivers. 50 persons benefited from psychoeducation in 2 years. We learned from these results to improve the constitution of our groups and the benefits of our psychoeducation program. We were careful to include families with siblings as we know they are affected by the mental illness in the family and are often left aside of all care/support proposals. We questioned ourselves on the advantages of homogeneous or heterogeneous groups, considering age, history of follow up. How could it impact affiliation to the group or differentiation movements? How useful or harmful it is for sharing experiences between the families. A proper study would be necessary to answer these questions.

Disclosure of Interest: None Declared

Classification of mental disorders

EPP0099

Traumatic Brain Injury and Conversion Disorder in a Veteran's Atypical Presentation

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Introduction: Traumatic brain injury (TBI) induces cognitive and behavioral changes due to environmental impacts on brain tissue.

Objectives: Highlighting the atypical TBI presentation challenging conventional diagnostics and obscured by conversion disorders.

Methods: A 36-year-old male veteran, injured by a sniper rifle in 2011, presented with right ear tinnitus and monthly, unresponsive right hemispheric headaches. Seizures occurred every two weeks with no reported loss of consciousness or sensation. The gunshot wound to the neck in 2011 prompted emergency intervention, with entry and exit wounds located in the posterior lateral neck. Post-injury symptoms comprised hearing loss, tinnitus, restricted neck movement, and weakness in the right arm. Seizures persisted, accompanied by numbness and neck movement. Management included physical therapy, hyperbaric oxygen therapy (improving weakness but not tinnitus), and administration of piracetam (2400 mg/day), sertraline (100 mg/day), and ginkgo biloba (2400 mg/day). Psychiatric consultation suggested a diagnosis of "conversion disorder."

Results: Neuropsychological Evaluation: Raven Standard Progressive Matrices Test showed borderline impairment. Psychiatric Evaluation noted monotonous mimics, occasional depersonalization, reduced emotional involvement, and slowed psychomotor activity. Elevated trait anxiety was observed per the State-Trait Anxiety Inventory. Neurological Examination identified left arm weakness and impaired resting balance. Imaging Findings: F18-FDG PET/CT Scan at 1 year post-GSW showed hypermetabolism in the right frontal lobe, and at 3.5 years post-GSW demonstrated decreased glucose metabolism in the bilateral cerebellar cortex, temporal lobe, and bilateral parietal lobe.

Conclusions: A high-kinetic-energy bullet passed through the right lateral base of the neck without causing apparent brain damage.

Proposed is the generation of upward pressure waves in neck tissues through the transmission of kinetic energy, compressing and displacing soft tissues toward the skull. Gunshot injuries create cavities, forming high-pressure waves capable of damaging distant brain regions, leading to TBI such as crush injury, edema, and myelin and axonal damage (Courtney & Courtney, 2007). Microscopic brain damage, undetectable by current imaging, may only surface during autopsy (Yilmaz & Pekdemir, 2007). Rat studies after primary blast injuries reveal brain alterations, highlighting that high-pressure pulses can cause neuronal damage, potentially yielding related symptoms (Cernak et al., 2001). The patient's atypical symptoms, combined with the initial conversion disorder hypothesis, underscore the need for a diagnostic paradigm shift to differentiate traumatic brain injury from other potential misnomers.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPP0100

Self-stigma and its reduction in patients with bipolar affective disorder

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Introduction: The phenomenon of self-stigma in patients with bipolar affective disorder (BD) has been studied much less than in other mental disorders (Favre, Richard-Lepourie, 2023). However, self-stigma has equally negative psychosocial consequences for them (Shargh et al, 2015). Therefore, identifying the clinical and psychological characteristics of self-stigma in BD patients, especially in the initial stages of the disease, and developing on this basis new directions for their psychosocial rehabilitation to reduce self-stigma is relevant.

Objectives: To identify clinical and psychological characteristics of self-stigma in BD patients, to identify targets for psychosocial rehabilitation.

Methods: «Questionnaire for assessing the phenomenon of self-stigmatization of mentally ill people» (Mikhailova et al., 2005), «Insight Scale for Psychosis» - ISP (Birchwood et al., 1994). We examined 17 patients (12 women and 5 men) with a diagnosis of bipolar affective disorder (F31.xxx according to ICD-10). The average age of the patients was 25.52±4.55 years. The duration of the disorder is 0.5-3 years.

Results: It was shown, that patients with BD had a high level of self-stigma. Indicator «General level of self-stigma» was 1.22±0.73 points, that higher its average values. The main component in the structure of self-stigmatization was an overestimation of possible limitations of one's own internal activity and self-realization (1.96 ± 0.87 and 1.62 ± 0.82 points, respectively) associated with the disease. Idealization of one's pre-illness qualities and achievements (1.62±0.82 points) and the formation of misconceptions about the loss of previous opportunities will able to lead to negative personal changes and limit the activity of patients. Correlation analysis revealed significant ($p \leq 0.01$) correlations between the «Patient's ability to recognize painful phenomena as symptoms of mental

illness» scale of the ISP scale and individual parameters of the questionnaire for assessing self-stigma: «Imagination of one's own failure due to illness» - $r = 0,52$; «Fear of becoming insolvent due to illness» - $r = 0,54$; «Idealization of the «healthy self», $r = 0,51$. Thus, in BD patients, self-stigma is associated with low awareness of the disease and misconceptions about it and about themselves.

Conclusions: Psychoeducation programs, aimed at formation an adequate perception of mental disorder, the ability to recognize its symptoms, and destigmatization trainings to increase the social activity are needed for BD patients. Such trainings were developed during the research and are currently being tested.

Disclosure of Interest: None Declared

Classification of mental disorders

EPP0101

Participation limitations as a transdiagnostic feature in serious mental illness: confirmatory modeling

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Introduction: Participation in daily life occupations of personal and community meaning is an important component of health and recovery from mental illness. Limitations in participation were found to be a hallmark of serious mental illness (SMI). Still, previous research has mainly focused on objective dimensions of participation, largely neglecting the subjective aspects that hold particular relevance for health outcomes. Next, participation was addressed by specific diagnoses, approach which is divergent from the recovery model, a transdiagnostic approach and clinical practice. Hence, further research into participation is warranted to broaden our understanding.

Objectives: We investigated objective and subjective patterns of participation across a range of SMI diagnoses to delineate differences, and to identify personal and illness-related factors associated with participation dimensions.

Methods: A secondary analysis of cross-sectional studies (N=14). The analysis included data from 489 men (40.7%) and women (59.3%) diagnosed with one of 4 SMI conditions: psychotic, affective (AD), post-traumatic (PTSD) or personality (PD) disorders. The participants were aged 18 to 60 ($M = 34.41$; $SD = 10.9$) and were in contact with intensive mental health services. All participants completed the Adult Subjective Assessment of Participation (ASAP), which comprised participation intensity, diversity, satisfaction and enjoyment, and standard evaluations of cognitive functioning, symptom severity, and functional capacity. Z-scores were calculated for independent variables to enable comparison. Demographic and illness-related (IR) information was also collected.

Results: Frequency of participation was found to be significantly different between diagnostic groups, but not participation diversity, enjoyment and satisfaction. Participation diversity was altered by range of demographic variables ($5.26 < F < 10.6$, $p < .01$, $0.3 < \eta^2 < 0.4$) while participation frequency differs by employment status ($t(485) = -2.84$, $p < 0.05$, Cohen's $d = 0.25$). No differences were found

between groups in symptoms' severity. Regression analysis indicates that cognition, functional capacity and employment status explain in a significant way integrated index of objective participation ($\chi^2=47.52$, $p<0.001$). For the subjective dimension, the logistic regression was not found statistically significant ($\chi^2=20.99$, $p=0.51$).

Conclusions: Limitations in diversity, enjoyment and satisfaction with participation, were demonstrated to be a transdiagnostic feature in SMI. Objective participation dimensions can be explained with demographic, personal and illness related factors, while modeling of subjective dimensions should be further investigated.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPP0103

Transcranial Magnetic Stimulation and Dual Pathology: An Integrative Protocol

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Introduction: Dual pathology, characterized by the simultaneous presence of substance use disorders and psychiatric disorders, is a topic of growing interest in the scientific community. In particular, obsessive-compulsive disorder (OCD) is a common comorbid psychiatric condition in patients with substance use disorders.

Objectives: To evaluate the efficacy of rTMS on comorbid disorder symptoms by applying specific protocols for OCD and substance use disorder in a clinical case of dual pathology.

Methods: Case Description: A 36-year-old male diagnosed with OCD and habitual cocaine use (an average of 6 times per month). Previous unsuccessful attempts to quit substance use. Undergoing psychotherapy and psychopharmacological treatment for OCD since the age of 22 with no significant clinical improvement.

Methodology: The severity of OCD was quantified before and after the intervention using the Yale-Brown Obsessive Compulsive Scale (YBOCS). To assess addictive behavior, the Maudsley Addiction Profile (MAP) was used. During the intervention period, the occurrence of substance use was recorded based on the patient's and family members' reports. The intervention involved the administration of an rTMS protocol tailored to the specific case, consisting of the simultaneous application, using a double-cone coil, of rTMS at 20Hz over the right dorsomedial prefrontal cortex (DMPFC) at an intensity of 100% of the resting motor threshold (RMT) to treat OCD symptoms, followed by intermittent theta burst stimulation (TBS) over the left DMPFC at an intensity of 120% of the RMT to address substance addiction. The patient received a total of 30 sessions at a rate of one session per day, five days a week, for six weeks.

Results: Results: The results showed an improvement in the total score on the YBOCS scale, decreasing from a value of 26 in the pre-intervention assessment to 16 in the post-intervention assessment, representing a reduction of more than 35% from pre- to post-intervention, meeting response criteria. Thus, there was a decrease in both obsessive and compulsive symptoms, with reduced

associated distress and increased control. Additionally, throughout the intervention, there was a gradual decrease in substance use, decreasing from an average of 6 monthly instances before treatment initiation to a total of 1 in the month the treatment ended.

Conclusions: Conclusions: This unique case study represents a therapeutic window for the treatment of patients with comorbid disorders, demonstrating promising preliminary benefits of the combined rTMS intervention for both conditions, especially in the field of addictions.

Keywords: rTMS, neuromodulation, obsessive-compulsive disorder, addictions

Disclosure of Interest: None Declared

EPP0104

A Challenging Conundrum; Learning Disability, Schizophrenia and Autism - a Case Report

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Introduction: Psychiatric disorders are common in patients with learning disabilities. There are also patients with the triad of autism, schizophrenia and learning disability. Patients with this background can be admitted to general hospitals for psychiatric or non-psychiatric reasons.

We are presenting a case who had a very complicated clinical course and her discharge planning was challenging.

Objectives: The objective of this work was to show the challenges in the investigation, medical management, and discharge planning of the patients with concomitant learning disability, schizophrenia and autism.

Methods: We scrutinized the patient's casenotes, including blood results and all relevant imaging. We paid a particular attention to all the entries from the psychiatry team, general medical doctors, oncologists, learning disability team and discharge planners.

Results: The lady had a protracted 4-month inpatient admission throughout which she was physically and verbally aggressive to hospital staff. She was deemed to lack capacity for hospital admission and treated in her best interests under Mental Capacity Act (MCA), frequently requiring sedation with Haloperidol and Lorazepam. Following consultation with the local Psychiatrist her medications were altered to: Risperidone 2 mg BD, Diazepam 5 mg OM, 5 mg afternoon and 10 mg evening, Procyclidine 5 mg BD, Chlorpromazine 25 mg BD, Promethazine 25 mg OD PRN, and Midazolam 10 mg buccal PRN.

A change in her clinical condition was noted by the Psychiatry team; increased agitation, confusion and dysarthria. A repeat blood test was advised, due to patient refusal this took weeks to achieve despite the use of buccal Midazolam following Anaesthesiologist advice. Although blood tests were not significantly deranged, she was treated for presumed urinary tract infection with a course of antibiotics. A urine sample was unobtainable.

She reported right breast pain and underwent a mammogram. This showed a hypochoic lesion 8x7x9 mm. Following consultation with a Breast Surgeon and Oncologist, Letrozole was replaced with

Tamoxifen. The Psychiatric team concluded that the clinical deterioration with dysarthria was related to anxiety, associated with Autistic patients. The movement disorder was deemed secondary to antipsychotics exacerbated by stress and anxiety.

The patient's discharge planning was complex. She was declined by numerous care homes. At time of writing, she remains an inpatient.

Conclusions: The management of patients with a triad of Learning Disability, Schizophrenia and Autism is extremely difficult, particularly within an acute medical setting. Physical deterioration could be related to medication adverse effects or change in environment. Anxiety and stress are linked to these conditions. The challenging behaviour that these patients often have will make discharge planning very difficult as specialised care homes to accommodate these unique patients are very limited.

Disclosure of Interest: None Declared

EPP0105

Clozapine-induced pyoderma gangrenosum. A case report

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Introduction: Clozapine is an atypical antipsychotic medication which is mainly used in cases of treatment-resistant schizophrenia. Although it has several advantages over other typical and atypical antipsychotic medication, such as fewer relapses and lowering the risk of tardive dyskinesia and suicide it also has a range of adverse effects which makes compliance an issue for many patients.

Pyoderma gangrenosum (PG) is a rare neutrophilic dermatosis clinically characterized by painful pustules or nodules that rapidly evolve in ulcers with violaceous, undermined borders and raised periphery. The etiopathogenesis of the disease remains unclear, however PG is usually manifested in the setting of an underlying immune-mediated disease, more commonly inflammatory bowel disease, rheumatoid arthritis and haematological malignancies.

Objectives: Nevertheless, in the literature there are scarce reports of drug-induced PG.

Methods: We present the case of a 56-year-old woman with a diagnosis of refractory schizophrenia on clozapine treatment for 4 months, who was admitted to the emergency department for a skin eruption localized on the trunk, genital area and extremities. The clinical examination revealed numerous, discrete erythematous macules, papules and plaques with central necrosis, and multiple, sharply marginated ulcers with undermined, red to purple border. Further physical examination disclosed no systemic findings and laboratory analyses and skin biopsy were performed.

Results: On work-up, white blood cell count and C-reactive protein (CRP) were elevated, while blood and pustule cultures were negative. Histologic examination revealed dermal necrosis and inflammation, features consistent with the diagnosis of PG. The pathergy test was positive.

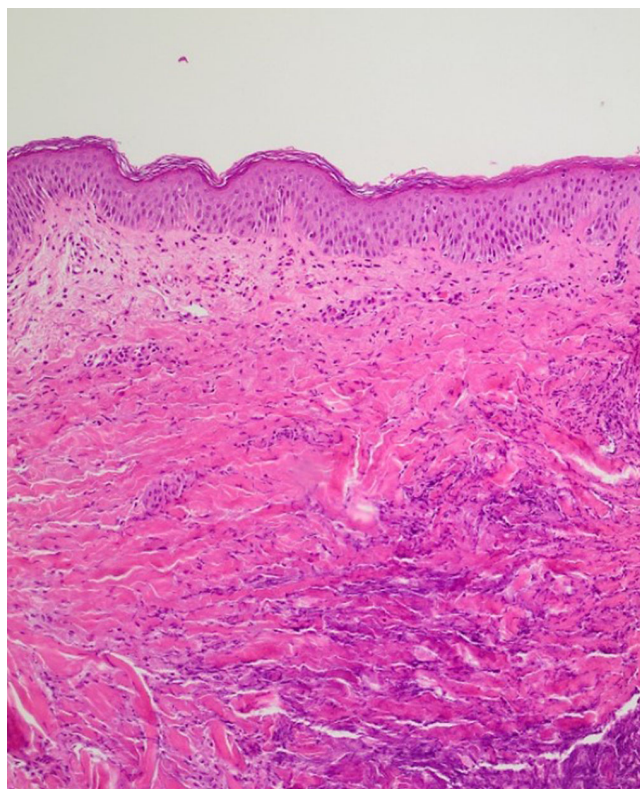
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Image 2:



Image 3:



Conclusions: Pyoderma gangrenosum is a rare autoinflammatory skin disorder of unknown etiology. The pathogenesis of the disease is not well understood, but drug-induced PG is considered to result from neutrophil dysfunction and dysregulation of the inflammatory response. Cases of drug-induced PG are rare and attributed to certain drugs. Clozapine is an antipsychotic medication for the treatment of refractory schizophrenia. It is suggested that clozapine alters plasma TNF- α levels and thus can modulate the inflammatory response. To date, a variety of adverse skin reactions (Stevens-Johnson syndrome, DRESS syndrome etc) have been previously described in the literature. However, to the best of our knowledge, this is the first case which strongly indicates the likely association between clozapine and drug-induced PG.

Disclosure of Interest: None Declared

EPP0106

New ways in delivering services for people with dual diagnosis

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Introduction: People with severe mental health disorders and concurrent addiction problems are one of the most challenges

patients to treat within mental health and addiction. They often find themselves fallen between different chairs within mental health and addiction services and between specialist and primary care. There is a need for new ways of delivering services for this group.

Objectives: The objective of this presentation is to present how Flexible assertive outreach teams (FACT) are delivered in a densely populated country and the results on changes in use of specialist services and detention. We will also present the results of changes in quality of life before and after entering FACT and which factors that might be associated with life quality.

Methods: The establishing of FACT in Norway has been extensively evaluated both in the form of official reports to the health authorities and academic research papers. We will do a scoping review of the Norwegian research on the effect of FACT teams with a specific attention to the results obtained in densely populated areas. The review will cover the years from 2018 up to today.

Results: The results so far indicate that it is possible to deliver FACT services in densely populated areas and that there is an increase in quality of life before and after entering a FACT team. The use of hospitalization days are reduced with about 50 % and the same applies for days in detention.

Conclusions: FACT teams seem to be a viable way of delivering mental health care services to one of the most vulnerable groups in our society.

Disclosure of Interest: None Declared

EPP0107

Options for the recovery of mental activity in children after acute brain damage

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Introduction: Children with acute brain damage make up a large group of patients who require multi-stage rehabilitation. Rehabilitation requires the creation of special conditions for psychiatric care and psychological and pedagogical correction of the consequences of severe damage to the nervous system. A differentiated approach to rehabilitation will help restore mental activity with greater efficiency, and subsequently adapt the child to the familiar environment.

Objectives: The aim of the study is to identify the options for mental activity during the restoration of the level of consciousness in children after acute severe brain damage.

Methods: 210 children under the age of 18 with severe brain damage (traumatic brain injury, hypoxia, hydrocephalus), admitted for treatment and rehabilitation. Clinical-psychopathological, pedagogical methods were used; additionally - diagnostic scales, questionnaires.

Results: Depending on the level of consciousness, mental activity, 4 groups were formed:

1st group - 37 (18%) patients had manifestations of mental activity with physical, cognitive and social capabilities in the minimal

consciousness “+” (a- / hyperkinetic mutism with emotional reactions, understanding of addressed speech);

2nd - 67 (32%) patients had manifestations of physical and cognitive abilities with minimal consciousness “-” (a- / hyperkinetic mutism without emotional manifestations and understanding of addressed speech);

3rd - 95 (40%) patients had only the manifestation of physical capabilities at the exit from the vegetative status.

4th - 11 (10%) patients had a low manifestation of mental activity in the form of physical capabilities with a vegetative status.

Conclusions: 4 variants of mental activity in children after acute severe brain damage have been identified: from minimal involuntary reactions or their absence in vegetative status to voluntary actions according to the instructions of an adult in minimal consciousness “+”. Taking into account the variability of mental activity helps to differentiate the methods of psychiatric and psychological-pedagogical assistance in the recovery of children already in the early stages of rehabilitation.

Disclosure of Interest: None Declared

EPP0108

Schizophrenia and Polycythemia Vera: A Case Report

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Introduction: Schizophrenia is a severe mental disorder marked by abnormal interpretations of reality, often resulting in hallucinations, delusions, and disordered thinking that significantly impairs daily functioning and can be disabling. Lifelong treatment is necessary, and early intervention can help manage symptoms and improve long-term outcomes.

Polycythemia Vera (PV) is a chronic myeloproliferative neoplasm causing an excess of red blood cells in the peripheral blood (polyglobulia). While the disease typically presents with symptoms, it can also be asymptomatic and discovered incidentally during routine laboratory tests, leading to a diagnosis of polycythemia when no secondary cause is apparent.

While early 20th-century literature linked PV to intense neurological and psychiatric symptoms, contemporary studies rarely make such references.

Objectives: The aim of this study is to explore, through a clinical case of a patient undergoing treatment for treatment-resistant schizophrenia with clozapine, and concurrently diagnosed with Polycythemia Vera, the potential causes of this condition. We seek to discern whether it represents mere comorbidities or if Polycythemia Vera is an adverse effect of antipsychotic treatment, particularly with clozapine.

Methods: A 41-year-old patient, with a history of cranial trauma at the age of 5 and 19 years of treatment for schizophrenia, also has a tobacco use disorder. While hospitalized for the management of symptomatic reactivation of schizophrenia, despite being on clozapine, the patient underwent various therapeutic combinations with no observed clinical improvement. A few months later, follow-up blood tests indicated an elevation in all blood cell lines.

An internal medicine consultation was sought, resulting in the diagnosis of Polycythemia Vera.

Results: The evaluations conducted led us to the conclusion that there are two distinct nosological entities, with the treatment of the psychiatric condition revealing true polycythemia. Even after reducing the doses of clozapine and changing the atypical antipsychotic, all subsequent evaluations showed no effectiveness in managing the psychiatric disorder or improvement in the hematological condition.

Conclusions: In summary, schizophrenia is a severe and lifelong mental disorder requiring early intervention for symptom management. Polycythemia Vera (PV), a myeloproliferative disorder, typically presents with symptoms but can also be asymptomatic. While early literature linked PV to intense neurological and psychiatric symptoms, contemporary studies seldom reference such associations. The coexistence of schizophrenia and PV in a patient underscores the need for comprehensive and interdisciplinary care to address the complex interplay between mental and physical health. Further research is needed to deepen our understanding of concurrent psychiatric and hematological conditions.

Disclosure of Interest: None Declared

EPP0109

The Impact of Internet Use on the Parameters of Attention in Adults

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Introduction: Internet use in the adult population is growing at alarming rates. The latest statistical data show an average internet usage time of 6 hours and 58 minutes (2023), an increase of 1% compared to 2021. Research studies on the influence of the excess use of internet on attention is in its prime years, and clear steps need to be made in an attempt to clarify current hypotheses and to find effective methods for prevention. Nowadays, one of the most powerful influences on attention is the use of the internet, which, more often than not, crosses the line of addiction.

Objectives: The initial hypothesis is that in the event of exposure to a high number of stimuli, the ability to switch attention to a single task may only be possible at a superficial level. The aim of this study was to assess the impact that excess internet use has on the ability to maintain attention in the adult population. The present study aims to sketch a well-established structure and direction of research in the field of attention and its effects on human functioning.

Methods: Using the DSM 5-TR diagnostic criteria for pathological Internet gaming disorder we enrolled 60 people who expressed their consent to participate in the study. We check psychiatric comorbidities using SCID II. As a method for evaluating changes in the level of attention, we used of the Stroop test. The results were analysed with the SPSS program (version 23).

Results: The results showed a marked decrease in the ability to maintain attention, without increasing the number of stimuli. Although excessive Internet use leads to changes in attention parameters, research in this area is scarce and incomplete.

Currently, most of the published studies focus on a causal relationship between the pathological use of the Internet and the appearance of attention deficit/hyperkinetic disorder, especially in children and adolescents. Although the results are promising, we cannot neglect the multitude of additional consequences of excess Internet use, which these studies targeting a single pathology overlook. Moreover, using the Internet involves exposure to an ever-increasing number of stimuli, which is why switching attention and maintaining it is currently an insufficiently researched parameter. Regarding the impact of Internet use on individual functioning, there is a relatively modest number of studies in the literature that outline a correlation between excess Internet use and various psychiatric comorbidities.

Conclusions: The impact of the research on the general population could be an increased awareness of negative effects and the development of prevention programs.

Disclosure of Interest: None Declared

COVID-19 and related topics

EPP0111

Psychometric Properties of the Depression, Anxiety, Stress Scales-21 (DASS-21) in a Portuguese Sample during the early stage of the COVID-19 pandemic

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Introduction: The COVID-19 global crisis has resulted in significant disruptions in the lives of students in higher education, leading to negative consequences for their academic achievements and general psychological well-being.

Objectives: In this study, we sought to examine the psychometric properties of the Depression Anxiety Stress Scale-21 (DASS-21) among students in Portuguese higher education institutions during the initial phase of the COVID-19 pandemic and its efficacy in capturing mental health symptoms due to a global health crisis.

Methods: In this cross-sectional study, a convenience sampling method was used to enlist a total of 1522 participants. The sample consisted of 75.1% women and 79.2% undergraduate students. Participants completed an electronic survey that was designed using the Depression Anxiety Stress Scale-21 (DASS-21) — a self-report instrument measuring anxiety, depression, and stress.

Results: The findings of the study indicated a significant occurrence of depressive symptoms [≥ 10] (N = 434, 28.5%), anxiety symptoms [≥ 7] (N = 551, 36.2%), and stress symptoms [≥ 11] (N = 544, 35.7%). Based on the collected data, a Confirmatory Factor Analysis (CFA) was conducted in order to examine the factor structure of the scale. The analysis revealed a three-factor solution that corresponded to the three subscales of the DASS-21. The Heterotrait-Monotrait (HTMT) correlation ratio was then used to assess the discriminant validity, with good results. Results showed that the DASS21 has satisfactory reliability indexes (Cronbach's $\alpha > 0.90$).

Conclusions: In light of the notable changes in living conditions brought by the COVID-19 pandemic, the present study has shown that the DASS-21 instrument has maintained its reliability and validity. Consequently, this finding supports the appropriateness of using the DASS-21 as a screening tool for assessing mental health among students in Portugal. Moreover, it is recommended that academics and healthcare practitioners use the DASS-21 as a tool for assessing the levels of psychological distress experienced by students. Additional validation studies of this scale are required, using bigger and more representative populations.

Disclosure of Interest: None Declared

EPP0112

The neuro-psychological manifestations of COVID-19 in healthcareworkers

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Introduction: At the beginning of the Covid-19 pandemic, respiratory expression of SARS-CoV-2 infection was the most worrying one. Later, other symptoms appeared to be more disturbing such as neurological and psychiatric manifestations, which may be due to direct or indirect effects of this virus on the central nervous system.

Objectives: To assess the prevalence of neuropsychological manifestations of covid-19 in healthcareworkers and to identify their risk factors.

Methods: This is a cross-sectional descriptive epidemiological study, carried out in the teaching hospitals of Farhat Hached and Sahloul of Sousse. All healthcareworkers, having tested positive for SARS-COV 2 during the period from 01/09/2020 to 28/02/2021 were enrolled. The collection of socio-professional and medical data was based on a pre-established synoptic form completed during an interview with the participants.

Results: A total of 953 COVID-19 patients were enrolled in this study. The mean age was 40.1 ± 10.5 years, with a sex ratio of 0.32. In our sample, 37.9% of patients had comorbidities such as psychiatric history (4.9%) and neurological history (2.4%). The prevalence of neuropsychological manifestations of covid-19 was 72.6%. The main neuropsychological manifestations were headache (50.3%), anosmia (40.7%), dysgeusia (29.9%), sleep disturbances (0.5%), dizziness (1, 2%) and paresthesia (0.3%). Neuropsychological symptoms of long covid were dominated by memory impairment (10.7%), anosmia (8.5%), headache (7.3%), dizziness (3.4%) and sleep disturbances (3.1%).

The occurrence of neuropsychological manifestations was significantly associated with age (OR=1.6; $p < 10^{-3}$), male gender (OR=0.57; $p=0.03$), smoking (OR=1.7; $p=0.033$), history of hypertension (OR=1.6; $p=0.038$), history of diabetes (OR=2.4; $p < 10^{-3}$) and hospitalization (OR=4.03 ; $p < 10^{-3}$).

Conclusions: The high prevalence of neuropsychological manifestations underlines the importance of studying their pathogenesis in order to better adapt their therapeutic protocols.

Disclosure of Interest: None Declared

EPP0113

Emergency Department Presentations to the Mental Health Services at Sligo University Hospital during the COVID pandemic

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Introduction: In March 2020, the WHO declared the outbreak of SARS-CoV-2 a pandemic and Ireland went into its first lockdown. The Mental Health Liaison team at Sligo University Hospital operate 8 am to 8 pm, 7 days a week, with out of hours covered by the on-call Psychiatry junior doctors. The service has seen an increase in referrals, many of whom are known to community mental health teams.

Objectives: We reviewed the numbers and trends of mental health presentations to the Emergency Department at Sligo University Hospital throughout the pandemic, including the patterns of presentations around the implementation of lockdowns.

Methods: The Liaison Mental Health Service at Sligo University Hospital gathers data relating to numbers and types of presentation to the service. Data was taken from a pre-existing database of psychiatric presentations to the emergency department at Sligo University Hospital including patient demographics, nature of presenting complaint, time period in which they presented and whether they were previously linked in with a community mental health team in the preceding six months. We also looked at the pattern of ED mental health presentations from March 2019 to August 2021. In order to compare psychiatric presentations pre and during covid, data was broken down into two groups: the twelve months preceding March 2020 and the twelve months from March 2020. Categorical data were analysed using the Chi squared test for homogeneity in SPSS.

Results: Overall, there was a 14% increase in mental health presentations during the pandemic. There was a significantly greater proportion of presentations of psychosis during the pandemic period ($p < .014$) and for medication review ($p = .03$) and significantly less presenting with addiction ($p < .001$). Of those patients seen in the Emergency Department in 2021, 54.3% were known to the CMHT in the previous 6 months. In 2019, mental health presentations made up 1.36% of total ED attendances. This increased to 1.47% in 2020. From January to August 2021, 2.62% of ED attendances were mental health presentations.

Image:

	Pre Covid 19	During Covid 19	P value
Gender (Male/female)	280/282	297/343	.19
SI/DSH	336 (61%)	357(56%)	.13
Depression/Anxiety	69 (12.5%)	100 (16%)	.10
Addictions	70 (13%)	36 (6%)	.00
Psychosis	22 (4%)	46 (7.3%)	.01
aggression/agitation	8 (1.5%)	14 (2%)	.33
Medication rv/Advice	6 (1%)	18 (3%)	.03
Mania	2 (0.5%)	6 (1%)	.23
Others	39 (7%)	54 ((8.5%)	.34
Total	562	640	

Conclusions: The Covid-19 pandemic led to increased mental health presentations to Sligo University Hospital emergency department, with a significantly greater proportion presenting with psychosis and for medication review. These findings have implications around patient care and service provision. These results show that the prevalence of mental health has increased during the pandemic, particularly severe and enduring mental illnesses. New strategies must be implemented to accommodate to this increase in presentations.

Disclosure of Interest: None Declared

EPP0115

The Role of Pet Companionship in Older Adults' Mental Health: A Qualitative Study during the Covid-19 Pandemic

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Introduction: Human functioning in the physical, emotional, psychological, and social arenas is improved by contact with animals.

Objectives: This study aimed to explore the affective relationship of older adults with their pets during the COVID-19 pandemic; and to assess how the affective relationship with pets contributed to older adults' mental health.

Methods: This qualitative study included 176 participants aged 65-88 years from Portugal, the United Kingdom, and Spain. All interviews went through content analysis.

Results: Findings indicated five themes: (1) Meaningful Emotional Relations (86%); (2) Intimacy with Partners (68%); (3) New Emotional Connections (61%); (4) Sensory Stimulation (55%); and; (5) Physical Enjoyment (23%). As for the second objective, three main themes emerged from the content analysis: (1) Decreasing Depressive and Anxiety Symptoms (73%); (2) Easing Feelings of Loneliness (68%); and (3) Reducing Mood Swings (43%).

Conclusions: The affective relationship between older adults and their pets was relevant during the COVID-19 pandemic, since it allowed for solidifying affection relationships with their partner and creating new ones. Additionally, it contributed for deepening the affective relationship with themselves, in terms of sensory stimulus, physical touch and physical pleasure. Owning a pet, was important for improvement in mental health symptoms, associated to depression, anxiety, and mood swings.

Keywords: Affective relationship; animal companionship; COVID-19 pandemic; mental health; older adults; pets.

Disclosure of Interest: None Declared

EPP0116

SARS-CoV-2 infection and psychological distress : a prospective sero-survey in southern Switzerland

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Introduction: The COVID-19 pandemic has had an impact on the mental health of the population that, to some extent, may be due to the neurotropism of SARS-CoV-2. However, evidence is extremely sparse on the prospective association between serological evidence of COVID-19 infection and psychological distress.

Objectives: We aimed to explore the prospective association between seropositivity and psychological distress – assessed by symptoms of depression, anxiety and stress – in the general adult population in southern Switzerland. Further, we investigated whether this association varied over time and between pandemic waves.

Methods: We used data from 305 adults who participated in the Corona Immunitas Ticino (CIT) prospective sero-survey cohort study. We tested the association between serologically confirmed SARS-CoV-2 infection at baseline (June–December 2020) and depression, anxiety and stress scores as measured by the DASS-21 scale at three time points between December 2020 and March 2021, also taking into account for sociodemographic characteristics (age, gender, education level, presence of chronic diseases, smoking, obesity).

Results: In our sample, 84.3% (mean age of 51.30, SD= ± .93) were never infected. Seropositive participants were significantly younger on average (M=46.90, SD= ±2.00, P= .04). At the first follow-up (see Table 1), seropositive participants had higher rates of mild

conditions for depression (OR= .64; P= .014) and anxiety (OR= .50; P= .030), than seronegatives. Overall, after the 6-month follow-up, seropositive participants had significantly lower rates of mild conditions for DASS-21 subscales. In addition, prevalence of mild conditions for depression, anxiety and stress decreased more rapidly over time among infected vs. never infected (see Figure 1). Older age and the presence of chronic diseases were associated with mild anxiety (OR= .97; P= .013; OR=3.47; P= .001) and stress (OR= .96; P= .003; OR= 2.56; P= .010).

Table 1. Associations (Odds Ratios) between seropositive immunological status and mental health between December 2020 and March 2021 in Ticino, southern Switzerland (N=305)

DASS-21 defined mild condition	OR	P value	CI (95%)
Depression	0.641	0.014	0.449 – 0.914
Anxiety	0.502	0.030	0.270 – 0.936
Stress	0.712	0.113	0.468 – 1.083

Note. Generalized estimating equation models results. Co-variables include time, age, gender, chronic diseases, obesity, smoking and education level.

Conclusions: Our results provide new evidence on the association between COVID-19 seropositivity and poor mental health and underline the public health implications of the pandemic because the number of infected individuals largely exceed the 770 million of recorded COVID-19 (symptomatic) cases.

Disclosure of Interest: None Declared

E-mental Health

EPP0118

Differential attrition in randomized controlled trials of digital mental health interventions in the workplace: A systematic review and meta-analysis (EMPOWER H2020 project)

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Introduction: Digital interventions have been found to be successful in preventing occupational mental health concerns, however, they seem to be affected by attrition bias through high attrition rates and differential attrition. Differential attrition arises when the rates

of participant dropouts differ across different treatment conditions and is considered a significant challenge to internal validity.

Objectives: We aimed at systematically review and meta-analyse differential attrition of digital mental health interventions in the workplace setting.

Methods: On January 2, 2022, we performed a search in the following electronic databases: PubMed, Scopus, and Web of Science Core. We utilized a combination of terms from five distinct areas, namely mental health, intervention, workplace, implementation, and study design. The study encompassed adult employees who took part in a randomized control trial aimed at preventing mental health issues in the workplace through an online intervention. A team of six reviewers collaborated on the study selection process, while two independent researchers conducted the data extraction for the selected studies. We performed a meta-analysis of the log-transformed relative attrition rates of the included studies using a random-effects model with limited maximum-likelihood (REML) estimation to account for the degree of heterogeneity.

Results: A total of 19 studies were included in the meta-analysis. For baseline to post-intervention, the average total attrition was 26.27% (SD = 21.16%, range = 0 – 66.3%) and the random effects model revealed a higher attrition rate in the intervention group compared to the control group, with a pooled risk ratio of 1.05 (95% CI: 1.01 – 1.10, $p = .014$). For baseline to follow-up measurement the average total attrition was 27.71% (SD = 20.80%, range = 0 – 67.78%), however, in this case the random effects model did not indicate a higher attrition in the intervention group when compared to the control group (pooled risk ratio = 1.05, 95% CI: 0.98 – 1.12, $p = .183$).

Conclusions: There is an indication of higher attrition in the intervention group as compared to the control group in occupational e-mental health interventions from baseline to post-intervention, however this does not seem to be the case for baseline to follow-up attrition. These results should be taken into account in the design process of studies and statistical analyses should be adapted to counteract the bias that could result from differential attrition.

Disclosure of Interest: None Declared

EPP0120

University students' perspectives towards digital mental health: a qualitative analysis of interviews from the cross-country 'CAMPUS study'

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Introduction: Poor mental health of university students is a growing concern for public health. Indeed, academic settings may exacerbate students' vulnerability to mental health issues. Nonetheless, university students are often unable to seek mental health

support due to barriers, at both individual and organisational level. Digital technologies are proved to be effective in collecting health-related information and in managing psychological distress, representing useful instruments to tackle mental health needs, especially considering their accessibility and cost-effectiveness.

Objectives: Although digital tools are recognised to be useful for mental health support, university students' opinions and experiences related to such interventions are still to be explored. In this qualitative research, we aimed to address this gap in the scientific literature.

Methods: Data were drawn from "the CAMPUS study", which longitudinally assesses students' mental health at the University of Milano-Bicocca (Italy) and the University of Surrey (United Kingdom). We performed detailed interviews and analysed the main themes of the transcripts. We also performed a cross-cultural comparison between Italy and the United Kingdom.

Results: Across 33 interviews, five themes were identified, and an explanatory model was developed. From the students' perspective, social media, podcasts, and apps could be sources of significant mental health content. On the one hand, students recognised wide availability and anonymity as advantages that make digital technologies suitable for primary to tertiary prevention, to reduce mental health stigma, and as an extension of face-to-face interventions. On the other hand, perceived disadvantages were lower efficacy compared to in-person approaches, lack of personalisation, and difficulties in engagement. Students' opinions and perspectives could be widely influenced by cultural and individual background.

Conclusions: Digital tools may be an effective option to address mental health needs of university students. Since face-to-face contact remains essential, digital interventions should be integrated with in-person ones, in order to offer a multi-modal approach to mental well-being.

Disclosure of Interest: None Declared

EPP0122

Advancing schizophrenia care: Ongoing Study of a Mobile Application for Personalized Support

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Introduction: Psychiatric care faces a significant challenge in the regular monitoring of patient states, predicting relapses, and ensuring treatment adherence. To address this, we aim to develop a mobile application tailored to individual patient needs. This application will revolutionize mental health care by offering real-time monitoring, education, evidence-based interventions, and enhanced communication between patients and clinicians.

Objectives: This ongoing study seeks to develop and evaluate a mobile application for individuals with schizophrenia spectrum

disorders, aiming to transform personalized mental health care by addressing critical challenges in psychiatric care.

Methods: The study follows a multi-phase approach, incorporating prototype development, a proof-of-concept trial, and a Randomized Controlled Efficacy Study (RCT). Each phase is informed by iterative stakeholder feedback, ensuring responsiveness to real-world needs and experiences. The research was approved by the Semmelweis University Regional and Institutional Committee of Science and Research Ethics (SE RKEB: 85/2023).

Results: In the pilot phase, we have effectively tracked the daily well-being of participating patients through interactive activities and structured questionnaires. Our experiences in this phase promise to offer valuable insights for the psychiatric community, shedding light on the potential of personalized mental health care interventions.

Conclusions: This ongoing study represents a pivotal step towards redefining interventions for individuals with schizophrenia spectrum disorders. Early results signal a transformative potential in enhancing symptom management. As the study advances, deeper insights will emerge, emphasizing the profound impact of leveraging mobile technology in personalized mental health care.

Disclosure of Interest: None Declared

EPP0123

Emotion Regulation and Physiological Reactivity in the Parent-Child Relationship: A Preliminary Study of an Online Attachment-Based Program for Parents of Preadolescents with Behavioral Disorders

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Introduction: Behavioral disorders have been defined as a “health crisis” of modern times that has a significant impact on the parent-child relationship. In this scenario, the emotional regulation (ER) of each partner plays a central role and serves a protective factor, configuring as an area to intervene. The Connect Parent Group, an attachment-based intervention for parents, has shown evidence of effectiveness. However, its online version (e-Connect) has not yet garnered specific evidence related to emotional and physiological regulation in parents and preadolescents.

Objectives: This study aimed to explore changes in the short and medium term regarding ER abilities - both self-reported and measured through physiological indices - in parents and preadolescents with behavioral disorders, building upon initial findings from an online parenting intervention.

Methods: 28 parents (82.1% mothers, 17.9% fathers, $M_{age} = 47.48$, $SD = 4.73$) and their 28 preadolescents with behavioral disorders ($M_{age} = 11.22$ years, $SD = 2.69$, 35.7% girls) were recruited from child neuropsychiatry services in Northern Italy and subsequently took part in the pilot study. They were assessed at three time points: before intervention (T1), one month after the intervention (T2) and at 6-months follow-up (T3). ER were assessed with a multimethod approach: parents and children

completed a self-report questionnaire (i.e., Difficulties in Emotion Regulation Scale and How I Feel, respectively) and then they interact during a stress-task in which physiological parameters (i.e., Galvanic Skin Response, GSR; Heart Rate/Beat per Minute, BPM) have been measured.

Results: Regarding self-reported ER, mixed-effects regression models showed an improvement in parent emotion dysregulation between T1 and T3 ($p=0.004$), a decrease in preadolescents' negative emotions ($p=.012$) between T1 and T2 and a lower emotion intensity in preadolescents between the three-time points ($p=.003$). Regarding physiological ER, the two overall models of GSR and BPM were not significant for both parents and children. Yet GSR correlations within three-time points were positive and significant for children (T1-T2: $r=.58$; T1-T3: $r=.68$) but not for parents, while BPM correlations between T1 and T2 were significant for parents ($r=.49$) but not for children.

Conclusions: The online attachment-based parenting program appears to have contributed to a reduction in emotional dysregulation in parents and preadolescents, which seems to persist to some extent in the medium term. The non-significant results at the physiological level may suggest that changes reported by parents and children through self-report questionnaires do not align with changes in the physiological response to interpersonal stress experienced after an online intervention. Clinical and research implications will be discussed.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPP0126

Aggression management of criminal offenders in prison setting

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Introduction: A new approach of social therapy for criminal offenders was applied in Penalty Facility in Niš, Serbia. It is based on three month peer-training focusing on recognizing of triggers for anger, understanding emotional manifestation and learning socially acceptable ways of anger expression.

Objectives: To estimate how the impact of peer-based training influences the level of aggression of criminal offenders in prison settings.

Methods: One hundred and six prisoners were randomly assigned to program. The six previously educated inmates trained the participants through 12 work-shops. An independent professional evaluated change in aggression levels after training using Buss&Perry Aggression Scale. We compared subgroups with shorter versus longer sentences pre and post training using Student's t test. And univariate logistic regression analysis for impacts of sociodemographic variables on aggression scores.

Results: We found a significant higher scores of anger (6.6 ± 4.7 & 11.8 ± 4.2 , $p=0,043$) hostility (15.5 ± 8 & 20.1 ± 6.5 , $p=0,029$) and total aggression (32 ± 14 & 48 ± 21 , $p=0,023$ in subgroup with longer sentences at baseline. After training anger (12.4 ± 4.8 & 15.5 ± 5.6 , $p= 0,0167$), physical aggression (14.6 ± 5.1 & 17.2 ± 5.6 , $p=0,024$) and total aggression score (55.5 ± 14.1 & 68.2 ± 18 , $p=0,0152$) remained higher in the group with sentences more than five years. Lower education level is associated with undesirable outcome-higher level of aggression after training.

Conclusions: Three months training was not sufficient for adopting skills for better control of aggressive behavior in criminal offenders never the less the length of the sentences.

Disclosure of Interest: None Declared

EPP0127

How psychopathy is associated with the level and change of impulsivity in correctional treatment

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Introduction: Research indicates that psychopathy can hinder treatment success and can lead to dropout. Impulsivity is a complex construct that overlaps with psychopathic personality traits and is often targeted in forensic psychotherapy due to its relation to the risk of reoffending.

Objectives: Our aim was to investigate the overlap between psychopathy and impulsivity and the influence of psychopathic traits on change in impulsivity.

Methods: We conducted a pre-post-study for measures of psychopathy and impulsivity in men imprisoned for sexual and non-sexual violent offenses. All participants took part in standardized pre- and post-treatment ratings shortly after admission as well as after an average of 19 months ($n=370$ for pre-rating, $n=168$ for post-rating). Psychopathy was measured via the PCL-R, impulsivity with the BIS-15.

We calculated two-tailed Pearson correlations for BIS-15 Pre-, Post-, and Change Scores and the PCL-R. In a second step, the BIS-15 pre-post-differences were compared using independent t-Tests, effect sizes were calculated using Cohen’s d (small, medium, and large effect sizes are $d = .20$, $.50$, and $.80$). Further, unpaired t-tests were carried out to compare between participants with lower and higher PCL-R sum scores (median split, $mdn= 15.8$, $M=15.5$, $SD=7.9$).

Results: In the total population a significant reduction of self assessed impulsivity can be demonstrated for total impulsivity ($p<.001$, cohens $d= .34$) nonplanned ($p<.001$, cohens $d= .39$) and motor impulsivity ($p=.004$, cohens $d= .23$). In both groups, with higher and lower psychopathic traits, a significant reduction in total and nonplanned impulsivity can be seen.

While the reduction in total impulsivity was 0.9 points higher in the group with higher psychopathy, the difference was not significant, $t(147.8)= -1.1$, $p = .285$. Also, the nonplanned impulsivity was showed a stronger reduction in the high PCL group, though the effect was not significant, $t, t(166)= -1.2$, $p = .243$.

Table 1. Correlationen between BIS-15 post-ratings and PCL-R

		PCL-R				
		PCL-R Sum	Interpersonal	affective	lifestyle	antisocial
BIS-15 prä (n=370)	Total Impulsivity	.20 **	-.14 **	.02	.34 **	.28 **
BIS-15 post (n=168)	Total Impulsivity	.33**	.04	.20**	.35**	.36**
BIS-15 Change (n=168)	Total Impulsivity	-.03	-.15	-.09	.07	.01

Note: * correlation significant für $p \leq .05$; ** correlation significant für $p \leq .001$.

Conclusions: We demonstrate a significant correlation between psychopathy and impulsivity, especially regarding facets 3 and 4, but also for the sum score. Neither the PCL-R sum core, nor the facets correlate with the change in impulsivity during treatment progress in the STU. In both groups, with higher and lower psychopathy, impulsivity was reduced during therapy but there was no significant difference in the change scores. Our results underline that treatment progress can be achieved also in patients with higher psychopathic traits.

Disclosure of Interest: None Declared

EPP0129

Insight into Illness Among Inpatients in a National Forensic Mental Health Service: A Dundrum Forensic Redeployment Evaluation Study (D-FOREST)

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Introduction: Forensic psychiatric services serve a dual purpose: treatment of mental disorders and prevention of associated violent reoffending. Progression along the secure care pathway is often impeded by impaired insight, mainly as a result of treatment-resistant psychoses.

Objectives: We assessed levels of insight among patients in Ireland’s National Forensic Mental Health Service before and after its relocation from the historic 1850 campus in Dundrum to a modern facility in Portrane, Dublin.

Methods: The VAGUS insight scale was used in this repeated measures study before and after the relocation at two time points 42 months apart. All inpatients were invited to participate in completing the self-report (VAGUS-SR) and clinician-rated (VAGUS-CR) versions on both occasions. Total scores of both versions were averaged to obtain a combined VAGUS insight score. Corresponding Positive and Negative Syndrome Scale (PANSS) scores were used to ascertain correlations between the insight and symptomatology scales. This study is part of the Dundrum Forensic Redeployment Evaluation Study (D-FOREST)

Results: 40 pairs of observations were available for legal capacity to consent to medication, combined VAGUS-CR and VAGUS-SR assessments of insight (Cronbach’s $\alpha=0.927$), and PANSS.

VAGUS-CR insight and PANSS scores were progressively better from admission and high dependency wards through medium-term medium secure wards to rehabilitation and pre-discharge wards. Mean scores did not change significantly over this time interval. Those legally certified fit to give or withhold consent by their treating consultant psychiatrists scored significantly better on the VAGUS combined insight scale: 8.3 (SD 1.7) v 5.3 (2.2) at baseline, paired $t=25.9$, $p<0.001$; and also 42 months later: 8.2 (1.4) v 5.7 (3.9), paired $t=5.2$, $p=0.022$. PANSS subscales were all significantly better for those assessed as being capacitous. Change in combined VAGUS score correlated with change in all PANSS subscales. Binary logistic regression with legal capacity as the dependent variable yielded a model in which combined VAGUS score and PANSS positive symptom score were independent determinants of assessed capacity status. Receiver operating characteristic area under the curve was 0.873, 95% CI 0.760-0.986, at baseline and 0.856, 95% CI 0.720-0.991, at 42 months. A score of 7.3 yielded a sensitivity of 0.8 and a specificity of 0.8.

Conclusions: The combined VAGUS score is a reliable and valid measure of insight relevant to functional mental capacity to consent to treatment with sensitivity and specificity sufficient to guide but not bind clinical decision-making. It measures a quality that varies with symptom severity but is also partly independent of symptom severity; the constructive inclusion of self-reported insight is notable.

Disclosure of Interest: None Declared

EPP0130

A bibliometric analysis of research in the field of forensic psychiatry

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Introduction: Forensic psychiatry is a subspeciality that encompasses applying scientific and clinical expertise in legal contexts. As a field of psychiatry, forensic psychiatry has continued to evolve in various jurisdictions. Several journal publications continue to highlight the contributions and works of various psychiatry researchers in this area on scientific development and trends in practice. However, a quantitative assessment of these publications using a bibliometric analysis has yet to be done. Thus, the present study.

Objectives: Provide a qualitative assessment of the bibliometrics of peer-reviewed research in forensic psychiatry.

Methods: In this bibliometric analysis, we used Web of Science (the most frequently used database) to identify research articles in forensic psychiatry from inception to December 2023. Analysis was done using citespace and VOSviewer software.

Results: Five thousand six hundred ninety articles were identified with 115 countries, 4144 institutions and universities, and 1660 authors. The articles were published in 1022 journals (most are specific to the field), and 4707 unique keywords were used to identify relevant articles. Risk assessments, violence, recidivism, psychopathy, and schizophrenia are the main areas researched.

Sixteen funding agencies have funded ten or more articles in the field. The studies were mainly from high-income countries and a relatively scant number from low-income countries, especially African countries. Publications with themes on risk assessment tools – such as the HCR-20- appeared predominant across the analyzed publications.

Conclusions: Research in forensic psychiatry has continued to grow over time. While many jurisdictions across the globe have embraced the field, more effort is needed to promote forensic psychiatry and research in low- and middle-income countries (LMICs). The themes or keywords that emerged from the publications included in this analysis suggest that forensic psychiatry mainly deals with offenders with schizophrenia or psychopathy.

Disclosure of Interest: None Declared

EPP0131

Service system and care pathway of forensic psychiatry patients-international research project 2023-2026

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Introduction: The Finnish forensic psychiatric service system lacks the standards and criteria guiding the quality and contents of patient care. Ensuring best recovery-oriented practices in forensic psychiatric services need to be developed at several levels.

Objectives: The purpose of this research project is to develop safe, high-quality psychiatric care. The outcome of this project is the production of quality criteria for the forensic psychiatric care and service system.

Methods: The study will be executed at the Department of Nursing Science of the University of Turku during 2023-2026. The research methods include a literature review, a survey based on validated measurement questionnaires (Downes Survey, QPC-FIP, QPC-FIPS), individual and group interviews as well as the Delphi method. The research will cover the multidisciplinary employees at adult psychiatric wards in Finland's larger hospital districts, employees of forensic psychiatric hospitals, and patients of forensic psychiatric hospitals. International specialists and specialists within Finland from various fields (nursing, medicine, psychology) will be invited to partake in the expert panel.

Results: The research results will allow the development of the service system for forensic psychiatric patients in such a way that the identification of so-called risk patients can be improved already at the early stages of treatment, at the general psychiatric level. Moreover, the substance of care and participation during care can be created and the care following inpatient care and the patient's transfer out of forensic psychiatric care can be developed. The research may promote the effectiveness of treatment by highlighting areas in the care chains that, when reinforced, will allow patients to receive the right kind of treatment at the right time. A proposal of standardized operating methods and quality criteria will be created for the Finnish forensic psychiatric treatment system. The research

project will also reveal previously unresearched information that can be utilized in national health policy.

Conclusions: The project will promote equal prospects for well-being and a participatory society for citizens by exploring the views of forensic psychiatric patients and thus developing forensic psychiatric services. The project will promote sustainable employment by exploring the views of psychiatric personnel and increasing the quality and safety of psychiatric services.

Disclosure of Interest: None Declared

EPP0132

The forensic assessment of human trafficking victims in Catalonia (Spain): characteristics and mental health status

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Introduction: Systematic reviews show a high prevalence of mental distress among victims of human trafficking. In criminal proceedings in Spain, a forensic expert assessment of survivors may be ordered by the courts. Its aims are mainly, albeit not exclusively, to determine the consequences of trafficking on the physical, mental, and social health of the victims. The Institute of Legal Medicine and Forensic Sciences is the public institution providing psychiatric expert assessments in the autonomous region of Catalonia (Spain). Recently, a unit devoted to the forensic assessment of human trafficking victims has been created at the central headquarters of the Institute in Barcelona.

Objectives: To describe the characteristics and the mental health status of trafficked people identified as victims in criminal proceedings.

Methods: Retrospective study of case records of victims of human trafficking at the Institute of Legal Medicine and Forensic Sciences of Catalonia (2016-2023).

Results: Case records of 50 survivors were identified. 38 (76%) were female; mean age was 30,5 years (SD 10,42; range 17 to 69 years). All of them were foreigners, mainly from Latin America (24; 48%). Most of them were trafficked for sexual exploitation (32; 64%). 11 (22%) were assessed immediately after their rescue (emerging cases). Some of the victims had previous mental health problems, including intellectual disability (3; 6%). Among the non-emerging cases, the most frequently recorded mental disorders at the moment of the psychiatric expert assessment were post-traumatic stress disorder (PTSD; 21; 53,8%) and anxiety (12; 30,8%). Complex PTSD was observed in 1 case.

Conclusions: The majority of human trafficking survivors in the forensic setting suffer from persistent mental health problems as a consequence of their victimisation. A trauma-informed forensic psychiatric assessment is recommended.

Disclosure of Interest: None Declared

EPP0133

Sexual Experiences and Sexuality of Forensic Mental Health Patients - A Theoretical Framework

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Introduction: Sexuality and sexual experiences in forensic mental health patients are intricate issues at the crossroads of mental health, legal contexts, and societal perceptions. Forensic mental health patients, situated within the criminal justice system, require psychiatric treatment due to offenses committed. Understanding their sexual behaviors, experiences, and attitudes towards sexuality is pivotal for effective therapeutic interventions and rehabilitation. Various factors influence the sexuality of forensic mental health patients. Mental health disorders impact an individual's sexual expression, and medications used to treat these conditions may affect libido, sexual functioning, and arousal patterns, posing challenges in their sexual experiences.

Objectives: Addressing the sexual needs and experiences of these individuals requires a comprehensive approach. Mental health professionals must create safe and non-judgmental spaces for patients to openly discuss their sexual concerns. Therapeutic interventions should focus on facilitating healthy sexual expression and providing education on consent, healthy relationships, and understanding boundaries. Forensic mental health professionals often receive specialized training to address the complex intersection of sexuality and mental health within legal contexts. Navigating ethical and legal boundaries while providing support to these individuals is crucial, ensuring that interventions align with legal regulations and ethical standards. Rehabilitation programs in forensic mental health facilities should integrate sex education and relationship-building skills to help patients develop a healthy understanding of sexuality. These programs aim to reduce reoffending and support the reintegration of individuals into society by promoting responsible and respectful sexual behaviors.

Methods: This study conducts a systematic literature review to comprehend the intricate nature of sexuality and sexual experiences among forensic mental health patients.

Results: Research in this area faces limitations and ethical challenges due to the sensitivity of the topic. Ethical considerations, such as confidentiality and consent, must be meticulously addressed in studies and while providing care to this population.

Conclusions: Understanding the sexuality and sexual experiences of forensic mental health patients is integral to their treatment and rehabilitation. It requires a multifaceted approach that acknowledges the complexities these individuals face due to mental health conditions, personal histories, and the nature of their care environment. Tailored and comprehensive support can promote healthier sexual behaviors, relationships, and overall well-being among this population.

Disclosure of Interest: None Declared

Mental Health Care

EPP0134

Mental Health in Medicine: A novel stepped care model in medical psychiatry and the implementation of measurement-based care

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Introduction: Individuals with co-occurring mental and physical health issues have worse health outcomes in both domains. Integration improves outcomes and aligns with patient preference, but health services tend to be siloed. The Mental Health in Medicine Clinic (MHIM) supports patients receiving inpatient or outpatient medical or surgical care at a tertiary academic hospital in Toronto, Canada. The predominantly virtual clinic has an interdisciplinary team offering services via stepped care, matching patient need with service intensity. Measurement-based care (MBC), the systematic evaluation of patient reported outcomes, was not initially used routinely in the clinic, but its implementation may improve treatment decision-making and may be useful in allocating patients within a stepped care model.

Objectives: 1) To describe the stepped care model, referral patterns, diagnoses, and level of care provided since implementation of stepped care. 2) To conduct a quality improvement initiative to implement MBC in the clinic, with a goal of 50% of patients completing at the time of first assessment and prior to discharge from the clinic.

Methods: We reviewed the electronic medical record for referral source, diagnoses, and level of stepped care within the clinic. We conducted semi-structured interviews with stakeholders (clinicians, administrative staff, patients) to explore barriers to implementation of MBC. Interviews were analyzed for themes around barriers and facilitators to MBC. Plan, Do, Study, Act cycles were carried out around change concepts informed by stakeholder interviews and relevant literature.

Results: The MHIM clinic began operations in August 2020. The clinic operated on a physician-only model until March 2022 and then shifted to a stepped care model with an interdisciplinary team. The most frequent referral sources were internal medicine, COVID19 clinics, consultation-liaison psychiatry, red blood cell disorders clinic and cardiology. Since the implementation of stepped care, 250 referrals were assessed. 58% of new referrals were assessed by the psychiatrist, 42% were managed by the NP, and 25% consulted with the social worker. Referrals consisted of trauma and stress-related disorders (32%), depression (21%) or anxiety disorders (20%). Personality, substance use, and psychotic disorders accounted for less than 10% of referrals combined. Some patients did not have any diagnosis (6%). Results from the quality improvement initiative to implement MBC will also be presented.

Conclusions: The MHIM clinic provides an integrated care pathway addressing comorbid mental and physical health conditions. We describe a novel stepped care model and the implementation of MBC. Future directions include ongoing quality improvement of MBC and its integration within the clinic to assess and re-assess service intensity.

Disclosure of Interest: None Declared

EPP0137

Impact of a daily supportive text message program (text4hope) on the stress, anxiety, and depression levels of elderly (60 years and above) subscribers during the COVID-19 pandemic in Alberta.

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Introduction: One of the biggest global crises in our generation is the COVID-19 pandemic. It has had a severe and far-reaching negative impact on our health systems, economies, and societies. Older adults were particularly at higher risk of severe illness, isolation from social distancing measures, and concerns about their health.

Objectives: The objective of this study is to evaluate the impact of the daily supportive text message program (Text4Hope) on the levels of stress, anxiety, and depression experienced by elderly subscribers during the COVID-19 pandemic in Alberta six weeks after enrollment.

Methods: An online survey link was used to gather demographic and clinical information on several self-report scales, such as the Perceived Stress Scale (PSS) ≥ 14 and Generalized Anxiety Disorder 7-item (GAD-7). Scale ≥ 10 , and Patient Health Questionnaire-9 (PHQ-9) ≥ 10 . Descriptive and inferential statistics were run using SPSS version 25.

Results: 172 subscribers out of 1136 completed baseline and six weeks using an online questionnaire, giving a response rate of 15.1%. There were significant reductions in mean scores on the PSS-10 and GAD-7 scales at six weeks compared to baseline ($P > .05$), but not on the PHQ-9 scale. There were also significant reductions in the prevalence of moderate or high stress (68.6% vs 60.5%, $p = 0.036$) and likely GAD (14.9% vs 22.7%, $p = 0.029$) from baseline to six weeks, with the highest reduction in stress (8.1%). A change (27.6% to 25.2%) in the prevalence of likely MDD from baseline to six weeks was insignificant. ($P > .05$)

Conclusions: This study's findings show a decrease in the prevalence rates and the mean scores for stress and anxiety on standardized scales, indicating an improvement from baseline to six weeks. This outcome has potential implications for planning an intervention to meet the mental health needs of the elderly in similar situations like the pandemic

Disclosure of Interest: None Declared

EPP0138

Psychological struggles in tunisian Infertile couples: A gender Perspective

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Introduction: Defined by the World Health Organization (WHO) as the inability to conceive after a year of unprotected sexual intercourse, infertility remains a current and compelling topic of interest for both scientists and the general public.

Over the past few decades, the prevalence of infertility, regardless of its cause, has significantly increased. Furthermore, it affects approximately 15% of Tunisian couples. However, previous studies have primarily assessed the psychological impact on women, leaving a gap in understanding gender differences.

Objectives: Our study aims to compare the psychological impact of infertility between genders in a Tunisian sample.

Methods: We conducted a cross-sectional study in a public hospital specializing in Assisted Reproductive Technology (ART) from August 30th to December 1st, 2022, involving sexually active infertile couples who had been under observation for at least one year. The participants provided information related to socio-demographic data. Additionally, we used the Hospital Anxiety Depression Scale (HADS) to assess anxiety and depression, and the Fertility Quality of Life (FertiQoL) questionnaire to evaluate the quality of life. These questionnaires were administered in the Tunisian dialect.

Results: A sample of 60 infertile couples were recruited to this study. Primary infertility was present in 97% of cases and male infertility was the most common cause, accounting for 35%. Our findings revealed that women experienced higher rates of depression (35%) and anxiety (52%) compared to men (15% and 28%), with a statistically significant difference ($p \leq 0.001$).

Furthermore, women reported a significantly compromised overall quality of life, particularly in the context of treatment-related aspects ($p=0.03$).

Notably, anxiety was identified as a significant risk factor for reduced quality of life among women ($B = -5.27$). In contrast, lower socioeconomic status was associated with diminished overall quality of life in men ($B = -7.09$).

Conclusions: It is important to consider gender differences in the management of infertility in order to guide and target psychological interventions and to improve the quality of life of infertile couples.

Disclosure of Interest: None Declared

EPP0139

Food for the Mind: A systematic review of mindful and intuitive eating approaches for mental health & wellbeing

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Introduction: A growing body of literature has investigated diet and mental health, however, it is often viewed through a “weight-centric” lens, where weight loss is considered a primary outcome and motivator. This review aims to shed new insights into the connections between mental health and wellbeing, and eating behaviours that focus on internal cues and regulators and do not centralise around weight. Such “weight-neutral approaches” have been associated with improved psychological health and wellbeing, however, consolidated evidence is lacking.

Objectives: To explore eating styles that do not centralise around weight, and their relationship with mental health and wellbeing and other health outcomes.

Methods: A systematic search was performed including observational studies of adult populations, with ≥ 1 mental health and wellbeing or physical health outcome, and ≥ 1 validated measure of eating behaviour reflective of a weight-neutral approach. Outcomes were characterised into four domains (mental health and wellbeing, physical health, health promoting behaviours and other eating behaviours). Risk of bias was assessed using the Newcastle-Ottawa Scale.

Results: In total 8281 records were identified with 86 studies including 75 unique datasets and 78 unique exposures included. Eating behaviours included intuitive eating ($n=48$), mindful eating ($n=19$), and eating competence ($n=11$). All eating behaviours incorporated biological, physiological, and social factors, with 297 outcomes categorised for mental health and wellbeing ($n=122$), physical health ($n=116$), health promoting behaviours ($n=51$) and other eating behaviour ($n=8$). Greater intuitive and mindful eating were significantly related to lower levels of disordered eating, and depressive symptoms, as well as greater body image, self-compassion, and mindfulness. Greater intuitive eating, mindful eating and eating competence were significantly related to a lower BMI, and greater diet quality and physical activity. Eating competence and intuitive eating were significantly related to higher fruit and vegetable intake, and eating competence alone was significantly related to higher fibre intake, and greater sleep quality.

Conclusions: This review provides evidence that intuitive eating, mindful eating and eating competence are positively related to a range of mental and physical health outcomes. Considered within the biopsychosocial model, these findings enhance understanding around the impact of approaches to healthy eating patterns that are not focused on weight loss, and contributes a case towards promoting health-centric eating behaviour in mental health care. Future research should focus on experimental studies and broader population groups.

Disclosure of Interest: None Declared

EPP0140

Stigmatizing attitude of psychiatrists in the Netherlands

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Introduction: Even in the current times people with mental health disorders face negative treatment due to negative stereotyping. This occurs not only within their private environment and in the public community, but also by healthcare professionals. Mental health related stigma results in various disadvantages, such as: worse treatment in healthcare and discrimination in job interviews, in work environment, in education and in housing.

Objectives: Our aim with this cross-sectional study, was to investigate the attitudes of adult and child psychiatrists in the Netherlands towards people with mental health problems.

Methods: We used the Opening Minds Stigma Scale for Health Care Providers (OMS-HC) to measure the stigmatizing attitudes. Participants filled in this internet-based survey anonymously. The OMS-HC total scores as well as the subscales were used to determine the stigma.

Results: Altogether, N=170 practitioners (n=45 males, n=124 females) completed the survey. The bifactor ESEM model showed the best model fit (RMSEA=0.057, CFI=0.968, TLI=0.935); however, exploratory factor analysis results indicated the weakness of items 13 and 15. Participants who provide psychotherapy to their patients prefer less social distance towards them (9(7-10) vs 10(7.5-11), $p=0.051$). Also those who have ever been treated medically for their own mental health problems, prefer less social distance (7,5(6-10) vs 9(8-11), $p=0.009$). Rural working psychiatrists are more willing to disclose and seek help for their mental health problems than those working in urban areas (9 (8-10) vs 8 (6.5-9.5), $p=0.024$). Those who are open to (29(26-32.5) vs 32.5(31.25-35), $p=0.009$) or having an opportunity to regularly participate in case discussion groups (29(25.25-32) vs 32(28-35.25), $p=0.012$) have an overall favourable attitude towards people with mental health problems.

Conclusions: This is the first study on the stigmatizing attitude of practicing psychiatrists in the Netherlands from their own perspectives. It will contribute to the gaps of knowledge of the stigmatizing attitude of psychiatrists towards people with mental health problems. Moreover this study will provide new interventions towards less stigmatizing attitude of psychiatrists.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP0142

Impact of mother's childhood trauma on development of psychopathological dimensions in patients with peripartum mental disorders

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Introduction: Peripartum mental disorders (PPMD) are characterized by heterogeneous psychopathological symptoms related to specific personality traits, which are only taken into account by a few preventive and therapeutic strategies. Traumatic experiences during childhood could predispose to develop those disorders during adulthood, especially in more stressful conditions, such as pregnancy and postpartum.

Objectives: Our study aims to evaluate the correlation between mother's childhood trauma and the development of certain psychopathological dimensions during peripartum and which of these dimensions could be indicative of mother's childhood trauma.

Methods: The sample included 74 women, recruited from Sant'Andrea Hospital in Rome between 2011 and 2022, diagnosed with a psychiatric disorder during peripartum, according to criteria of DSM-5. All recruited women were administered the Childhood Trauma Questionnaire – Short Form (CTQ-SF) and the Minnesota Multiphasic Personality Inventory-2 (MMPI-2). We performed a linear regression using the total CTQ score as a dependent variable and the MMPI-2 scale's scores as independent variables.

Results: The linear regression used showed two significant models, of which the most inclusive explained 60% of the variance ($R^2 = 0.597$), resulting significant ($F = 31.141$; $p < 0.001$). This model showed that a greater expression of childhood traumatic aspects was associated with greater expression of Pa (paranoia) ($t = 4.04$; $p < 0.001$) and Ma (hypomania) ($t = 3.873$; $p < 0.001$) in the clinical scales of the MMPI-2, which were indicative of childhood trauma.

Conclusions: Our study shows that paranoid and hypomanic symptoms in PPMD, assumed by the MMPI-2 scale, are indicative of previous traumatic dimension. Thus, in the presence of a positive history of trauma, clinicians should pay attention especially to these aspects, in order to optimally set both pharmacological and psychotherapeutic treatment.

Disclosure of Interest: None Declared

EPP0148

Scale for Body Image Concerns During the Perinatal Period – Adaptation and validation

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Introduction: The perinatal period may intensify weight and body image concerns. Due to its specifics, the traditional body image scales are inaccurate in the perinatal period (Fuller-Tyszkiewicz et al. 2013). The Body Image Concerns During Pregnancy (Uçar et al. 2018) was developed to measure this cognitive-emotional variable in pregnancy.

Objectives: To analyze the psychometric properties of the Portuguese adapted (both for pregnancy and postpartum) version of the Body Image Concerns during the Perinatal Period (BICPP), namely its construct validity and the internal consistency.

Methods: A sample of 346 women recruited through social media and Family Health Units, assessed in the second trimester of pregnancy (mean gestational age=28.11±7.67 weeks) and after delivery (baby's age 4.37±2.87 months), completed a survey including the Portuguese BICPP.

The total sample was randomly divided into two sub-samples: sample A (n=173) was used to perform an exploratory factor analysis/EFA; sample B (n=173) to perform a confirmatory factor analysis/CFA.

Results: EFA resulted in four components. CFA revealed that the second-order model with four factors presented good fit indexes (X²/df=2.4141; CFI=.9195; GFI=.948; TLI=.9028; GFI=.8181; RMSEA=.0807). BICPP Cronbach alphas was $\alpha=.936$; for F1 Concern about future weight and image, F2 Concern with the new body image, F3 Social avoidance and concern and F4 Concern with appearance were .922, .930, .809, .807, respectively.

Conclusions: This psychometric study provides evidence for the validity and reliability of the Portuguese version of BIC-Perinatal Period, which will be used in an ongoing research project on the relationship between eating, depressive and anxiety disorders in the perinatal period.

Disclosure of Interest: None Declared

Others

EPP0150

Screen for Cognitive Impairment in Psychiatry (SCIP): Adaptation and validation for Portuguese Version

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Introduction: Cognitive dysfunction has been reported in acute psychiatric patients for a long time and has profound implications for the management of severe mental disorders. The Screen for Cognitive Impairment in Psychiatry (SCIP) is a scale developed for screening cognitive deficits. This tool is simple and easy to administer.

Objectives: To translate and to validate to Portuguese the SCIP.

Methods: The accepted back-translation method is employed for translating from English into Portuguese. One-hundred individuals in good health were characterized using demographic questionnaires and a neuropsychological battery. Subsequently, the new version of the scale was administered on two distinct occasions with a minimum one-week gap between them.

Results: High internal consistencies as well as strong correlations with comparable neuropsychological tests were obtained.

Conclusions: The results obtained from the Portuguese version of SCIP are in line with those from the English version. Effectively, SCIP serves as a key instrument for the initial assessment of cognitive function. Its characteristics, particularly its conciseness and independence from a technological platform, allow it to be integrated into clinical practice. Our aim is to use this version and apply it to different pathologies, comparing patients with controls. This will allow us to study different patients and apply it to our population.

Disclosure of Interest: None Declared

EPP0151

Neuroatypical “Moving Mirrors”: exploring the impact of camera movements on individuals with Autism Spectrum Disorders without intellectual disabilities.

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Introduction: Neurofilmology is a young and evolving research field, at the intersection between neuroscience and movie experiences, that explores how the brain processes and responds to visual storytelling. It involves examining the cognitive and emotional effects of movies on viewers, including social cognition and perspective-taking aspects. However, up to date, these studies have focused only on the neurotypical population, hence constituting a considerable gap in the literature with respect to individuals with neuroatypical functioning.

Objectives: Aim of this study was to investigate the experience of film viewing and its correlates in individuals with a diagnosis of Autism Spectrum Disorders (ASD).

Methods: 30 neurotypical individuals and 30 individuals with ASD without intellectual disabilities were asked to observe 12 short video clips of 3 seconds length, showing an agent grasping an object from a table, and filmed with three different camera techniques: Still, Steadycam, Zoom; for each clip, they were asked to respond to six question on a Visual Analogue Scale (0-100) designed to investigate participants' potential feeling of involvement with the observed scene, their comfort with the different filming conditions, and their estimation of the ecological plausibility of the different types of camera movements.

Results: Participants felt more involved watching videos filmed with a Steadycam, with respect to the Zoom and Still condition. Within the neurotypical group participants felt more comfortable when the camera was in motion (both Steadycam and Zoom condition) compared to the Still condition; no differences were found between conditions in the ASD group, as if they felt equally comfortable in every condition administered, regardless the filming technique.

Conclusions: First, our results reinforce prior findings regarding the influence of different camera techniques on neurotypical individuals. Second, they add to the existing literature suggesting that individuals with ASD may exhibit differences in their subjective experiences related to empathizing with characters and immersing themselves as actors when the camera replicates naturalistic movements, resulting in a diminished overall fulfillment in the movie-watching process.

Disclosure of Interest: None Declared

EPP0152

A Study on the Disclosure of People with Mental Illness

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Introduction: People with mental illness often experience a concealable stigmatized identity that may be invisible to others. As a result, they are often faced with the dilemmas of whether to disclose or conceal their diagnosis and their experience. However, in order to overcome the social stigma and self-stigma that hinder their recovery, they must establish a network and social support through identity disclosure.

Objectives: This study investigates the effect of clinical characteristics (symptom and social function level), self-stigma and social support on the disclosure of people with mental illness.

Methods: The research was conducted with 236 respondents who are currently using community mental health services. (Male: 51.9%, Female: 48.1%; Mean age = 47.97±13.24; SPR: 66.8%, other diagnosis: 33.2%).

Results: Most respondents disclosed their mental illness to health service providers and family, but they are least open about their identity toward neighbors and co-workers. A regression analysis of predictors of disclosure revealed that only social functioning level and social support had significant predictive power. It was discovered that individuals with better level of social function and social support disclosure more about their mental illness.

Conclusions: A program that increases social functions and support network can be recommended to improve disclosure efficacy.

Disclosure of Interest: None Declared

healthcare provider based in Southeast England where we designed a project to enhance support to new consultants, based on Startwell principles.

Objectives: The aims of this project were to:

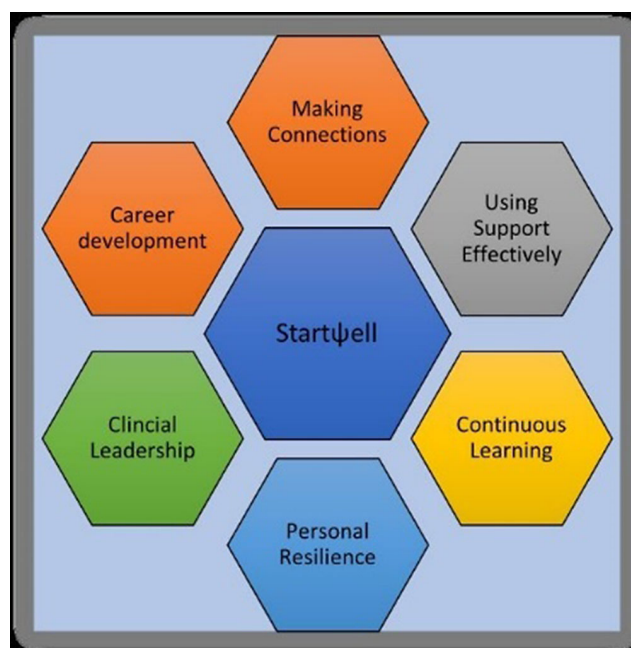
- Improve the experience of early career psychiatrists taking on their first consultant role in BHFT.
- Ensure that the new consultants are provided with relevant information and resources to fulfil their roles safely.
- Set up a system for ongoing support for new consultants till they complete five years in their post.

Methods: Having discussed the feasibility of setting up a local Startwell initiative in BHFT, plans were presented to the medical director and medical staff committee including new consultants, for their input. Under the guidance from senior consultants, monthly meetings were arranged which offered professional development talks and peer support. As several themes emerged at these meetings, we stratified and aligned these local to the RCPsych Startwell framework (**Image 2: Themes**). An induction folder was also collated with all the relevant information in paper and digital format. In addition, a yearly bespoke induction event for new consultant psychiatrists was delivered from 2019-2022 except in 2021, during the pandemic.

Results: We used Likert scales to gather quantitative feedback (**Table 1**) with free box for comments to capture qualitative feedback (**Image 3**). Feedback response rate for the three cohorts were 75%, 70% and 80% respectively.

	2019	2020	2022
Overall Satisfaction	100%	75%	100%
How relevant was the content of the programme to your new role?	70%	100%	100%
How far did the programme meet your expectations?	100%	75%	100%

Image:



EPP0153

The Startwell initiative in Action: A Project supporting Early-career Consultant Psychiatrists in a Southeast UK mental health trust.

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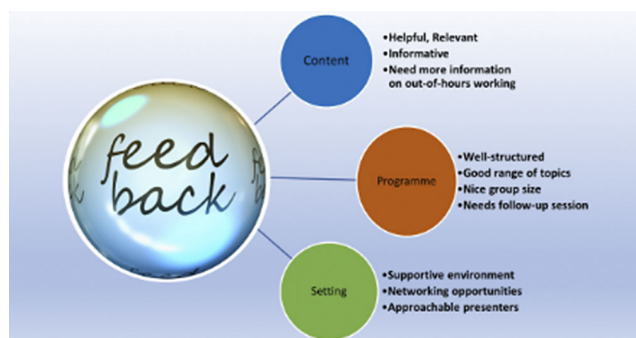
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Introduction: Transition to a consultant role is a challenging time for an early career psychiatrist, as the high level of structure and guidance available during psychiatric training ceases when training is complete. The Royal College of Psychiatrists, UK therefore pioneered the Startwell initiative to ease this transition. This consultant-led initiative proposed embedding good habits and robust coping mechanisms early on, to enable psychiatrists to thrive in their roles and is based on six main pillars (**New consultants (StartWell)** (rcpsych.ac.uk) **Image 1: Startwell framework**. Berkshire Healthcare NHS Foundation Trust (BHFT) is a mental

Image 2:

Logistics of becoming an educator and examiner	Details of out of hours' on-calls and support available	Getting involved in service development projects
Processes around appraisal and revalidation	Information on college roles at the National & Regional level	Questions around legal advice Mental Health Act Assessments
Maintaining work-life balance and Wellbeing	Developing & maintaining relationships with the multidisciplinary team	Supervision spaces available for non-clinical concerns

Image 3:



Conclusions: The BHFT Startwell initiative has been running successfully for the past five years and been valued by the new consultants. We are therefore continuing to working towards embedding the programme futher and ensuring sustainably for the future. W e are looking to share our experience in the hope that similar programmes are set up and our newer colleagues can enjoy a long, fulfilling, and enjoyable career.

Disclosure of Interest: None Declared

EPP0154

Mental health impact of the Russian-Ukraine war on Canadian residents with or without Ukrainian descent

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Introduction: War tends to produce fear. The devastating and traumatic occurrences of war can have both short- and long-term effects on the mental well-being of populations. Russia's invasion of Ukraine indirectly affects all populations, especially individuals of Ukrainian descent.

Objectives: To assess the mental health impact of the Russian invasion of Ukraine on Canadian residents who subscribed to 'Text4Hope Ukraine' program and to ascertain if there are differences in mental health impacts between those with and without Ukrainian descent.

Methods: Canadians were invited to self-subscribe to the text messaging program. An online survey was used to collect socio-demographic, war-related, and clinical information; stress, resilience, likely anxiety disorder and likely depressive disorder from subscribers. Outcome measures included baseline scores using validated scales. Data were analyzed using SPSS Version 25. To examine the association of psychological problems with the socio-demographic and war-related factors, univariate analysis using the Chi-square/Fishers Exact test was performed with two-tailed significance ($p \leq .05$). An independent sample t-test with two-tailed significance ($p\text{-value} \leq 0.05$) was employed to assess the differences in the respective mean scores of the psychological problems across the two groups. The first group represents the participants who did not have citizenship or ancestors from Ukraine (NUK), while the second group represents the respondents are Ukrainian who either have previously held citizenship or have ancestors/family from Ukraine (Ukr). No imputation of missing data and reported data represents the complete responses

Results: Study findings reflected prevalence of low resilience (59.7%), moderate to high stress (87.5%), likely Generalized Anxiety Disorder (45.8%) and likely Major Depressive Disorder (38.9%). Respondents who identified as female had a higher likelihood of presenting with low resilience ($\chi^2(1) = 5.68$, $p = .02$) and likely Generalized Anxiety Disorder ($\chi^2(1) = 4.85$, $p = .03$) compared to male respondents. There was no statistically significant difference in the mean scores of the four psychological problems based on any of the variables that suggest Ukrainian descent or not ($p > .05$).

Conclusions: War can have negative impacts on all populations irrespective of their location, or association of individuals with the impacted country. This study provides valuable insights into the mental health impact of the Russian invasion of Ukraine on a specific sample of Canadian residents who subscribed to the 'Text4Hope Ukraine' text messaging program. This information is relevant when planning mental health intervention for this population. Governments should target and provide adequate mental health and psychosocial support or interventions for global populations at risk during war.

Disclosure of Interest: None Declared

EPP0155

Thyroid psychosis: when your hormones take over your mind: a case report

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Introduction: Hyperthyroidism, characterized by excessive production of thyroid hormones, is a common endocrine disorder that affects various body systems. While most commonly recognized for its classic symptoms such as weight loss, tremors, and palpitations,

it is important to acknowledge that hyperthyroidism can also lead to a rare but significant complication: psychosis. Psychosis in the context of hyperthyroidism refers to the presence of delusions, hallucinations, and disordered thinking, which can significantly impact an individual's mental health and overall well-being.

Objectives: This case report aims to describe a rare case of hyperthyroidism-related psychosis in a patient including the clinical presentation, diagnosis, and management. Additionally, we aim to increase awareness of and promote further research into this condition.

Methods: We present a comprehensive case report detailing the clinical course of a 29-year-old male patient with no previous medical or psychiatric history, who sought urgent psychiatric evaluation at the Razi Hospital La Manouba's emergency department due to escalating symptoms of agitation and paranoia persisting for three days. The patient, identified as Mr. S.O., a Tunisian male, presented with severe agitation and paranoia necessitating the use of restraints upon admission to the psychiatric emergency department. The initial physical examination revealed no notable abnormalities, except for the presence of tachycardia, which was subsequently confirmed on an electrocardiogram, arousing suspicion of a primary psychiatric illness.

Results: While the standard blood workup yielded unremarkable findings, the endocrine workup revealed decreased levels of thyroid-stimulating hormone (TSH) and elevated free thyroxine (FT4). Further laboratory investigations demonstrated elevated anti-thyroid-stimulating hormone receptor antibodies, leading to the diagnosis of Graves' disease. Collaborative consultation with an endocrinologist resulted in the initiation of a treatment regimen consisting of methimazole, propranolol, and risperidone. Notably, within three days of the initiated therapy, the patient exhibited significant improvement in terms of reduced agitation, coherent speech, and the development of self-reflection regarding the episode, ultimately leading to his discharge on the seventh day of hospitalization. This case report serves to highlight the complexity of psychiatric presentations associated with underlying endocrine disorders and underscores the importance of interdisciplinary collaboration in achieving optimal patient outcomes.

Conclusions: While mental health factors play a significant role in the development of psychosis, it is essential to recognize that underlying medical conditions may also contribute to its onset or exacerbation.

Disclosure of Interest: None Declared

EPP0156

Sociodemographic and Clinical Profile of Perpetrators of conjugal Homicides

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Introduction: Conjugal homicide refers to the act of killing a current or former intimate life partner, regardless of their marital status. This type of behavior is still inadequately addressed by prevention programs, as it is often regarded as exceptional compared to other forms of domestic violence.

Objectives: To describe the sociodemographic, clinical, and criminological data of individuals who commit spousal homicide.

Methods: This is a retrospective descriptive study of 21 psychiatric expertise files conducted between January 2002 and September 2023 in the psychiatric department of Hedi Chaker Hospital in Sfax. Sociodemographic, clinical, and criminological data were collected from criminal psychiatric expertise files and supplemented with information from medical records.

Results: The perpetrators of spousal homicide were predominantly male (85.7%), had an educational level above secondary school (57.1%), were married (85.7%), and had an average age at the time of the act of 40.3 years. Most of them had no psychiatric history (81%) or legal history (85%), and only 19% were using psychoactive substances.

Among the perpetrators, 66.7% had a history of violence against their partners, with threats of homicide in 19% of cases. The majority of homicides occurred during the day (42.9%), in a public place (28.6%), were perpetrated in isolation (95.2%), happened impulsively (47.6%), and employed a single method (81%), with knives being the primary weapon (42.9%). In 76.2% of cases, the perpetrators of spousal homicides were found criminally responsible, while 19% were hospitalized in a psychiatric setting as part of a judicial non-prosecution decision.

Conclusions: The study of specific characteristics of spousal homicides holds crucial importance for the early detection of domestic violence situations that carry a lethal risk. By highlighting these particularities, it enables the development of more targeted prevention strategies.

Disclosure of Interest: None Declared

EPP0157

Impact of social media on Working Memory and Academic Performance of Undergraduate Students- A Cross-sectional Study

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Introduction: Over the course of the last decade social media has become a very important part of the human experience; it has become the main source of communication and entertainment for a lot of people young and old.

Objectives: This study aimed to examine the influence of social media on undergraduates working memory and academic performance. We assessed the association between the harmful use of social media on gender differences, physical activities, academic performance, and working memory.

Methods: This cross-sectional study was designed to examine the effect of social media on the working memory of undergraduate students from three different Universities in Georgia involving 722 participants. The collection survey form was distributed among Undergraduate students from the University of Georgia (UG), Eastern European University (EEU), and Batumi State University (BSU) through google forms from 14th June to 2nd July 2023. The

questionnaire consisted of sociodemographic characteristics (e.g., age, gender, and institution), social media disorder scale (SMD), academic performance scale (APS), and working memory (WM). **Results:** 58.7% were female students, the mean age was 21.94 (SD \pm 2.8), and most of the participants were international students. More students from Tbilisi had persistence (59.8%), escape (69%) complaints, and students from Batumi had more preoccupation (43%), persistence (62.5%) and escape (65.7%) complaints. 64.1% of female students are at increased risk of using social media as an 'escape' from negative feelings (OR 0.50; χ^2 (18.206), p = 0.000, 95% CI[0.368-0.692]). 51.6% of male students and 48.4% of female students had the risk of 'conflict' with families and friends because of social media (OR 1.65; χ^2 (6.507), p = 0.011, 95% CI[1.122-2.452]). 80.3% of students that had good academic performance are at risk of neglecting activities such as hobbies, sports, and class assignments because of social media (OR 0.63; χ^2 (5.133), p = 0.023, 95% CI[0.425-0.942]). 94% of students with good working memory had the risk of withdrawal complaints (OR 0.34; χ^2 (6.865a), p = 0.009, 95% CI[0.154-0.793]). As 93.4% of having conflicts with parents, siblings, and partners because of social media.

Conclusions: Our studies presented the prevalence of social media addiction and its effect on academic performance and working memory among undergraduate students. The influence of social media on students has been significant. Students should establish boundaries, use digital moderation, and seek treatment for emotional difficulties as further studies are recommended.

Disclosure of Interest: None Declared

Pain

EPP0159

Suicidal ideation, suicidal plans and suicide attempts in patients with chronic pain: a prospective qualitative research Study 1: 2011 – 2015 Study 2: 2015 - 2019

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Introduction: The association among suicidal ideation, plans, attempts and pain has not attracted as much attention as the association between suicidal ideation and attempts and psychiatric disorder. **Objectives:** The aim of this prospective study was to establish if patients with chronic pain associated or not to psychiatric disorders with ideation and planning for a suicide attempt will always end in a suicide act.

Methods: The patients were initially examined through structured interview, scan-schedules for clinical assessment in neuropsychiatric – version 2.0 used only to diagnose. (HDRS – 17) - Hamilton Depression Rating Scale, 17 itens version, (HAMS) Hamilton Anxiety Rating Scale, (CGI) - Clinical Global Impression: (CGI – S) Severity of illness and (CGI – I) Clinical Global Improvement. Pain intensity through numerical rating scale. Those were repeated throughout the research.

Patients

Study 1 - 325 patients (244W, 81M aged 19 – 58) with chronic pain, suicidal ideation or plan associated or not to psychiatric disorders. 124 had chronic pain without psychiatric disorder. 54 suicidal ideation and 70 had suicidal plan.

201 had chronic pain associated with psychiatric disorders. 7 with opioid dependence after pain and suicidal plans. 4 with adjustment disorders before pain and suicidal ideation.

3 with somatoform disorder before pain and suicidal plan. 125 had chronic pain associated with: general anxiety disorder, mixed anxiety and depression, severe panic pain before or after pain with suicidal plans or ideation. 62 patients presented chronic pain associated with depressive disorder: recurrent severe depression without psychotic symptoms; moderate recurrent depression without psychotic symptoms. Before or after the occur of pain with suicidal ideation or suicidal plans.

Study 2 - 132 patients remained in treatment. (79W and 53M aged 20 to 59)

54 had chronic pain without psychiatric disorder with plans or ideation suicidal. 78 Patients had chronic pain and a psychiatric disorder. 16 became dependent on opioids after pain and suicidal plans. 36 with chronic pain associated with anxiety disorder: general anxiety disorder before or after pain with suicidal plans. 26 had chronic pain associated with depressive disorder: recurrent severe depressive disorder with or without psychotic symptoms with suicidal ideation.

Results: Study 1 - No patient attempted suicide. 54 patients with pain without psychiatric disorders considered suicidal thoughts absurd and intrusive.

Study 2 - No patient died. 51 attempted suicide 47 remained with suicidal ideation

33 did not have suicidal ideation or suicidal plans. They adapted their lives to chronic pain regardless of presenting a psychiatric illness.

Conclusions: The authors concluded that a suicidal act is not always necessarily an expression of chronic pain associated/not with psychiatric disorder.

Disclosure of Interest: None Declared

Migration and Mental health of Immigrants

EPP0160

Study of mental health perceptions among Central African refugee populations and host communities in the East Cameroon region

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Introduction: Cameroon's eastern region faces numerous security challenges linked to successive crises in the Central African Republic, particularly with the massive influx of refugees especially since 2013. Official UNHCR figures speak of 349,409 Central African refugees present on Cameroonian soil. These are both refugees already well established in their host communities, and new arrivals. Since the post-electoral crisis in CAR at the end of 2020,

the situation has gradually stabilized in the Kadey department, but remains volatile due to daily insecurity in the northern regions of the Central African Republic.

Objectives: With a view to meeting the mental health and psychosocial support needs of the region's population and better integrating refugees into their host communities, it was necessary to obtain a more exhaustive picture of the population's perception of mental health, to understand the mechanisms of psychosocial support at community level and any differences between refugees and the indigenous population.

Methods: A mixed methodology with quantitative and qualitative data was chosen for a more detailed analysis. The survey was carried out in two communes in the Kadey department: Kentzou and Kette. The sample was disaggregated to take account of the socio-demographic characteristics and to enable to make comparisons between the situations of host communities, living in refugee sites and outside sites. For quantitative data, 205 the individuals responded to a questionnaire. 12 individual interviews and 12 Focus Group Discussions (involving 60 participants) guided by semi-structured questions were used to collect qualitative data from key members of the community.

Results: Analysis of quantitative and qualitative data has confirmed the successful integration of Central African refugees into the host community. Nevertheless, there is a difference between these two groups in terms of their perception and understanding of the definition of mental health, mental health disorders and treatment options. Thus, there was a clear difference in training and awareness needs between the host and refugee communities.

Conclusions: Based on the qualitative and quantitative results of our assessment, a number of recommendations have been drawn up. It would be interesting to find a balance in the definition, attribution of causes and treatment of mental disorders between the traditional, mystical and cultural vision and the psychological and psychiatric one. It would be important to encourage refugee communities to return to some of their traditional practices, and to allow several visions of the human being to coexist between a traditional and a more medical vision.

To address the lack of resources for mental health care in the Kadey area, more training in mental health and psychosocial support is needed for health and social workers in the area.

Disclosure of Interest: None Declared

EPP0162

Ethnic differences in pathways to obtain care, maintain care and engage to Early Intervention Service in Spain

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Introduction: Ethnicity and migration have an impact on illness models and consequently how, when and where people seek and obtain care. Early Intervention Psychosis (EIP) teams attend high rates of migrant and ethnic diverse populations but the study of ethnic differences in pathways to obtain and maintain care is still scarce. The most consistent findings are that minorities are less

involved with primary services, have a higher risk of being treated in a coercive way and are at higher risk of early disengagement. Despite the increasing migration rates there has been very little investigation in Spain.

Objectives: To investigate ethno-racial differences in pathways to obtain care, adherence and engagement during their first year of follow-up of subjects who start treatment at EIP of Reus, Catalonia, Spain

Methods: Participants

This is an observational 12 months follow-up retrospective study including all consecutively subjects with First Episode of Psychosis (FEP) referred to the EIP from January 2015 to January 2019. Visible ethno-racial status was self-reported being grouped as belonging to minority ethno-racial group if they were coded "any other than White regardless of country of origin". 'White' was the majority group

Study variables:

At program entry:

Source of referral

At 12- months:

Adherence to the service:

Admissions to in-patient unit

Disengagement

Results: 184 FEP subjects (mean age 22.8 years and 66.1% of males) were included. Nearly 31% belonged to a minority ethno-racial group being the Maghrebi (60.4%) followed by the Latin-American (20.1%) the most frequent minority groups. The 81.2% of the minority group were first-generation migrants and 7.5% second generation migrants. The 52.2 % were referred from community services, 18.5% from emergency unit and 29.3% from inpatient unit. At follow up 64.5%, were highly adherent to EIP (> 75% of attended appointments), 16.7% required hospitalization and 11% disengaged. Multi-variate analysis showed that the minority group was 2.19 times more likely to be low adherent [(95% CI 0.78-3.17; p=0.03], 2.89 times more likely to be hospitalised [(95% CI 1.20-6.98); p=0.01], and 4 times more likely to disengage from the EIP [(95% CI 1.35-11.90); p= 0.01] during follow-up than the majority group. No group differences were found in pathways to obtain care or in causes of disengagement.

Conclusions: In agreement with previous studies from other countries we found high rates of ethno-racial diversity in the EIP of Reus. In addition, we also found inequalities in the use of services, being minorities more likely to disengage, to be low adherent to the program and at greater risk of hospitalization. On contrary to other studies we did not find significant differences between groups in the source of referral to EIP

Disclosure of Interest: None Declared

Pain

EPP0163

Impact of an Internet-Delivered Sound Healing Intervention on Chronic Non-Malignant Pain and Sleep Disturbances in Community Settings

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Introduction: Chronic pain patients often contend with insomnia symptoms, creating a reciprocal relationship that adds complexity to their condition. Evaluating interventions targeting insomnia in this population becomes paramount, given the intertwined nature of pain and sleep disturbances.

Objectives: This retrospective pretest design aimed to assess the efficacy of an Internet-delivered sound healing intervention in reducing insomnia severity and addressing sleep- and pain-related parameters among individuals with chronic pain.

Methods: Conducted as a community-based project, Tuning for Health provided support to individuals grappling with long-term illnesses. The intervention involved the virtual delivery of a specially crafted sound track using tuning forks over a 6-week period, supervised by an experienced therapist and administered weekly for an hour. Participants were instructed to play the track daily at a time convenient for them. A total of 68 participants (mean age 59.3 years) completed the intervention. Outcome measures, including the Insomnia Severity Index (ISI), a sleep diary, and assessments for anxiety, depression, and pain-related parameters, were collected at the end of the 6-week intervention and repeated after a 6-month follow-up. Negative effects were monitored and reported.

Results: Significant immediate interaction effects (time by treatment) were observed for the pain severity, ISI and various sleep parameters, such as sleep efficiency, sleep onset latency, early morning awakenings, and wake time after sleep onset. A time effect for anxiety and depression was noted at the 6-month follow-up. The group exhibited highly significant improvements in pain-related parameters. At the 6-month follow-up, sustained enhancements in sleep parameters and mental health were reported, with no reported side effects.

Conclusions: These unique results suggest the potential efficacy of sound healing in alleviating chronic pain and associated insomnia. Further research with a larger sample size is warranted to validate these findings. Combining sound healing with other treatments may offer enhanced outcomes for individuals dealing with both chronic pain and comorbid insomnia. This study lays the groundwork for future investigations into the promising intersection of sound healing, chronic pain management, and sleep improvement.

Disclosure of Interest: None Declared

Migration and Mental health of Immigrants

EPP0164

Social Determinants and Mental Health in Newly Arrived Young Migrants in Spain

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Introduction: Research has shown that factors related with the migratory process (such as travelling alone, living away from family, and discrimination after arrival) considerably increase the risk of mental health problems in young migrants. Moreover, they are among the most vulnerable migration groups with a high risk of social exclusion.

Objectives: To identify coping strategies and behavioural changes used to deal with perceived discrimination and its impact on the emotional well-being and mental health of newly arrived young migrants in Spain.

Methods: A subsample of 15 audio-recorded in-depth qualitative interviews were analysed from the national action-research Migra-salud project (II IN 190517 EN 162 FA 01). The interviews were transcribed, translated from Arabic to Spanish, and analysed through content analysis.

Results: Most participants were males (93.3%; n=14), ranging from 18 to 20 years, and from Morocco (93.3%; n=14). All participants were from foster care placements in Barcelona and arrived to Spain as minors. Newly arrived young migrants reported that they perceived themselves as being healthy before the migratory process. Adverse experiences during the journey and discrimination after arrival impacted their well-being and mental health. Specifically, they reported perceived discrimination in their daily life due to culture, language, or origin. This negatively impacted their well-being and mental health, increasing their emotional distress response and 'undervalued or inferior' and 'vulnerable' feelings about themselves. Concerning coping with discrimination, they reported using internalised coping strategies such as 'ignoring' or 'not responding' for fear of having their legal documents revoked or not obtaining them. Their behavioural changes often occurred when they perceived unfair treatment or prejudice towards their migrant status or their socioeconomics, culture or religion. These changes were motivated by being more accepted by the local community by 'westernisation or cultural assimilation' and by 'creating a good image' of oneself and its culture.

Conclusions: Findings establish that the cumulative experience of post-migration stressors (such as discrimination) negatively impacts their mental health and well-being in the long term. This suggests the need for specific policies and services to address this population's effects of post-migration risk factors. Further research is needed to explore the causes and effects of perceived discrimination on mental health more closely and to develop more targeted and effective interventions.

Disclosure of Interest: None Declared

EPP0165

Mental disorders in internally displaced persons: clinical features, therapy, prevention

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Introduction: Military aggression significantly worsens the mental health of the population due to losses: human, economic-financial, social-psychological, ecological. One of the negative consequences of military aggression is migration, the movement of the population within the country and outside its borders, which disrupts adaptation and leads to the formation of a wide range of psychological and mental disorders.

Objectives: To study the state of mental health of internally displaced persons (IDPs) and to develop, on this basis, a system of therapy and prevention of mental disorders.

Methods: A combination of clinical-psychopathological and psychodiagnostics methods of studying were used to identify peculiarities of the mental state and various forms of mental pathology.

Results: 270 IDPs were examined. It was established that the group of IDPs is heterogeneous and includes 3 categories: 1 group of IDPs who do not have signs of mental disorders (conditionally healthy) (34.81%), 2 group of IDPs who have separate symptoms of mental disorders (risk group) (25.19 %) and the 3 group of IDPs with established mental disorders (40.00 %). The assessment of the general condition of the IDPs of the 1 group shows that they have various somato-neurological disorders and the absence of mental disorders. The assessment of the emotional state of the IDPs of the 2 group indicates the presence of various emotional disorders that include asthenic syndrome (41.18 ± 5.97 %), agripnic syndrome (45.59 ± 6.04 %), somato-vegetative syndrome (30.88 ± 5.60 %), anxiety-depressive syndrome (20.59 ± 4.90 %). That separate syndromes do not meet the criteria of ICD-10 and were subthreshold. The general features of mental disorders in group 3 IDPs are characterized by the predominance of disorders of the anxiety-depressive spectrum and includes adjustment disorders (F43.2) in 35.18%; post-traumatic stress disorder (F43.1) in 17.59%; a moderate depressive episode (F32.1) in 16, 67%; organic affective (depressive) disorder (F06.3) in 14.81%; organic anxiety disorder (F06.4) in 9.28%; recurrent depressive disorder (33.1) in 6.48%.

Conclusions: A system of treatment of mental disorders in IDPs has been developed, which includes pharmacotherapy (the usage of antidepressants, anxiolytics and, if necessary, antipsychotics), cognitive-behavioral and family psychotherapy. For prevention mental disorders among IDPs of groups 1 and 2, a psychoeducational program was created, aimed at forming awareness of clinical manifestations of mental disorders, opportunities to prevent their formation, and necessary actions in conditions of exacerbation of the mental state. Evaluation of the effectiveness of the developed system of therapy and psychoeducation has testified to their effectiveness.

Disclosure of Interest: None Declared

EPP0166

Polish psychiatrists' experiences consulting displaced patients from Ukraine in 2022

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Introduction: The ongoing conflict in Ukraine has resulted in a significant influx of refugees seeking asylum in other countries, including Poland. Among these refugees are individuals who are struggling with mental health issues. Polish psychiatrists have stepped up to provide care for these patients, despite facing a number of challenges in the process.

Objectives: This presentation aims to shed light on the experiences of Polish psychiatrists treating refugees during the war in Ukraine,

highlighting the difficulties they have encountered and the strategies they have employed to provide the best possible care to their patients. The presentation also examines the impact of war on mental health, and the long-term effects on the well-being of refugees.

Methods: A questionnaire study was done among Polish Psychiatrists about the forms of support they provided for Ukrainian psychiatric patients they consulted after 24 February 2022. The responses to questionnaires were collected during psychiatric Congresses.

Results: The most commonly reported symptoms were anxiety (44.1%), followed by depression (35.3%), and panic attacks (23.5%). Other symptoms like irritability and sleep disorders were reported by 11.8% and 8.8% of the respondents, respectively. Disturbingly, thoughts of resignation and suicidal ideation were also reported, albeit at lower frequencies (8.8% and 2.9%, respectively). A small percentage (2.9%) reported no new symptoms.

The high prevalence of anxiety and depression suggests that the war has had a profound impact on the mental health of the affected population. The emergence of severe symptoms like psychotic thoughts and suicidal ideation, although less frequent, is alarming and calls for immediate intervention. It is also noteworthy that a small but significant portion of the population reported no new symptoms, which may indicate resilience or other coping mechanisms at play.

Conclusions: The war in Ukraine has led to a range of new psychological symptoms among the affected populations, with anxiety, depression, and panic attacks being the most prevalent. Immediate and long-term psychological interventions are urgently needed to address these emerging mental health issues. Further research is also required to understand the resilience factors among those who reported no new symptoms.

Disclosure of Interest: None Declared

Personality and Personality Disorders

EPP0167

Cognitive functioning of patients with borderline personality disorder

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Introduction: The neurocognitive deficit model as a characteristic of patients with borderline personality disorder (BPD) has been the focus of research for the past 20 years. However, no such studies have been performed in Russia.

Objectives: The aim of the present study was to investigate the neurocognitive profile of patients with BPD.

Methods: Fifty patients with BPD (according to DSM-V criteria) in stable mental state (72% women; mean age 22.44 ± 4.32) were examined. BPD symptom severity was assessed using the Borderline Personality Disorder Questionnaire (PBQ-BPD), which was validated in the Russian population (34 points or more indicated a higher probability of BPD diagnosis). The Brief Assessment of Cognition in Schizophrenia (BACS) was used to assess cognitive function (in order to use these data for differential diagnosis with

schizophrenia spectrum disorders). The study was approved by the ethical committee of Saint Petersburg State University.

Results: On the PBQ-BPD results, 38% of patients (n=19) scored over 34 points, despite being stable. BACS subscales T-scores (presented as median [Q1; Q3]) were within normal limits (Verbal memory - 49.81 [46.56; 53.06]; Working memory - 43.73 [38.0; 47.50]; Motor function - 44.08 [41.0; 47.25]; Coding - 45.56 [42.50; 48.63]; Verbal fluency - 48.14 [46.0; 52.0]; Tower of London test - 52.33 [47.0; 57.0]). A number of patients had low scores on the BACS subscales (T-score < 40), particularly working memory (33.3%), coding (20.8%), and verbal memory (18.8%). The BACS Composite T Score (46.02 [43.65; 48.39]) correlated with the PBQ-BPD score (32.00 [27.00; 36.00]; $r=-0.316$; $p=0.028$). To better characterize the cognitive functioning of patients with BPD, patients were divided into two groups: those who scored less than 34 on the PBQ-BPD (group 1) and those who scored more than 34 on the PBQ-BPD (group 2). Group 2 patients had a lower BACS Composite T-score (42.32 [38.06; 46.58]; 48.45 [45.87; 51.03]; $p=0.009$) and nominally lower mean scores on all BACS subscales, compared with Group 1 patients. We found significant differences in T-scores values on the Working Memory subscale (Group 1 - 45.0 [41.0; 49.0]; Group 2 - 38.0 [33.0; 43.5], $p=0.003$), Verbal Fluency (49.0 [47.25; 53.75]; 48.0 [44.0; 49.0]; $p=0.047$), Tower of London Test (57.0 [52.0; 57.0]; 48.0 [42.0; 57.0]; $p=0.036$).

Conclusions: Neurocognitive impairment was detected in 33.3% of patients with BPD. The dominant cognitive impairments in the patients were decreased working and verbal memory and information processing speed. The severity of BPD symptoms has been confirmed to correlate with the neurocognitive functioning of these patients.

Disclosure of Interest: None Declared

EPP0168

A pilot Randomized Controlled Trial (RCT) study protocol for assessing physical activity in individuals diagnosed with Borderline Personality Disorder (PABORD)

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Introduction: Most treatments for severe mental disorders involve either pharmacotherapy or psychological interventions, which show mild to moderate effectiveness and may not lead to complete remission. Physical activity (PA), effective in enhancing physical health among the general population, emerges as a potential adjunctive treatment option that can address the existing gaps.

Borderline Personality Disorder (BPD) is a severe condition associated with profound psychosocial impairment, a heightened risk of suicide, and considerable burden on informal caregivers and mental health service providers. While there is a lack of approved medications for individuals with BPD, psychosocial interventions

demonstrated good efficacy. However, the implementation of these treatments is limited by the demanded extensive training for staff. No studies have investigated the effectiveness of structured PA as an adjunctive treatment for individuals with BPD.

Objectives: The primary objective of this study is to assess whether the intervention group outperforms the control group in terms of improvement on a standardized assessment scale evaluating BPD psychopathology, the *Zanarini Rating Scale for Borderline Disorder*. Secondary objective is to assess whether the intervention group can increase and sustain higher levels of PA. We hypothesise that a structured PA program will demonstrate superior results compared to the psychoeducation control group concerning PA levels upon completion of the intervention. Additionally, we hypothesise that the intervention group will exhibit enhanced outcomes in psychopathology, functioning, and sleep.

Methods: The PABORD Randomized Controlled Trial is designed for female outpatient individuals diagnosed with BPD aged 18-40 years. This trial will involve two distinct groups: (i) an intervention group (25 participants) that will engage in a 12-week structured PA program under the supervision of a sports medicine physician; (ii) a control group (25 individuals) that will undergo a 12-week psychoeducation program focused on PA and diet.

Patients are assessed at three different time points. Standardized assessments include psychopathology, psychosocial functioning, sleep, menstrual cycle and nutrition data. Measurements are taken on the amount and intensity of PA and sleep patterns using a biosensor device (Actigraph GT9X), dynamometric measures and BMI. Biomarkers and hormonal cycles are examined through the collection of plasma and saliva samples.

The trial is financially supported through donations (5x1000 fund), and has been submitted to the local Ethics Committee for approval. The trial registration process is also currently in progress.

Results: Not yet available.

Conclusions: The study will provide new knowledge which may enhance our treatment options with patients suffering from BPD.

Disclosure of Interest: None Declared

EPP0169

Temperamental differences in the Subtypes of Attention Deficit Hyperactivity Disorder

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition marked by difficulties in attention, hyperactivity, and impulsivity. Its subtypes—predominantly inattentive, predominantly hyperactive-impulsive, and combined—vary in symptom presentation and impact on daily functioning. Understanding these subtypes is crucial for tailored interventions and support.

Objectives: Our aim is to clinically characterize the psychopathological aspects of the subtypes of ADHD.

Methods: Our study is conducted on patients (>18 years) referred to the adult ADHD outpatient service of the Psychiatric Clinic of Ancona (Università Politecnica delle Marche, Italy). The

Diagnostic Interview for ADHD in adults (DIVA 5.0) was used for diagnosing ADHD. The following rating scale were administered: Temperament Evaluation in Memphis, Pisa and San Diego (TEMPS-M), and Temperament and Character Inventory-Revised (TCI-R).

Results: 76% (n=170) of all screened patients were diagnosed with ADHD in adulthood. 57.6% (n=98) were diagnosed with ADHD combined subtype, 35.3% (n=60) with ADHD inattentive subtype, and 7.1% (n=12) with ADHD hyperactive subtype. Only 12.9% (n=22) were diagnosed with ADHD in childhood. Based on the results obtained at TEMPS-M, 43.8% (n=32) of patients were found to have cyclothymic temperament. Subjects with ADHD combined subtype scored significantly higher mean on the irritable temperament subscale of the TEMPS-M than those with ADHD inattentive subtype ($p=0.016$), while patients with ADHD inattentive subtype had a significantly higher mean score on the disorderliness subscale of the TCI-R than those with ADHD hyperactive and combined subtype ($p=0.010$). Given the logistic regression analyses using the TCI-R, developing an inattentive type of ADHD is negatively predicted by the disorderliness subscale of the TCI-R ($\exp(B)=0.788$, $IC95\%=0.669-0.929$, $p=0.005$) and positively predicted by the extravagance subscale of the TCI-R ($\exp(B)=1.104$, $IC95\%=1.009-1.208$, $p=0.031$), the hyperactive subtype of ADHD is negatively predicted by the fatigability subscale of the TCI-R ($\exp(B)=0.775$, $IC95\%=0.597-1.005$, $p=0.055$) and the combined subtype that is positively predicted by the disorderliness subscale of the TCI-R ($\exp(B)=1.140$, $IC95\%=1.011-1.287$, $p=0.033$). Regarding temperament, through a logistic regression analysis, the inattentive subtype of ADHD is negatively predicted by the irritable temperament subscale of the TEMPS-M ($\exp(B)=0.904$, $IC95\%=0.839-0.974$, $p=0.008$), while for the combined subtype of ADHD it is positively predicted by the irritable temperament subscale of the TEMPS-M ($\exp(B)=1.088$, $IC95\%=1.014-1.167$, $p=0.019$).

Conclusions: The results show that irritable temperament is a predictor for the inattentive and combined subtype, but with different polarities. In addition, how different patterns of personality are specific to the various subtypes of ADHD are highlighted.

Disclosure of Interest: None Declared

EPP0170

Sexuality in patients treated for borderline personality disorder at the Arrazi psychiatric hospital in Salé

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Introduction: Borderline personality disorder is a severe mental disorder characterized by generalized instability of emotional regulation of interpersonal relationships and self-image, and marked impulsivity. Several features of this disorder are likely to be associated with problematic sexual health, such as impulsivity (impulsive sexual behavior), identity disorders (unstable sexual identity) and unstable and intense interpersonal relationships. In addition, childhood sexual abuse and violence are common in people's histories.

Objectives: Assessing sexuality in patients followed for borderline personality disorder at Arrazi Salé psychiatric hospital.

Methods: This is a descriptive cross-sectional study using a questionnaire including socio-demographic criteria with a questionnaire on sexual behavior in female patients followed for borderline personality disorder at the Arrazi Salé psychiatric hospital. Inclusion criteria: women over 18 years of age diagnosed with borderline personality disorder. Exclusion criteria: psychosis, intellectual disability.

Results: We collected 45 patients with borderline personality disorder. The average age was 22, 80% were single, 58% unemployed, 46% had dropped out of high school. The majority of participants were using psychoactive substances. 25% had attempted suicide. 83% were victims of childhood sexual abuse. The majority were significantly more likely to engage in sexual activity at a younger age than their peers. Over 60% had never used contraception 10% had their first pregnancy at a younger age, with termination. 15% have had genital infections. 53% were attracted to both sexes, and over 66% had more than one sexual partner. Over 73% did not experience sexual satisfaction (sexual satisfaction scale less than 10).

Conclusions: The results indicate that sexuality in patients with borderline personality disorder is present early in the course of the disorder, often at a young age, with significant physical, mental and social consequences. Primary care mental health, sexual health and sexual assault services need to be attentive to the clinical diagnosis of this personality disorder, as the nature of the disorder represents both a risk factor and a health threat.

Disclosure of Interest: None Declared

EPP0171

A HORMONAL INFLUENCE? Polycystic ovary syndrome and borderline personality disorder

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Introduction: Borderline Personality Disorder (BPD) is a chronic personality disorder characterized by emotional and interpersonal instability, difficulty in mentalization, impulsivity with functional impairment and increased rates of comorbid mental disorders. Polycystic ovary syndrome (PCOS) is the most prevalent endocrine disorder in premenopausal women, with important impact on quality of life and mental health. Studies have begun to explore the eventual relationship between these two pathologies.

Objectives: The authors aim to describe the existing evidence exploring the relationship between BPD and PCOS as well as explore eventual common causal pathways and the forms which one might influence the other.

Methods: The authors describe a clinical case of a 31 year old female patient with history of borderline personality disorder and polycystic ovary syndrome presenting with hyperandrogenism and hirsutism as well as menstrual irregularities. As a compliment to the case, the authors conducted a brief non-structured literature review using articles published in the Medline/Pubmed, ScienceDirect and Google

Scholar databases. The keywords used during the research, alone or in combination, included: Polycystic ovary syndrome and Borderline Personality Disorder. The studies consulted in this work included: cross-sectional studies, cohort studies, literature reviews and clinical case reports. Of these, those that were written in the English language and deemed most pertinent to the explored theme were chosen for review in this work.

Results: The results demonstrate a paucity in the literature with only 10 articles having been published between 2009 and 2023 having dedicated studies and research to the relationship between the pathologies. One study reports that those with PCOS show relevant psychiatric disorders in comparison to controls, including personality disorders, such as is demonstrated in the described clinical case. Of the few case studies available, these found that BPD was associated with PCOS with the latter having most frequently been diagnosed previously to the personality disorder. Altered androgen metabolism has been described in both these pathologies, thus further strengthening the relationship between these.

Conclusions: Hormonal fluctuation has been classically associated with psychopathological symptoms, including unstable mood and impulsivity. The alterations demonstrated in PCOS might serve as an exacerbating factor in the genesis of the emotional instability and other symptoms present in BPD. The literature on this topic is still in an embryonic phase with a clear lacuna existing which merits attention and further study so as to fully comprehend the potential of these comorbid states. Clinicians should remain attentive to this comorbidity and the influence that PCOS might have on the psychopathology of BPD so as to better quality of life and global functioning which is impacted in both.

Disclosure of Interest: None Declared

EPP0172

Swipe & Slice: Decoding Digital Struggles with NSSI in Young Italians

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Introduction: Non-suicidal self-injury (NSSI) is defined as any deliberate destruction of one's body tissue, engaged in for reasons that are non-suicidal. Online platforms, notably social media, witness a surge in NSSI-related content, amplified by the COVID-19 pandemic. Young individuals increase video and post uploads, prompting scholarly inquiry into the impact on vulnerable demographics in the online environment. Despite potential benefits, concerns surface regarding content reinforcing self-injurious behavior. The Blue Whale phenomenon exemplifies serious consequences in this digital landscape.

Objectives: The present study aims at screening the prevalence of NSSIs on SNS among Italian young people.

Methods: An observational cross-sectional study was conducted by recruiting 373 Italian young people (aged 18-25). Bergen Social Media Addiction Scale (BSMAS), Fear Of Missing Out Scale (FOMO), Inventory of Statements About Self-Injury (ISAS) were

administered to investigate the relationship between NSSIs, social media use and frequency and underpinned motivations.

Results: Overall, 99.7 % (n=372) of participants declared to have used at least one social network. Around 92.5 % (n=345) declared to know Blue Whale Challenge and more than half of the sample (51.5%) referred to have looked for NSSI contents on SNS, mostly (28.7 % (n=107)) have sought for curiosity, 17.7 % (n=66) have sought for help/support. 53.4 % (n=199) of the sample was found to have problematic social media use (PSMU) according to BSMAS. 85 % (n=317) have committed self-injurious gestures in the past, 66.2 % (n=247) practice NSSI currently, most subjects practice them to vent 51.7% (n=193), calm themselves 41.6% (n=155), and punish themselves 30% (n=112). The mean age of transgender and nonbinary subjects (30 % n=112)) who sought/saw content pertaining to NSSIs appears to be lower (p=0.033) than cisgender subjects. Those who searched for content inherent to NSSIs scored higher mean scores on the FOMO (p=0.022) and BSMAS (p=0.013) scales. Those who follow social pages inherent to NSSIs scored higher on the FOMO scale (p=0.035). Subjects who practice NSSIs at their present state, on average, have higher scores on the FOMO and BSMAS scales (p=<.001). Linear regression analysis was conducted showing an association between BSMAS and FOMO (R²=0.199, B=0.260; F(1.371)=92.334; p=<.001). Logistic regression analyses were conducted to define the effects of FOMO, PMSU, sex, and NSSI search on the development of self-injurious conduct. The logistic regression model was statistically significant, $\chi^2(1)=3.909$; p=0.048.

Conclusions: The study examines NSSI behaviors among young Italian college students on digital platforms, particularly social networks. It stresses the critical need for targeted interventions, addressing concerns like social media addiction, to provide essential mental health support and foster a safer online environment for this population.

Disclosure of Interest: None Declared

EPP0173

The feasibility of a combined approach including neuromodulation by tDCS and cognitive remediation for people with borderline personality disorder (BPD)

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Introduction: BPD is a common and severe mental health condition. Longitudinal studies related to BPD show a reduction of symptoms related to the disorder but very little improvement in functionality. The betterment of executive functions of people with BPD after psychotherapy is very limited. The efficacy of those treatments on functionality appears to be mild with a small effect size. Based on previous studies, transcranial direct current stimulation (tDCS) can be used to improve impulsivity and emotional instability in patients with BPD. Moreover, cognitive remediation focuses on reducing neuropsychological alterations by re-educating patients and apply specific strategies to aid them long term on certain daily functions like developing healthy habits, executive

functions, problem solving, attention, working memory and cognition.

Objectives: Our objective is to assess the feasibility and efficacy of the tDCS and cognitive remediation on BPD symptoms and functioning.

Methods: The open study includes 10 daily sessions of tDCS for 2 weeks and 8 weekly group meetings for the cognitive remediation. Based on studies conducted on people with BPD, the settings for the tDCS are as follows; 20 minutes of continuous current at the intensity of 2mA and the electrodes are placed on specific stimulation sites related to impulsivity. To verify the effectiveness of the combination on the symptoms and evaluate the cognition and functionality of the patients, questionnaires at neuropsychological texts are conducted at the beginning of the study, after the tDCS, after the cognitive remediation and 3 months after the end of the study. The expected results of this study are that the combination of the two treatments will reduce the symptoms of BPD and improve executive functions compared to the treatment as usual or tDCS alone. This study would allow the implementation of an efficient and low-cost first-line treatment and a better functional progression of BPD patients.

Results: The expected results of this study are that the combination of the two treatments will reduce the symptoms of BPD and improve executive functions compared to the treatment as usual or tDCS alone. This study would allow the implementation of an efficient and low-cost first-line treatment and a better functional progression of BPD patients.

Conclusions: This study would allow the implementation of an efficient and low-cost first-line treatment and a better functional progression of BPD patients.

Disclosure of Interest: None Declared

EPP0174

Sex and pathological personality traits: measurement invariance and comparisons

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Introduction: The Personality Inventory for DSM-5 (PID-5) is an instrument that aims to assess pathological personality traits according to the alternative model proposed by the DSM-5. To validate the comparison of an instrument's scores between different groups, it is necessary that the measure's invariance be attested, in order to guarantee that the same underlying constructions are being evaluated between the groups. Differences between sex in relation to the predominance of adaptive personality traits were portrayed in previous studies, a fact that seems to be related to culture.

Objectives: This study aims to assess whether the PID-5 presents structural equivalence between sex (sex measurement invariance) and whether there are differences between pathological personality traits in Brazilian men and women.

Methods: A community sample of 1110 subjects was assessed (71.2% women, mean age 34.6 (± 15.8) years, 68.8% higher education). They were recruited through advertisements in different media and by the "snowball" method. Participants responded to

the PID-5 in person. The cross-culturally adapted version into Brazilian Portuguese was used

Results: The PID-5 showed that its structure was invariant for sex at the configural level (CFI= 1.000; TLI=1.007; RMSEA<0.001), metric ($\Delta CFI=0.01$; $\Delta TLI= 0.02$; $\Delta RMSEA=0.02$) and scalar ($\Delta CFI=0.006$; $\Delta TLI= 0.006$; $\Delta RMSEA=0.004$), allowing comparisons. Regarding the domains evaluated by the PID-5, men showed more traits of Distancing, Antagonism, Disinhibition and Psychoticism ($p<0.002$), while for Negative Affectivity there were no differences between genders ($p=0.06$). In terms of facets, women showed higher indicators of lability, anxiety and impulsivity ($p<0.01$), while men showed perseverance, withdrawal, restricted affectivity, manipulation, dishonesty, grandiosity, attention seeking, insensitivity, irresponsibility, exposure to risks, unusual beliefs and eccentricity ($p<0.04$).

Conclusions: The findings reinforce the validity evidence of the DSM-5 trait model, which, through the PID-5, similarly evaluates such aspects between sex. Differences between genders were observed in relation to pathological personality traits, which bear similarities with differences observed in terms of adaptive personality traits. Specificities are observed at the cultural level, when, for example, the findings are compared with a Japanese university sample, reinforcing the role of culture at this level

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPP0175

Predominant negative symptoms: views of patients vs. doctors in a 1-year observational study

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Introduction: Negative symptoms are a key aspect of schizophrenia, significantly impacting a patient's functioning and quality of life. These symptoms are deemed predominant when they dominate the clinical picture and positive symptoms are only minimally present. As articulated in the most recent guidance by the European Psychiatric Association, including self-report measures is encouraged in negative symptom studies as they can further complement the observer-rated scales when assessing negative symptoms of schizophrenia.

Objectives: The objective of the poster is to compare the views of patients vs. doctors regarding predominant negative symptoms during a 1-year observational study.

Methods: This was a 1-year-long, prospective, multicentric cohort study with three visits after baseline at 3, 6 and 12 months. Adult outpatients with a schizophrenia diagnosis according to the International Classification of Diseases 10th edition who exhibited predominant negative symptoms according to clinical judgement were included. Patients received pharmacological and some non-pharmacological treatment as usual.

The primary outcome measure was the modified Short Assessment of Negative Domains (m-SAND), an anamnesis-based scale that is

composed of 7 items: two positive items (delusions and hallucinations) which make the m-SAND Positive sub-scale (m-SAND-P) and five negative items (anhedonia, alogia, avolition, asociality and affective flattening) which make the m-SAND Negative sub-scale (m-SAND-N). Each item is rated from 0 to 5 (not observed; mild; moderate; moderately severe; severe; and extreme). Other measurements included the Self-evaluation of Negative Symptoms (SNS), a validated scale that provides meaningful information regarding the patients' own perception of their negative symptoms. Least squares (LS) means were calculated for the change from baseline to final visit using a mixed model for repeated measures (MMRM).

Results: 188 patients were included in the study. The mean age was 39.8 years and 65% of patients were men. The mean duration of illness was 12 years. At baseline, patients rated alogia and apathy (mean SNS score: 5.7) to be the most severe and then asociality (5.5). In contrast, doctors found affective blunting (mean m-SAND total score: 4.3), apathy (4.2) and anhedonia (4.0) to be the most severe.

After the end of the observational period all negative symptom sub-domains improved significantly according to both the patients' and doctors' views. The latter group reported -1.9 LS mean change from baseline in apathy, -1.8 in anhedonia, and -1.7 in asociality (all p-value <0.0001). Patients felt most change in alogia and asociality (-2.7), and apathy and anhedonia (-2.4).

Conclusions: In summary, both patients and doctors reported significant improvement in predominant negative symptoms. Nonetheless, there were some differences how they perceived severity and change in the specific domains.

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EPP0176

Dandy-Walker malformation and psychotic disorder. Review in accordance with a clinical case

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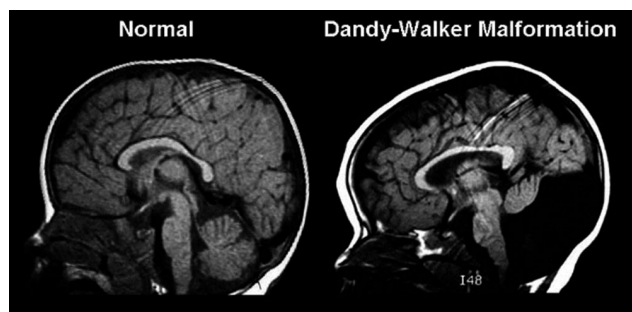
Introduction: A clinical case is presented of an 18-year-old woman diagnosed with Dandy-Walker malformation, who is admitted to an Acute Inpatient Psychiatry Unit due to atypical psychotic symptoms, pseudology and aggressive behaviour. After several medication trials, there is a partial response observed with low doses of clozapine, consolidating the improvement afterwards, being referred to an open-door community mental health center because of poor family and social network.

Objectives: Review clinical information about Dandy-Walker malformation and the development of psychiatric disorders, specifically psychotic symptoms, pointing out the peculiarities regarding clinical presentation and treatment management.

Methods: Search in the medical database PUBMED, MEDSCAPE and UPTODATE. Keywords: "Dandy-Walker Syndrome", "Psychotic Disorders".

Results: The Dandy-Walker syndrome consists on a cystic dilatation of the fourth ventricle, an abnormally high tentorium and the agenesis of the cerebellar vermis. Cerebellar structures are involved in cognitive, emotional and behavioural processes. This syndrome is related to the development of psychotic and affective disorders, as well as obsessive-compulsive disorder. The clinical presentation is usually atypical, being characterised by an early onset, a family history of psychosis and a high prevalence of cognitive deficit and borderline intelligence. There are no specific drugs recommended for the treatment of these patients, which present a high rate of refractoriness to antipsychotic treatments, together with a greater sensitivity to its side effects. Depending on the clinical presentation it is advisable to focus on the most relevant symptoms to be treated and potential side effects in order to reduce polypharmacy.

Image:



Conclusions:

- The Dandy-Walker syndrome is related to a higher risk of psychiatric disorders
- Clinical presentation is usually atypical and in early stages
- There is a high rate of refractoriness and greater sensitivity to treatments
- A specific pharmacological treatment is not recommended and it is recommended to avoid polypharmacy

Disclosure of Interest: None Declared

EPP0177

Are direct costs in schizophrenia influenced by duration of illness? results from a retrospective follow-up study

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Introduction: In Italy, it was recently estimated that the total economic burden for schizophrenia is € 2.7 billions, of which around 50% is derived from direct costs and 81% of these are due to hospitalization, residential facilities and semi-residential facilities, whereas only 10% of direct costs is derived from

pharmacotherapy (Marcellusi *et al.* BMJ Open 2018; 8, e018359). Considered the high economic burden that schizophrenia has on healthcare systems (estimated to be between 1.4 % and 3 % of the total), a better characterization of the clinical variables that mostly influence the costs represent a topic of great clinical interest (Altamura *et al.* 2014 Official Journal of the Italian Society of Psychopathology 2014; 20, 223–243).

Objectives: The aim of this study was to analyze whether duration of illness has an impact on the costs derived from the use of services (which account for the majority of the direct costs) in a cohort of subjects living with schizophrenia spectrum disorders (SSD).

Methods: A total of 496 subjects receiving treatment from the Community Mental Health Centers (CMHC) of Brescia (Italy) were included in the study: for each patient demographic data, data regarding the duration of illness (in months), and data related to the use of service between January 1st, 2022 and December 31st, 2022 were derived from the regional database of mental health ("SIPRL"). Data on the use of service were then converted to costs using the regional rate tables for outpatient services, residential and semi-residential facilities, and the Diagnosis-Related Groups (DRG)-driven rate tables for hospitalization data. Partial correlations analyses were performed between duration of illness, corrected for age, and cost-related variables. All analyses were performed through SPSS v28 and p values <0.05 were considered significant.

Results: A higher duration of illness was correlated with higher costs for outpatient non-pharmacological interventions ($p=0.010$), for residential facilities ($p=0.025$) and total costs, both including and excluding hospital admissions ($p=0.005$ and $p=0.007$, respectively), but not with hospitalization costs ($p=0.773$).

Conclusions: The total expenditure for people living with SSD is higher for people with a longer duration of illness. These findings raise an important issue, which is that the mental health system in Italy invests more in subjects with a longer history of disease: this is in contrast with the international guidelines which prompt to intervene early in the course of the disease in patients living with SSD with outpatient rehabilitation interventions.

Disclosure of Interest: None Declared

EPP0178

Evaluation of Relationship of Neutrophil/Lymphocyte, Platelet/Lymphocyte, Monocyte/Lymphocyte Monocyte/HDL Ratios and Systemic Immune Inflammatory Index Value with Antipsychotic Treatments in Schizophrenic Patients

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Introduction: There are studies showing that the systemic inflammation response in patients diagnosed with schizophrenia is different from healthy controls. Neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (TLR), monocyte-lymphocyte ratio (MLR),

monocyte-HDL ratio (MHO) and systemic immune inflammation index (SII) have recently been used as inflammation indicators.

Objectives: NLR, TLR, MLR, MHO and SII have been evaluated in many studies in schizophrenia patients. The aim of our study is to evaluate the relationship between NLR, TLR, MLR, MHO, SII values and antipsychotic treatments of patients diagnosed with schizophrenia.

Methods: 203 individuals diagnosed with schizophrenia who were followed up in the psychotic disorders outpatient clinic of Selçuk University Faculty of Medicine were included in the study. Neutrophil, lymphocyte, platelet and monocyte counts and HDL values were obtained retrospectively from blood tests. NLR, TLR, MLO, MHO and SII were calculated. The study approved by the ethics committee of Selçuk University Faculty of Medicine.

Results: 45.3% of the patients were female ($n = 92$); the mean age was 45.8 ± 14.0 . The average number of hospitalizations was 3.0 ± 2.7 years; the mean disease duration was 17.0 ± 9.6 years. 56.7% ($n=115$) use long-acting antipsychotic treatment, 21% ($n=43$) use monthly paliperidone long-acting (PP1M) treatment, and 14.8% ($n=30$) use 3-month paliperidone long-acting (PP3M) treatment. No significant difference was observed in NLR, TLR, MLR, MHO and SII values between individuals using and not using long-acting antipsychotics. However, a significant difference in NLR value was observed between PP1M and PP3M treatment ($p = 0.039$). Oral antipsychotic use was 71% ($n=137$), 19% ($n=38$) used clozapine monotherapy, and 25% ($n=51$) used non-clozapine oral monotherapy. No significant difference was detected in inflammatory markers between clozapine monotherapy and other oral monotherapies.

Conclusions: According to our findings, NLR levels in patients diagnosed with schizophrenia were found to be significantly higher in those using PP1M treatment compared to those using PP3M. This finding can be interpreted in favor of the fact that PP3M contributes to the reduction of inflammation due to its longer duration of action compared to PP1M. It is thought that schizophrenia progresses through inflammatory processes and antipsychotic treatments play a role in anti-inflammation. It is envisaged that future studies may be helpful in evaluating the onset, exacerbation and remission periods of the disease, including treatment doses and durations, and revealing the relationship between inflammatory markers and schizophrenia disease and the effects of antipsychotic treatments on inflammatory markers such as NLR, TLR, MLR, MHO and SII.

Disclosure of Interest: None Declared

EPP0179

Machine Learning Analysis of Artistic Characteristics for Schizophrenia Classification

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Introduction: Schizophrenia is affecting multiple functions such as cognition, perception, emotion, and social behaviors, and it has also

been shown to influence artistic works created by patients. Among the deviations observed in the art works are distinct characteristics like delusional themes, disordered shorter lines, and unique creativity. Such features, along with altered pictorial perceptions and possibly altered motoric function, suggest that it might be possible to differentiate art made by schizophrenic patients from that of healthy individuals. Given the shortcomings of existing diagnostic methods being very long and with a 25% error rate, we proposed a novel neural network model that leverages these artistic markers for classification to support diagnosis.

Objectives: To develop and train a neural network model leveraging unique artistic markers for the classification and support of diagnosing schizophrenia.

Methods: Our study involved 764 participants, 45% diagnosed with schizophrenia, while the others were either healthy or diagnosed with other mental disorders. The average age of the participants was 38.25 years (SD=13.43), and 43.88% of the participants were females. All participants were instructed to draw eight drawings of human faces. These drawings were digitized and categorized based on participants' schizophrenia status to form the initial training dataset for our model. This data was processed using Python and converted into a NumPy array, which served as input for our model developed using the Keras library. The structure of the model is presented (Image 1).

Results: We used area under curve (AUC), specificity, and sensitivity as key evaluation metrics for our model. The model achieved an AUC of 0.90 on a test dataset that was new to the model and was not used in the preceding training phase. It exhibited a sensitivity of 0.84 and a specificity of 0.85, indicating its capacity to identify schizophrenic and non-schizophrenic individuals, respectively (Image 2).

Image:

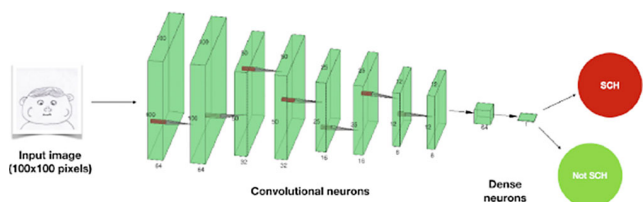
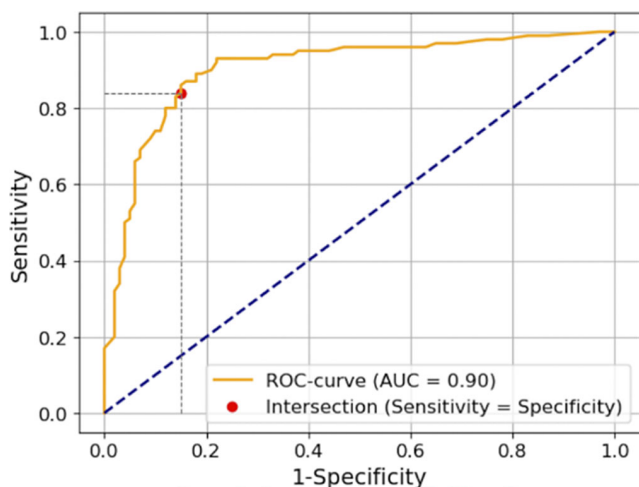


Image 2:



Conclusions: The application of machine learning and AI tools to analyze art created by schizophrenia patients, can offer a promising methodology for exploring the differences between schizophrenic and healthy individuals, as well as a possible support for current diagnostic methods. This approach has the potential to provide an additional fast and more accurate diagnosis, enhancing individualized patient care. Future research will focus on refining and validating the model across diverse populations and various art forms.

Disclosure of Interest: None Declared

EPP0180

Athens Multifamily Group Therapy Project (A- MFGT) after FEP: Preliminary clinical results

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Introduction: The Athens Multifamily Group Therapy Project (A-MFGT) aims to provide systemic multifamily therapy to youths who experienced a first psychotic episode and their families.

Objectives: Family interventions have been shown to reduce the likelihood of relapse for individuals across the spectrum of psychosis and are recommended in practice guidelines for psychosis internationally (Mc Farlane, 2016).

Methods: A group of 22 young adults who presented a first psychotic episode participated with their families to multi-family group systemic therapy, after discharged from in-patient treatment. Sessions were conducted by three therapists twice a month, for nine months and supervision meetings were provided once a month. Six groups of families have been conducted since 2017. Clinical outcome was assessed through PANSS at baseline, one month later after patient's discharge from in-patient treatment, and one year after, at the end of the multifamily group treatment. Time intervals till relapse were also assessed. Participants' clinical findings were compared with findings from a matched group of 42 patients who did not attend the multifamily therapy program and were treated as usual.

Results: Two-way mixed ANOVA was conducted to assess PANSS scores change over time (t1: at base line, t2: at one month and t3: one year), while differences were investigated between the two groups of patients and interactions were checked. Regarding PANSS-positive scale and PANSS-general scale, no differences were found between the two groups in neither of the three time points. Regarding PANSS-negative scale, patients attending MFGT presented statistically significantly lower scores in t3 than patients treated as usual, but not in t1 and in t2 (i.e., prior to therapy). Moreover, both patients' group showed improvement from t1 to t2, but only patients attending MFGT further improved from t2 to t3. Among patients attending MFGT, two (9.1%) had a relapse compared to nine (22.5%) of the patients treated as usual, however this comparison did not reach statistical significance ($p = 0.300$).

Conclusions: In term to provide early intervention in psychosis, A-MFGT seems to be a viable way to support the patient as well as the whole system facing psychosis, with the aim of preventing relapse and improved quality of life for all the participants.

Disclosure of Interest: None Declared

EPP0181

Association of oral health related subjective quality of life and severity of negative symptoms of treatment-resistant schizophrenia: a cross-sectional study in Croatia

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Introduction: Patients diagnosed with schizophrenia, particularly those with severe negative symptoms (NS) and treatment resistant schizophrenia (TRS), have poorer oral health than the general population, which can have serious consequences beyond oral and dental problems, but remains poorly addressed in psychiatric clinical practice and mental health research.

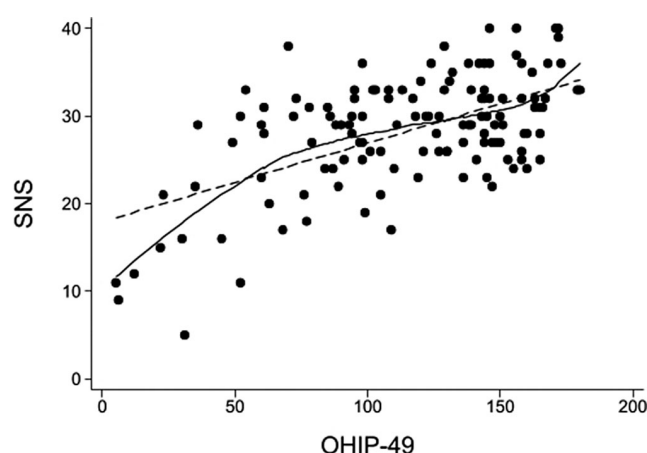
Objectives: To investigate the association between oral health-related subjective quality of life (OHR-sQoL) and severity of NS in TRS.

Methods: We conducted a cross-sectional study in a tertiary psychiatric clinic in Croatia during 2022-2023. The target population were patients diagnosed with TRS with more pronounced NS. The outcome was the Self-Evaluation of Negative Symptoms (SNS) scale and its five dimensions. Exposure was OHR-sQoL measured by the Oral Health Impact Profile questionnaire (OHR-sQoL). We tested the hypothesis using multivariable linear hierarchical regression analysis.

Results: We enrolled 130 participants with a median (interquartile range) age of 43 (36-51) years, with an equal number of women and men. Total SNS and OHR-sQoL scores were found to be significantly associated in both bivariate and multivariable analysis adjusted for a large number of covariates (R^2 increase over the effect of covariates = 0.22; $p < 0.001$; false discovery rate < 5%). Total SNS score was significantly associated with the functional limitation dimension of the OHIP-49, as well as diminished emotional range with psychological discomfort, physical and psychological disability, and anhedonia with functional limitation.

Figure 1. Scatter plot of the correlation between the total score of the Self-evaluation of Negative Symptoms (SNS) and the Oral Health Impact Profile (OHIP-49); the solid line represents the 80% smoothed local polynomial regression curve; the dashed line represents the linear regression line ($n = 130$)

Image:



Conclusions: NS of TRS are relatively strongly associated with OHR-sQoL, especially with functional limitations. The robustness of this association was confirmed by controlling for a large number of covariates. If the relationship between NS and OHR-sQoL is bidirectional, which should be verified by future studies, perhaps for further progress in solving the serious problems of NS and TRS it will be necessary to include the comorbidity with oral diseases and oral functional disorders and OHR-sQoL.

Disclosure of Interest: None Declared

EPP0182

Hormones and Psychosis: The Role of Estrogen in Schizophrenia

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Introduction: Schizophrenia is a complex psychiatric disorder in which biological sex differences, have been extensively documented and researched. What is less well described, is what motivates these differences. Of the various proposed and explored reasons, estrogen appears to be one that has maintained some interest and promise. An increase in symptoms of schizophrenia has been observed to correspond with decreasing levels of estrogen in menopausal women, this, allied to the later symptom onset, culminated in the interest in this hormone and its role in psychotic illness.

Objectives: The authors aim to briefly explore the current evidence on the association between estrogen and schizophrenia. Its relevance in symptom onset, protective status and eventual therapeutic applications will also be discussed.

Methods: The authors conducted a brief non-structured narrative literature review using articles published in the Medline/Pubmed, ScienceDirect and Google Scholar databases. The keywords used

during the research, alone or in combination, included: sex hormones, estrogen, schizophrenia and psychiatry. The studies consulted in this work included: cross-sectional studies, cohort studies, literature reviews and clinical case reports.

Results: The literature exploring the relationship between the sex hormone, estrogen, and schizophrenia is extensive. Various studies confirm that during periods of estrogen withdrawal, women appear more susceptible to psychotic episodes. Results also demonstrated that those with low estrogen, respond poorly to anti-psychotic drugs, whereas estrogen increased the efficiency of antipsychotics. In regards to symptoms, estrogen has been demonstrated to reduce the positive and cognitive symptoms of schizophrenia in the short term, thus being proposed as an eventual complementary treatment in those suffering from the disorder. It is known that estrogen regulates important pathophysiological pathways in schizophrenia, including dopamine activity, mitochondrial function, and the stress system. One of the explanations for this beneficial effect has been proposed to be action on cerebral blood flow and glucose metabolism, as well as sensitizing postsynaptic dopamine receptors, thus serving as a protective agent against schizophrenia.

Conclusions: The research appears to be pointing in the direction that estrogen appears to have an effect on psychosis in women, serving as a protective factor in these conditions as well as playing a significant part of the pathophysiology in schizophrenia. This influence on the pathophysiology, promises clinical pertinence, not only in a possible application so to attenuate positive and cognitive symptoms but also as a method to influence antipsychotic efficacy. Continued study in regards to the effects of sex hormones on the psychotic disorders is merited so as to further expand the tools in the mental health professional's repertoire in the treatment of these serious mental illnesses.

Disclosure of Interest: None Declared

Training in Psychiatry

EPP0184

Impact of interpersonal relationships on academic burnout among trainee teachers: A comprehensive study

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Introduction: Recent research has identified varying levels of burnout among teachers, particularly those in training. This condition is believed to be influenced by a combination of internal factors, such as psychological characteristics, and external factors, such as work-related pressures and the social environment.

Objectives: We examined the prevalence of burnout syndrome and assessed the potential risk factors associated with this condition. This study investigates the complicated correlation between academic burnout and interpersonal connections among trainee teachers in Morocco.

Methods: We used a comprehensive database generated from the Maslach Burnout Inventory-Student Survey (MBI-SS), a questionnaire designed specifically for this study, and validated for this context. We examined various dimensions of academic burnout to unravel the complexity of this connection. Our study analyzed individual, professional, and social factors within a cohort of 732 prospective teachers in Morocco during the 2021/2022 academic year.

Results: The findings revealed an intricate network of interrelated factors that contributed to the occurrence of academic burnout among trainee teachers. Significantly, the study highlighted the impact of interpersonal relationships on academic burnout. Trainee teachers who received support and positive interactions from colleagues and superiors showed significantly lower levels of academic burnout. Interpersonal relationships within the educational community also played a pivotal role in preventing burnout. Moreover, our multivariate analysis showed that certain sociodemographic factors, including age, gender, and prior educational experience, moderated the influence of interpersonal relationships on academic burnout.

Conclusions: This study significantly contributes to the comprehension of academic burnout in trainee teachers by emphasizing the vital role of interpersonal relationships in this context. The findings emphasize the necessity of interventions that enhance interactions within educational institutions to prevent academic burnout and promote a healthy learning environment for trainee teachers.

Disclosure of Interest: None Declared

EPP0185

Psychiatry Pitstop: Enhancing Communication Skills of Medical Students in Mental Health Settings

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Introduction: *Psychiatry Pitstop* is a role-play-based program for medical students aimed to improve communication skills in the framework of mental health. The workshop involved amateur actors who simulated different clinical scenarios and psychiatry residents, who facilitated the sessions and provided constructive feedback following the Pendleton method. *Psychiatry Pitstop* was originally developed in the United Kingdom and it was expanded to Lisbon, Portugal, in 2019. The authors adapted the course to the Portuguese context, adjusting the number of sessions and altering the scenarios to match common clinical situations faced by junior doctors in Portugal. By now, we conducted four courses.

Objectives: Our study aims to describe the Portuguese adaptation of the program and to learn insights from the students feedback.

Methods: The course was assessed using satisfaction questionnaires, completed by the students after each session. These included a Likert scale ranging from 1 to 5, with items pertaining to Future Importance, Overall Quality, Theoretical Quality, and Practical

Quality. Quantitative data was analyzed using Excel and standard descriptive statistics to summarize the results. The open questions invited students to articulate the main positive aspects, suggestions for improvement and future topics. A Natural Language Processing (NLP) software was used to evaluate open-ended responses and extract the main concepts.

Results: We obtained a total of 39 single-answers from 4 different courses. Evaluation results yielded a mean score of 4.7 for Future Importance, 4.9 for Overall Quality, 4.3 for Theoretical Teaching, and 4.9 for Practical Teaching. Notable positive aspects included students' appreciation of the immersive interview environment, the dedication exhibited by actors and doctors, well-prepared case scenarios, and engaging interactions with participants. Suggestions for improvement encompass enhanced theoretical introductions, comprehensive topic coverage, universal participation in simulations, and expanded workshop days. Future prospects for the program include practicing interviews with other psychiatric diagnosis, addressing difficult patients, delivering bad news and covering topics related to sexuality, grief and moral dilemmas.

Conclusions: Our study shows that *Psychiatry Pitstop* adaptation to the Portuguese context was successful. Overall, the feedback from medical students has been consistently positive. Subsequent editions will draw upon the findings of this study to enhance overall program quality.

Disclosure of Interest: None Declared

EPP0186

Reaching Out from Europe to the Globe: The International Journal of Psychiatric Trainees

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Introduction: The *European Journal of Psychiatric Trainees* was founded in 2022 as the official journal of the European Federation of Psychiatric Trainees (EFPT) to offer a peer-reviewed open-access scientific journal with minimal article processing charges. The journal is edited by trainees and early career psychiatrists and published its first issue in July 2023. The journal aims to facilitate

publishing experience and opportunities for trainees. To reflect the global identity and inclusivity of psychiatric research, the journal changed its name in 2023 to become the *International Journal of Psychiatric Trainees*.

Objectives: To present the *International Journal of Psychiatric Trainees*, the successor of the *European Journal of Psychiatric Trainees*, and other practical aspects related to the article submission.

Methods: We will reflect on the *International Journal of Psychiatric Trainees*, focusing on what this name change will imply for the journal's scope, mission and readership.

Results: Due to training programmes' requirements or out of interest, psychiatric trainees are encouraged to conduct scientific research. However, several known barriers to scientific publishing exist, ranging from a lack of mentorship and supervision to limited scientific support. Like the *European Journal of Psychiatric Trainees*, the *International Journal of Psychiatric Trainees* continues to be an open-access, double-blind peer-reviewed journal with minimal/no publication fees that publishes original and innovative research as well as clinical, theory, perspective, and policy articles and reviews in the field of psychiatric training, psychiatry, and mental health.

Since the difficulties and needs in creating research output are not exclusive to European trainees, the journal will become more attractive to readers and authors from other countries while increasing the diversity of articles.

The first *International Journal of Psychiatric Trainees* issue will be dedicated to the 31st EFPT Forum with the theme "Trainee Mental Health", containing articles reporting on the projects from National Psychiatric Trainee Associations looking into trainee mental health. Submissions for the regular edition remain open, and articles should be submitted through the manuscript submission platform (<https://ijpt.scholasticahq.com>)

Conclusions: The *International Journal of Psychiatric Trainees* aims to be an educative scientific journal for psychiatric trainees and other psychiatry and mental health researchers. The name change and its increased openness will help the authors reach a wider readership while the journal can feature a more comprehensive record of psychiatric research through its global scope.

Disclosure of Interest: None Declared

EPP0187

Positive outcomes of implementing applied theatrical improvisation in communication trainings/ workshops for healthcare students in two European countries: a comparative study

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Introduction: Effective communication has been shown to improve patients' health outcomes. This study utilizes medical improvisation techniques to teach communication skills to different groups of health students (nurses, midwives, medical doctors, speech therapists).

Objectives: Our objective was to design and compare an interprofessional workshop that incorporates applied improvisation to train different groups of healthcare students in communication skills, resilience, dealing with failure and empathy. Medical improvisation is an innovative concept to prepare healthcare students to be more effective communicators.

Methods: Required medical improv workshops (using applied improvisational theater techniques) were held for first to third-year students in France and in Hungary. Workshop evaluations were obtained before and following the last session and at 3 months post-workshop for one cohort. The courses incorporated role plays, listening, storytelling and verbal/ nonverbal exercises to help students communicate with empathy and clarity. The two countries used the same questionnaires for assessment (Interpersonal Communication Questionnaire and Intolerance Uncertainty Scale)

Results: 24 medical students participated in the Hungarian improvisation workshops, and 26 speech therapists students in the French improvisation workshops. In the finished Hungarian research over 90% of students rated the workshops as above average or excellent. Students reported a gain in insights regarding their role as a clinician ($\geq 90\%$), an improvement in their ability to demonstrate effective communication (80–87%), and a positive impact on teamwork (91–93%). At 3 months post-workshop, students reported they had used at least 1 improvisation skill on their clinical wards. Both countries can claim promising results so far in their separate studies, our results comparing the French and Hungarian data using synchronized scales and questionnaires is currently in progress, and will be processed by the end of this year.

Conclusions: This study demonstrates that medical improvisation exercises can be scaled to different fields of healthcare students in various years of their studies and that using improv in healthcare education is universal in its short and long-term effects. Further, we found that students felt that it improved their communication. This study also provides new insights regarding specific improvisation exercises that are most useful for the clinical environment.

Keywords: Improvisation. Medical improvisation. Applied Improvisation. Medical education. Communication. Uncertainty tolerance. Soft skills training

Disclosure of Interest: None Declared

EPP0188

Advancing Psychiatric Education: Leveraging Simulated Patients and Actors at the University of Pécs "Shame dies when stories are told in safe places"

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Introduction: The integration of simulated patients and actors (SPs) into psychiatric education has long been recognized as a transformative pedagogical approach, yielding substantial benefits to healthcare students and professionals.

Objectives: The aim of this investigation was to evaluate the SP methodology and to refine it for future implementation in psychiatric education at the University of Pécs, Hungary.

Methods: To investigate the feasibility and utility of incorporating SPs into psychiatric education, we conducted a preliminary study involving participants from the German Program in the University of Pécs, Hungary. This group consisted of 16 medical students in their 5th year of study. The study design involved participants forming groups of three, engaging in psychiatric interview with SPs. After the interview, SPs provided feedback from patient's perspective, articulating their emotional responses. These sessions lasted 60 to 90 minutes.

Results: Study participants expressed a range of apprehensive feelings, including inadequacy, the desire for correct performance, and acknowledgment of the emotional challenges involved. Another recurring issue was the students' initial confidence contrasting with their later realization of subpar performance. A subset of students voiced concerns related to performance anxiety, particularly in light of being observed. Nevertheless, by the culmination of the course, students spontaneously recognized and valued the enriching nature of the experience. Pre-existing skills have been confirmed authentically by the feedback of the SP.

Conclusions: Psychiatry, given its intricate and sensitive nature, necessitates a secure and controlled learning environment. SPs precisely provide this environment, facilitating the exploration of a broad spectrum of psychiatric disorders, emotional states, and patient interactions, all while upholding patient safety and confidentiality. Additionally, this methodology promotes the development of essential skills, including empathetic communication, the cultivation of therapeutic relationships. Moreover, the adaptability of SPs enables the creation of diverse scenarios reflecting real-world practice. Our preliminary findings and student feedback have provided a promising foundation for the design of a forthcoming pilot program in the next academic year. The integration of SPs into psychiatric education presents a dynamic, immersive, and highly effective approach, capable of markedly enhancing the quality of training.

Disclosure of Interest: None Declared

EPP0189

Psychiatryai.com: Real-Time AI Scoping Review (RAISR 4D) in Psychiatry and Mental Health with Live Real-World Evidence and CPD/CME for Psychiatrists

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Introduction: Psychiatryai.com was launched in 2021 and initial findings were published at EPA 2023. The portal is an advanced

computing science project in Applied Data Science and Evidence-Based Healthcare for my MSc studies at the University of Oxford (Kellogg College). Artificial Intelligence (AI) and Data Science (DS) technology are utilised to analyse live Real-World Evidence (RWE) in Psychiatry and Mental Health from PubMed to provide CPD/CME online. A two-year review of the site and its performance will be presented to EPA 2024.

Objectives: To develop and study an experimental real-time AI and DS platform in Global Mental Health and Psychiatry, to provide the latest RWE from PubMed for online education and training, and to report findings to EPA 2024 for peer review in Budapest. AI and misinformation are newly identified risks in healthcare (AI Safety Summit 2023). The site also aims to raise awareness about “Aiatrogenesis” to address this problem, with RWE and CPD/CME utilising AI and DS technology for the categorisation and meta-analysis of evidence, rather than the production of possibly misleading or false Generative AI evidence (Monteith *et al.* BJP 2023; 1-3).

Methods: As reported to EPA 2023 in Paris, a free open-code WordPress site was launched on the 22nd of November 2021 (Psychiatryai.com). The portal has been further developed and now features over 90k pages comprising 7GB of data with Cloudflare security and speed. Live evidence is collected into an open database and research articles are categorised into evidence nodes with AI. The results are presented in a real-time Evidence Matrix and Blueprint, creating 15-minute CPD/CME reflection modules. Data analytics from Psychiatryai.com with Google Analytics (G4A) along with platform insights from two years of development and research will be presented to EPA 2024. The site is conceptualised and designed to be viewed in an interactive VR headset.

Results:

Live Citations	380000+
PubMed Articles Analysed with AI	92142
CPD/CME	23002 hours
Algorithms/Topics in Psychiatry	291
Open Data	7 GB

Image:

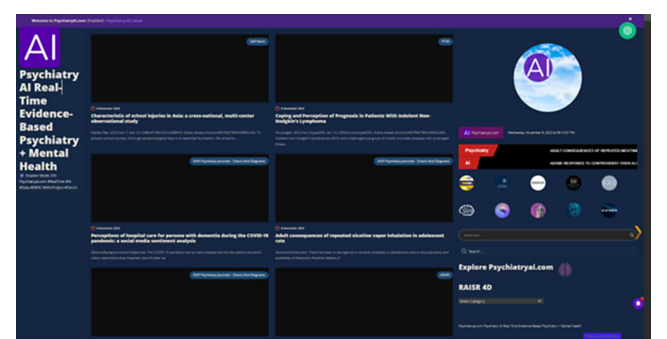
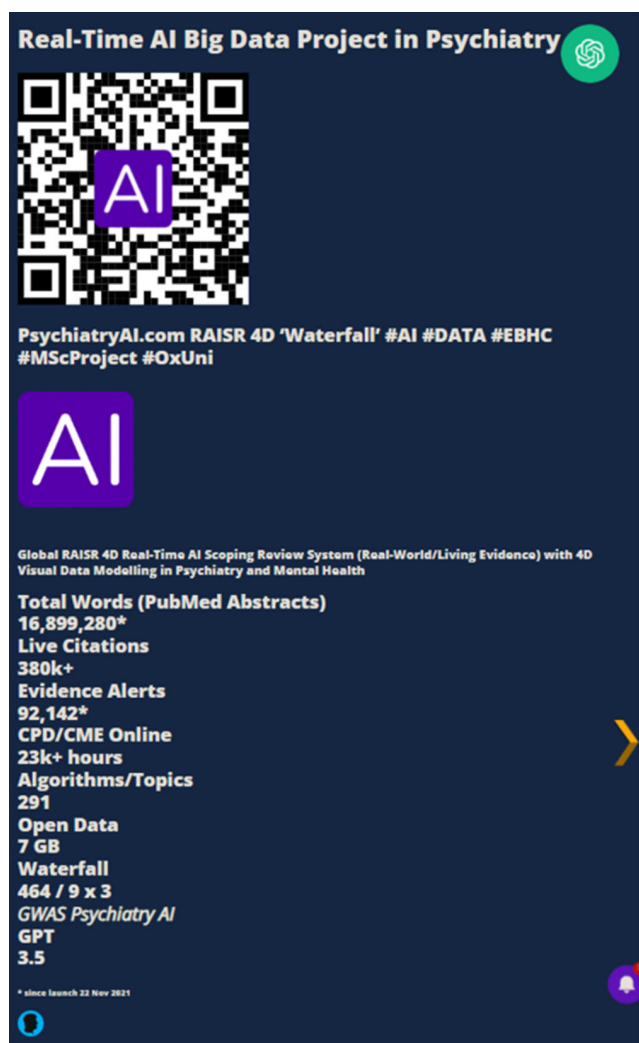


Image 2:



Image 3:



Conclusions: Psychiatryai.com has successfully developed a novel AI and DS platform that incorporates the latest research in mental health and psychiatry, providing real-world evidence (RWE) for psychiatrists and healthcare professionals worldwide, along with CPD/CME online. This enhances hypothesis testing in research by presenting a related Evidence Matrix and Blueprint (from the last 365 days) for each evidence node on the site (RAISR 4D). These matrices provide a real-time visual table (8 x 8 / 64) of global research related to the evidence node in the preceding year. The site is VR-ready and has a special focus on AI and Psychiatry, Disaster and Traumatology Sciences, and Youth Mental Health. This project is dedicated to the memory of Dr Denis O'Leary and Dr Navin Venkatraman.

Disclosure of Interest: None Declared

EPP0190

Community Mental Health in Postgraduate Education of Psychiatrists and Public Health Professionals- A Proposal for a New Subspecialty

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Introduction: "Community Mental Health (CMH)" is defined as policies and practices aimed at improving mental health of communities and promoting healthy societies. Community mental health issues require a multidisciplinary approach because of their complex pattern, in which social determinants play a direct role in both their causes and solutions. However, training of healthcare professionals on CMH issues is still inadequate in many countries. **Objectives:** The purpose of this study was to assess mental health and public health professionals' awareness on CMH, as well as their opinion on the quality of their postgraduate education on CMH in Türkiye. The findings of this study are expected to provide guidance for the improvement of postgraduate education programs of psychiatry and public health.

Methods: The descriptive quantitative study was conducted with psychiatrists, public health physicians, and nurses with a postgraduate degree in Public Health or Psychiatric Nursing, who voluntarily participated by completing an online questionnaire. Data from a total of 131 physicians (43.5%) and nurses (56.5%) were analyzed by using the SPSS statistical package, where descriptive statistics, chi-square, t-test, and ANOVA were used.

Results: The majority (65.6%) of participating physicians and nurses were employed in tertiary healthcare institutions, with the remainder working in other healthcare settings. While half of the healthcare professionals had CMH topics embedded in their postgraduate education curriculum, only 40% had practical training in Community Mental Health Centers. Only one third (37.4%) expressed confidence in their knowledge of CMH, while only one participant reported feeling adequately informed about CMH services at the central and provincial level in Türkiye. One-third of the participants suggested CMH to become a subspecialty for health professionals, emphasizing the need for dedicated theoretical and practical courses in postgraduate curricula of public health and psychiatry education. The study also highlighted a significant difference between nurses and physicians regarding their postgraduate curriculum and perceived knowledge on CMH.

Conclusions: The study revealed that postgraduate education on CMH is still limited in Türkiye, with more emphasis of CMH in psychiatric nursing education. The findings indicate that education programs need to be revised to include more practical training,

including practicum in Community Mental Health Centers and that CMH can potentially become a subspecialty for public health professionals and psychiatrists. Conducting more comprehensive quantitative and qualitative studies on this subject, and enriching existing postgraduate education programs in terms of Community Mental Health, are of great importance for protecting and promoting community mental health.

Disclosure of Interest: None Declared

EPP0191

Motivation to Motivate: Pilot of motivational interview training in a tertiary university hospital

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Introduction: Motivational interviewing (MI) is an evidence-based communication style that is effective in facilitating behaviour change and patient engagement. Originally developed in the field of addiction, MI can be applied to address a range of health behaviours including smoking cessation, medication adherence and diabetes and weight management. Given its demonstrated efficacy, training clinicians in medical and psychiatry specialties in MI has potential to enhance patient outcomes.

Objectives: 1. Enhance awareness and understanding of the basic concepts and methods of MI among NCHDs (Non-Consultant Hospital Doctors) and hospital staff.

1. Assess the perceived effectiveness of the training and help foster a culture of teaching and learning within the hospital.

Methods: MI training was organised by the psychiatry department and delivered by a certified external trainer. The training was structured into 2 sessions, each lasting three hours, with a six-week gap between sessions. The training was integrated into the regular academic teaching for psychiatry trainees and a circular email invite was sent to the medical NCHD cohort and psychology department. Pre and post-training questionnaires were collected from participants with five-point Likert scales used to gather responses

Results: There were 40 attendees across the two sessions. In total, 25 questionnaire responses were collected for the pre training (62.5%) and 30 responses were collected post-training (75%).

Prior to training 48% (12/25) indicated they were familiar with MI, 48% felt confident in using MI and 88% (22/25) felt it was applicable to their practice. Post-training, 73% (22/30) felt confident in using MI, 90% (27/40) felt MI was applicable to their practice and 100% indicated they would use MI in their practice. The perception of applicability ($p=0.011$) and likely utilisation of MI skills ($p<0.001$) significantly increased over the course of the training as measured by paired t-test ($n=23$). Ninety-seven percent of responders stated they would recommend the training and 57% (17/30) indicated that they would use MI on a weekly basis in the future.

Conclusions: NCHDs and other staff welcomed this training and indicated the training was relevant to their practice. MI demonstrated a positive effect on staff perceptions of applicability and future utilisation of MI skills. Increasing clinician self-perceived

efficacy through training events may help contribute to a culture of learning and teaching in hospital settings.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

EPP0192

Transcranial Magnetic Stimulation and its Efficacy in Alleviating Depressive Symptoms in Patients with Suicidal Ideation

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Introduction: Suicide is a global public health issue. According to the latest available data from the National Institute of Statistics, 4,003 people died by suicide in 2021, reaching a new historical high. Approximately 90% of suicide victims suffer from one or more severe psychiatric disorders, and there is a documented 20-fold higher risk of suicide in individuals with affective disorders compared to healthy subjects (Abdelnaim et al., 2020). Repetitive transcranial magnetic stimulation (rTMS) has been established as an effective alternative or complementary treatment option for patients with depressive disorders, but little is known about its effects on suicide risk.

Objectives: To assess the efficacy of rTMS in reducing depressive symptoms in patients with suicidal ideation and behaviors.

Methods: Population and Methods: A retrospective analysis was conducted on a sample of 28 psychiatric patients (23 females; mean age 49.36 ± 16.23) with suicidal ideation identified by item 3 (suicidality) of the Hamilton Depression Rating Scale (HDRS), who were treated with rTMS. All patients received a minimum of 30 sessions, consisting of the application of a high-frequency ($>10\text{Hz}$) or intermittent theta burst stimulation (TBS) over the left dorsolateral prefrontal cortex (DLPFC) at an intensity of 120% of the resting motor threshold (RMT), and repeated low-frequency pulses (1Hz) or continuous TBS over the right DLPFC with an intensity of 110% of the RMT.

Results: Results: The results show a statistically significant improvement in depressive symptoms following rTMS intervention ($p < 0.001$). Furthermore, remission was observed in 46% of the sample ($\text{HDRS} < 8$).

Conclusions: Discussion: In line with recent studies (Abdelnaim et al., 2020; Hines et al., 2022) and systematic reviews (Cui et al., 2022; Bozday et al., 2020) on suicidal ideation in the context of psychiatric disorders, the findings of this study demonstrated that rTMS achieved satisfactory results in reducing depressive symptoms and suicidal ideation.

Conclusions: This clinical study indicates preliminary promise for the prevention of suicidal acts and underscores the need for more detailed and specific research on rTMS in the field of suicide.

Keywords: rTMS, neuromodulation, depression, suicide.

Disclosure of Interest: None Declared

EPP0193

Suicidality during treatment with serotonin and norepinephrine reuptake inhibitorsI. Da Fonseca Pinto^{1*}, A. Elias de Sousa¹ and M. A. Vieira-Coelho^{1,2}¹Department of Psychiatry and Mental Health, University Hospital Center of São João and ²Department of Biomedicine - Pharmacology and Therapeutics Unit, Faculty of Medicine of Porto University, Porto, Portugal

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Introduction: Treatment choice when prescribing antidepressants for major depressive disorder (MDD) is often influenced by safety and tolerability profiles. A transient increase in suicidality following antidepressant treatment initiation is a key concern. Although rare, its unpredictability and consequences make them a significant worry. In 2004, the U.S. Food and Drug Administration (FDA) issued a “black-box” warning regarding a potential increase in suicidality in adolescents receiving antidepressant treatment for depression that was later expanded to include both young adults and a broader range of antidepressants.

Objectives: The aim of this study is to evaluate the risk of increased suicidality during the treatment with serotonin and norepinephrine reuptake inhibitors (SNRIs) in young adults with MDD.

Methods: We conducted a non-systematic literature search on PubMed using the combination of MeSH terms ([Serotonin and Noradrenaline Reuptake Inhibitors] OR [Levomilnacipran] OR [Desvenlafaxine Succinate] OR [Venlafaxine Hydrochloride] OR [Duloxetine Hydrochloride]) AND [Suicide] AND [Young Adult], and the keywords [(“Serotonin and Noradrenaline Reuptake Inhibitors” OR “Levomilnacipran” OR “Desvenlafaxine” OR “Venlafaxine” OR “Duloxetine”) AND (“Suicide” OR “treatment-emergent suicidal ideation”) AND (“Young” OR “Youth”)].

Results: A total of 31 manuscripts were retrieved and 6 were selected, 3 original research and 3 non-systematic reviews of randomized clinical trials. Only studies written in English that provided information about suicidality with SNRIs in young adults with MDD. Globally, studies show that not only antidepressants decrease the risk of suicide attempt in depressed patients, but also there is no evidence of an increased suicidality in young adults treated with SNRIs.

Interestingly, one study showed that increasing suicidality could be related to side effects of the treatment, such as anxiety, agitation and irritability. The authors found that poor antidepressant response and greater severity of depression during follow-up were associated with treatment increasing suicidal ideation, as it was suggested in another study.

Another study reinforced that there may be an emotional component to the activating effects produced by some antidepressants that could explain their controversial association with rare cases of suicidal ideation and behaviour.

Conclusions: In conclusion, growing evidence shows that antidepressants overall decrease the risk of suicide attempt in depressed patients. Therefore, reducing antidepressant use over the FDA concerns about increased suicidal tendencies in young patients may actually increase suicide risks due to inadequate treatment of depression. Additional studies are essential to further confirm the importance of early treatment for depression.

Disclosure of Interest: None Declared

EPP0194

Awareness of psychiatrists regarding physician suicide and prevention in developed and less developed countriesK. Kostyál^{1*}, J. H. Terje¹ and P. Z. Álmos¹¹Department of Psychiatry, Albert Szent-Györgyi Medical School, University of Szeged, Szeged, Hungary

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Introduction: The World Health Organization estimates that more than 700,000 people worldwide die by suicide every year. Suicide is a complex issue, and occupation can be considered one of the risk factors. Data from the USA indicates that the suicide rate among doctors is higher compared to the general population. Among different specialties, general practitioners face the highest risk, followed by internal medicine, and then psychiatry. Apart from Anglo-Saxon countries, available data regarding physician suicide is limited; in some countries, the topic is considered taboo.

Objectives: The goal of this pilot study was to explore whether psychiatrists in different countries have access to suicide databases that include occupational information and to determine what prevention strategies and interventions are currently in use.

Methods: We distributed a short questionnaire to a group of psychiatrists (n=25) to assess the existing methods in their respective countries for collecting suicide data and implementing suicide prevention measures. The survey included both developed and less developed countries. Out of the 20 participating countries, 12 returned our questionnaire by the deadline. The final participating countries were Croatia, Czech Republic, Ethiopia, France, Germany, Hungary, Kazakhstan, Mexico, Qatar, Serbia, Sweden, and the UK.

Results: Based on our colleagues' reports, none of the responding countries have publicly available data on the number of physicians who committed suicide in the last three years. The risk of suicide and substance abuse among doctors is not systematically assessed or published in any of the participating countries. Kazakhstan is the only country where burnout, anxiety, and depression among doctors are regularly assessed. Ethiopia is the only participating country without a hotline for individuals in a suicide crisis. Mexico, Qatar, and Kazakhstan are the only countries with dedicated hotlines for health workers. Regarding preventive strategies, colleagues from Hungary, Serbia, Sweden, and Ethiopia did not report any strategies specifically aimed at preventing physician suicides. Germany and the UK were the two countries with more than one prevention strategy, both providing a free toolkit to identify and support at-risk populations. There are significant differences in the amount of mental health support that doctors receive in each country.

Conclusions: Psychiatrists are not aware of physician suicide data and the utilization of preventive strategies vary widely among the participating countries. There is no standard practice for screening doctors for suicide risk, burnout, anxiety, depression, substance abuse, or adequate data collection on suicide. Based on these findings, it would be necessary to include more countries in the sample and conduct a more detailed examination of the issue in the future.

Disclosure of Interest: None Declared

EPP0195

Suicidality and social cognition: the association between hypomentalizing and suicide lethality

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Introduction: Suicide attempts (SA) leading to highly lethal consequences have been associated with heightened suicide planning (Barker et al., 2022), along with deficits in social cognition (Levi-Belz et al., 2022). Hypomentalizing, characterized by excessive uncertainty regarding mental states, may contribute to heightened social withdrawal and an increased risk of SA (Nestor & Sutherland, 2022). Although certain studies have identified a connection between hypomentalizing profiles and self-harm (Badoud et al., 2015), research into the lethality of SA remains limited.

Objectives: This study aimed to explore the association between hypomentalizing and SA lethality.

Methods: Our study encompassed a cohort of 1,371 patients who committed a SA. We conducted assessments of mentalizing using the RFQ-8 instrument, and evaluations of suicidal ideation and behavior employing the CSRSS questionnaire. Demographic and clinical characteristics were compared using the T-student and Chi-square tests. To investigate the relationship between hypomentalizing and the SA lethality, we employed logistic regression models.

Results: Descriptive data are presented in Table 1. Our results show that hypomentalizing do not predict a higher SA lethality. Additionally, hypomentalizing increased the risk of SA planning ($p \leq 0.001$, $B = -0.182$), and SA planning predicted a higher SA lethality (see Table 2).

Table 1. Means Comparison for low and high lethality (N=1371)

	Low lethality N=539	High lethality N=832	p value	Effect size
Age, mean (SD)	38.65 (15.65)	41.91 (15.37)	≤ 0.001	-0.209 ^a
Female sex, N (%)	392 (72.7)	571 (68.6)	0.116	0.044 ^b
Educational years, mean (SD)	12.45 (2.99)	12.43 (3.41)	0.890	0.0076 ^a
Employed, N (%)	220 (41.2)	332 (40)	0.692	0.012 ^b
Suicide Ideation, N (%)	475 (88.1)	742 (89.2)	0.541	0.016 ^b
Suicide Planning, N (%)	159 (39.2)	400 (58.1)	≤ 0.001	0.183 ^b
Number of attempts, mean (SD)	3.28 (5.48)	3.63 (5.74)	0.269	-0.169 ^a
RFQ, mean (SD)	4.68 (1.27)	4.56 (1.32)	0.087	0.095 ^a

Table 2. Logistic regression analyses for high SA lethality (N=1371).

	Univariate analysis		Multivariate analysis	
	OR	p value	OR	p value
Age	1.014 (1.007-1.021)	≤ 0.001	1.014 (1.005-1.022)	0.001
Female sex	0.820 (0.646-1.042)	0.105		
Educational years	0.998 (0.965-1.031)	0.890		
Employed	0.952 (0.763-1.187)	0.660		
Suicide ideation	1.111 (0.790-1.562)	0.545		
Suicide planning	2.150 (1.674-2.761)	≤ 0.001	2.183 (1.697-2.808)	≤ 0.001
Number SA	1.012 (0.990-1.034)	0.277		
RFQ	0.929 (0.854-1.011)	0.088		

Conclusions: While the association between hypomentalizing and high SA lethality was not significant, a discernible trend toward such relationship can be noted. Further studies examining the moderating effects of planning in the association between hypomentalizing and SA lethality are required.

Disclosure of Interest: None Declared

EPP0198

Frequency of early childhood trauma in psychiatric patients: an investigation with the Early Trauma Inventory–Self Report

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Introduction: Childhood trauma is an important public health problem but there are limitations in our ability to measure childhood trauma. Early Trauma Inventory is a self-report instrument for the assessment of childhood trauma that is valid but simple to administer.

Objectives: We aimed to assess the frequency of childhood trauma in patients of a large sample of the Crisis Intervention and Psychiatric Ward in Budapest, Hungary.

Methods: Data from 279 patients referred to Péterfy Alexander Hospital, Crisis Intervention and Psychiatric Ward, Budapest, Hungary, were analyzed. Most participants were female ($n = 202$, 72.4%) between the ages of 17 and 86 ($M = 38.37$ yrs). Half of the participants were diagnosed with major depressive disorder ($n = 138$, 49.5%) or anxiety disorder ($n = 149$, 53.4%), while 47 of the participants suffered from bipolar disorder (16.8%). One hundred thirty-eight participants had at least one suicide attempt in

their life (49.5%). Childhood traumas were assessed by the Early Trauma Inventory– Self Report (ETI-SR), an instrument for the assessment of physical, emotional, and sexual abuse, as well as general traumas, which measures frequency, onset, emotional impact, and other variables. We assessed the most frequent traumas in the physical, emotional, and sexual abuse, as well as general trauma domains.

Results: Family mental illness ($n = 136$, 58.1%), witnessing violence ($n = 129$, 54.7%), divorce/separation of parents ($n = 114$, 48.3%), and observing death/serious injury of others ($n = 112$, 47.5%), were the most frequently experienced general traumas. Out of physical traumas, most of the participants experienced being slapped in the face ($n = 169$, 73.2%), being spanked with a hand ($n = 152$, 65.5%), being hit or spanked with an object ($n = 93$, 40.3%), and being pushed or shoved ($n = 81$, 33.4%). Among emotional traumas, being often put down or ridiculed ($n = 170$, 74.2%), the needs being failed to be understood by parents ($n = 164$, 72.7%), often shouted at or yelled at ($n = 154$, 67.5%), and being often ignored or made feel like they do not count ($n = 109$, 46.2%) were the most frequent. From the sexual abuse domain, being exposed to flashing ($n = 72$, 32.9%), being touched in intimate parts in an uncomfortable way ($n = 63$, 29.2%), being exposed to inappropriate comments about sex ($n = 61$, 28.5%), and being rubbed by someone's genitals ($n = 44$, 20.3%) were the most common. Further results will be presented at the conference.

Conclusions: It is already recognized and our study also confirms that childhood maltreatment, especially sexual abuse can lead to suicidal behaviour. The precise role of particular types of childhood maltreatment and the mediators of the relationship between childhood maltreatment and suicide is yet to be investigated in more details.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0200

Comparison of Smartphone and internet addiction and Optical Coherence Tomography findings among University students

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Introduction: Internet and smartphone use that reaches the level of addiction often leads to deterioration in the quality of life and functionality of individuals.

Objectives: In our study, we aimed to investigate possible differences in retinal nerve fiber layer (RNFL) thickness and central macular thickness obtained by optical coherence tomography in internet and smartphone addiction.

Methods: A total of 212 volunteer university students participated in our study. All participants were administered the Sociodemographic Information Form, Chen Internet Addiction Scale, Smartphone Addiction Scale-Short Form. Participants who completed the scales underwent routine eye examinations by experienced physicians in the ophthalmology outpatient clinic. Retinal nerve

fiber layer (RNFL) thickness and central macular thickness were measured by optical coherence tomography (OCT).

Results: In our study, internet addiction rate was 17% and smartphone addiction rate was 38.2%. RNFL thickness was found to be statistically significantly increased in the temporal superior and temporal inferior quadrants in those with internet addiction compared to healthy subjects ($p < 0.05$). In smartphone addiction, RNFL thickness was found to be statistically significantly increased in the temporal inferior quadrant compared to healthy subjects ($p < 0.05$). In the analyses comparing OCT measurements according to sex, it was found that nasal inferior ($p < 0.01$) and global ($p < 0.05$) quadrants in women and central macular thickness ($p < 0.01$) in men were statistically significantly increased.

The correlation analyses in our study revealed statistically significant positive correlations between internet addiction scale scores ($p < 0.01$) and smartphone addiction scale scores ($p < 0.01$), RNFL temporal superior quadrant thickness ($p < 0.01$); smartphone addiction scale scores and RNFL temporal superior quadrant thickness ($p < 0.05$).

Conclusions: Internet and smartphone addiction are seen considerable rates among university students. In OCT measurements, RNFL thickness was found to be increased in various quadrants in patients with addiction. In addition, RNFL thickness was found to be increased in all quadrants in female gender and central macular thickness was found to be increased in male gender. Correlation analysis revealed that internet addiction scale scores, smartphone addiction scale scores, and RNFL temporal superior quadrant thickness were positively correlated. In addition, there was a positive correlation between smartphone addiction scale scores, and RNFL temporal superior quadrant thickness

Disclosure of Interest: None Declared

EPP0201

Alcoholism is the mental health issue that best predicts the mortality of individuals experiencing homelessness.

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Introduction: The mortality rate among individuals experiencing homelessness tends to be premature and is linked to mental disorders and chronic diseases. In Spain, there is a significant gap in the study of mortality among individuals in situations of residential exclusion with real clinical data.

Objectives: This study aims to analyze mortality among individuals experiencing homelessness and its relationship with mental disorders and chronic diseases.

Methods: An observational and prospective longitudinal study was conducted on a cohort of 855 homeless individuals in the province of Girona over a 15-year period. Sociodemographic variables, mental health conditions, chronic diseases, and infections were analyzed, employing descriptive and inferential analyses. A binary

logistic regression model was created to establish explanatory relationships between mortality and associated variables.

Results: Among the participants, 87.7% were males with an average age of 53.03 years. A majority of 62.8% were foreign-born, mainly from Africa and Europe. It was identified that 40.8% had mental disorders, with substance dependencies (41.3%) and other disorders (36.4%) being the most prevalent. A total of 30.6% presented chronic diseases, notably hypertension (12.8%) and type 2 diabetes (10.9%). Furthermore, 22.3% had infections, with hepatitis C virus (8.7%) and HIV (4.7%) being the most common. During the follow-up period, 81 individuals (16.4%) passed away, with causes such as cancer (25%), suicide (21.7%), and heart conditions (11.7%).

The regression analysis demonstrated that age (OR = 0.915; 95% CI 0.884-0.947), alcohol addiction (OR = 2.354; 95% CI 1.486-3.731), and being born in Spain (OR = 2.906; 95% CI 1.594-5.299) were significantly associated with mortality in the homeless population.

Conclusions: This study highlights the high prevalence of mental disorders, chronic diseases, and infections among individuals experiencing homelessness. Mortality was associated with factors such as age, alcohol addiction, and place of birth. These findings underscore the importance of developing interventions aimed at enhancing the health and care of individuals experiencing homelessness, particularly within the immigrant population.

Disclosure of Interest: None Declared

EPP0203

A preliminary analysis of clinical characteristics of patient with alcohol use disorder and suicidal ideation

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Introduction: Suicidal behaviors are frequently observed among patients with substance use disorder, including suicidal ideation (SI) (1). Alcohol use disorder (AUD) is one of the most prevalent addictions and may be related to suicidal behaviors (2,3). However, the association between AUD and SI requires a deeper analysis which includes several clinical features observed among AUD patients.

Objectives: To analyze the clinical characteristics and features associated with lifetime SI among patients who had AUD.

Methods: This is a cross-sectional study performed in an outpatient center for addiction treatment in patients seeking treatment who met the criteria for AUD between 01/01/2010 and 12/31/2021. Patients were evaluated with an ad-hoc questionnaire and the European addiction severity index (EuropASI). SI was evaluated by using the item for SI in EuropASI.

Results: From a potential sample of n=3729 patients, only n=1082 (73.8% males; mean age 42.82±12.51) met inclusion criteria and had data for the current analysis. Lifetime SI was present in 50.9% of the AUD patients. Several clinical features were related to SI,

including: sex differences, any type of lifetime abuse, polyconsumption, benzodiazepine use disorder, any psychiatric diagnosis aside of SUD, and higher addiction severity according to the EuropASI (See table)

Image:

Patient characteristic		All sample (n=1082)	No SI group (n=531; 49.1%)	SI group (n=551; 50.9%)	z ² , t	P
Sociodemographic characteristics						
Age, mean ± SD		42.82±12.51	43.62±13.56	42.06±11.37	2.025	0.043
Sex %	Male	73.8	52.9	47.1		
	Female	26.2	38.4	61.6	17.626	<0.001
Education %	<9 years		46.6	53.4		
	≥9 years		53.2	46.6	3.144	0.076
Marital status %	Single	37.4	46.8	53.2		
	Married	35.7	55.5	44.5		
	Divorced	23.7	44.1	55.9	9.354	0.025
	Widowed	3.2	48.5	51.5		
Lifetime emotional abuse	Yes	35.9	36.9	63.1		
	No	64.1	59.3	40.7	37.337	<0.001
Lifetime physical abuse	Yes	24.0	36.6	63.4		
	No	76.0	53.3	46.7	21.893	<0.001
Lifetime sexual abuse	Yes	11.0	26.3	73.3		
	No	89.0	52.2	47.8	28.247	<0.001
SUD variables						
Three or more SUD, %	Yes	33.6	40.9	59.1		
	No	66.4	53.2	46.8	14.549	<0.001
Amount of lifetime SUDs		3.46±1.94	3.22±1.89	3.69±1.96	4.003	<0.001
Alcohol use disorder onset (years), mean±SD		21.92±10.37	22.08±10.61	21.75±10.14	0.472	0.637
Cannabis use disorder, %	Yes	62.4	46.5	53.5		
	No	37.4	53.3	46.7	4.696	0.030
Cannabis use disorder onset (years), mean±SD		17.65±6.96	17.72±6.99	17.60±6.95	0.176	0.860
Cocaine use disorder %	Yes	65.9	45.9	54.1		
	No	35.0	54.9	45.1	7.867	0.005
Cocaine use disorder onset (years), mean±SD		23.59±7.88	23.44±7.72	23.70±8.16	0.374	0.708
Opioid use disorder, %	Yes	24.8	42.2	57.8		
	No	75.2	51.4	48.6	6.809	0.009
Opioid use disorder onset (years), mean±SD		25.91±14.18	27.29±15.96	24.87±12.66	1.218	0.224
Benzodiazepine use disorder %	Yes	35.1	38.7	61.3		
	No	64.9	54.7	45.3	25.307	<0.001
Benzodiazepine use disorder onset (years), mean±SD		26.85±18.72	27.31±23.89	24.27±16.78	1.878	0.062
Psychiatric comorbidities						
Any psychiatric diagnosis other than SUD	Yes	69.7	41.5	58.5		
	No	30.3	66.5	33.5	56.940	<0.001
Amount of psychiatric disorders		1.67±1.28	1.32±1.23	2.0±1.23	9.066	<0.001
Depressive spectrum disorders	Yes	40.5	36.5	63.5		
	No	59.5	57.6	42.4	46.349	<0.001
Anxiety spectrum disorders, %	Yes	23.8	41.2	58.8		
	No	76.2	51.5	48.5	8.270	0.004
Bipolar spectrum disorders, %	Yes	2.5	18.5	81.5		
	No	97.5	49.9	50.1	10.346	0.001
Psychotic spectrum disorders, %	Yes	6.8	29.7	70.3		
	No	93.2	50.5	49.5	16.852	0.001
ADHD, %	Yes	18.1	50.7	49.3		
	No	81.9	39.9	60.1	6.654	0.010
Any personality disorders	Yes	32.3	36.9	50.9		
	No	67.7	54.9	45.1	30.906	<0.001
Cluster A personality disorders	Yes	5.1	29.1	70.9		
	No	94.9	50.1	49.9	9.260	0.002
Cluster B personality disorders	Yes	25.0	35.1	64.9		
	No	75.0	53.8	46.2	28.439	<0.001
Medical	Yes	0.267±0.364	0.241±0.336	0.331±0.385	4.086	<0.001
	No	0.541±0.316	0.514±0.318	0.567±0.311	2.755	0.096
Employment	Yes	0.273±0.279	0.252±0.265	0.293±0.290	2.396	0.017
	No	0.148±0.173	0.134±0.164	0.161±0.181	2.538	0.011
Legal	Yes	0.077±0.177	0.072±0.173	0.082±0.181	0.959	0.338
	No	0.346±0.291	0.396±0.279	0.390±0.295	5.189	<0.001
Familiar	Yes	0.362±0.238	0.274±0.208	0.447±0.235	12.737	<0.001
	No					

Conclusions: SI among AUD patients is related to several clinical features which indicate a higher addiction severity, more polyconsumption, and a higher prevalence of psychiatric comorbidities. These findings may contribute to the understanding of suicidal behaviors in AUD patients but it is required further investigations, including longitudinal studies.

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EPP0204

The Role of Personalization in Virtual Reality Exposure Therapy During the Treatment of Alcohol Use Disorder

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Introduction: In Cue-Exposure-Therapy (CET), clients are exposed to triggers through objects, people and environments that arouse craving (Sinha et al. Neuropsychopharmacol. 2009;34 1198–1208). Virtual Reality Exposure therapy (VRET) is used to experience these triggers in a realistic, safe, and personalized way. VR has been used successfully in the treatment of psychiatric disorders. It has not yet been developed and sufficiently tested as an adjuvant in the clinical post-detoxification phase of treatment of alcohol use disorders (AUD) (e.g. Bordnick et al. Addict.Behav 2008;33 743-756; Hone-Blanchet et al. Front.Hum.Neurosci. 2014; 8(844) 1-15). Additionally, these treatment methods have been tested for effect, but not for effectiveness around different VR technologies (Ghita & Gutierrez-Maldonado. Addict.Behav 2018; 81 1-11;). This study focuses on VRET-Recovery to examine to what extent VR worlds could be personalized in an effective manner to help treat AUD as well as clarifying on the ways in which the VR worlds could be optimized to achieve its goal.

Objectives: The primary objectives of this study are to assess the necessity of personalization in VR environments for AUD treatment, identify the critical elements for personalization, and examine their impact on craving in AUD patients.

Methods: The study included 10 AUD patients diagnosed according to DSM-V criteria, aged between 18 and 65, who were in the final week of clinical detoxification at a large addiction clinic in The Netherlands. A controlled experiment was conducted using the Recovery 1.0 VR system on Samsung Gear VR and Samsung Galaxy S9. The experiment involved exposure to various VR scenes (CG and 360o), including a neutral setting, a bar scene, and a home situation, with the duration and sequence controlled by a therapist. Data collection consisted of pre- and post-exposure questionnaires, heart rate and blood pressure measurements, and interviews.

Results: Craving was remarkably low in the VR bar scene, primarily due to its unsociable context, limited alcohol visibility, and absence of peer pressure. Technical limitations, such as suboptimal resolution, also affected the feeling of presence. Positive results were

shown that craving was predominantly stimulated in the apartment scene, driven by the presence of alcohol-related visual cues and social elements, resembling relaxed drinking with others.

Conclusions: This study underscores that some degree of personalization is needed on all craving dimensions with clear preference was given to CG or 360°. The environments were dependent on the personal history and associations they represent to different levels of alcohol visibility (messy or clean), and types of drink (based on past drinking behavior), and different emotional contexts are needed (positive and negative).

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0206

The prevalence of self-injury in adolescence: a systematic review and meta-analysis

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Introduction: Self-injurious behavior (SIB) among adolescents has become a hot topic in psychiatry. Despite the consensus that the prevalence of SIB is high, 26-22% among adolescence, there are conflicting results about whether it has increased in the 21st century and about the global distribution of the prevalence.

Objectives: The aim of the current study was to make a systematic search and meta-analysis of publications from the last 5 years on the prevalence of SIB in adolescents and to examine definitions and assessments of SIB, gender, continental, and year differences. The hypotheses were the following: 1) the prevalence of SIB did not change over time between the examined period for both girls and boys; 2) girls reported a higher prevalence of a history of SIB than boys.

Methods: The systematic search was made in June 2020. Six databases were used. The main search terms were “self-injurious behavior”, “prevalence” and “adolescence”. First the titles and abstracts of the relevant articles were checked, then the full texts were read and collected those papers that met the inclusion criteria. The inclusion criteria were the following: published between 01/01/2015, and 06/18/2020, focused on community sample, and written in English. Comprehensive Meta-Analysis software was used to conduct the analyses.

Results: In sum, a total of 97 articles were included in the meta-analysis with data from 439 818 participants. The overall average SIB prevalence was 16.0% in these studies. The first hypothesis was only partially confirmed. When all data that were published between 2015 and 2018 were considered, a significant increase was found in the prevalence of SIB between 1998 and 2018. However, when the analysis was restricted to the time frame between 2013 and 2018, no change in prevalence was found. The second

hypothesis was fulfilled, girls reported a significant higher prevalence than boys (19.4% and 12.9%, respectively). A significantly higher prevalence was found when suicidal intent was excluded (18.3%), than when it was not excluded (11.3%) from the definition of SIB. The largest prevalence was found when measurement instruments were used that had been validated for SIB (18.9%). A significantly higher SEB prevalence was found among Asian articles than those from other continents (19.5% and 14.7% respectively).

Conclusions: The current systematic review and meta-analysis draw attention to the high prevalence of SIB among adolescents, especially among girls and those living in Asia. It is important to address this behavior, in terms of prevention and intervention as well.

Disclosure of Interest: None Declared

EPP0208

Experiences of commissioning mental health services for children and young people in England: qualitative study of commissioners' perspectives

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Introduction: Commissioners play a central role in coordinating and planning CAMHS. However, there is little research on their experiences and approaches to understanding the needs of their populations. An improved understanding is likely to benefit the translation of research into practice, by ensuring research outputs meet the needs of key stakeholders and in optimising the sharing and use of data to improve services.

Objectives: To better understand commissioners' experiences of commissioning child and adolescent mental health services (CAMHS) and the challenges they face.

Methods: Between May to June 2023, we conducted twelve individual, semi-structured interviews with Integrated Care Board commissioners of CAMHS across England. We analysed data using framework analysis; a qualitative analysis method which involves systematically charting and organising data using a framework to generate themes.

Results: We generated five core themes from the data: 1) 'Reflections on role' – how commissioners' roles are informed by their background and 'positioning' within the system in which they work, 2) 'Priorities and Tensions' – the wider context in which commissioners work and how this may present challenges, 3) 'Insights and evidence' – how commissioners develop an understanding of child mental health need and the different roles of quantitative and qualitative data, 4) 'Children's mental health in the limelight' – commissioners' perceptions of changes in child mental health in their populations, 5) 'Responding to need' – how commissioners are addressing the needs of their populations and the challenges they perceive.

Conclusions: CAMHS commissioners are negotiating a complex and changing political, social and economic environment with differing priorities and pressures. Commissioners draw heavily on insights from providers and their role is shifting towards managing relationships and bringing the system together. A key challenge is balancing investment in prevention/early intervention

versus specialist services needed by children with more severe and complex problems.

Disclosure of Interest: None Declared

EPP0209

The effect of catastrophising on health-related quality of life in two chronic somatic illness groups among Hungarian adolescents

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Introduction: Psychological factors, such as emotional regulation strategies, play a crucial role in the management and care of chronic somatic health conditions among adolescents. In the existing literature, catastrophising has been associated negatively with health-related quality of life in the context of chronic health conditions in general. However, there is limited knowledge about its role in specific illness types.

Objectives: We aimed to evaluate the impact of catastrophising on the health-related quality of life in two distinct illness groups: diabetes and oncology, within a Hungarian sample.

Methods: A cross-sectional study using self-report measures was carried out, involving a total of 273 adolescents (mean age: 14.72 years, SD: 1.82 years; 50.2% females) in the two paediatric samples. The diabetes group consisted of 171 participants, while the oncology group was comprised of 102 individuals. No significant differences were found between the two chronic condition groups in terms of gender ($\chi^2 = 116.51$; $p = 0.50$), or mean age ($F(-0.82; 0.77) = 1.66$; $p = 0.19$). The short-version of the Cognitive Emotion Regulation Questionnaire (CERQ-short) was used to assess the cognitive emotional regulation strategies of the children, specifically focusing on the catastrophising subscale. Health-related quality of life was measured using the 4.0 version of the PedsQL, which included subscales for Physical, Emotional, Social, and School Functioning.

Results: A Hayes-moderation analysis with an interaction effect was conducted, controlling for gender, age, and the duration of the illness. A significant interaction effect was observed between catastrophising and the illness groups, impacting School Functioning ($F(1, 243) = 4.17$; $p = 0.04$), Physical Functioning ($F(1, 245) = 4.67$; $p = 0.03$), Social Functioning ($F(1, 245) = 4.23$; $p = 0.04$), and Emotional Functioning ($F(1, 245) = 4.20$; $p = 0.04$). The association between catastrophising and health-related quality of life remained stronger in the oncology group.

Conclusions: Catastrophising appears to be a risk factor that affects the quality of life of children facing oncology illnesses. Therefore, addressing catastrophising in interventions tailored to this paediatric illness group may be beneficial.

Keywords: catastrophising, health-related quality of life, adolescents, chronic somatic

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Rehabilitation and psychoeducation

EPP0210

Cognitive activity of infants after severe brain damage (early habilitation/ rehabilitation)

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Introduction: One of the forms of early comprehensive care for children after severe brain injuries is inpatient habilitation/ rehabilitation. Children receive help from a team of medical, psychological and pedagogical specialists. The process of special education consists mainly in the development of cognitive interest, because it is the basis of socialization.

Objectives: To study cognitive activity in children who have suffered severe brain damage.

Methods: observation, pedagogical examination, psychiatric supervision.

Materials: 36 children aged 1.2-1.8 years during hospital treatment.

Results: According to the results of the pedagogical survey, three groups of children were identified.

Group 1 (11%): fixed gaze; emotional response to sound (smile); short-term eye tracking of an object; ability to touch an object and hold it for a short time; walking skill is formed.

Group 2 (33%): short-term gaze fixation; reaction to sound by involuntary hand movements; lack of eye tracking of an adult's face; lack of ability to touch or hold an object; walking skill is formed.

Group 3 (56%): lack of fixed gaze; reaction to sound by shouting and increased motor activity; lack of ability to touch or hold an object; lack of walking skills.

Conclusions: Indicative responses to an adult's voice and face, eye tracking of an object, sensorimotor activity, and so on. these are indicators that show whether a child has cognitive activity. The rehabilitation team can rely on these indicators when choosing treatment and the content of the special educational process.

Key words: early intervention, toddlers, organic damage of central nervous system, rehabilitation/ habilitation

Disclosure of Interest: None Declared

EPP0211

Adaptation of the brief psychoeducational intervention programme (BREF) for carers of patients with eating disorders

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Introduction: Even though international guidelines suggest that psychoeducation for carers should be provided systematically, it

remains insufficiently available in psychiatry (1), including for eating disorders (EDs). The complicated interplay of factors contributing to the maintenance of EDs, including family/carer influences, highlights the importance of carer interventions within ED treatment (2). Carer interventions demonstrate positive outcomes for carers themselves, though are also hypothesised to benefit the patient indirectly. The BREF programme is a short, early and systematic single-family psycho-educational programme. The BREF programme is already proven to be effective for other mental disorders (3)

Objectives: The aim of this study is to adapt the BREF programme to the specific needs of carers of patients eating disorders (ED). The main objective was to identify the issues in the experience of the disorder that are most important to carers and which should be the focus of the BREF programme for carers of patients with eating disorders.

Methods: Twenty-eight topics relating to difficulties commonly encountered by carers of patients with eating disorders were identified by a group including mental health professionals with expertise in these disorders, patients and their relatives. The topics tested are illustrated by 2 decks of cards presented to the participants; the first concerns the problems frequently encountered by users living with ED and the other the problems frequently encountered by their carers. The 2 decks were tested by the participants to the first 15 sessions of the BREF ED programme run from January to July 2023 as part of the pilot conducted in a university-hospital department specialised in eating disorders.

Results: 30 participants participated in the study.

The 10 most frequently selected topics relating to patient problems were, in descending order: relative's fear and anxiety; relative's false-self functioning; ambivalence towards care; dysmorphophobia; food restrictions; relative's hyperactivity; eating disorders; denial of symptoms; perfectionism; malnutrition. The 10 most frequently selected topics concerning the issues of carers were: social withdrawal; difficulty navigating care; fatigue/helplessness; disruption to family life as a result of the illness; guilt; right attitude to have with the ill relative; fear for your loved one's future; fragility of the relative; not knowing/understanding the care their relative is receiving; cost of care and food expenses.

Conclusions: The priority topics highlighted in this study helped to identify relevant content for the BREF programme adapted to the context of eating disorders. This programme appears to be a promising way of responding to the concerns and information needs of carers of patients with ED. In this regard, it addresses a major shortcoming in the organisation of mental health services.

Disclosure of Interest: None Declared

EPP0212

Evaluation of the effectiveness of psychosocial rehabilitation: an innovative approach based on the analytic hierarchy process

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Introduction: In psychosocial rehabilitation (PSR), rank scales are widely used to assess the severity of functional disorders in patients. The main problem of evaluating the effectiveness of PSR is related

to the methods of processing data obtained using psychometric scales used to evaluate the effectiveness of interventions within PSR. The proof of the non-numerical nature of ranks was obtained by J. Pfanagl (1968). Incorrect processing of rank information obtained in the framework of psychosocial research leads to contradictions in the assessment of the patient's condition. Consequently, rank processing does not allow classical mathematical operations (summation, average), which makes it impossible to correctly estimate the effectiveness of PSR numerically.

Objectives: Development of algorithms for numerical evaluation of PSR efficiency based on rank information processing using the analytic hierarchy process (AHP) [1].

Methods: Clinical, psychometric, AHP algorithms

Results: The analysis of the problems of assessing the patient's conditions on the basis of categorical and psychometric (rank) scales and subscales shows that these problems can be presented in the form of appropriate hierarchies, the structure of which must be taken into account when processing the initial information.

According to the results of the analysis of the data of preliminary studies, the main areas of impaired functioning of patients affecting the evaluation of the effectiveness of PSR have been identified. Rank estimates of changes in the relevant areas of the patient's dysfunction after the PSR program compared to the initial level are the basis for the conclusion about the effectiveness of the PSR components. Algorithms of the AHP normative approach were used to translate rank information into numerical information [2]. The weight of the areas of the patient's functioning disorders was used in the formation of integral estimates of the effectiveness of PSR.

The fundamental difference between AHP-based assessments and rank assessments is due to the fact that numerical estimates of the weight of the criteria and the corresponding changes in the patient's condition are obtained, which depend on the qualifications of specialists, the characteristics of the scales used to measure violations in the relevant areas and the procedures of the PSR.

Conclusions: Obtaining the results of processing rank information in a numerical scale allows to obtain the correct integration of the patient's personal characteristics when considering PSR procedures and to obtain correct prognostic models of the patient's condition. 1. Saaty T. European Journal of Operational Research.1990; 48(1):9-26. [https://doi.org/10.1016/0377-2217\(90\)90057-I](https://doi.org/10.1016/0377-2217(90)90057-I) 2. Mitikhin V.G., Solokhina T.A. et al. Psychiatry, 2022; 20(2): 51-59. DOI: 10.30629/2618-6667-2022-20-2-51-59

Disclosure of Interest: None Declared

EPP0213

Personalized assessment of the effectiveness of psychosocial rehabilitation: an innovative approach based on the process of analytical hierarchy

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Introduction: In psychosocial rehabilitation (PSR), rank scales are widely used to assess the severity of functional disorders in patients. The main problem of evaluating the effectiveness of PSR is related to the methods of processing data obtained using psychometric scales used to evaluate the effectiveness of interventions within PSR.

J. Pfanagl (1968) obtained the proof of the non-numerical nature of ranks. Incorrect processing of rank information obtained in the framework of psychosocial research leads to contradictions in the assessment of the patient's condition. Consequently, rank processing does not allow classical mathematical operations (summation, average), which makes it impossible to correctly estimate the effectiveness of PSR numerically.

Objectives: Development of algorithms for numerical evaluation of PSR efficiency based on rank information processing using the analytic hierarchy process (AHP) [1].

Methods: Clinical, psychometric, AHP algorithms.

Results: The analysis of the problems of assessing the patient's conditions on the basis of categorical and psychometric (rank) scales and subscales shows that these problems can be presented in the form of appropriate hierarchies [2], the structure of which must be taken into account when processing the initial information. According to the results of the analysis of the data of preliminary studies, the main areas of impaired functioning of patients affecting the evaluation of the effectiveness of PSR have been identified. Rank estimates of changes in the relevant areas of the patient's dysfunction after the PSR program compared to the initial level are the basis for the conclusion about the effectiveness of the PSR components. Algorithms of the AHP normative approach were used to translate rank information into numerical information [2]. The weight of the areas of the patient's functioning disorders was used in the formation of integral estimates of the effectiveness of PSR.

The fundamental difference between AHP-based assessments and rank assessments is due to the fact that numerical estimates of the weight of the criteria and the corresponding changes in the patient's condition are obtained, which depend on the qualifications of specialists, the characteristics of the scales used to measure violations in the relevant areas and the procedures of the PSR.

Conclusions: Obtaining the results of processing rank information in a numerical scale allows to obtain the correct integration of the patient's personal characteristics when considering PSR procedures and to obtain correct models of the patient's state. 1. Saaty T. European Journal of Operational Research.1990; 48(1):9-26. [https://doi.org/10.1016/0377-2217\(90\)90057-I](https://doi.org/10.1016/0377-2217(90)90057-I) 2. Mitikhin V.G., Solokhina T.A. et al. Psychiatry, 2022; 20(2): 51-59. DOI: 10.30629/2618-6667-2022-20-2-51-59

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Depressive Disorders

EPP0215

HERV-E λ 4-1 activation in peripheral blood mononuclear cells of the recurrent depression patients under the influence of human recombinant IL-1 β

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Introduction: Mental disorders represent complex phenotypes and are the leading causes of global disease burden. Human endogenous

retroviruses (HERVs) are ancient retroviral DNA sequences established into germline. Their tight regulation is mainly achieved by epigenetic mechanisms, which can be altered by environmental factors - viral infections, inflammation, leading to HERV activation. The aberrant expression of HERVs associates with neurological diseases and mood disorders. We showed earlier that HERV-E λ 4-1 activation is associated with the recurrent depression stage of exacerbation and are accompanied by a pronounced increase in the proinflammatory activity of the peripheral blood mononuclear cells (PBMC).

Objectives: The purpose of the study was to evaluate the activity of HERV-E λ 4-1 on PBMCs of patients with recurrent depression in remission, including under the influence of recombinant human IL-1 β .

Methods: The study included 30 patients with an established diagnosis of recurrent depression (F 33.0) aged 26–45 years. PBMC were isolated using the Ficoll density gradient method and further cultured in the presence or absence of 1 mkg/ml of recombinant human IL-1 β for 24 hours. HERV-E λ 4 – 1 env gene expression was determined by the PCR. Cells proliferative activity was determined by H³-thymidine incorporation. Cytokines content in culture supernatants was assessed by ELISA.

Results: It was shown that in all samples of PBMC cultured without IL-1 β the HERV-E λ 4 – 1 env expression was not determined. After the PBMC cocultivation with recombinant human IL-1 β , HERV-E λ 4 – 1 env gene expression was determined in 86,7% of cases. The HERV-E λ 4-1 activation in PBMC after IL-1 β influence was accompanied by increased cells proliferative activity and production of IL-1 β , IL-6.

Conclusions: Our data indicate that the HERV-E λ 4 – 1 env expression in PBMC of recurrent depression patients in the stage of remission induced by the influence of proinflammatory cytokines, such as IL-1 β . This mechanism may be one of the possible regulators of HERV-E λ 4 – 1 activation in recurrent depression.

Disclosure of Interest: None Declared

EPP0216

Depression and Medierranean diet: analysis of the PREDIDEP randomised trial

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Introduction: Unipolar depression is a growing global Public Health challenge. During last years, life factors such as diet, have been identified as a target for the development of adjunctive treatment that could reduce the rates of depression. The Mediterranean Diet (MD) is one of the most studied dietary factors that has been inversely associated with depression (Rahe et al. Eur J Nutr. 2014;53:997–1013). The PREDIDEP study is an ongoing secondary prevention trial aimed at assessing the effect of a MD enriched with extra virgin olive oil (EVOO) on depression recurrence (Sánchez-Villegas et al. BMC Psychiatry. 2019 Feb 11;19(1):63).

Objectives: This study aims to assess the effectiveness of a remote Mediterranean diet–based nutritional intervention in the context of a trial of depression.

Methods: The PREDIDEP study is a 2-year multicenter, randomized, single-blinded trial designed to analyse the effect of the MD enriched with extra virgin olive oil (EVOO) on the prevention of depression recurrence. The inervention group received phone contacts with dietist and had access to web-based information, and the control group had usual care for depressed patients. The 14-item MD Adherence Screener (MEDAS) questionnaire and a semiquantitative food frequency questionnaire (FFQ) were collected by dietitians at baseline and at 1-year and 2-year of follow-up. We used mixed effects linear models to assess changes in nutritional variables according to the group of intervention. The trial was registered at ClinicalTrials.gov NCT03081065.

Results: We observed that participants in the MD group increased their adherence to MD (between-group difference: 2.50; 95% CI 1.88-3.12; p<0.001) after one and two years (between-group difference: 2.57; 95% CI 1.93-3.22; p<0.001) of intervention compared with control group.

MEDAS questionnaire	Control, mean (95% CI)	Intervention, mean (95% CI)	Between group difference, mean (95% CI)	P value
Baseline	6.96 (6.54-7.39)	7 (6.63-7.39)	N/A	N/A
1 year	7.2 (6.82-7.58)	9.74 (9.3-10.18)	N/A	N/A
1-year change	0.23 (-0.19-0.65)	2.74 (2.28-3.19)	2.50 (1.88-3.12)	<0.001
2 years	7.06 (6.66-7.46)	9.68 (9.28-10.07)	N/A	N/A
2-years change	0.10 (-0.38-0.58)	2.67 (2.24-3.1)	2.57 (1.93-3.22)	<0.001

Calculated using mixed-effect models with center as random factor.
P value between group intervention difference.
N/A: not applicable.
MEDAS: Mediterranean Diet Adherence Screener

Conclusions: We found that this multifaceted remote nutritional intervention is a useful tool kit to maintain the quality of the diet according to the goals of the MD among patients at risk of depression.

Disclosure of Interest: None Declared

EPP0217

Progressive grey matter atrophy in adolescents with major depressive disorder revealed by causal structural covariance network

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Introduction: Adolescence is a period marked by highest vulnerability to the onset of depression, with profound implications for adult health. Neuroimaging studies have revealed considerable atrophy in brain structure in these patients with depression. Of particular importance are regions responsible for cognitive control, reward, and self-referential processing. However, the causal structural networks underpinning brain region atrophies in adolescents with depression remain unclear.

Objectives: This study aimed to investigate the temporal course and causal relationships of gray matter atrophy within the brains of adolescents with depression.

Methods: We analyzed T1-weighted structural images using voxel-based morphometry in first-episode adolescent patients with depression ($n=80$, 22 males; age = 15.57 ± 1.78) and age, gender matched healthy controls ($n=82$, 25 males; age = 16.11 ± 2.76) to identify the disease stage-specific gray matter abnormalities. Then, with granger causality analysis, we arranged the patients' illness duration chronologically to construct the causal structural covariance networks that investigated the causal relationships of those atypical structures.

Results: Compared to controls, smaller volumes in ventral medial prefrontal cortex (vmPFC), dorsal anterior cingulate cortex (dACC), middle cingulate cortex (MCC) and insula areas were identified in patients with less than 1 year illness duration, and further progressed to the subgenual ACC, regions of default, frontoparietal networks in longer duration. Causal network results revealed that dACC, vmPFC, MCC and insula were prominent nodes projecting exerted positive causal effects to regions of the default mode and frontoparietal networks. The dACC, vmPFC and insula also had positive projections to the reward network, which included mainly the thalamus, caudate and putamen, while MCC also exerted a positive causal effect on the insula and thalamus.

Conclusions: These findings revealed the progression of structural atrophy in adolescent patients with depression and demonstrated the causal relationships between regions involving cognitive control, reward and self-referential processes.

Disclosure of Interest: None Declared

Eating Disorders

EPP0220

Prevalence And Risk Factors Of Eating Disorders In The Tunisian General Population

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Introduction: Eating disorders (ED) negatively affect physical, mental, and social well-being. The exact psychopathology of ED is still unknown, with research suggesting the interplay of a combination of factors.

Objectives: The aim of our study was to estimate the prevalence of ED in the Tunisian general population, and to identify associated risk factors.

Methods: We conducted a cross-sectional, descriptive and analytical study among Facebook group members, using an online

questionnaire, over the period from February 17, 2023 to May 26, 2023. All respondents over the age of 18 were included in the study. All participants filled a socio-demographic questionnaire. The Eating Attitudes Test (EAT-26) was used to screen for those at risk of eating disorders.

Results: A total of 528 responses were included in the study. The mean age of the sample was 33.3 ± 11.95 years. The subjects were unmarried in 63.4% of cases, of low socio-economic level in 19.5%, with a university education in 75.2% and with a regular occupation in 56.1% of cases.

The mean EAT-26 score was 12.36 ± 10.34 . according to this scale, 12.3% of our population were at high risk of developing an ED.

In a multivariate analysis, the female gender ($p = 0.006$), the low economic status ($p = 0.012$), a psychiatric comorbidity ($p < 0.001$), and physical activity ($p = 0.037$) were strongly associated with ED.

Conclusions: This study highlighted the magnitude of the risk of disordered eating attitudes in the Tunisian population and the need for programs to prevent and control these disorders.

Disclosure of Interest: None Declared

EPP0221

Evaluating the role of autistic traits and sensory sensitivity in eating disorders and autistic-like eating behaviours

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Introduction: In recent decades, there has been extensive research on the association between Autism Spectrum Disorders (ASD) and Eating Disorders (ED), as well as the existence of sensory sensitivity alterations in both diagnostic groups.

Objectives: The present study aimed to examine the presence of autistic traits in a sample of adult women diagnosed with different ED, and the concurrent role of autistic traits and sensory sensitivity in both their eating disorder symptomatology and their autism-related eating behaviours.

Methods: Seventy-five women with different ED completed the Eating Attitude Test (EAT-26), the Autism Quotient (AQ), the Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R), the Sensory Perception Quotient - Short Form 35 item (SPQ-SF35) and the Swedish Eating Assessment for Autism Spectrum Disorders (SWEAA), which investigates specific eating behaviour related to autism.

Results: 12% of the sample scored above the cut-off at both the AQ and the RAADS-R, while 68% scored above the cut-off at the RAADS-R only. We found an association between: i) hypersensitivity in the taste domain and ED severity and autistic-like eating behaviours; ii) hypersensitivity in the vision domain and

autistic-like eating behaviours; iii) higher autistic traits and ED severity and autistic-like eating behaviours.

Conclusions: This study confirms the presence of autistic traits in patients with ED and underscores the significance of conducting additional systematical investigations on this topic across all diagnostic categories of ED. It is becoming progressively evident that identifying and measuring the levels of autistic traits in patients with ASD is crucial not only for a better understanding of the causes of these disorders, but also because it would help to tailor specific therapeutic interventions, especially considering the cognitive flexibility issues presented by these patients and the socio-emotional challenges they face. Additionally, this study has laid the foundation for further insights into the relationship between sensory sensitivity and dysfunctional eating behaviours typical of ED and ASD.

Disclosure of Interest: None Declared

EPP0222

Features of attachment in women with eating disorders

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Introduction: Eating disorders (ED), especially anorexia nervosa, are known to be the most associated with high mortality rates among psychiatric conditions. In many cases, they are resistant to treatment because patients tend to show low compliance, concealing symptoms from doctors. Body image concerns may affect communication and hinder building connections with people, making patients feel alienated.

Objectives: The study aimed to examine the specific characteristics of attachment styles and evaluate their interrelationships with psychological features in women with eating disorders.

Methods: A total of 52 women with a clinical diagnosis of eating disorder (namely, 26 with anorexia nervosa (AN) and 26 with bulimia nervosa (BN)) and 43 healthy controls were included in the study. All participants completed the following psychometric scales: Relationship Questionnaire (RQ), Experience in Close Relationships (ECR), Relationship Profile Test (RPT), and Multidimensional Perfectionism Scale (MPS). The Kolmogorov-Smirnov normality test was applied, confirming a non-normal distribution of the sample; therefore, the non-parametric Mann-Whitney test and Spearman statistics were administered.

Results: The results show a marked difference between the two groups. In the ED patients' group, only 15% of respondents classified their attachment style as secure, compared to 37% of the participants in the control group. 85% of women in the ED group identified themselves as having one of the insecure attachment styles (anxious, avoidant, or disorganized). The level of relationship anxiety and the rate of relationship avoidance in the respondents of

the ED group is 27% and 19% higher, respectively, compared to the control group. Likewise, the level of destructive interpersonal overdependence is 20% higher in the ED patients' group respondents, whereas healthy dependence is 18% lower compared to the controls. The respondents with ED showed 18% higher self-oriented perfectionism and 39% higher socially prescribed perfectionism. A direct correlation between avoidant attachment style and destructive interpersonal overdependence was found in women with diagnoses belonging to the ED group. When comparing AN and BN patients, no statistically significant differences in the distribution and peculiarities of attachment styles in the anorexia and bulimia groups were found.

Conclusions: The study has proved the hypothesis that insecure attachment is more common among women with eating disorders than those without the diagnosis. We suggest a more profound scientific elaboration of the attachment in ED patients to increase the level of compliance of this group of patients, to improve the effectiveness and reduce the duration of treatment, and develop new therapeutic approaches to cure this disease.

Disclosure of Interest: None Declared

EPP0223

Prevalence of orthorexia nervosa among medical students

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Introduction: Orthorexia nervosa is defined as an unhealthy obsession with eating healthy food. Recent studies currently demonstrated that students in health-oriented academic programs, highly focused on nutrition and physical exercise, are more prone to develop orthorexia nervosa than students in other educational areas.

Objectives: Determine the prevalence of orthorexia nervosa in medical students and identify associated factors.

Methods: We conducted a cross-sectional, descriptive, and analytical study in the faculty of medicine of Sfax in Tunisia, between February and April 2023. We used ORTO-15 for the assessment of orthorexia.

Results: The research has enrolled 220 students. Their mean age was 21.40 ± 1.68 years, with female predominance (70%). The mean Body mass index (BMI) was 22.46 ± 4.15 kg/m². The prevalence of overweight (BMI ≥ 25 kg/m²) and obesity (BMI ≥ 30 kg/m²) were respectively 19.5% and 3.6%. Over a third of students (34.1%) were using means of weight control, of which the diet represented 62.66% of cases. The participants had consulted a nutritionist in 11.4% of cases. The ORTO-15 mean total score was 36.88 ± 6.76 , with a mean score of 12.95 ± 2.69 for cognitive dimension, 13.31 ± 2.70 for clinical dimension, and 10.61 ± 2.52 for emotional dimension. A total of 60% of participants had a score under the threshold.

Orthorexia was significantly associated with female gender ($p < 10^{-3}$), overweight or obesity ($p = 0.037$), the use of weight control methods

($p < 10^{-3}$), following a diet ($p < 10^{-3}$), and consulting a nutritionist ($p = 0.009$).

Conclusions: In our study, orthorexia seems to be quite widespread among medical students, particularly females, who are overweight or obese, and who use weight control methods.

Disclosure of Interest: None Declared

EPP0224

Efficacy of transcranial direct current stimulation for controlling of food craving in subjects with overweight or obesity

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Introduction: This study investigates the effects of transcranial direct current stimulation (tDCS) on food craving improvement and changes in brain function associated with craving in overweight and obese subjects.

Objectives: Food craving disregards the homeostatic mechanisms related to appetite and nullifies the rewarding effects of food, directly contributing to body weight and eventually leading to obesity. In this study, we aim to explore the effects of transcranial direct current stimulation (tDCS) on food craving improvement and changes in brain function associated with craving by conducting a total of 10 sessions of tDCS over a period of 2 weeks on overweight and obese subjects.

Methods: A total of 86 patients who were overweight or obese (BMI ≥ 23 kg/m²) during the study period were included. The tDCS montage involved placing the anode over the left and the cathode over the right DLPFC. Weight, BMI, neuropsychological variables, and food craving-related variables were assessed. We measured absolute and relative EEG power in 19 channels and analyzed QEEG according to the following frequency ranges: delta (1–4 Hz), theta (4–8 Hz), alpha (8–12 Hz), beta (12–25 Hz), high beta (25–30 Hz), and gamma (30–80 Hz).

Results: After the application of tDCS, there was no significant reduction observed in weight and BMI. However, all measures related to food and eating showed a decrease in the intensity of cravings, and there was also a significant reduction in depression, anxiety, and perceived stress. In quantitative EEG analysis, an increase in theta waves was observed in the left frontal area (F7 and F3), an increase in alpha waves in the right parietal area (P4), and a decrease in beta waves in the frontal area (FP2) and occipital area (O1).

Conclusions: This study investigated the effects of tDCS on food craving in overweight and obese individuals, and it was found that there were improvements in psychological factors such as depression and anxiety. Additionally, using quantitative EEG, neurophysiological changes were observed, including an increase in theta waves and a decrease in beta waves.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP0225

The social determinants of depression: social support, loneliness, and the impact of the COVID-19 pandemic

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Introduction: The COVID-19 pandemic involved stringent social restrictions, a surge in mortality, and significant economic consequences, affecting age groups differently and leading to increases in loneliness and mental health problems, particularly depression, which was already very common before the pandemic.

Objectives: Analyse changes and related factors of the relationship between loneliness and depression by age group from (1) before to the COVID-19 outbreak, (2) during the pandemic, and (3) after the last state of emergency. Moreover, we aim to (4) evaluate the effect of social support to alleviate feelings of loneliness and improve the course of depression.

Methods: We used data from three different cohorts, all representative of the Spanish adult population. (1) We longitudinally analysed the association between loneliness and depression with a sample interviewed before ($N = 1,880$) and during ($N = 1,103$) the pandemic. We used mixed-models to study changes in major depressive disorder (MDD) by age group and regression models to quantify the association between age and potential mediating effects. (2) We analysed data of 2,000 adults during the pandemic. Several regression models were constructed to assess the impact of pre-pandemic mental disorders on the main association by age group. (3) Out of those 2,000 participants, 1,300 were interviewed 9 months later, to determine group-based loneliness trajectories and its associated risk factors. (4) We analysed the relationship between loneliness, social support, and MDD over a 7-year period ($N = 404$ individuals aged 50+ having MDD). We tested cross-lagged panel models using structural equation modelling.

Results: During the pandemic the probability of having MDD increased significantly among younger individuals, and was partly explained by loneliness, low resilience, and worsened economic situation. Loneliness was associated with more depressive symptoms, and this association was stronger in younger adults without pre-pandemic mental disorders and in older adults with them. At the end of pandemic, three courses of loneliness were detected: invariant low loneliness (42.6%), decreasing medium loneliness (51.5%), and fairly invariant high loneliness (5.9%). Risk factors for worse trajectories were being younger, female, not married, and, notably, having pre-pandemic mental disorders. Among individuals with depression prior to the pandemic, lower social support predicted higher subsequent levels of loneliness, resulting in an increase in MDD recurrence.

Conclusions: Strategies to decrease the impact of loneliness on depressive symptoms should consider individuals' mental health background, address social determinants, and adopt an age-driven perspective.

Disclosure of Interest: None Declared

EPP0226

Impact of intrinsic and extrinsic religiosity on cannabis use in adolescents: A structural equation modelling approach to data from the National Survey on Drug Use and Health (NSDUH) 2015–2019

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Introduction: Religiosity is believed to be a factor that may reduce the risk of addiction and substance use both in adults and in young people. It is a complex construct that is neither measurable nor objectifiable, thus it must be estimated from proxy characteristics. For this purpose, researchers differentiate between subjective religiosity (i.e., individual religious experience) and extrinsic religiosity, that is, participation to religious services (extrinsic-personal subtype) or to social activities consistent with religion-based principles (extrinsic-social subtype).

Objectives: This work aimed at exploring the role of different facets of religiosity – intrinsic (subjective), extrinsic-personal (service attendance), and extrinsic-social (church-based social activities) – in terms of deterring cannabis use among adolescents.

Methods: Aggregated data of NSDUH (2015-2019) on 68,263 adolescents between 12 and 17 years of age were analysed using a structural equation modelling (SEM) to determine pathways of intrinsic and extrinsic components of religiosity in cannabis use. Several covariates were considered in the analyses, including comorbid depression and civil volunteering activities.

Results: About 15% of participants admitted cannabis use in the previous year. Intrinsic and extrinsic-personal religiosity was reported by 66% and 25% of the sample, respectively. A percentage of fifty-seven of participants were involved in at least one faith-based activity, while 74% reported participation in secular community activities. Both intrinsic and extrinsic-personal religious components were likely to reduce cannabis use at the SEM regression model analysis controlling for putative confounders (cannabis use coeff.: -0.065, $p=0.001$; coeff.: -0.176, $p<0.001$, respectively). Considering the joint contribution of relevant covariates (community-based activities, lifetime MDE, sex, and poverty status), the outputs were similar. Cannabis use was not influenced by extrinsic-social component of religiosity, even though the involvement in non-faith based volunteering activities was protectively associated.

Conclusions: From a policy-makers perspective, the reduction of cannabis use among young people may be obtained by supporting secular volunteering programs, which seem to be a cost-effective strategy. Moreover, whilst promoting religiosity is beyond the scope of any preventive programs, religious practices should be considered relevant protective factors.

Disclosure of Interest: None Declared

EPP0227

Evaluation of Problematic Technology Use in Preschool Children

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Introduction: Individuals have difficulty controlling their use of technology, it constantly on their minds when they don't have access to it, it takes up too much time in their daily lives, and these situations negatively impact daily life are referred to as "problematic technology use". The widespread use of technology from a young age is leading to an increase in the number of children with problematic technology use. Problematic technology use negatively impacts children's development, especially their mental development. Important risk factors for problematic technology use include a long stay at home, a previous traumatic event, and low life satisfaction. In addition, it is possible that problematic technology use is more common in children with low social competence and low behavioral levels.

Objectives: The aim is to determine the level of problematic technology use in 48-72-month-old children receiving preschool education, to examine some variables thought to be related to it, and to assess their level of social competence and behavior.

Methods: The study was a cross-sectional research conducted between January and September 2023 among the parents of children studying in Eskişehir and Bolu. The study group consisted of the parents of 883 children. In our study, the Problematic Technology Use Scale for Young Children (PTUS-YC) and the Social Competence And Behavior Evaluation-30 Scale (SCBE-30) were used.

Results: The age of the parents ranged from 20 to 54 years (mean: 35.5 ± 4.8), 740 of them were women. The average age of the children was 63.2 ± 7.3 months and 442 of them were boys. The scores obtained from PTUS-YC ranged from 26-104 and the mean was 55.1 ± 14.9 points. Among the variables associated with problematic use of technology, those related to parents were place of residence, age and marital status, while those related to children were time spent at home with technological devices, parental control over content used, adaptation to school and ownership of a technological device. There is a weak positive correlation between children's scores on the PTUS-YC and the SCBE-30 ($r:0.336$; $p < 0.05$).

Conclusions: It can be said that problematic technology use in our study was at a moderate level. As the level of social competence and behavior increase, problematic technology use decreases. It is recommended to limit the time children spend with technological devices, ensure that parents control the content they use on technological devices, support their adaptation to school, and work on gaining social competence and positive behavior.

Disclosure of Interest: None Declared

EPP0229

The Kids are not alright - When did we start getting more more distressed?N. Glozier^{1*}, R. Morris¹, F. Botha² and P. Butterworth³¹University of Sydney, Sydney; ²University of Melbourne, Melbourne and ³Australian National University, Canberra, Australia

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Introduction: Much has been made of the decline in population mental health over COVID but most studies show this just exacerbated a long term trend. This has predominantly been attributed to changes in adolescent mental health over the past decade but there has been little evaluation of whether this post Millenium cohort was the first to demonstrate such a decline.

Objectives: This study investigates to what extent mental health differs in people born in different decades – i.e., possible birth cohort differences in the mental health of the population over the past two decades. To remove the linear dependency and identify any differences in trends between cohorts, we model mental health for each cohort as a nonlinear smooth function of age in an age-cohort model.

Methods: This analysis draws on 20 annual waves of the Household Income and Labour Dynamic in Australia (HILDA) survey, is a nationally representative household panel that commenced in 2001 with 13,969 participants. The birth cohort of each person was defined by the decade of birth year (1940s, 1950s, etc). Mental ill health was assessed with the MHI5 from the SF36, in each wave and K10 from alternate waves. We estimate and compare penalized smooth trends in mental health for each cohort using restricted maximum likelihood (REML) using generalized additive mixed modelling (GAMM). Cohort effects are captured by directly estimating the differences between the smooth age trends of adjacent cohorts.

Results: Later cohorts were more likely to have poorer mental health, higher distress, more likely to be single and unemployed, and less likely to be chronically ill or disabled. Mental health was worse for younger age-groups in each survey year, and this discrepancy is much greater in more recent surveys - consistent with a birth cohort effect. Millennials (those born in the early 1990s) had a lower score at the same age as earlier generations, and the later cohorts do not show the age-related improvement seen in other earlier cohorts as they aged. At age 30 the average MHI-5 score of those born in the 1990s was 67, compared to 72.5 and 74 for people born in the 1980s and 1970s.

Conclusions: The deterioration in mental health over time which has been reported in large cross-sectional surveys, likely reflects cohort-specific effects related to the experiences of young people born in the Millennial generation and, to a lesser extent, those from the immediately prior cohort born in the 1980s. We need to understand whether later cohorts are less resilient to similar risk factors experienced by earlier cohorts or whether they experience more and/or a greater severity of risks for mental ill-health. Such evidence is critical if the deteriorating pattern of mental health is to be arrested.

Disclosure of Interest: None Declared

Mental Health Care

EPP0230

The complex dynamics of therapeutic leave in Psychiatry

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Introduction: Therapeutic leave, the temporary and authorized absence of a patient from a psychiatric inpatient facility, is a practice rooted in the shift of mental illness towards more humane and recovery oriented care. This shift began to gain momentum in the mid-20th century, with the deinstitutionalization movement, which sought to treat psychiatric patients in less restrictive environments and facilitate their integration into the community. Today, therapeutic leave remains relevant in general psychiatry inpatient treatment facilities, and on an international level. It's additionally used as a way to assess the progress and the stability of the patient outside the controlled environment that is the hospital, and to provide a gradual transition back into independent living and potential stressors of the outside world. But it is administered more on tradition and perceived benefits than on solid scientific grounding, reflecting a practice guided by clinical experience rather than empirical data or guidelines.

Objectives: Our review aims to evaluate the existing body of research on therapeutic leave in general psychiatry inpatient units. We intend to identify the outcomes that have been studied, and assess the extent and nature of their impact.

Methods: This scoping review was conducted through a comprehensive search of academic databases, including Google Scholar, PubMed, Embase, Cochrane Library, and PsycINFO. Search terms were carefully selected to capture relevant publications, and the results were screened for their pertinence to the review's aims. Studies focused on forensic settings were excluded.

Results: The literature on therapeutic leave is notably limited, and the prevalence of its utilization in clinical practice remains unclear. Scientific publications primarily address readmission rates, with two indicating an increased risk in patients granted leave during their inpatient treatment. However, one report suggested a potential reduction. Length of stay (LOS) was negatively impacted, with prolonged hospitalization in these patients shown in one report. Post-discharge emergency room visits seem unaffected. A rise in readmission rates and LOS typically suggests higher subsequent healthcare costs. However, findings from another study contradict this expectation, with reduction of costs post-initial inpatient treatment. The literature also explores the hazards linked to therapeutic leave, highlighting that a significant portion, between 30 to 80%, of inpatient suicides transpire during such leave. Additional concerns extend to non-fatal self-harm, as well as the possibility of patients causing harm to others or to property.

Conclusions: Our review reveals a significant research gap in therapeutic leave's effects, with a reduced number of outcomes studied and inconclusive findings. Future studies should aim to clarify these outcomes and eventually define therapeutic leave protocols.

Disclosure of Interest: None Declared

EPP0231

Volition and Perception: Why patients choose to continue or discontinue ADHD medication

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Introduction: The present study examines self-reported factors related to discontinuation of ADHD medication in Danish adults. Based on insights from six patient interviews, a questionnaire was developed with themes such as perception of ADHD, perceived beneficial- and adverse effects of the medication, to examine patients' reasons for continuation or discontinuation of the prescribed medication.

Objectives: ADHD medication has proven effective for treating ADHD in adults. Large registry-based studies have generally shown high discontinuation rates over time and focused on different risk factors, such as comorbidity, gender and socioeconomic status. However, in the present study we explore patient reported reasons for continuation or discontinuation of ADHD medication as well as what drives their choice of living with or without medication despite ADHD.

Methods: The present research is a questionnaire study consisting of 1,050 Danish adults who redeemed a prescription of ADHD medication for the first time between 2017-2019. Questionnaires were sent out by Statistics Denmark to 4,748 adults, a representative sample from the 17,334 Danish adults who redeemed a prescription within that period. A gap of 12 months between redemptions was defined as discontinuation and questionnaires were sent out to an equal number of patients who continued or discontinued the ADHD-medication. Chi²-tests were performed to examine the differences between adults who continued vs. discontinued ADHD-medication in relation to different main themes.

Results: The patients who continued medical treatment more strongly perceived ADHD as a biological illness whereas patients who discontinued, more strongly perceived ADHD as an illness constructed by society. Furthermore, patients who continued medical treatment reported that the medication has a more positive influence on their lives whereas patients who discontinued the medication reported that the treatment involved more negative feelings and decreased the positive sides of themselves. Finally, patients who continued the prescribed ADHD-drugs reported more strongly that they continued the treatment for themselves, to be able to work and be social than the patients who discontinued the medical treatment.

Conclusions: The present findings suggest that the perception of ADHD as being either a biological or social construct is central to why patients choose to continue or discontinue ADHD-medication. Moreover, patients who continued the medical treatment generally reported more positive effects of the ADHD-drugs whereas patients who discontinued the medical treatment reported different negative effects of the medication. From a clinical perspective, these findings show the importance of understanding the individual patient's perception of ADHD. These perspectives should be addressed in the clinic alongside with awareness of how ADHD-drugs may have a positive and negative effect on the individual patient.

Disclosure of Interest: None Declared

EPP0232

Improving mental wellbeing among families and friends of people with alcohol and drug use issues in Darwin, Australia

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Introduction: Families and friends of individuals with alcohol and other drug use (AOD) issues are highly stigmatised and vulnerable, which often leads to social isolation, decreased quality of life, psychosocial vulnerability, heightened distress, less access to social support, and development of maladaptive coping strategies and own mental health challenges and/or AOD use issues. While peer support for families is commonplace in Australia, in Darwin, psychosocial support activities delivered by peers are very sparse.

Objectives: The NT Lived Experience Network (NTLEN), in allyship with a team of researchers from Flinders University, has secured multiple fundings aimed to develop, implement, and evaluate a peer education and recovery program called Circles of Support (CoS) for families and friends of persons with AOD use issues.

Methods: The suitable evaluation approach was co-designed with live experience representatives from NTLEN and other local key stakeholders. It applied a mixed-method approach, including pre and post-program surveys (n=26) and individual interviews with program participants and the program delivery team (n=11). We also used a co-design approach to develop survey instruments to ensure they were strengths-based and recovery-oriented.

Results: While most participants showed sound stress management skills and understanding of stressors at the program start, about 30% did not think they could handle distress if it got worse and did not have the tools to live the life they wanted. Also, about 25% did not know when to ask for help. Many participants (40%) expressed that they were not hopeful about possible changes in their own family context, such as fewer experiences of stress. By the end of the program, participants reported lower stress levels and higher total empowerment scores. The qualitative interviews highlighted the complexities and challenges participant faced in their journeys. Among them, stigma was considered the most critical, especially among participants from culturally and linguistically diverse backgrounds. In some cases, perceived stigma prevented participants from joining the program. The program was well-received and successful in empowering families and friends and improving their own mental wellbeing. Their key learning and experiences included identifying the stage of their situation, learning to cope with challenges, reducing stress, developing hope, experiencing growth, creating a better and more supportive relationship with their loved ones, and implementing self-care on a regular basis.

Conclusions: Our findings emphasise the critical role of peer support for families and friends in improving their mental health and wellbeing. They also draw attention to improving help-seeking behaviours, which may be influenced by stigma, shame and prioritising the person's needs.

Disclosure of Interest: None Declared

EPP0233

Effectiveness of “Mom Supports Mom” Peer Support Intervention in Reducing Prenatal Anxiety and Psychosocial Stress Levels

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Introduction: The prenatal period poses a risk of both onset and relapse of mental health difficulties. Anxiety and depressive symptoms are the most common, with a prevalence of 10-20%. Untreated mental health difficulties can have serious consequences for the child’s development, the quality of the mother-child relationship, and the whole family system. Peer support can be an effective form of care for women at risk.

Objectives: The aim of the study is to examine the effectiveness of remote “Mom Supports Mom” peer support intervention in reducing prenatal anxiety, depression and psychosocial stress levels.

Methods: A randomized controlled trial was conducted. The Edinburgh Postnatal Depression scale (EPDS) was used to assess the risk of mental health difficulties in pregnant women. Women with EPDS score ≥ 10 were randomized 1:1 to control and intervention groups. The intervention group received the “Mom Supports Mom” peer support intervention. The control group received care as usual. Between group-differences in anxiety, depression and psychosocial stress levels were measured one month after the enrollment/the start of the intervention. The Perinatal Anxiety Screening Scale (PASS), the Edinburgh Postnatal Depression Scale (EPDS), and the Prenatal Psychosocial Profile (PPP) were used to assess the mental health difficulties.

Results: The study involved a total of 67 participants in the intervention group, and 77 participants in the control group. Levels of anxiety ($U = 2016$, $P < 0.05$) and psychosocial stress ($U = 1862$, $P = 0.001$) were significantly decreased in the intervention group, showing a medium effect size of the intervention (Cliff’s delta= -0.218 and -0.317, respectively). There was no significant difference in depression levels ($U = 2288.5$, $P = 0.243$; Cliff’s delta = -0.113); see Table 1.

Table 1 Between group differences in study outcomes (n=144)

Measuring instruments	Intervention group (n=67)		Intervention group 95% Confidence Interval		Control group (n=77)		Control group 95% Confidence Interval		U value / t value		p-value
	Median (IQR)				Median (IQR)						
EPDS (pre)	13 (4)		12.5	13.9	13 (4)		12.8	14.2	2429.5		0.545
PASS (pre)	36 (17)		32.0	38.0	36 (15)		34.0	39.5	0.846		0.399
PPP (pre)	18 (4)		17.8	20.3	17 (6)		16.9	18.8	2282.5		0.233
EPDS (dif)	-6 (6)		-6.7	-4.1	-5 (6)		-5.4	-3.0	2288.5		0.243
PASS (dif)	-7 (11)		-12.3	-6.8	-5 (13)		-7.3	-2.4	2016		0.024
PPP (dif)	-2 (4)		-4.0	-1.6	0 (4)		-1.2	0.5	1862		0.001

EPDS = Edinburgh Postnatal Depression Scale
PASS = Perinatal Anxiety Screening Scale
PPP = Prenatal Psychosocial Profile
pre = administered at baseline
dif = administered post-intervention
IQR = interquartile range

Conclusions: The remote “Mom Supports Mom” peer support intervention can be effective in reducing anxiety and psychosocial stress levels in at-risk pregnant women. Nevertheless, it didn’t show effectiveness in reducing depression levels.

Disclosure of Interest: None Declared

EPP0234

Choking as Cause of Death Among the Mentally Ill: A Literature review

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Introduction: According to data, choking is one of the principal causes of death in mental health units. Specifically, research reveals that psychiatric patients -compared to the general population- are 43 times more likely to die due to choking. Nevertheless, only a limited number of studies has been focused on the risk factors of choking among this category of patients. Interestingly, dysphagia and choking on food are underdiagnosed and underreported in the UK psychiatry departments while there is an important insufficiency of provided information in national guidance archives as well as in regional clinical settings for adults with mental health diseases.

Objectives: To explore the risk factors of choking among psychiatric patients and to highlight interventions of preventing choking-related incidents.

Methods: A review of 36 articles -from 2010 to 2023- on PubMed and Google Scholar regarding choking-related incidents among inpatients of mental health units. Articles exploring choking suicide-related incidents or choking as cause of neurological illness, were excluded from the research. Keywords: choking, psychiatric patients, death.

Results: Numerous risk factors of choking have been identified, such as:

- Antipsychotics,
- Anxiolytics,
- Bradykinetic dysphagia (extra-pyramidal syndrome),
- Intellectual disabilities,
- Dementia,
- Anxiety,
- Coughing while eating,
- Fast paced eating and cramming food,
- Mealtime-related stressors such as willingness of avoiding peers.

Conclusions: There is an absolute need for a specialized training of nurses, caregivers, mental health clinicians to prevent incidents and injuries of inpatients due to choking. Close supervision, routine screening during the mealtime, and detailed information from relatives about the patient’s eating habits are essential for the safety and the ameliorated quality of hospitalization for the mentally ill.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP0236

The Influence of Gender Roles on Eating Attitudes: A Study Among Female College Students

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Introduction: Eating disorders (ED) are serious mental and physical illnesses that involve complex and damaging relationships with eating, exercise, and body image. They emerge due to a multifaceted interplay of factors, including familial predispositions, personality traits, and cultural influences. While societal beauty standards are recognized as significant risk factors, it is hypothesized that the roles and responsibilities associated with adult womanhood may also contribute to their development. In particular, the unique challenges faced by women, especially in developing countries like Turkey, may lead to discontent with traditional gender roles.

Objectives: This study aims to explore the connection between eating disorders, female identity perceptions, body attitudes, expectations regarding women's roles within families, and their potential association with body dysphoria. We investigate whether eating disorders are linked to a form of sexual dysphoria and body dysmorphia related to femininity rather than solely driven by societal beauty ideals.

Methods: Data from 228 female college students, both undergraduate and graduate, were collected via online surveys. The survey instruments included a sociodemographic form, the Eating Attitude Test, the Gender Roles Attitude Scale, and the Multidimensional Body-Self Relations Questionnaire.

Results: The average age of the participants was 24.41 (18-33) years. Regression analysis revealed that age ($\beta = -0.155$, $p = 0.015$), the belief that physical appearance would be less important if they were male ($\beta = 0.292$, $p < 0.001$), and maternal criticism about weight ($\beta = 0.239$, $p < 0.001$) were influential factors in shaping eating attitudes. Surprisingly, no significant relationship was found between eating attitudes and traditional gender roles ($\beta = 0.072$, $p = 0.246$). However, we did establish a connection between aspiring to meet ideal thinness standards and perceiving women as disadvantaged in the workplace due to their traditional gender roles ($t(226) = 2.32$, $p = 0.021$), as well as with maternal criticism ($t(225) = 3.55$, $p < 0.001$).

Conclusions: Our findings suggest that the absence of a direct link between eating attitudes and traditional gender roles may be attributed to an individual's perception of their environment rather than their self-assessment of masculinity within an egalitarian context. Notably, maternal influences specifically their criticism regarding their daughters' weight and the roles assigned to mothers significantly shape these perceptions and, consequently, eating behaviors, aligning with existing literature (Ferreira *et al.* Archives of Clinical Psychiatry 2021;48,168–177). This underscores the need to consider eating disorders within a broader biopsychosocial framework, encompassing attitudes toward the world and one's role within it.

Disclosure of Interest: None Declared

EPP0238

Domestic violence in Tunisian women during pregnancy and anxiety: which association?

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Introduction: Domestic violence is a major public health problem. The situation is alarming in Arab countries: the prevalence of domestic violence is 39.3% in Saudi Arabia, 55% in Morocco and 62.2% in Egypt.

In Tunisia, a national survey carried out by the national family planning office in 2010, published in July 2011, drew attention for the first time to the frequency of this phenomenon in Tunisia and the recurrent nature of this form of violence. Unfortunately, few studies have focused on domestic violence during pregnancy and its impact on the mental health of expectant mothers.

Objectives: To study the prevalence of domestic violence during pregnancy among Tunisian women consulting in the context of medical expertise and its association with anxiety.

Methods: Our study was descriptive and analytical cross-sectional, carried out with women examined in the context of medical expertise following domestic violence at 'Hedi Chaker hospital', Sfax, from May 2021 until January 2022.

An anonymous survey was asked to these ladies, it included a section for collecting socio-demographic data.

The HADS questionnaire was used to screen for anxiety.

Results: 122 responses were collected. The average age of victims was 35.66 ± 9.94 years.

All the women in our population study were married, and each one was a victim of at least one form of violence. The majority (86.1%) had children. Most of them had secondary (44.3%) or university (31.1%) level education.

More than half of the women (63.9%) had no occupation.

Sixty-five women (53.3%) were assaulted during pregnancy, 43% of whom suffered from complications of varying severity.

Different consequences on pregnancy were reported with decreasing prevalence: 16.9% hospitalization in a gynecological ward, 13.8% abortion, 6.2% fetal death in utero and premature delivery in 4.6% of cases.

According to the HADS, seventy-six of women surveyed (62.3%) had anxiety symptoms.

Anxiety was significantly associated with exposure to violence during pregnancy ($p = 0.03$).

Conclusions: Our results showed a significant incidence of domestic violence during pregnancy and a significant association with anxiety.

Different actions must be taken towards these anxious women such as: Identify a "referent" in maternity wards to screen for domestic violence and directing women to structures and shelters that can help and, above all, protect them.

Disclosure of Interest: None Declared

EPP0239

Working memory capacity in naturally cycling women and oral contraceptive usersM. Kowalczyk^{1*}, M. Kornacka² and I. Krejtz¹¹Psychology, SWPS University, Warsaw and ²Psychology, SWPS University, Katowice, Poland

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Introduction: Miyake and Friedman's model (2012) presents three core executive functions: inhibition, updating and shifting. Updating refers to working memory (WM) because it involves passive storage but also active manipulation of information. According to a review by Hampson (2018), the literature is consistent on the fact that 17 β -estradiol (the most prevalent type of estrogen in women of reproductive age) is associated with improved WM. Levels of estradiol are at their highest in the follicular phase of the menstrual cycle. The use of OC is linked with a noticeable decrease in levels of estradiol and progesterone (Hampson, 2020). Nevertheless, combined OC contain synthetic steroids, usually ethinylestradiol and progestins which can be androgenic or anti-androgenic. Androgenic progestins are derived from testosterone while anti-androgenic progestins block androgen receptors (Raudrant & Rabe, 2003). The review by Beltz (2022) concluded that the use of androgenic OC is linked to an enhanced performance in spatial WM whereas anti-androgenic OC are linked with an impaired performance. When it comes to verbal WM, OC use is related to an enhancement in performance, irrespective of androgenicity.

Objectives: To measure the differences in WM capacity between NC women and OC users at two time points in one menstrual cycle (follicular and luteal phases for NC women).

Methods: 78 women (18-45; $M = 28.93$, $SD = 6.81$), including one group of NC women ($N = 40$) and one group taking OC ($N = 38$), were tested twice over the course of one menstrual cycle. The NC women were tested during their follicular and luteal phases while the OC users were tested during the active phase of their OC. They completed an automated version of the Operation Span task (OSPAN; Unsworth et al., 2005). The OSPAN task involves completing simple math problems while simultaneously trying to remember a series of randomly generated letters.

Results: There was no difference in WM capacity between NC women and OC users. However, we found a significant difference in the number of math errors (speed or accuracy) made by NC women. The number of math errors was higher ($M = 5.12$) during the luteal phase than during the follicular phase ($M = 2.68$). Moreover, we also found a significant difference in the number of math errors made by OC users ($M = 4.00$) and NC women ($M = 2.68$) in their follicular phase. The difference disappeared when the OC users were compared to NC women in their luteal phase.

Conclusions: We found no difference in WM capacity between NC women and OC users. However, we found that NC women made more math errors during the luteal phase than during the follicular phase and that OC users made more errors than NC women in their follicular phase. The follicular phase has an increased level of estradiol whereas OC users experience a decrease in their levels of estradiol. Estradiol levels could be linked with math performance.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPP0240

Bipolar Disorder in the Elderly: Clinical Insights and Therapeutic Challenges

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Introduction: Bipolar Disorder (BD) is a mood disorder characterized by recurrent episodes of mania, hypomania, and depression. While it often manifests in early adulthood, it can persist or emerge in later life, posing unique diagnostic and therapeutic challenges in the elderly population. This abstract explores the clinical aspects, diagnostic intricacies, and therapeutic considerations of BD in older adults.

Objectives: This study aims to shed light on the epidemiology and clinical presentation of BD in the elderly, discuss the diagnostic challenges, and address the complexities of treatment and management in this age group.

Methods: A comprehensive review of the literature was conducted, encompassing epidemiological studies, clinical trials, case reports, and expert guidelines from the past decade. The search was performed using medical databases such as PubMed and Medline.

Results: BD in the elderly presents with a range of clinical complexities that differentiate it from presentations in younger adults. These complexities include atypical features as elderly individuals may exhibit less overt manic or hypomanic symptoms, resembling irritability rather than euphoria; depressive episodes can be more prevalent and prolonged, leading to potential misdiagnosis as unipolar depression; medical comorbidities: older adults with BD often have more medical conditions, complicating treatment; cognitive impairment: cognitive decline, including mild cognitive impairment and dementia, is common and distinguishing it from neurodegenerative conditions requires specialized assessment; mixed episodes, in older adults may experience mixed episodes, requiring intensive treatment; diagnostic challenges: overlapping symptoms with other disorders make accurate diagnosis challenging. Treatment includes mood stabilizers like lithium, valproate, or lamotrigine, and atypical antipsychotics like quetiapine or aripiprazole. Treatment response varies, requiring consideration of age-related pharmacokinetics, pharmacodynamics, and drug interactions. Non-pharmacological interventions, including psychoeducation, tailored cognitive-behavioural therapies, and psychosocial support, are essential.

Conclusions: In summary, BD in the elderly demands a customized, multidisciplinary approach to navigate diagnostic complexities and optimize treatment, considering comorbidities and cognitive factors. Enhanced clinical awareness and holistic care are essential for effective management in this population.

Disclosure of Interest: None Declared

EPP0241

Role of Different Forms and Intensities of Physical Activity in Prevention of Dementia

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Introduction: Dementia is one of the greatest health challenges worldwide. According to the World Health Organisation (WHO) factsheet, currently more than 55 million people worldwide have dementia, with over 60% living in low- and middle-income countries. Every year, there are nearly 10 million new cases of dementia. WHO Global Status Report 2021 estimated growth of 139 million people with dementia by 2050. The estimated total global cost of dementia is likely to surpass US\$ 2.8 trillion by 2030. As one grows older, the risk of developing dementia, particularly Alzheimer's Disease, progressively increases. The Lancet Commission Reports 2017 and 2020 on dementia prevention, intervention, and care identified 12 modifiable risk factors, including physical inactivity, obesity, midlife hypertension, and diabetes. Addressing these lifestyle factors may significantly reduce the risk of dementia and its progression. While no curative or disease-modifying treatment is available for dementia at his stage, addressing modifiable risk factors may have a preventive role in reducing the risk of dementia.

Objectives: The objective of the literature review is to explore current evidence on Physical Activity (PA) in reducing the risk of developing dementia and its progression. The focus is also to see the association of different forms and intensities of PA and their intensities, including aerobic, strength-based, and leisure, with the risk and progression of dementia.

Methods: Narrative review

Results: Results from the reviewed studies showed that PA was found to be associated with a reduced risk of dementia, particularly Alzheimer's Disease. Studies comparing different intensities of PA indicate though all levels of PA decrease the risk of dementia, there is a linear relationship between the higher intensity PA and the increased beneficial effect in terms of reduced risk of dementia. Leisure-time PA also has a protective role against dementia in longitudinal studies. There is more consistent evidence in favour of aerobic PA; however, it has a ceiling effect. The combination of aerobic and strength-based experience provides optimum beneficial effects. The elderly population who started physical activity in their 80s experienced the beneficial effects of PA in reducing the risk of dementia. There is mixed evidence of the protective effect of PA on the population who have already developed cognitive impairment or have genetic vulnerabilities. The author will also include the results of any relevant study published by 31 March 2024.

Conclusions: The details of the literature results and conclusions will be discussed at the conference.

Disclosure of Interest: I. Singh Consultant of: The author declare that the review was conducted in the absence of any commercial or

financial relationships that could be construed as a potential conflict of interest., R. Chandra: None Declared

EPP0242

Evaluation of the Effect of Resilience and General Quality of Life on Frailty in the Elderly

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Introduction: As the life expectancy at birth improved, the increase in the elderly population, one of the most vulnerable groups in society, brings about some problems. Frailty is a condition that increases the risk of progressive deterioration in physiological functioning, hypersensitivity to stress and adverse health outcomes. Frailty is quite common in older people. In frail older people, recovery from illnesses is delayed and the likelihood of sequelae is increased. If frailty is recognized early, the likelihood of disease sequelae and mortality can be reduced.

Objectives: This study was conducted to determine the relationship between psychological resilience and quality of life on frailty in individuals aged 65 years and older admitted to hospital.

Methods: The study group of this cross-sectional study consisted of 504 people who applied to an outpatient clinic at a university hospital. The Tilburg Frailty Scale, the Connor Davidson Psychological Resilience Scale Short Form and the EQ-5D-3L General Quality of Life Scale were used. The Kolmogorov-Smirnov test, the chi-square test, the Spearman correlation analysis and the multivariate logistic regression were used to analyse the data.

Results: 292 of the participants in the study group were men. Their ages ranged from 65 to 90 years, and the mean was 70.5 ±4.9 years. Scores on the Tilburg Frail Scale ranged from 0 to 14, and the mean was 6.3±2.7 points. In the study, 71.1% of participants were classified as frail. It was determined that there was a moderate negative correlation between the results of the Tilburg Frailty Scale and the results of the Connor Davidson Psychological Resilience Scale ($r = -0.436$) and the EQ-5D-3L VAS Scale ($r = -0.608$) and a strong positive correlation between the results of the EQ-5D-3L Index Scale ($r = 0.729$) (for each $p < 0.001$). According to multivariate logistic regression, people who did not exercise regularly were 2,33 times more frail than those who did, and people who had a health problem that required bed rest were 2,18 times more frail than those who did not.

Conclusions: It was found that the frailty of people aged 65 and over is at a moderate level. An improvement in psychological resilience and general quality of life as well as an improvement in general health reduces frailty. It is recommended that people aged 65 and over to be physically active and to protect from situations that may require prolonged bed rest.

Disclosure of Interest: None Declared

EPP0243

A differentiated approach to the choice of a neuroprotective drugs during complex antidepressant therapy of elderly depressive patients in a hospital setting

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Introduction: The complex antidepressant therapy in combination with neuroprotectors increases the overall effectiveness of the treatment of depression in the elderly due to the group of the most difficult patients for therapy with ≥ 2 predictors of a low therapeutic response (LTRP), as well as in patients with complex (anxious, senesto-hypochondriacal, delusional) and prolonged (≥ 6 months) depressions.

Objectives: Development of a differentiated approach to the choice of types of neuroprotective drugs in the course of complex antidepressant therapy in depressive elderly patients.

Methods: We studied groups of hospitalized patients aged ≥ 60 years with mild, moderate and severe depression (according to ICD-10) who received antidepressant monotherapy (comparison group) for 28 days (43 people) or complex antidepressant therapy in combination with carnitin (20), cerebrolysin (20), citicoline (20), ethylmethylhydroxypyridine succinate (EMHPS) (25) and actovegin (25). Complaints about memory impairment, lonely living, and the presence of leukoaraiosis on brain CT were considered as LTRP. Efficacy of therapy (change in total HAMD-17 scores in %) was compared in subgroups with neuroprotectors and in the comparison group in patients with ≥ 2 LTRPs, as well as in patients with complex and prolonged depressions. Statistical analysis was performed.

Results: By the 28th day of treatment, all patients with ≥ 2 LTRPs in the subgroups with the addition of any neuroprotectors were responders ($\geq 50\%$ change) with a significantly higher efficacy of therapy than in the monotherapy group (36.0%, $p < 0.05$). The efficacy of therapy was significantly higher in the subgroup with the addition of actovegin than in the subgroups with cerebrolysin and citicoline (73.7% versus 55.6% and 52.0%, respectively, $p < 0.05$). In complex depression, the effectiveness of therapy in the subgroup with cerebrolysin did not statistically differ from the comparison group. In prolonged depression, no statistically significant difference in efficacy was found between the citicoline-supplemented subgroup and the monotherapy group. The highest efficacy in the treatment of complex and prolonged depression was observed in subgroups with the addition of actovegin and EMHPS ($p < 0.01$).

Conclusions: If there are indications for prescribing complex antidepressant therapy (≥ 2 LTRPs) in depressive patients of late age, all studied neuroprotective drugs demonstrated high efficiency

compared to monotherapy. In complex depressions, the combination of antidepressants with cerebrolysin turned out to be less effective, in protracted depressions - with citicoline. Neuroprotectors actovegin and EMHPS can be considered universal drugs of choice for complex therapy of the most difficult categories of elderly depressive patients in a hospital setting.

Disclosure of Interest: None Declared

EPP0244

Unveiling the Perspectives on Sexual Unwellness: A Cross-National Qualitative Study with Older Adults from Mexico and Portugal

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Introduction: Sexual unwellness (SU) has been linked to a lack of sexual satisfaction and to an incapacity to maintain sexual relations.

Objectives: The objective of this cross-cultural study is to shed light on older adults' perspectives on SU across cultures.

Methods: Eighty-three older participants (65 to 98 years of age) took part in this qualitative study. Participants lived in the community and were of two different nationalities (Portuguese and Mexican). Semi-structured interviews were conducted, and content analysis was then carried out.

Results: SU emerged in the findings of the content analysis through six themes: Dissatisfying Sexual Experiences; Feelings of Isolation; Spirituality; Medication; Unattractiveness and Pain. The most common theme among older Portuguese participants was 'Dissatisfying Sexual Experiences' (25.5%). 'Feelings of Isolation' was most common among older Mexican participants (13.7%).

Conclusions: A diversity of experiences of older adults in relation to SU was highlighted in this study. Moreover, cross-cultural research on the construct of SU is essential for understanding the cultural differences in the conceptualization of the construct and how these themes may influence the quality of sexual life in old age. Keywords: Cross-cultural; Older adults; Qualitative study; Sexual Unwellness.

Disclosure of Interest: None Declared

Oncology and Psychiatry

EPP0245

Evolution of Depression and Anxiety among Breast Cancer Patients: a prospective analysis using clinical, biological and genetic factors

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Introduction: Numerous studies have explored the symptoms and course of depression and anxiety in breast cancer patients and identified various clinical, sociodemographic, and genetic factors associated with their evolution. Nevertheless, these studies have been limited in duration and have focused on specific time points during chemotherapy or post-treatment follow-up. Furthermore, these studies included patients receiving different treatment regimens and used different tools to assess symptoms.

Objectives: To assess the prospective evolution of depression in breast cancer patients over eight consecutive chemotherapy cycles, taking into account sociodemographic, clinical, biological, and genetic factors.

Methods: A prospective longitudinal study was conducted on 69 breast cancer patients treated with intravenous chemotherapy at the oncology outpatient unit of the Hôtel-Dieu de France hospital (2017-2019; Ethics: CEHDF1016). The Hospital Anxiety and Depression Scale (HADS) was used to evaluate anxiety and depression in patients. Genotyping was performed for several genes (*ABCB1*, *COMT*, *DRD2*, *OPRM1*, *CLOCK*, *CRY2*, *PER2*) using the Lightcycler[®] 2.0 (Roche).

Results: Univariate repeated measures analysis showed differences in the evolution of depression and anxiety over time. For depression, a polynomial linear contrast for HADS-D scores was noted from cycle 1 to cycle 8, with a significant increase in depression at cycles 7 and 8 compared with cycle 1 ($p\text{-value}_{\text{cycle}7}=0.004$ and $p\text{-value}_{\text{cycle}8}=0.009$; Figures 1 & 2). Repeated measures analysis for anxiety showed a decrease in anxiety scores between cycles 1 and 6 of chemotherapy, followed by an increase starting cycle 6 (a polynomial trend for contrasts) ($p\text{-value}_{\text{cycle}6 \text{ versus } 1}=0.038$; Figures 1 & 2). Multivariable analysis showed that higher anxiety and depression scores at baseline were both associated with higher depression and anxiety scores over time. Other clinical and genetic factors, including polymorphisms in the *OPRM1*, *PER2*, and *COMT* genes, were also significantly associated with higher depression and anxiety scores.

Image:

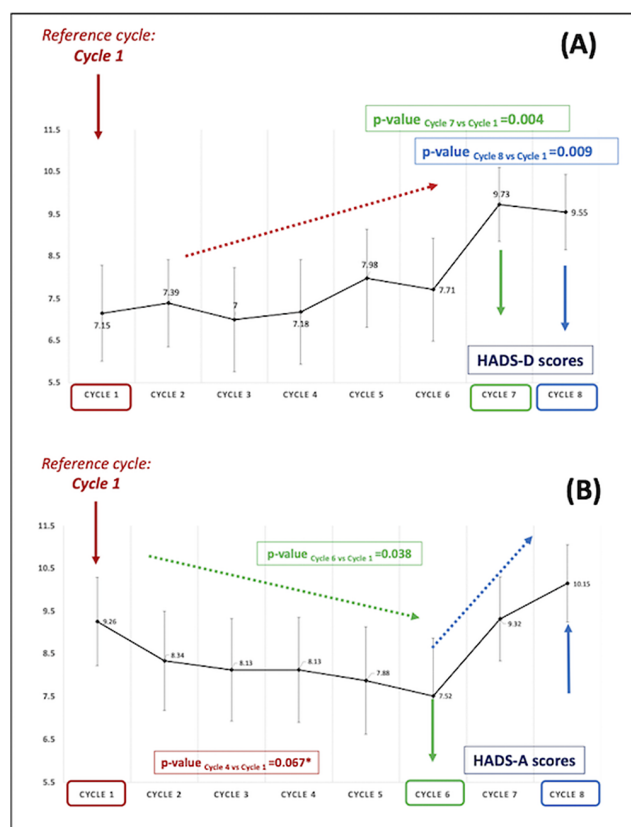
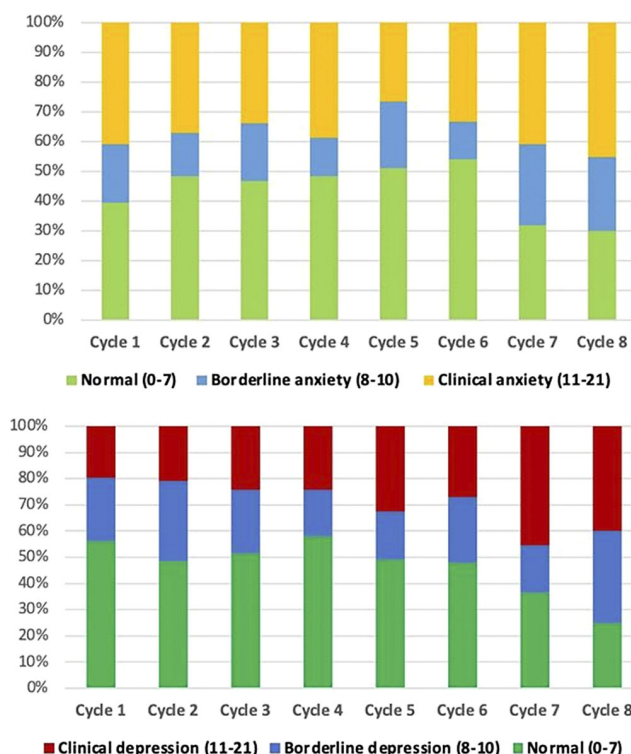


Image 2:



Conclusions: Our findings highlight the importance of understanding the trajectories of depression and anxiety over time in women with breast cancer and identifying the triggering factors. Such personalized approaches would improve patient quality of life.

Disclosure of Interest: None Declared

EPP0246

Barriers in cancer care for patients with mental illness – a qualitative study

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Introduction: Patients with mental illness experience a substantial inequity when facing cancer treatment compared to patients without mental illness. They have a higher cancer mortality and are less likely to be referred for treatment following clinical guidelines. The cancer treatment can exacerbate mental symptoms, which may lead to discontinuation of the treatment. Other relevant specialities such as psychiatry and general practice are rarely involved.

Objectives: In this qualitative case study, the needs, barriers and facilitators of providing high quality, patient-centered care to patients with cancer and pre-existing mental illness were explored. Emphasis was on patients' experiences of being in the field between oncology, psychiatry, general practice and the municipality.

Methods: The study was anchored at the Department of Oncology, Lillebaelt Hospital, Vejle and data collection took place from January to June 2023. Through purposeful sampling five patients with cancer from adult psychiatric setting were included. Field studies were carried out inspired by the framework of Spradley, and involved following the patients during visits to the department of oncology and in the psychiatric setting. Formal interviews were performed using semi-structured interview guides inspired by Kvale and Brinkmann. Patient files were examined focusing on the awareness of the psychiatric diagnosis and treatment and communication between the departments and sectors.

Results: Our analysis showed one major theme: "Complexity on many levels", and five subthemes: "The impact of the cancer trajectory on mental illness", "The structure follows the disease, not the patient", "Fragmentation of the health care system", "Patient vulnerability" and "Importance of the patient-professional-relationship". Barriers included lack of a systematic approach to the patient group in the health care system and sparse collaboration between departments and sectors. The cancer trajectory often led to severe worsening of the psychiatric illness, resulting in psychiatric hospitalisation. Facilitators were specialized coordinators at the hospital or municipality, relatives, patients' resources and health professionals approaching the patient as a

person rather than a disease. Final results will be ready for presentation at the conference.

Conclusions: Despite intentions of reducing inequality, the Danish health care system is still not equipped to sufficiently help patients with cancer and pre-existing mental illness through their cancer treatment. This study will highlight relevant target points, paving the way for a new, feasible care model that improves continuity and patient-centered care for patients with cancer and mental illness.

Disclosure of Interest: None Declared

EPP0248

A body beaten again: a narrative analysis of a series of cases of breast cancer survivors punctuated by violence

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Introduction: Various mechanisms have been identified to explain the relationship between gender-based violence, screening, and cancer. Biological mechanisms, primarily related to chronic stress and allostatic load, have been associated with high rates of chronic diseases among victims of violence, impairing the functioning of the immune and endocrine systems. Victims of abuse simultaneously show less initiative for screening exams, such as mammograms, as they perceive them as invasive and retraumatizing. They also demonstrate a greater tendency toward maladaptive coping behaviors and unhealthy lifestyles, such as abusive substance use. A significant number of these patients develop psychosocial dysfunction and body image disturbance during breast cancer treatments.

Objectives: This work aims to provide a descriptive and narrative analysis of body image and psychosocial changes in women breast cancer survivors with prolonged experiences of violence, supported by a non-systematic literature review on the central aspects under study.

Methods: For the introductory literature review, a search was conducted on search engines such as Google Scholar and PubMed, with no date limitations, using the following terms (or combinations): "intimate partner violence," "violence AND cancer," "body image AND psychosocial adjustment AND breast cancer." Additionally, a narrative analysis of body image and psychosocial changes in women breast cancer survivors with prolonged experiences of violence was conducted. For this purpose, participants were asked to complete two validated scales in the Portuguese language, and first-person testimonials were collected.

Results: The analysis of scale results and participant testimonials highlights a consensus on the significant impairment of psychosocial functioning and the experience of sexuality. There is evidence of avoidance behaviors in terms of affectionate and sexual contact due to feelings of fear, shame, and discomfort. The breast is valued as a sensual, erotic, and essential sexual element, and impactful changes in body image persist. However, in some cases, these changes are experienced as transformative and liberating, fostering a more generous view of the body, identity, and femininity.

Conclusions: Women with breast cancer should be screened for the possibility of being victims of violence, as this context predicts a

higher likelihood of emotional difficulties during surgical treatments, including psychological distress, post-traumatic stress, body shame, and self-blame. A significant number of women, including those in this study, consider the approach to self-image and sexuality in oncology consultations deficient. Psychological programs and interventions should be developed to empower patients to adjust to the sexual changes arising from treatments and disease progression and to promote positive intimate relationships and effective communication.

Disclosure of Interest: None Declared

EPP0249

Development and psychometric testing of the Acceptability regarding Cognitive Rehabilitation Interventions Survey – Cancer Survivors (ACRIS-CS)

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Introduction: Cognitive rehabilitation interventions (CRIs) for cancer-related cognitive impairment (CRCI) have shown promising results. However, the acceptability of CRIs in the context of CRCI treatment has not yet been assessed among cancer survivors. Due to the absence of suitable instruments designed to assess the acceptability of CRIs in this population, we developed the Acceptability regarding Cognitive Rehabilitation Interventions Survey for Cancer Survivors (ACRIS-CS).

Objectives: This study aimed to develop and test the psychometric properties of the newly created instrument, ACRIS-CS.

Methods: The study was conducted in two stages: (1) the creation of scale items derived from a comprehensive literature review, considering the Theoretical Framework of Acceptability (TFA); and (2) the assessment of the scale's psychometric properties with cancer survivors. At the end of stage 1, the questionnaire was revised by four clinicians and researchers with expertise in the field of CRCI, and the final item selection was determined by the authors, considering redundancy, item relevance, and face validity. The final scale comprised 11 items, answered on a 5-point Likert scale (ranging from "strongly disagree" to "strongly agree"). Higher scores indicated more positive perceptions related to the acceptability of CRIs. Data were collected online and analyzed using IBM SPSS Statistics (version 28.0). Construct validity (exploratory factor analysis, EFA) and reliability (internal consistency) analyses were performed.

Results: In this study, 154 cancer survivors were included. The Kaiser-Meyer-Olkin (KMO) measure of 0.847 confirmed the adequacy of sampling (KMO>0.5), and Bartlett's test of sphericity yielded statistical significance ($X^2(55) = 864.431, p < 0.001$),

validating the structure of the correlation matrix. The EFA results indicated the presence of three factors, each with eigenvalues exceeding the Kaiser criterion of 1. The scree plot confirmed the existence of three factors beyond the inflection point. All items demonstrated factor loadings higher than 0.40, indicating their relevance to the identified factors. This factor structure was conceptually justifiable. These factors were labeled as follows: 1) Affective attitude and effectiveness (6 items); 2) Perceived benefits and self-efficacy (3 items); and 3) Perceived burden (2 items). Collectively, these factors accounted for 68.7% of the total variance. The ACRIS-CS total scale and subscales demonstrated good internal consistency, with Cronbach's alpha coefficients ranging from 0.727 to 0.848.

Conclusions: The results of the EFA and internal consistency analysis were satisfactory. The ACRIS-CS appears to be a valid and reliable scale for assessing the acceptability of CRIs among cancer survivors.

Disclosure of Interest: None Declared

Others

EPP0250

The dynamics of statistical learning in autism – exploratory research

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Introduction: In the context of developmental disorders, it is frequently observed that atypical processes may yield seemingly unimpaired behavioural outcomes. Research has shown that children and adults with Autistic Spectrum Disorder (ASD) have intact statistical learning performance. Recent studies have indicated that learning can happen not only during practice but during ultrashort rests between practice blocks (that is, ultrafast offline learning) but no study to date examined these dynamics in ASD.

Objectives: This research aimed to unravel the effect of ASD on learning during and between blocks, also known as online and offline improvement.

Methods: We conducted a series of research with three different samples: 1) ASD children (N = 27), 2) ASD adults (N = 42), and 3) neurotypical adults with distinct positions on the autism spectrum, i.e., the severity of autistic traits (N = 174). Participants performed the Alternating Serial Reaction Time task, allowing us to measure statistical learning (the extraction of statistical knowledge) and general skill learning (speed-up regardless of probabilities) separately.

Results: Individual differences in online and offline improvements were observed. Results of individual studies further confirmed by

meta-analysis performed on the three above-mentioned datasets show that neither ASD nor the severity of autistic traits influences the dynamics of learning.

Conclusions: Our findings suggest that, not only learning but also the dynamics of acquisition of statistical knowledge are intact in autism.

Disclosure of Interest: None Declared

EPP0251

Factors influencing the health-related quality of life among persons with lower limb amputation wearing a prosthesis

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Introduction: Limb amputation is often an unavoidable process in many diseases and accidents, leading to several limitations in social, professional, and recreational activities.

Objectives: To explore the perceptions of persons with lower limb amputation (PLLA) wearing a prosthesis regarding the health-related quality of life (HRQoL), and to examine the relationships between HRQoL, body image disturbance, and self-esteem.

Methods: The research sample consisted of 91 PLLA who were using a prosthesis. The data were collected through a questionnaire comprised of demographic information and the following scales: The Short Form Health Survey-12 (SF-12), the Amputee Body Image Scale (ABIS-R), and the Rosenberg scale (RSES), in order to assess HRQoL, body image disturbance, and self-esteem respectively. The SPSS statistical software (v.26) was used for the statistical analysis of the data.

Results: The mean SF-12 score of the participants was 70.31 (SD=16.74). The HRQoL was affected by the following sociodemographic factors: age, educational level, profession, income, marital status, and parenthood. It was also influenced by disability-related factors, such as amputation cause and years of prosthesis use. In particular, young participants reported a better level of HRQoL than the older participants ($p<0.001$). Participants with a higher education level presented better HRQoL than those with lower education level ($p<0.001$). Unemployed participants and students presented better HRQoL scores compared to all other professional categories ($p=0.001$). However, participants with lower incomes <10,000 € reported a lower level of HRQoL ($p=0.028$). Singles had the highest HRQoL score, while widowers had the lowest ($p=0.001$). Childfree participants experienced the highest level of HRQoL ($p=0.001$). Participants whose amputation resulted from an accident reported a better HRQoL compared to those who had an amputation due to Type 2 diabetes ($p<0.001$). As the years of prosthesis use increase, HRQoL decreases ($p=0.001$). Regarding the associations between HRQoL, body image disturbance, and self-esteem statistically significant relationships were recorded. More specifically, there is a significant positive relationship between RSES and SF-12 ($p<0.001$); as participants' self-esteem increases, so does their HRQoL. Conversely, a statistically significant negative

correlation emerged between SF-12 and ABIS-R ($p<0.001$); as HRQoL increases, body image disturbance decreases.

Conclusions: The aforementioned factors should be considered in the design and implementation of psychosocial interventions aimed at recovery. Qualitative studies are recommended to explore the lived experiences of PLLA in-depth.

Disclosure of Interest: None Declared

EPP0252

Artificial Intelligence in Psychiatry: A New Paradigm

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Introduction: The advent of artificial intelligence (AI) and machine learning has sparked interest in its applicability in the mental health domain, offering potential improvements in the efficiency and personalization of psychiatric services.

Objectives: To characterize the methodological and technical approaches in studies utilizing machine learning and natural language processing (NLP) within mental health, to evaluate their potential and impact in psychiatric clinical practice, and to address the associated ethical concerns.

Methods: A systematic review, adhering to the PRISMA guidelines, was conducted across four primary medical databases. Emphasis was placed on studies that applied machine learning and NLP techniques to psychiatric contexts, extracting data from sources such as medical records and social media.

Results: From 327 identified articles, 58 were considered relevant. Major themes included symptom extraction, illness severity classification, therapy effectiveness comparison, and psychopathological insight derivation. Notably, most studies focused on specific populations like social media users, emergency room attendees, or those within medical databases. Methodological findings showcased a preference for efficient classifiers and Python as the primary platform.

Conclusions: Machine learning and NLP offer a promising new avenue for psychiatric research and clinical practice, enabling the extraction of previously inaccessible patient information and supporting the decision-making process. However, the field must address inherent limitations, ethical considerations, and ensure that the tools augment, rather than replace, clinical judgment.

Disclosure of Interest: None Declared

EPP0254

Psychosocial risks in the practice of healthcare professionals: from the culture of stoicism to occupational suicide.

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Introduction: It is well known that healthcare professionals, in a somewhat generalized manner, work in stressful contexts that embrace emotional overload, highly hierarchical environments, and not always sensitive to the vulnerabilities that arise. Chronic professional stress in institutions, associated with the perception of low control and emotional exhaustion, acts as a trigger for eminently deleterious consequences, significantly affecting the most dedicated and perfectionist professionals.

Objectives: This work aims, through a non-systematic literature review, to analyze the psychosocial risks associated with the practice of healthcare professionals, as well as the mitigation strategies whose practical implementation may depend on and maintenance of a positive and protective occupational environment.

Methods: For the purpose of literature review, a search was conducted on search engines such as Google Scholar, Research Gate, and PubMed, with no date limitations, using the following terms (or combinations): “occupational psychiatry”; “psychosocial risks AND healthcare professionals”; “mitigation strategies”; “occupational risk management.”

Results: Healthcare sector professionals are the ones reporting exposure to higher levels of workload intensity, including parameters related to work speed (under time pressure), combined with prominent emotional demands and psychological suffering. In addition to the most commonly analyzed occupational stressors (workload, job fatigue, particularly draining emotional interactions, marked cognitive demands, complex decision-making, conflicts of a deontological nature), other relevant contextual factors emerge. Among these, predisposing personality traits (such as neuroticism), a sense of personal sacrifice with neglect of self-care, vicarious trauma, which is intimately related to compassion fatigue in the face of frequent and prolonged exposure to traumatic experiences (of various kinds) of the patients they accompany, and occupational violence, which can manifest as verbal or behavioral threats, mobbing, physical harm, and/or sexual abuse based on a tendentially gender-based and deeply hierarchical structure.

Conclusions: Undeniable consequences such as job dissatisfaction, psychological distress, the development of anxiety, depression, burnout, and post-traumatic stress disorder translate into a loss of capacity to perform occupational functions, with a higher risk of medical/clinical errors, conferring risks that should never be neglected to the safety of the users of healthcare institutions. On the darker side of this panorama, and in the face of chronic depletion, occupational suicide emerges. It is therefore urgent to requalify the work environment, aiming at creating and maintaining a positive occupational environment, or alternatively, a preventive approach to the risk of mental health problems originating or exacerbated in the workplace.

Disclosure of Interest: None Declared

Promotion of Mental Health

EPP0255

A scoping review of the literature on interventions to reduce stress and burnout among teachers.

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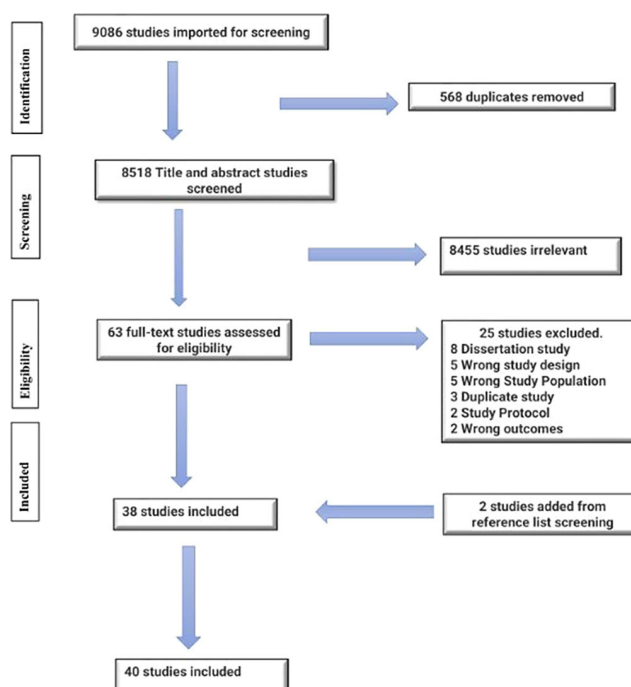
Introduction: Experience of chronic stress among professionals is a risk factor for poor mental and physical well-being. There is limited knowledge regarding the kinds of interventions, and outcomes achieved using different modalities to address stress and burnout among teachers.

Objectives: To undertake a scoping review of recent literature to determine psychological interventions and reported outcomes related to stress and burnout among teachers.

Methods: The PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) was followed. Relevant search terms were used to determine different interventions adopted to reduce teachers' stress and burnout. Articles published between 2018 and 2022 were identified using five bibliographic databases. Relevant articles were extracted, reviewed, collated, and thematically analyzed, and findings were summarized.

Results: Forty studies conducted in Asia, North America, Oceania, Europe, and Africa, met the inclusion criteria. Sixteen kinds of burnout and stress-reduction interventions were identified. The most popularly studied intervention were Mindfulness-Based Interventions alone or in combination with yoga or Cognitive Behavioural Therapy (CBT), followed by Rational Emotive Behavioral Therapy (REBT). Mindfulness-Based Interventions led to decreased overall Teacher Stress Inventory (TSI) and emotional exhaustion subscale scores. REBT, primarily used with special education teachers, especially in Africa, has also shown positive results. Other interventions reporting positive outcomes include Inquiry-Based Stress Reduction (IBSR), the Stress Management and Resiliency Training Program (SMART), Cyclic Meditation, Group Sandplay, Progressive Muscle Relaxation, Autogenic Training, Sport-Based Physical Activity, Emotional Intelligence Ability Models and Christian Prayer and Prayer-Reflection

Image:



Conclusions: Stress and burnout can have a negative impact on teachers and, very often, on the students they teach. Implementing suitable school-based interventions are necessary to improve teachers' stress-coping ability, reduce the likelihood of burnout and improve general well-being. Policymakers, governments, school boards and administrators should prioritize the implementation of school-based awareness and intervention programs to mitigate teacher stress and burnout.

Disclosure of Interest: None Declared

EPP0256

Associations between Health-Related Quality of Life, Illness Perception, Stigmatization and Optimism among Hematology Patients: a Path Analysis

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Introduction: Hematological diseases represent a diverse disease group ranging from benign to life-threatening conditions, with hematological malignancies being a major cause of mortality in the population worldwide. Although most hematological diseases require ongoing medical care making these conditions even more difficult for patients to endure. Since these diseases can pose many challenges by causing symptoms and limitations in various aspects of daily life, health-related quality of life (HRQoL) is a crucial aspect of their healthcare. Different dimensions of health-related quality of life are influenced by several psychological factors, including illness perception, stigmatization, and optimism: a more positive illness perception, along with optimism and reduced stigmatization, can contribute to a better HRQoL among hematology patients.

Objectives: Since hematological diseases often cause serious life changes, the current study aimed to explore the direct and indirect effects of illness perception on health-related quality of life among hematology patients in Hungary, including stigmatization and optimism as possible contributors.

Methods: In this cross-sectional study, 96 hematology patients (mean age = 56.45 years; SD = 15.55 years; 43.8% female) completed a self-administered survey including the following instruments: EORTC Quality of Life Scale, Brief Illness Perception Questionnaire, Stigma Scale for Chronic Illness, Revised Life Orientation Test.

Results: By creating two pathway models, illness perception had significant indirect effects on physical functioning ($\beta = -.205$, $p < .05$) through role and cognitive functioning while emotional functioning had significant indirect effects on social functioning ($\beta = .369$, $p < .01$) through illness perception and stigmatization, both effects moderated by optimism. After controlling for other factors, both illness perception and emotional functioning directly influenced physical and social functioning, respectively.

Conclusions: Our study supports previous research on the direct and indirect effects of illness perception on HRQoL. Based on our data, more optimistic illness perceptions and greater emotional functioning improve hematology patients' health-related quality

of life by facilitating an unbiased understanding of the disease. Optimism serves as a potential moderating mechanism by positively altering indirect effects. Healthcare professionals need to optimize patients' illness perception to improve physical and social functioning.

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EPP0257

Factors Influencing the Mental Health of Caregivers of Children with Cerebral Palsy

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Introduction: Cerebral palsy refers to a heterogeneous group of non-progressive neurodevelopmental disorders manifesting in infancy or childhood and varying in severity. It is characterized by impaired motor function, sensation, and depressed intellectual abilities. Functional limitations in patients with cerebral palsy may result in chronic dependency, thereby compromising caregivers' mental health and interfering with the integrity of the family structure.

Objectives: This study aimed to determine the different factors affecting the mental health of caregivers of children with cerebral palsy and to raise awareness among healthcare providers.

Methods: A cross-sectional study was conducted among caregivers of children with cerebral palsy in National Guard Health Affairs-Jeddah, Saudi Arabia, using the Depression Anxiety Stress Scale-21, a validated questionnaire assessing: depression, anxiety, and stress. This questionnaire was used to assess the mental health of the caregivers. In addition, factors reflecting child's health condition, such as visual impairment, number of emergency department visits, and number of Pediatric Intensive Care Unit admissions were reported to investigate the impact on the caregiver's mental health.

Results: The sample included 40 caregivers, of which 72.5% were mothers. According to the Depression Anxiety Stress Scale-21 score, 12.5% ($n = 5$) of the caregivers had moderate depression scores, 10% ($n = 4$) revealed extremely severe depression, and 10% ($n = 4$) showed moderate anxiety. Furthermore, 12.5% ($n = 5$), 15% ($n = 6$), and 7.5% ($n = 3$) of the caregivers have scored as moderate, severe, and extremely severe stress levels, respectively. Caregivers' depression, anxiety, and stress scores were significantly ($p \leq 0.05$) associated with the impact of vision of their dependent children, frequent hospital admissions, and frequent emergency department visits. Increased Pediatric Intensive Care Unit admissions in the past year were also significantly associated with higher caregiver anxiety scores.

Conclusions: To the best of our knowledge, the dimension of caregivers' stress and anxiety and their association with the children's dependency level is not well documented in our region. Caregivers of children with cerebral palsy reported having mental

health challenges associated with the children's vision, frequent need for acute medical care, and hospital admissions.

Healthcare workers should provide early and proactive planning of medical and social support for children and their families using a family-centered approach.

Disclosure of Interest: None Declared

EPP0258

The relationship between parental reflective function, cognitive emotion regulation and parental perception of the infant

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Introduction: The literature indicates that parental reflective functioning (PRF) is crucial to a good parent-child relationship. Furthermore, genuine parental mentalizing also promotes adaptive emotion regulation in attachment relationships. However, no prior study assessed the relationship between parental mentalizing, emotion regulation and object relation in the early years.

Objectives: We examined the relationship between PRF, cognitive emotion regulation and perception of the infant among parents of children up to five years old.

Methods: In our cross-sectional, non-clinical study, 136 parents completed the Parental Reflective Functioning Questionnaire, the Cognitive Emotion Regulation Questionnaire and the Mother's Object Relationship Scale - short form. In our 12 moderator models, we chose the subscales of the parental perception of the infant (invasiveness and warmth) as dependent variables, the subscales of adaptive and non-adaptive strategies of cognitive emotion regulation as independent variables, and the three subscales of PRF (pre-mentalization, interest and curiosity, certainty about mental states) as moderators.

Results: Warmth had a positive, weak correlation with adaptive strategies ($r(134) = 0.27, p < 0.007$), with certainty in mental states ($r(134) = 0.24, p < 0.007$) and interest and curiosity ($r(134) = 0.23, p < 0.007$); the correlation between interest and curiosity and non-adaptive strategies was moderate and positive ($r(134) = 0.32, p < 0.007$). None of the subscales of PRF moderated the relationship between the subscales of emotion regulation and the perception of the infant. The use of adaptive emotion regulation strategies was more likely to affect the perception of warmth ($B = 0.05 (t = 2.0584, p = 0.0415)$, $B = 0.04 (t = 1.7887, p = 0.0760)$), and the use of non-adaptive strategies was more likely to affect the perception of invasiveness ($B = 0.08 (t = 2.1333, p = 0.0348)$, $B = 0.09 (t = 2.3164, p = 0.0221)$).

Conclusions: Our results suggest that cognitive emotion regulation plays a role in object relation; therefore, we recommend promoting

adaptive cognitive emotion regulation strategies among mothers in the early years.

Disclosure of Interest: None Declared

EPP0259

Perceived helpfulness of various sources of help for 5 mental illnesses

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Introduction: 1 in 8 people worldwide live with a mental illness (MI). This is expected to rise with increasing societal pressures. Despite the availability of evidence-based treatments, MIs remain undertreated. In Singapore, efforts such as the 'It's OK to Reach Out' campaign was launched to encourage help-seeking. Help-seeking behavior is complex; determined by an interplay of factors including perceptions towards help sources. As seeking ineffective sources contributes to unmet needs, understanding beliefs towards various sources of help is vital.

Objectives: The study aims to examine perceived helpfulness of various sources of help for 5 mental illnesses and changes in perceptions towards them over time.

Methods: The Mind Matters 2023 (M2) is an ongoing nationwide survey of mental health literacy among Singapore residents aged 18-65 years. Analysis is based on a preliminary sample (N=2500). Interviewers read a vignette depicting 1 of 5 randomly assigned MIs- depression (DP), schizophrenia (SZ), obsessive-compulsive disorder (OCD), alcohol abuse (AA) or dementia (DT). Respondents were asked to rate whether 10 Professional/Informal sources and 12 Actions were 'helpful', 'harmful' or 'neither' for the person in the vignette. Frequencies of helpful ratings were compared with the first Mind Matters study (M1) conducted in 2015 (N=3006).

Results: In M2, seeing a psychiatrist, psychologist and counsellor were rated helpful most frequently (79%-96%) while seeking traditional medicine and religious advisors were rated the least (12%-60%) across the vignettes, except for DT where doctor and close family (81%-85%) replaced psychologist and counsellor (66%-70%). Compared to M1, phone counselling saw an increase in helpfulness rating across all vignettes ($p < .05$) except AA. For Actions, reading about how others dealt with similar problems was rated helpful most frequently (76%-89%) while dealing with problems on one's own was rated the least across all vignettes (3%-11%) in M2. Compared to M1, being more social saw an increase in helpfulness ($p < .001$) rating for DP but a decrease for AA ($p < .001$). Admission to an institution was associated with a decrease in helpfulness rating for DP ($p = .006$) and OCD ($p = .04$) but increase for AA ($p = .03$).

Conclusions: The findings suggest recognition that MIs would be helped by professionals and self-reliance is ineffective to address these problems. Increased perceived helpfulness of telephone counselling was promising as studies have shown high client satisfaction coupled with its potential in reducing some barriers to care. Differences in directional changes in helpfulness rating for institutional care and socialising for DP and AA may represent understanding of the importance of behavioral activation and

stimulus control for these MIs respectively. Literacy regarding help-seeking sources has improved in Singapore over the last 8 years which may translate into increments in seeking appropriate care.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP0260

Cardiovascular risk associated with chronic treatment of paliperidone, olanzapine, risperidone and aripiprazole

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Introduction: Weight gain, QT interval prolongation, and dyslipidemias associated with the chronic use of some antipsychotic medications can explain a higher prevalence of cardiovascular risk in these psychiatric population. The D'Agostino Index include some factors such as age, total cholesterol, high-density lipoproteins, systolic blood pressure increased, antihypertensive treatment, smoking, and diabetes, to estimate an individual's risk (low, moderate or severe) of developing a cardiovascular event through a period of 10 years or throughout the patient's lifetime.

Objectives: To compare the degree of cardiovascular risk using the D'Agostino Index, among different antipsychotic medications.

Methods: An estimation of cardiovascular risk (low, moderate, or high) was performed with the D'Agostino index in a sample of 144 patients (82 men and 62 women) mean age 45,2 +/- 10.13. All patients were treated for at least one year at a therapeutic dose and adhered to their treatment regimen correctly. Subjects with some relevant pre-existing unstable heart disease were excluded. All patients previously provided informed consent and were of legal age. Clinical data on medical history, concomitant medications, and risk factors were collected. A completed physical exam, waist circumference, lab sample, a lifestyle scale, and an evaluation of vital signs in accordance with European Society of Hypertension were evaluated. Statistical analysis was carried out using the statistical software SPSS version 26.0. A significance level $\alpha=0.05$ was considered throughout the study.

Results: The four most consumed antipsychotics were risperidone 9.72% (n=14), paliperidone 25.7% (n=37), olanzapine 14.6% (n=21), and aripiprazole 34.7% (n=50). Descriptively, it was observed that the drugs most associated with moderate or high risks were paliperidone (37.8%) and olanzapine (33.3%), risperidone (28.6 %). Aripiprazol (22%) was the less associated compound with moderate/high cardiovascular risk.

Conclusions: Subjects treated with olanzapine and paliperidone showed a higher association with cardiovascular risk. Predicting cardiovascular risk could provide individual benefits by enabling lifestyle modifications, pharmacological treatment changes, or closer monitoring to reduce cardiovascular risk.

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EPP0261

Changes in clozapine dose and concomitant medication - a 10-year comparative study

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Introduction: Clozapine is an atypical antipsychotic approved for treatment-resistant schizophrenia. Although effective, possible side effects make its underutilization still a current problem. The type of titration and dosages used differ worldwide.

Objectives: To asses doses of clozapine and concomitant medications used in schizophrenia during 2012-2013 versus 2022-2023.

Methods: A retrospective observational study analysing clozapine doses and concomitant treatment used in schizophrenia from 2012-2013 compared to 2022-2023. Data were collected from the medical charts of patients admitted to the Clinical Hospital of Psychiatry and Neurology Brasov, Romania, during 2012-2013 and 2022-2023.

Results: In the total of 570 patients who were admitted in 2012-2013 with a diagnosis of paranoid schizophrenia, 69 (12,10%) of them were treated with clozapine. Of the 69 cases, 53,62% patients were females, mean age was 40,95 years (SD = $\pm 10,32$), with an average of onset age 23,17 (SD= $\pm 6,21$). The average length of stay for hospitalization was 24,97 days (SD= $\pm 12,65$). The mean clozapine dose was 393,47 ((SD= $\pm 183,69$), with a minimum dose of 100mg/day and a maximum dose of 800mg/day. 37,68% of patients received concomitant treatment with benzodiazepines, mood stabilisers or sedative-hypnotic drugs. None of the patients received concomitant treatment with another antipsychotic. Among the total of 356 patients admitted with the diagnosis of paranoid schizophrenia during the 2022-2023 period, 72 (20,22%) of the patients were treated with clozapine. 72,22% patients were females, mean age was 49,12 years (SD = $\pm 11,16$), with an average of onset age 25,04 (SD= $\pm 6,40$). The average length of stay for hospitalization was 18,58 days (SD= $\pm 13,78$). The mean clozapine dose was 275,34 (SD= $\pm 146,7$), with a minimum dose of 25mg/day and a maximum dose of 600mg/day. 72,22% of patients received concomitant treatment with benzodiazepines, mood stabilisers, sedative-hypnotic drugs or with another antipsychotic. Antipsychotics used in combination with clozapine were both oral (risperidone, amisulpride, quetiapine, aripiprazole) and long-acting injectable (aripiprazole, risperidone, paliperidone, flupentixol decanoate).

Conclusions: Clozapine remains the drug of choice in treatment-resistant schizophrenia even after 10 years, but its mode of administration has changed over time. While the doses of clozapine used have decreased, the percentage of patients receiving concomitant treatment has doubled. Although some side effects of clozapine are

dose-dependent, lowering doses and combining with other adjunct treatment is not always a better option, as polypharmacy and possible adverse effects combined can lead to reduced adherence. The decision to increase the dose of clozapine or to use concomitant (combination) treatment depends on individual factors, including the patient's clinical condition, response to treatment, and the assessment of potential risks and benefits.

Disclosure of Interest: None Declared

EPP0262

Use of monthly extended-release risperidone injection in schizophrenia: clinical experience

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Introduction: Monthly extended-release injectable risperidone is the new antipsychotic formulation of risperidone available in doses of 75 mg and 100 mg, approved for the treatment of schizophrenia. It contains microcrystals of risperidone that are deposited following intramuscular injection. A fraction of the active ingredient of risperidone is already solubilized and rapidly enters the bloodstream, providing plasma levels similar to oral risperidone on the first day. The microcrystals continue to release risperidone steadily over a period of 4 weeks. No oral supplementation or loading doses are required.

Objectives: The objective of this study is to demonstrate the effectiveness of treatment with monthly extended-release injectable risperidone in patients with schizophrenia who are followed up as outpatients from the Mental Health Center. The study aims to show that this treatment improves symptoms associated with schizophrenia, leading to an enhancement in the quality of life for these patients.

Methods: Analysis and evaluation were conducted on 9 patients diagnosed with Paranoid Schizophrenia and treated with monthly extended-release injectable risperidone from a Mental Health Unit and the Hospital Emergency System during the months of January to April 2023. Among the nine patients, six were previously on oral risperidone treatment exceeding 4 mg, and three were on doses less than 4 mg. The first group received a monthly injectable dose of 100 mg of risperidone, while the second group received 75 mg.

Results: All nine patients showed improvement in positive and anxious symptomatology. Seven of them exhibited improvement in affective and cognitive profiles. None of the patients experienced significant metabolic alterations, and only one of them reported akathisia as a side effect. Furthermore, all patients improved their sleep patterns, and the seven who had behavioral disturbances with a tendency towards aggression no longer exhibited these behaviors.

Conclusions: Monthly extended-release injectable risperidone is beneficial in reducing positive and affective symptoms in patients with schizophrenia. It also improves anxious, cognitive, and behavioral symptomatology. It is considered effective, safe, and

well-tolerated for long-term treatment of this disease, regardless of its initial severity. Therefore, it is advisable to consider it as the first therapeutic option in patients with schizophrenia who have responded well to oral risperidone previously.

Disclosure of Interest: None Declared

EPP0263

"Weight loss, Semaglutide and Manic Episode": A case report

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Introduction: The glucagon-like peptide-1 (GLP-1) receptor agonist Semaglutide has been widely used to manage type 2 diabetes due to its favourable effects on glycemic control and weight reduction. Proved to be safe in adults and elderly patients with renal or hepatic disorders demanding no dose modification. Affective symptoms are not listed as side effects in the product information. However, there is a recent investigation going on by the European Medicines Agency (EMA) after three flagged cases of suicidal thoughts in Iceland. In contrast, the Food and Drug Administration (FDA) recommend that patients with this treatment are monitored for suicidal thoughts or behaviour.

Objectives: This case study explores the possible relationship between Semaglutide treatment and the onset of a manic episode in a 57-year-old male with no history of psychiatric disorders.

Methods: We present a 57-year-old male with no psychiatric history of interests, with a previous good functioning. A one-week history of disruptive behaviours started, characterized by excessive cheerfulness, heightened euphoria, and reduced need for sleep. Family members describe a complex situation at home, with frequent outings by the patient, engaging in conversations with strangers, getting lost, and becoming more irritable with them. The patient and family relate this mood change after initiating Semaglutide for diabetes control, starting at 7mg doses. The temporal relationship between the initiation of Semaglutide therapy, precisely a dose escalation to 7mg, and the onset of manic symptoms prompted family members to notify the patient's endocrinologist. Due to the inability to manage the patient at home and his unpredictability, they sought help at the emergency department, resulting in a psychiatric admission. Imaging and analytical tests show no significant abnormalities.

Results: During his stay in the psychiatry department, semaglutide dosage was reduced, and treatment with Aripiprazole was initiated at doses of 5mg, given the metabolic profile associated with medical comorbidities (obesity, chronic renal failure and diabetes). Subsequent clinical observations showed a gradual resolution of manic symptoms and an improvement in the patient's overall mental state.

Conclusions: This case highlights the importance of monitoring and recognizing potential neuropsychiatric side effects associated with Semaglutide therapy, particularly in individuals without a

prior psychiatric history. Further research is warranted to elucidate the underlying mechanisms linking Semaglutide with mood disturbances and to identify risk factors that may predispose certain patients to develop manic states in response to this GLP-1RA. Clinicians should remain vigilant and consider alternative treatment options if such side effects occur, ensuring comprehensive management of patients receiving Semaglutide for diabetes control.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPP0265

Exploring Cariprazine's Potential in Late-Stage Schizophrenia Treatment

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Introduction: Schizophrenia is a chronic neuropsychiatric disorder that often requires long-term pharmacotherapy to manage symptoms and prevent relapse. There are important clinical differences between early-stage versus late-stage schizophrenia, like the predominant symptomatology. In later stages, negative, cognitive, and anxiety/depressive symptoms dominate the clinical picture, with relapses further potentiating the emergence of positive symptoms. Therefore, it is crucial to establish the efficacy of an antipsychotic medication in the later stages of schizophrenia as well. Cariprazine is a novel dopamine D3-preferring D3/D2 receptor partial agonist that has shown efficacy in treating schizophrenia across the symptom spectrum.

Objectives: The aim of this poster is to present the findings of cariprazine's efficacy in treating late-stage schizophrenia, especially in symptoms that are more commonly occurring in this phase of the disorder.

Methods: This poster reports the results of a post-hoc pooled analysis of three 6-week, double-blind, placebo-controlled trials (NCT01104766, NCT01104779, NCT00694707) that assessed the efficacy of cariprazine in schizophrenia. The primary outcome was the change in Positive and Negative Syndrome Scale (PANSS) Total Scores from baseline to endpoint. The analysis focused on patients with late-stage schizophrenia (defined as having an illness-duration of more than 15 years) who received cariprazine at doses between 1.5 mg/day to 6.0 mg/day. The changes in PANSS-derived Marder Factor Scores for Negative, Disorganised Thought (i.e., Cognitive) and Anxiety/Depression symptoms were further examined. The least square mean differences (LSMDs) between cariprazine and placebo groups were calculated using mixed-models for repeated measures (MMRM).

Results: Altogether, 128 placebo-, and 286 cariprazine-treated patients were identified as having schizophrenia for more than 15 years. The mean age of patients was about 45 years, while the mean illness-duration was about 24 years. The mean baseline PANSS scores were the same between the two groups. In the late-stage schizophrenia population, at Week 6, cariprazine yielded

statistically significantly greater reductions on the PANSS Total Score (LSMD -6.7, $p < 0.01$). Cariprazine further showed superiority over placebo in reducing negative (LSMD -1.4, $p < 0.05$), disorganised thought (LSMD -1.3, $p < 0.01$), and anxiety/depression (LSMD -0.9, $p < 0.05$) symptoms.

Conclusions: Cariprazine showed efficacy in treating patients with late-stage schizophrenia. It improved overall schizophrenia symptoms, as well as the negative, cognitive and anxiety/depression symptoms that are more prevalent in this phase of the disorder.

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EPP0266

Different modalities of measuring life engagement in people living with schizophrenia spectrum disorders: A preliminary analysis

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Introduction: The concept of "life engagement" encompasses several aspects of one's life, including personal well-being, contentment, purpose, and engagement in meaningful activities. In 2006, the group led by Scheier designed a 6-item scale to measure this concept in the general population: the Life Engagement Test (LET), however, this tool was never validated in clinical populations (Scheier *et al.* 2006 J Clin Psychiatry 2006; 29 291-298). In subjects living with schizophrenia life engagement can be measured through the Positive and Negative Syndrome Scale-Life Engagement (PANSS-LE), derived by isolating 11 items (i.e., N01, N02, N03, N04, N05, N06, G06, G07, G13, G15, G16) from the PANSS (Correll *et al.* 2022 J Clin Psychiatry 2022; 83-4) (Correll *et al.* 2022 J Clin Psychiatry 2022; 83-5).

Objectives: The aim of this study was to investigate the clinical and functional correlates of two different measures of life engagement in a cohort of individuals living with schizophrenia spectrum disorders (SSD).

Methods: Ninety-five subjects living with SSD recruited from the ASST Spedali Civili di Brescia (Italy) were included in the preliminary ad-interim analysis of the present study: for each patient information regarding the clinical presentation were measured with the Clinical Global Impression (CGI) scale, the Health of the Nation Outcome Scales (HoNOS), the Brief Negative Symptoms Scale (BNSS) and the PANSS; additionally, information related to the psychosocial functioning were collected through the Global Assessment of Functioning (GAF) scale; finally, life engagement was evaluated through the LET and the PANSS-LE. Spearman's

correlations were performed using SPSS v28 and p values < 0.05 were considered significant.

Results: Both the LET and the PANSS-LE were correlated with the CGI (p=0.002 and p<0.001 respectively), but only the PANSS-LE was found to be correlated with the GAF (p<0.001), the BNSS (p<0.001) and the HoNOS (p<0.001).

Conclusions: The concept of life engagement is of growing interest for healthcare professionals working in the mental health field, in line with the concept of reaching a full functional recovery and considering patient-reported outcomes. From our study it is evident that life engagement in individuals living with SSD is better characterized through the PANSS-LE rather than the LET, as the former is more specific to define the complexity of the SSD symptomatology.

Disclosure of Interest: None Declared

EPP0267

Theta-burst rTMS in schizophrenia to ameliorate negative and cognitive symptoms: a double-blind, sham-controlled, randomized clinical trial

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Introduction: Schizophrenia is a major mental disorder that affects approximately 1% of the population worldwide. Social cognition impairments and negative symptoms such as blunted affect or emotional withdrawal strongly contribute to the psychosocial functioning deficits and long-term disability in schizophrenia. The state-like and trait-like components of social cognition are impaired in schizophrenia

Objectives: Treatment effects of conventional approaches with antipsychotics or psychosocial interventions are limited when it comes to reducing negative and cognitive symptoms in schizophrenia. While there is emerging clinical evidence that new, augmented protocols based on theta-burst stimulation can increase rTMS efficacy dramatically in depression, data on similar augmented therapies are very limited in schizophrenia. The different patterns of network impairments in subjects may underlie that some but not all patients responded to given stimulation locations.

Methods: Therefore, we propose an augmented theta-burst stimulation protocol in schizophrenia by stimulating both locations connected to negative symptoms, namely the vermis of the cerebellum and the left Dorsolateral Prefrontal Cortex (DLPFC). Ninety subjects with schizophrenia presenting negative symptoms and aging between 18-50 years will be randomized to active and sham stimulation in a 1:1 ratio. The TBS parameters we adopted follow the standard TBS protocols, with 3-pulse 50-Hz bursts given every 200 ms (at 5 Hz) and an intensity of 100% active motor threshold. We plan to deliver 1800 stimuli to the vermis and 1800 stimuli to the left DLPFC daily in two 9.5-minute blocks for four weeks.

Results: The primary endpoint is the change in negative symptom severity measured by the Positive and Negative Syndrome Scale

(PANSS). Secondary efficacy endpoints are the change in cognitive flexibility measured by the Wisconsin Card Sorting Test and the change in social cognition assessed by the 'Reading the Mind in the Eyes', facial emotion recognition, and the 'Faux pas' tests. The safety outcome is the number serious adverse events.

Conclusions: In conclusion the aim of our study is to prove the safety and efficacy of theta burst stimulation for treating negative symptoms of schizophrenia.

Disclosure of Interest: None Declared

EPP0268

Predictors of admission to an assertive outreach service for psychosis in Lebanon

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Introduction: Schizophrenia is a chronic, debilitating mental illness that contributes significantly to the global burden of disease. Assertive outreach treatment for patients with schizophrenia and psychotic disorders has been implemented to improve treatment adherence and outcomes. The suitability of this model of care outside the western context has not been fully established. The Psychosis Recovery Outreach Program (PROP), staffed by a multi-disciplinary team that applies principles of early intervention and assertive outreach, was initiated in February 2016 at a leading psychiatric facility in Lebanon.

Objectives: The aim of this study is to identify and analyze clinical and demographic variables associated with patient enrollment in PROP, out of a typical clinical population attending a psychiatric outpatient department.

Methods: This retrospective study included patients above 18 y.o. at time of first point of care with a primary diagnosis of psychosis according to the International Classification of Diseases 10 (ICD-10), and who presented to the outpatient psychiatry department at the American University of Beirut Medical Center (AUBMC) and were following up in PROP. We collected twelve-month data and used logistic regression models to identify predictor variables for enrollment in the service compared to those receiving standard treatment.

Results: In total, 45 patients participated in the study. Patients were mostly males (77.8%), younger than 39 years (80%), of college or higher education (68.2%), and diagnosed with schizophrenia (46.7%) or schizoaffective disorder (48.9%). About one-quarter (22.7%) had a comorbid cannabis use disorder. A majority received more than one oral antipsychotic (75.6%) while half (51.1%) were maintained on a long-acting injectable (LAI) antipsychotic. The following variables were significant predictors of enrollment in PROP: having a comorbid cannabis use disorder (OR 2.83 [1.25 – 6.37]), being prescribed a LAI antipsychotic (OR 9.99 [4.93-20.24])

or more than one oral antipsychotic (OR 4.57 [2.22-9.39]), visiting the emergency department more than once (OR 8.7 [2.64-28.68]), and admission to the psychiatry unit (OR 13.91 [3.17-60.94]). In addition, those following up in PROP were younger and less likely to be in the oldest age group (over 54 years) [OR 0.11 (0.01-0.93)], less likely to be females (OR 0.39 [0.18-0.81]), and less likely to be diagnosed with “other psychotic disorder” as compared to schizophrenia (OR 0.14 [0.03 – 0.62]).

Conclusions: PROP was the first community treatment program to use the principles of assertive outreach in Lebanon. Our findings highlight that the assertive out-reach model of care is applicable to its target population in the context of psychiatric care in Lebanon, namely young individuals with psychosis, higher comorbidities and a severe course of illness.

Disclosure of Interest: None Declared

EPP0269

Cascadic failure and preferential decay via pruning mediated percolation on interdependent networks: implications for schizophrenia

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Introduction: During adolescence the brain is dynamically changing. Destabilization and acceleration of the normal adolescent synaptic pruning process is likely a contributing factor to the neuropathology of schizophrenia. Details on whether normal pruning effects weaker synapses more or uniformly all synapses with different strengths, needs to be further evaluated. Widespread impairment in structural connectivity in schizophrenic patients involving several cortical and subcortical areas, has been previously described. In this computational study, we investigated a stochastic percolation process in interdependent networks, motivated by pathological synaptic pruning. We examined preferential decay in the connectivity decremental process, as well as differential pruning in interconnected subnetworks. Finally, the speed of the percolation process, as well as the potential for pharmacological interventions of percolation in random networks was explored. Statistical structural properties of decaying networks pinpointed several network attributes which the disintegration and phase transitions qualitatively depended on.

Objectives: The following objectives were explored: 1.) Apart from a random percolation process, we investigated preferential decay of the connections. We introduced different percolation rules for various connection types. 2.) Based on previous experimental results, we assumed that different interconnected neural subpopulations prune differently, therefore we explored differential pruning process in the subnetworks. 3.) The speed of the percolation was

studied and the pharmacological synaptic connectivity change was also analyzed.

Methods: We considered two inter-connected randomly connected networks, where the connections were removed during the percolation process. Simulations were partially performed using Octave on a Lenovo Thinkpad running the Linux operating system and partially performed on a supercomputer at UPPMAX (NAISS Small Compute 2023 Dnr: NAISS 2023/22-102).

Results: We found that the coupled network system shows rich percolation behaviors with phase transitions for various coupling strength and coupling patterns. The phase transitions of both layers are altered qualitatively between discontinuous, mixed and continuous. Recursively developing percolation in interdependent networks can cause complete fragmentation of these networks, resulting in cascadic failure which might be related to schizophrenia symptoms.

Conclusions: This computational study analyzes the pruning-mediated percolation in interdependent neural networks. Consequences of the pathological overpruning were related to the attributes of the interdependent network properties. Implications for schizophrenia development and predictions for compensatory iatrogenic percolation was also pinpointed and discussed.

Disclosure of Interest: None Declared

EPP0270

Deep brain stimulation and psychosis as side effect: A case study

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Introduction: Deep brain stimulation (DBS) of the subthalamic nucleus (STN) is a therapeutic method used for decades in neurological diseases such as Parkinson’s disease (PD), Huntington’s disease (HD) or dystonia. HD is a rare, inherited, neurodegenerative condition that causes progressive motor deficits, psychiatric symptoms, and cognitive impairment.

Objectives: Moreover, after DBS as a psychiatric side effect has been marked and the etiology of that side effect is not well-understood.

Methods: A case study of a 51 years old male is presented, who developed involuntary movements, for the first time at the age of 17, being diagnosed with Chorea Huntington, was treated with medication without improvement of the symptoms, such as rigidity and bradykinesia. After ten years, based on guidelines, he was treated with DBS, the outcome of which showed complete improvement of neurological symptomatology. Nevertheless, he started to present delusional ideas of reference with his siblings, sleep disturbance, dysphoria and agitation.

Results: Obviously, DBS improved neurological symptomatology permanently. The medical history of our patient has shown the recurrence of psychiatric symptoms as a few mandatory psychiatric

hospitalizations and his condition has improved with olanzapine 20 mg/ daily and L.A.I. of paliperidone (once /monthly).

Conclusions: By far, DBS, as a treatment modality, has great potential to modify disease outcomes and potentially cure the devastating genetic neurodegenerative disorder such as chorea. The cases with psychiatric side effects of DBS have been described so rarely, that it's difficult to formulate conclusions that can be applied to the whole population of patients treated with DBS. In our opinion, in some cases it is possible to effectively treat the psychotic symptoms without resignation from the benefits of DBS.

Disclosure of Interest: None Declared

EPP0271

Psychotic experiences in university students: prevalence, correlates and association with non-specific psychological distress

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Introduction: Subclinical psychotic experiences (PEs) are far more prevalent than psychotic disorders, with an estimated prevalence of 7.2% (Linscott & Van Os. Psychol Med 2013;43 (6) 1133-1149). PEs are particularly prevalent in late adolescence and young adulthood, when obtaining academic education is one of the main developmental tasks. University students are at the peak age of onset of mental disorders, and often experience high levels of social and academic stress that may contribute to the onset of psychopathology. Hence, estimating the prevalence and correlates of PEs among university students is particularly important.

Objectives: To estimate the prevalence of PEs in a sample of Israeli students; assess whether rates of PEs differ by selected sociodemographic characteristics; and examine the association between PEs and non-specific psychological distress.

Methods: 150 students from universities and colleges in Israel participated in a cross-sectional online survey. All students were over the age of 18 and were not diagnosed with psychotic disorders. Participants completed self-report questionnaires, including the Prodromal Questionnaire - Brief Version (PQ-B), Kessler Psychological Distress Scale (K10) and sociodemographic details. The PQ-B yields a score for the total number of items endorsed (range 0–21), and a total distress score (range 0–105). A cutoff of ≥8 distressing symptoms was used to identify participants at high-risk for psychosis.

Results: 21 participants (14.0%) reported 8 or more distressing PEs. PEs were more common in males and among those with a psychiatric illness (Table 1). PEs were not associated with marital status, religiosity, or immigrant status. While a greater number of PEs was positively associated with non-specific psychological distress ($r=0.589$, $p<.001$), there was no association between distress caused by PEs and non-specific psychological distress ($r=0.145$, NS).

Table 1. Sociodemographic characteristics by group

		PEs-	PEs+	χ^2 , p
Sex	M	29.5%	52.4%	4.32, .038
	F	70.5%	47.6%	
Marital Status	Married	17.1%	23.8%	0.56, NS
	Unmarried	82.9%	76.2%	
Immigrant	No	89.9%	85.7%	0.34, NS
	Yes	10.1%	14.3%	
Religiosity	Secular	74.4%	57.1%	2.67, NS
	Other	25.6%	42.9%	
Psychiatric illness	No	87.6%	61.9%	8.87, .003
	Yes	12.4%	38.1%	

Conclusions: The findings confirm that self-reported PEs are much more prevalent than clinically diagnosed psychotic disorders, particularly among young adults. As PEs were found to be associated with non-specific psychological distress, and as they are known forerunners for severe mental disorders, it is important to address mental health issues in school settings and promote prevention and early intervention programs.

Disclosure of Interest: None Declared

EPP0272

Retrospective Assessment of Metabolic Syndrome and Cardiovascular Disease Risk Following Monthly and Three-Month Long-Acting Paliperidone Palmitate Treatment in Schizophrenia

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Introduction: Patients with schizophrenia exhibit a higher prevalence of metabolic syndrome and cardiovascular diseases compared to the general population, resulting in increased mortality rates. The extent of this risk may vary based on the specific treatment employed.

Objectives: This study aims to compare the risk assessments of metabolic syndrome and cardiovascular diseases in schizophrenia patients who transitioned from monthly long-acting paliperidone palmitate (PP1M) treatment to three-month long-acting paliperidone palmitate (PP3M) treatment during both treatment periods.

Methods: The research was conducted at the Psychiatry Clinic and Psychotic Disorders Outpatient Clinic of Selcuk University Faculty of Medicine. Eligible participants included patients under PP3M treatment for a minimum of 6 months and undergoing continuous monitoring in the psychotic disorders outpatient clinic. Sociodemographic and clinical data, scales, laboratory values, and measurements taken both before and during the use of PP3M and PP1M were retrieved from file records, encompassing assessments,

analyses, and examinations conducted in accordance with the “Psychotic Disorders - Treatment Monitoring Protocol.” Ethical approval was obtained from the Selcuk University Ethics Committee.

Results: Among the 31 patients transitioning from PP1M to PP3M treatment, 15 (48.4%) were female. The mean age of the patients was 44.4 ± 14.4 years. No statistically significant differences were observed in the mean values of clinical evaluation and side effect assessment scales, body mass index (BMI), waist-to-hip ratio, systolic blood pressure, glucose levels, cholesterol levels, prolactin levels, and thyroid-stimulating hormone (TSH) measurements between the pre- and post-treatment phases ($p > 0.05$). However, a significant difference was identified in the mean Qrisk3 values, a cardiovascular risk index, in two distinct measurements (10-year risk score: PP1M 3.7 ± 4.2 and PP3M 4.6 ± 4.8 , $p = 0.003$).

Conclusions: Our study, designed to investigate the impact of the monthly and three-month long-acting formulations of the same antipsychotic drug on patients' clinical status, side effects, and general health parameters, found that PP3M treatment did not significantly differ from PP1M treatment in terms of Qrisk3 values. Despite the lack of statistical significance between the parameters used in Qrisk3 calculation, the observed significant difference in Qrisk3 values is attributed to variations in age. In order to promote the widespread adoption of long-acting treatments in schizophrenia management, clinicians should engage in comprehensive comparative studies assessing both efficacy and side effects.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0275

The Role of Partial Agonists and Specifically Cariprazine in Dual Disorders

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Introduction: The treatment of dual disorders, the co-occurrence of a major psychiatric disorder and a substance use disorder, represents a great challenge. Recent articles recommend antipsychotics with a dopamine partial agonism as first line treatment for these patients. Studies also postulate that drugs targeting the dopamine D3 receptors specifically might have an advantage, as these receptors are involved in drug-related reward, drug-seeking, and drug-intake behaviour. One compound that has both, partial agonist- and D3- activity is cariprazine.

Objectives: To evaluate the real-world evidence of the effectiveness of cariprazine in patients with dual disorders.

Methods: We performed a systematic literature search on PubMed, looking for English language articles published between January 2017 - September 2023 with the following search terms: (cariprazine) AND (psychosis OR schizophrenia OR schizoaffective OR bipolar depression OR bipolar mania OR bipolar disorder

OR major depressive disorder) AND (“substance use disorder” OR cocaine OR alcohol OR cannabis OR heroin OR “double diagnosis” OR “dual diagnosis”) NOT (animal OR rat OR mouse) NOT (review or meta-analysis). An additional targeted hand search of congress reports, posters, and case reports was also conducted.

Results: The search yielded 8 articles with 11 case reports. Mental health disorders included psychosis, schizophrenia, schizoaffective disorder, PTSD, and bipolar disorder while the abused substances were methamphetamine, cannabis, alcohol, and cocaine. All case reports described an improvement in both the symptoms of mental and substance use disorder with reduced craving and drug use and in some cases even ceasing drug use all together.

Conclusions: In summary, evidence suggests that cariprazine seem to be a potential candidate for dual disorders as it improves symptoms of both mental and substance use disorders.

Disclosure of Interest: Á. Barabássy Employee of: Gedeon Richter Plc., Z. Dombi Employee of: Gedeon Richter Plc., R. Csehi Employee of: Gedeon Richter Plc., D. Djuric Employee of: Gedeon Richter Plc., G. Németh Employee of: Gedeon Richter Plc.

EPP0276

Prevalence of drug use and substance dependence among university students at the University of Girona

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Introduction: This study examines the prevalence of drug use and substance dependence among university students majoring in Social Education at the University of Girona, aiming to comprehend its impact on the mental health of this population.

Objectives: To determine the prevalence of drug use and substance dependence among university students majoring in Social Education at the University of Girona and to examine gender differences in consumption patterns.

Methods: A cross-sectional, observational, and analytical design was employed. The study population consisted of 258 enrolled students in the program. Convenience sampling was used, with a sample size of 156 students, confidence level of 95%, and margin of error of 5%. The final obtained sample size was $n = 161$. An ad hoc questionnaire was used to collect data on general characteristics and drug use. Statistical analysis included Pearson's Chi-square tests and Student's t-tests.

Results: A total of 161 students participated (88.2% females, 11.2% males), with an average age of 21.61 years. Among them, 75.8% grew up in structured families, while 24.2% came from dysfunctional families. Regarding socioeconomic status, 4.3% considered themselves from a low-class background, 32.9% from

low-middle class, 51.6% from middle class, and 11.2% from upper-middle class.

Substance dependence was identified in 29.2% of the participants: alcohol (20.3%), MDMA (11.1%), cocaine (10.3%), psychopharmaceuticals (4.8%), and hallucinogenic mushrooms (4.0%). No significant differences were found in SDS scale scores for determining dependence thresholds for any substances except for cannabis (Males = 6.13 vs. Females = 1.80, $t = 3.886$, $df = 83$, $p < .001$). A total of 55.6% of males showed substance dependence compared to 25.7% of females ($X^2 = 6.853$, $df = 1$, $p = .009$).

Conclusions: This study highlights a concerning prevalence of drug use and substance dependence among university students majoring in Social Education at the university, with certain gender-based consumption pattern differences. These findings emphasize the urgency of intervention approaches targeting mental health and substance prevention in this specific population.

Disclosure of Interest: None Declared

EPP0277

Unmasking the Dual Threat of Fentanyl and Xylazine Abuse in America

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Introduction: The United States of America are currently facing a public health crisis characterized by the abuse of synthetic opioids, notably Fentanyl, and the veterinary sedative Xylazine. While each of these substances has been associated with significant risks, their current misuse presents a formidable challenge to healthcare professionals, law enforcement agencies and policymakers. While the opioid epidemic has long held the nation in its grip, the emergence of Xylazine as complementary agent in substance abuse has added a disturbing layer of complexity to an already terrible situation, due to its cost-cutting, an increase in its addictive properties and its ability to extend the duration of the opioid with which it is combined.

Objectives: The authors intend to review the relevant and current literature in order to extend the knowledge about this condition and find the best conducts for clinical practice.

Methods: Non-systematic literature review

Results: Various regions of the United States are facing a troubling surge in the co-abuse of Fentanyl, a potent synthetic opioid many times more potent than morphine, and Xylazine, a veterinary sedative and muscle relaxant, particularly in urban areas. The motivations for this combination appear to vary, ranging from the enhanced euphoria to cost-saving measures, further fueling its prevalence. However, the consequences are devastating. Both substances depress the central nervous system, with a sharp increase in overdose deaths and emergency medical services are strained to their limits in responding to these crises. Law

enforcement agencies are facing a daunting task in curtailing the distribution of these substances, often grappling with clandestine networks that exploit the accessibility of these drugs.

Conclusions: The concurrent abuse of Fentanyl and Xylazine represents a critical public health challenge in the United States of America, demanding immediate attention and a multidisciplinary response. Failure to address this issue comprehensively will have profound implications for the well-being of individuals, families and communities across the nation. It is imperative to mobilize resources, foster interdisciplinary collaboration and develop evidence-based policies to combat this dual-threat crisis. Novel intervention strategies, including community education programs, targeted outreach efforts, and supervised consumption facilities, are urgently needed to address this complex issue.

Disclosure of Interest: None Declared

EPP0278

An LC-MS/MS method for the determination of W18 in urine samples

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Introduction: Synthetic drugs pose one of the most significant drug problems worldwide. In this category, W18 emerges as a potent drug of abuse chemically related to fentanyl. W18 has an analgesic potency 10,000 times greater than morphine. Recent in-vitro studies reported no activity of W18 towards opioid receptors. However, its presence in seized drug samples indicates its use as a precursor in fentanyl synthesis. This emphasizes the need to develop methods for its detection in developing countries dealing with emerging new drugs.

Objectives: To develop an analytical method for the determination of W18 in urine samples.

Methods: Standards with W18 concentrations ranging from 5-500 ng/ml were prepared in negative urine along with deuterated internal standard. The samples were diluted with methanol, centrifuged and the supernatant was subjected to Liquid chromatography-tandem mass spectrometry (LC-MS-MS) with time of flight (QTOF) analysis. For chromatographic separation, a C18 column with 50 degrees oven temperature was used. The mobile phase consists of formic acid, water, and acetonitrile. The TOF MS was operated in positive ion mode and multiple reaction monitoring was used for quantification.

Results: The retention time of W18 was obtained at 9.57 minutes. The parent ion with molecular weight 422.1 along with precursor ions Q1-273, Q2-111.0, Q3-150.0 g/mol were measured. The area of the standards ranges from 1 to 9.0 log 5 with R square of 0.99. The limit of detection (LOD) and quantitation were 5 and 20 ng/ml respectively. The recovery of W18 was estimated to be 96% from the from spiked urine standards.

Conclusions: The developed method is able to detect W18 presence in urine samples. This method has the potential to be used in clinical and research studies.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP0280

Assessment of the intensity of state-trait anxiety of children with cancer

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Introduction: Children with cancer face many difficulties on a daily basis which place them at increased risk of developing anxiety and discomfort.

Objectives: To assess the intensity of state-trait anxiety in children with cancer.

Methods: The sample of the study consisted of 100 children from Greek Children's Hospital, aged 8-16 years, of which 56 had cancer, representing the study group while the control-group was 44 in an outpatient clinic with endocrinological problems. Data were collected by the completion of the questionnaire "State-Trait Anxiety Inventory for children" by Ch. Spielberger. Statistical package S.P.S.S. was used for statistical analysis. 22 and the statistical test, t-test and anova. The significance level was set at $p < 0.05$.

Results: Of the total sample, sarcoma 38%, brain Ca 14%, 48% endocrine problem, and the largest percentage (57%) were aged 8-10 years. Children with cancer in 44.6% were under treatment and 55.4% in remission or recovery. Body image change was experienced by the 44%. The mean value of the state anxiety was 30.3 ± 5.4 and trait was 35.3 ± 6.9 . Children with cancer experienced lower levels of state anxiety compared to control group, $p = 0.049$, and did not differ in terms of trait anxiety, $p = 0.060$. In the total sample, girls experienced trait anxiety of the highest intensity, $p = 0.018$ and children aged 14-16, $p = 0.020$. No statistically significant differences were found in relation to the type of cancer in both state and trait anxiety, $p = 0.096$ and $p = 0.424$, in relation to the phase of the disease and the change of body image, $p > 0.05$. Children whose fathers were of higher education experienced less anxiety and differed significantly from those of primary and secondary education, $p = 0.036$ and $p = 0.021$, respectively. Comparison between control group and study group in relation to gender, showed that girls with cancer experienced trait anxiety of higher intensity, $p = 0.029$ but children between 14-16 years from the control group experienced trait anxiety of higher intensity, $p = 0.030$.

Conclusions: Children of both groups experienced mild to moderate anxiety and its intensity was related to socio-demographic factors of the children and their parents.

Disclosure of Interest: None Declared

EPP0281

Psychiatric disorders in patients with rheumatoid arthritis

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Introduction: Rheumatoid arthritis (RA) is a systemic inflammatory disease that can lead to significant morbidity and especially to psychiatric disorders. Depression and anxiety are common symptoms in RA patients, and seem to influence disease activity, pain, and treatment response.

Objectives: The aim of this study was to investigate the prevalence of depression and anxiety and their related factors in RA patients.

Methods: 100 patients diagnosed with rheumatoid arthritis according to ACR1987 or ACR/EULAR criteria 2010 were investigated. Demographic, clinical and laboratorial data were obtained from hospitals records.

The RA severity Disease Activity was assessed by the Disease Activity Score (DAS 28). Physical function was assessed by the Health Assessment Questionnaire-Disability Index (HAQ).

The Hospital Anxiety and Depression Scale (HAD a/d) was used to evaluate the depression and anxiety symptoms. Patients with results greater than 11 are considered depressed or anxious.

Results: The group studied included 87% of women and 13% of men. The median age was 55.2 years [27-83]. The median disease duration was 11.7 ± 8.9 years.

The majority of the patients were unemployed, they were housewives in 65% of the cases, retired in 6% and 2 % had taken sick leave. The median ESR was 44 ± 31.6 mm, and the median of CRP level was 26 ± 35.3 mg/l. The median disease activity (DAS 28) was 4.6 ± 1.4 . Forty-five % had moderate disease activity ($3.2 \leq \text{DAS } 28 \leq 5.1$), and 27% of the sample had high disease activity ($\text{DAS } 28 > 5.1$). The mean of the HAQ was 1.1 [0-3].

The anxiety and depression questionnaire (HAD a/d) showed means of 10.6 for depression, and 10.25 for anxiety respectively. Depression was presented in 46 % of RA patients. Anxiety was presented in 48 %.

There was a correlation of HAD a/d with employment status ($p < 0.05$), and functional disability (HAQ) ($p < 0.001$).

There was no significant association of anxiety and depression scales with RA disease activity.

Conclusions: Chronic inflammation impairs the physiological responses to stress, resulting in depression, anxiety which leads to a worse long-term outcome in RA.

Physical disability and social factors, are predictive of psychiatric disorders in RA. This fact must be taken into account when evaluating therapeutic response.

Disclosure of Interest: None Declared

EPP0284

Gender differences in the association of dementia symptoms severity and hospital anxiety

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Introduction: Symptoms of anxiety can worsen cognitive decline in people with dementia, and symptoms of dementia and fears of further cognitive decline can cause anxiety. Advanced dementia is not necessarily associated with a loss of emotion, which means that people may still experience anxiety, but their ability to cope in a healthy way is reduced. The problem is exacerbated by the fact that hospital care alone can contribute to the severity of anxiety symptoms due to change in routine of daily activities, unfamiliar surroundings, uncertainty about health status, prognosis and various medical procedures. There are differences between women and men in the prevalence, course and manifestation of both dementia and anxiety disorders.

Objectives: To examine whether there are differences between women and men in the association of hospital anxiety with eight symptoms of dementia: difficulties with memory, orientation, judgement, problem solving, fulfilling social obligations, daily activities at home and with hobbies, or personal care, in patients with mild to moderate dementia.

Methods: A cross-sectional study was conducted at Sveti Ivan Psychiatric Clinic in Zagreb in June 2023. The target population were hospitalised patients diagnosed with dementia, both genders, aged 60-90 years, without psychotic disorder. Anxiety during hospitalisation was measured using the anxiety subscale of the Hospital Anxiety and Depression Scale (HADS-A), and the severity of dementia symptoms was measured using the Dementia Assessment Instrument (CDR). The hypothesis was tested using Wald test of differences between women and men in unstandardised linear regression coefficients of the HADS-A on individual dementia symptoms, after adjustment for age, education, presence of a married or stable non-marital partner and duration of current hospitalisation.

Results: We enrolled 65 women and 35 men of comparable age. There were significant gender-related differences in the association between hospital anxiety and difficulties with judgement ($P = 0.01$), fulfilling social obligations ($P < 0.001$), difficulties with home and hobbies ($P = 0.02$), and personal care ($P = 0.00$). In women, more pronounced difficulties with judgement and with home and hobbies were associated with higher anxiety, and in men the presence of these two symptoms of dementia was associated with lower anxiety. Difficulties with fulfilling social obligations are associated with lower anxiety in women and higher anxiety in men. Difficulties with personal care were associated with lower anxiety in both genders, but this effect was stronger in men.

Conclusions: There are differences between women and men in the association between anxiety during hospital treatment and the severity of individual dementia symptoms. These differences are present in difficulties with judgement, fulfilling social obligations, home, hobbies and personal care.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP0285

Methylomic signature of lithium response in bipolar disorder

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Introduction: Bipolar disorder (BD) is a chronic and severe psychiatric disorder, characterized by the alternance of episodes of (hypo)-mania and major depression. Lithium (Li) is the first-line treatment for BD but unfortunately response to Li is highly variable: after at least two consecutive years of treatment, only a fraction of patients receiving Li will display significant improvement in the frequency and/or severity of mood recurrences. This interindividual variability of treatment response is difficult to predict, in the bipolar disorder context. This could be determined by genetic factors still misidentified by available genetic studies. In addition, no clinical or biological markers are available to reliably define eligibility criteria for a lithium treatment in bipolar disorder. A consequence is a long process of therapeutic trials (18-24 months) to phenotype Li response, delaying the stabilization.

Objectives: To identify objective biomarkers of the prophylactic response to lithium in order to improve patient care and propose therapeutic alternatives to patients who do not respond to lithium.

Methods: Using a genome-wide methylomic approach, and then logistic regressions incorporating as covariates the different types of treatments, we were able to identify differentially methylated regions (DMRs) whose methylation difference between responders and non-responders was not impacted by co-prescribed treatments. Then, we used Methylation Specific High-Resolution Melting (MS-HRM), a PCR based method than can be implemented in any medical laboratory at low cost and with minimal equipment, to estimate methylation proportion of 9 DMRs in 61 samples of bipolar patients.

Results: In the sample of 61 individuals with BD, the 9 MS-HRM-measured DMRs combined with clinical variables (age, sex, cigarette smoking status, lifetime number of hospitalizations, age at onset of BD, polarity at onset, psychotic symptoms at onset, family history of BD, lifetime alcohol/cannabis misuse, panic disorders, Li prescribed as the first mood stabilizer (vs 2nd or 3rd choice)) correctly classified 83,6% of individuals as good or non-responders ($n=61$, prophylactic response phenotype defined using the "Alda" scale). Excluding the partial responders, the percentage of correctly classified individuals is as high as 100% ($n=43$, 18 non responders and 25 responders). The AUC are respectively $AUC=0.913$ and $AUC=1.0$.

Conclusions: The MS-HMR method allow to identify the response status of individuals with BD with 9 DMR. These DMRs

discriminate good from non-responders and can be used in combination with clinical variables.

Disclosure of Interest: None Declared

EPP0287

Decreased telomere length in a subgroup of young individuals with bipolar disorders: replication in the FACE-BD cohort and association with the shelterin component POT1

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Introduction: A 10-15 years decrease in life expectancy has been observed in individuals with bipolar disorder (BD) and has been associated with premature cellular aging, but mechanisms involved remain unclear. Our team recently identified a subgroup of young individuals with prematurely shortened telomere length (TL).

Objectives: The aims of the present study were to replicate this observation in a larger sample and to analyze the expression levels

of genes associated with age or TL in a subsample of these individuals.

Methods: TL was measured by qPCR using peripheral blood DNA from 542 individuals with BD. Clustering analyzes were performed with age and TL as classification variables to identify similar groups.

Gene expression of 29 genes, including 20 associated with age and 9 with TL, was analyzed by RT-qPCR using peripheral blood RNA in a subgroup of 129 individuals. Gene expressions were compared between groups obtained from the previous clustering analyzes by Kruskal-Wallis and Mann-Whitney tests.

Results: Clustering analyzes identified 3 subgroups and replicated the clustering previously described: a subgroup of aged individuals with a low TL (mean age : 51.73 years ; mean TL : 2), a subgroup of young individuals with a high TL (mean age : 29.02 years ; mean TL : 4.36) and a subgroup of young individuals but with a low TL (mean age : 29.64 years ; mean TL : 1.96). None of the tested clinical variables were significantly associated with this subgroup.

Furthermore, gene expression level analyzes showed that only *POT1* expression was different between the two subgroups of young individuals, with a downregulation of *POT1* expression in the subgroup with a lower TL level. *POT1* is a protein involved in the maintenance of TL. *POT1* binds to another protein TPP1 allowing the recruitment of telomerase, the enzyme which extends TL. Our hypothesis is that in the subgroup presenting a lower *POT1* expression, the *POT1*-TPP1 complex cannot form and thus prevents telomerase recruitment and TL elongation.

Conclusions: This study confirms, on a larger sample, the existence of a subgroup of young individuals with BD presenting accelerated cellular aging. The observed decrease of *POT1* expression level suggests a newly described cellular mechanism in individuals with BD, that may contribute to telomere shortening.

Disclosure of Interest: None Declared

EPP0288

Telehealth Treatment of Patients with Bipolar Depression during the COVID-19 Pandemic: Comparative Safety, Patient Satisfaction, and Effectiveness to Prepandemic In-person Treatment

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Introduction: The COVID-19 pandemic prompted a transition from in-person to telehealth psychiatric treatment. There are no studies of partial hospital telehealth treatment for bipolar disorder.

Objectives: In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we compared the effectiveness of partial hospital treatment of patients with bipolar depression treated virtually versus in-person.

Methods: Outcome was compared in 76 patients with bipolar depression who were treated virtually from April, 2020 to December, 2022 to 130 patients who were treated from May, 2017 to January 2020. The patients completed self-administered measures of patient satisfaction, symptoms, coping ability, functioning, and general well-being.

Results: In both the in-person and telehealth groups patients with bipolar depression were highly satisfied with treatment and reported a significant reduction in symptoms from admission to discharge. Both groups also reported a significant improvement in positive mental health, general well-being, coping ability, and functioning. Suicidal ideation was reduced in both groups. No patients attempted suicide. A large effect size of treatment was found in both treatment groups. The length of stay and the likelihood of staying in treatment until completion were significantly greater in the virtually treated patients.

Conclusions: Telehealth delivery of partial hospital level of care for patients with bipolar depression was as safe and effective as in-person treatment.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0291

Comparative analysis of self-stimulatory behaviors in ASD and ADHD

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Introduction: The phenomenon of self-stimulatory behaviors, commonly referred to as "stimming," presents a fascinating avenue of exploration within the context of neurodevelopmental disorders. While stimming behaviors are widely associated with ASD, there is emerging evidence suggesting that individuals with ADHD may also engage in similar behaviors. This study seeks to undertake a comprehensive investigation of the neurophenomenology of stimming in individuals diagnosed with ASD and ADHD, aiming to discern potential shared and distinctive characteristics.

Objectives: The principal objective of this research is to conduct an intricate neurophenomenological analysis of stimming behaviors in cohorts diagnosed with ASD (n=60) and ADHD (n=60), with a concurrent control group of neurotypical individuals (n=60). The study aspires to delineate the prevalence, typology, and neurophysiological underpinnings of stimming behaviors in both ASD and ADHD populations. Moreover, this study endeavors to identify whether particular stimming behaviors exhibit differential prevalence or intensity between the two disorders.

Methods: Participants underwent rigorous neurophenomenological assessments, incorporating structured interviews, validated self-report questionnaires and direct observations. Diagnostic confirmation was established through the administration of gold-standard instruments, such as the Autism Diagnostic Observation Schedule (ADOS-2) for ASD and the Conners' Parent Rating Scale for ADHD. Stimming behaviors were meticulously categorized (e.g., motor, vocal, sensory) and scrutinized for quantitative metrics, including frequency, duration, and complexity.

Results: Preliminary analyses have uncovered profound disparities in the manifestation of stimming behaviors between ASD and ADHD cohorts. Individuals with ASD displayed a significantly higher prevalence of stimming behaviors, with motor stimming

predominating, followed by vocal and sensory manifestations. In contrast, individuals with ADHD exhibited a comparatively reduced frequency and intensity of stimming, primarily within the motor domain, albeit notably less elaborate. Control group participants exhibited a negligible occurrence of stimming behaviors.

Conclusions: This multidimensional exploration illuminates the nuanced neurophenomenological distinctions in self-stimulatory behaviors between ASD and ADHD. Stimming emerges as a pivotal feature in ASD, while its presence in ADHD, though discernible, is markedly attenuated. This study's findings hold implications for precise diagnostic delineation and the prospect of personalized interventions for these complex neurodevelopmental conditions. Future avenues of research may delve into the neural substrates underpinning stimming behaviors, further enhancing our comprehension of these phenomena.

Disclosure of Interest: None Declared

EPP0293

Systematically Informed Literature Review: What is the Prevalence of Borderline Personality Disorder (BPD) in Adolescents, 13-17, using DSM-5 Criteria?

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Introduction: In child & adolescent mental health settings, borderline personality disorder (BPD) is a dominant and substantial condition with high occurrence rates seen in community, crisis, and in-patient settings. Previously because of multiple concerns, BPD diagnosis in adolescents was considered questionable and was perceived to be invalid. However, in light of the evidence, recent guidelines and diagnostic manuals affirm the diagnosis in the under-18 population.

Objectives: Given its existence in adolescents and that DSM-5 (from 2013) allows diagnosing BPD in adolescents, a study was conducted in 2019 to explore what current literature had to say about its prevalence.

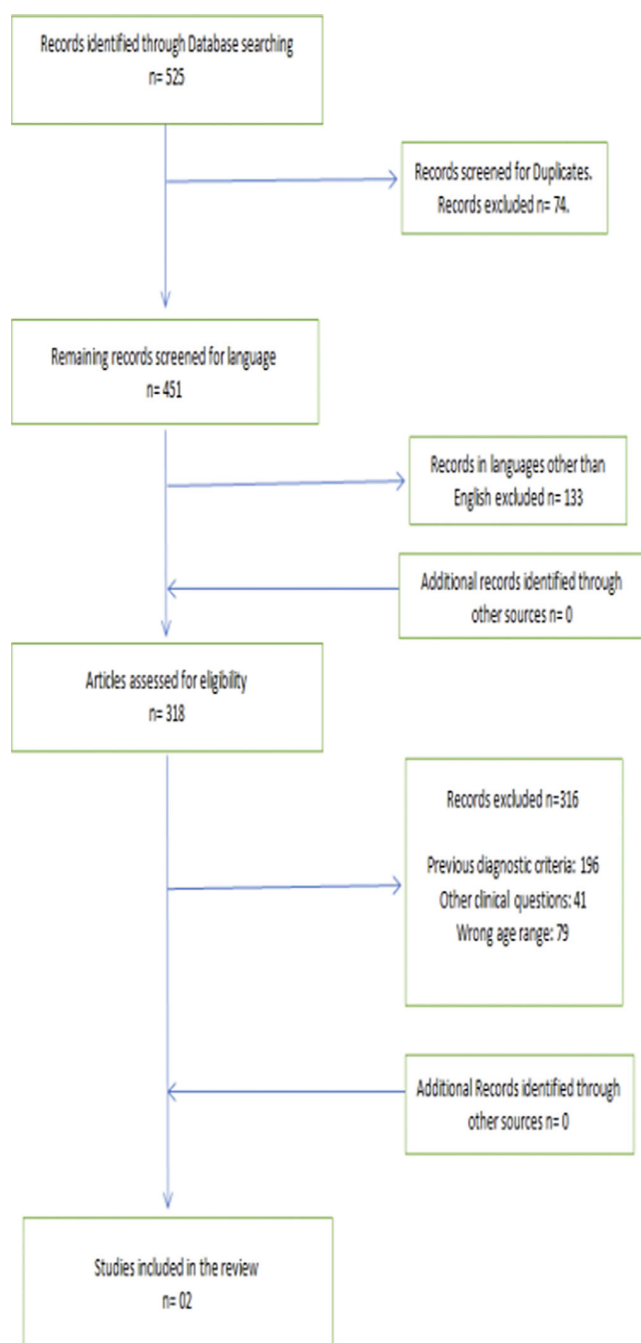
Methods: To answer this, a systematically informed literature review tried to look at the evidence. The hypothesis was that not many clinicians or researchers are aware of or using the opportunity to diagnose and thus manage BPD in adolescents, i.e., early in the course of this illness. Four databases were searched- PubMed, Embase, Medline, and Psycinfo- with the following inclusion & exclusion criteria:

1. Age: Adolescents (13-17).
2. BPD (disorder not traits or features).
3. Language – English, not just the abstract in English.
4. Time limit & diagnostic criteria (2013 onwards, DSM-5).
5. Full length articles not Abstracts alone.
6. No geographical limit.
7. Contacted academics personally for additional data.

Following search terms were used: Borderline Personality Disorder, BPD, EUPD, Emotionally Unstable Personality disorder, DSM V, DSM 5, Diagnostic and Statistical Manual of Mental Disorders 5, DSM-5, Prevalence, Rate.

Results: All searches yielded 525 results. Other sources didn't identify any other records to be included. Out of these 525 results, 74 were duplicates. The inclusion and exclusion criteria were applied on the remaining resources. Of the remaining records, 133 were in language other than English, and thus, were excluded. Remaining 318 articles were assessed for eligibility. Of these, 196 had used diagnostic criteria or rating scales based on previous diagnostic criteria, and thus were excluded. Furthermore, 41 articles had focused on a totally other clinical question than ours. 79 articles had the wrong age range as per our diagnostic criteria. Thus, the total number of articles which met inclusion and exclusion criteria was 02. The results showed higher rates of BPD in adolescents, especially in those exposed to online sexual solicitation (OSS) (355 vs 13%) and in females (80% of cases).

Image:



Conclusions: Despite the research and diagnostic allowance, there still seems to be reluctance among clinicians to diagnose BPD in adolescents. We advise consideration of BPD in adolescents if clinical picture indicates and application of the relevant criteria so patients can get appropriate treatment and support that they need.

Disclosure of Interest: None Declared

EPP0294

Associations between general and specific psychopathology factors in parents and psychiatric, behavioral, and psychosocial outcomes in offspring: a Swedish population-based register study

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Introduction: Psychiatric conditions in parents are associated not only with the same condition in offspring, but also with virtually all other psychiatric conditions. However, it remains unknown whether this intergenerational transmission of psychiatric conditions was attributable to broader psychopathology comorbidity or to specific conditions.

Objectives: To estimate associations between general and specific factors of psychopathology in parents, and a wide range of register-based outcomes in their offspring.

Methods: Based on Swedish national registers, we linked 2 947 703 individuals born in Sweden between 1970 and 2000 to their biological parents (1 705 780 pairs of parents) and followed them to December 31, 2013. First, we estimated one general and three unrelated (specific) psychopathology factors (capturing internalizing, externalizing, and psychotic problems, respectively, independently of general psychopathology) based on nine parental register-based psychiatric diagnoses and violent criminal court convictions. Second, we regressed each offspring outcome on the latent general and three specific factors simultaneously.

Results: The general psychopathology factor in parents was significantly associated with all 31 offspring outcomes (mean Odds Ratio (OR) = 1.22; range: 1.08–1.40), which means that children whose parents scored one standard deviation above the mean on general psychopathology had, on average, a 23% higher probability of all outcomes. The specific psychotic factor in parents was primarily associated with psychotic-like outcomes (mean OR = 1.17; range: 1.05–1.25), and the specific internalizing factor in parents was primarily associated with offspring internalizing (mean OR = 1.11; range: 1.11–1.13) and neurodevelopmental outcomes (mean OR = 1.07; range: 1.02–1.10). The specific externalizing factor in parents was associated with externalizing (mean OR = 1.27; range: 1.21–1.32) and internalizing outcomes (mean OR = 1.10; range: 1.01–1.13).

Conclusions: The intergenerational transmission of psychiatric conditions across different types of spectra appeared largely attributable to a parental general factor of psychopathology, whereas specific factors were primarily responsible for within-spectrum associations between parents and their offspring. Service providers

(e.g., child psychologists, psychiatrists, teachers, and social workers) might benefit from taking the total number of parental mental health problems into account, regardless of type, when forecasting child mental health and social functions.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPP0295

“Scan Me!”: a rehabilitation approach at the intersection between digital interventions and mountain-therapy

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Introduction: Mountain-therapy is a therapeutic-rehabilitative approach aimed at secondary prevention, treatment, and rehabilitation of individuals with different pathologies or disabilities. Interventions in this field are based on potentially transformative dimensions of the mountain environment. Activities can include trekking, climbing, hiking, speleology, and winter sports. Benefits associated with these interventions are related to physical health as well as to rehabilitation in the domain of mental health and to the promotion of healthier lifestyles.

Objectives: The pilot project named “Scan Me!” has been developed by mental health services (*Centro Diurno*) of Cuneo (Italy), drawing on their long-standing experience with Mountain-therapy. The aim was to improve the efficacy of mountain-based activities, introducing elements of digitalisation able to actively engage service users and the broader community.

Methods: “Scan Me!” introduces an innovative activity of mapping, communicating, and digitising the mountain environment. The intervention includes: i) participatory identification of thematic areas (e.g. history of a place; local biodiversity; ancient practices); ii) exploration of the identified areas through readings, interviews and research; iii) preparing of messages (texts, pictures, videos) that the group wishes to convey; iv) creation of QR-codes containing the messages; v) positioning of QR-codes along mountain trails during dedicated excursions; vi) setting up of online surveys to get feedback from QR-codes’ users; vii) group discussion of feedbacks and the overall experience. The project includes monitoring and evaluation tools, such as activity forms (filled in with observational data by mental health professionals), self-administered questionnaires for participants, and engagement indicators.

Results: Findings show that the project enhances the therapeutic-rehabilitative value of mountain-based activities, such as increased self-esteem and self-efficacy that follow the completion of a route and relational skills developed within a group. The project shows encouraging results in the planning ability area (identification of themes, setting up of messages, creation and positioning of QR-codes). Being rooted in participants’ interests, the project promotes service users’ knowledge, its sharing with the group and with the general public (mountain visitors). Furthermore, the

project implies group reflection, commitment to a concrete objective, and attunement with the recipients of messages (which needed to be tailored for heterogeneous audiences – e.g.: hikers, students, tourists). Lastly, the project is youth-friendly, allowing services to engage a group they aim, but often struggle, to reach.

Conclusions: The pilot encourages further research to understand the potential of rehabilitation tools at the intersection between nature-based and digital mental health interventions.

Disclosure of Interest: None Declared

EPP0296

Changing our way of working for a greater integration of mental health patients: The evolution of the Zamora’s Assertive Community Treatment over the last 10 years

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Introduction: Since its beginning in the 1970s in Wisconsin, Assertive Community Treatment (ACT), has been adopted by numerous hospitals worldwide. It improves outcomes for people who are most at-risk of psychiatric hospitalization. The main goal is to provide a global attention with a focus on promoting maximum autonomy and facilitating integration into society. In 2012, the Health Care Complex of Zamora, Spain, adopted this pioneering approach to Mental Health. The main efforts were focused on creating a community network for individuals with severe mental disorders. It embraced a biopsychosocial model of intervention aimed at facilitating patient recovery, giving them tools to create a new life project based on their own autonomy.

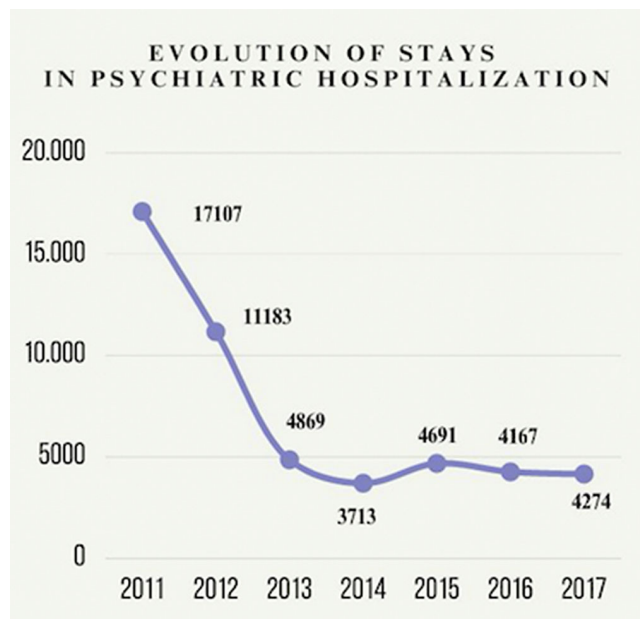
Objectives: The primary objective of this study was to assess the progress of the Assertive Community Treatment (ACT) since its introduction at the Health Care Complex of Zamora, with a specific focus on analyzing the number of hospitalizations as the dependent variable.

Methods: A quantitative analysis about psychiatry number of hospitalizations was conducted using the database of the Zamora’s Psychiatry Hospitalization Unit. SPSS Statistics for Windows was used to calculate statistical values related to number of hospitalization. The dataset covers the period from 2010 to 2017.

Results: The implementation of ACT has resulted in a significant reduction in hospitalizations reaching up to 75% in the Psychiatry Service of Zamora. It has been revealed a decrease from 17107 hospitalizations registered in 2011 to a total reduction to 4869 stances in 2013. A consistent trend in the reduction of hospitalizations has been observed (figure 1). A restructuration of the Hospitalization Unit was performed in order to implement the community model and reduce hospitalizations. Removal of more than 50% of the beds was developed. Besides, there has been

implemented a community subunit with the objective of regaining their autonomy after a psychiatric exacerbation.

Image:



Conclusions: Getting hospitalized in a Psychiatry Unit can have many different socio-laboral consequences. The ACT model has demonstrated a significative reduction in hospitalizations and it has evolved into a support network dedicated the integration of individuals that are usually left behind by society. Moreover, it presents itself as a positive cost-benefit intervention. ACT allows us to envision a future with fewer hospitalization and greater integration of mental health patients into modern society.

It is important to emphasize that the city of Zamora possesses unique characteristics that have facilitated the adaptation of this model. Not only are the rental prices for housing usually affordable, but the city's small size, which easy walking, allows for easy access to Community Mental Health resources and services.

Disclosure of Interest: None Declared

EPP0297

Awareness of the disease and attitude to treatment in patients with various mental disorders at the initial stages of the disease

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Introduction: An important aspect in providing effective psychiatric care and treatment is the formation of an adequate perception of their mental disorder in patients and awareness of the need for treatment, especially at the initial stages of the disease. Patients' misunderstanding of their own psychopathological manifestations

can act as a serious obstacle to their compliance and lead to an increase in the frequency of exacerbations and repeated hospitalizations.

Objectives: To assess the attitude to the disease and treatment in patients with various mental disorders at the initial stages of the disease.

Methods: Clinical and psychopathological, psychological, statistical. The following scales were used: Drug Attitude Inventory (DAI, Hogan T.P. et al., 1983); Insight Scale for Psychosis (ISP, Birchwood M., 1994); Questionnaire "Style of self-regulation of behavior" (SSPM, V.I. Morosanova, 1988) and others. 17 patients with a diagnosis of bipolar disorder (BD, F31.xxx, ICD-10) were examined, the average age of patients was 25.52 ± 4.55 years and 39 patients with a diagnosis of schizophrenia (F20.1xx and F23.1xx, ICD-10), the average age of patients was 29.29 ± 9.71 . The duration of the disorder in both groups of patients was 0.5-3 years.

Results: A comparative analysis of the average scores of the scale of attitude to the disease revealed significant differences in the groups ($p \leq 0.01$). Patients with schizophrenia had a lower awareness of their disease (2.31 ± 0.91 points) than patients with bipolar disorder (3.59 ± 0.76 points). Correlation analysis revealed reliable connections ($p \leq 0.01$) between the scales of attitude to the disease and drugs and the self-regulation questionnaire. In patients with schizophrenia, deeper violations were found in the links of self-regulation, such as programming and planning when assessing the presence of a mental disorder and deterioration of their condition due to discontinuation of medication ($r=0.38$ and $r=0.36$, respectively). The low level of self-regulation in general and the rigidity of negative attitudes in awareness of the disease and the need for treatment also have a negative impact on compliance with the medication regimen. No such correlations were found in patients with bipolar disorder: they were more aware of the presence of a mental disorder and the need for treatment, but the degree of compliance with the medication regimen was not high enough.

Conclusions: The treatment of patients with mental disorders requires an integrated approach with the mandatory inclusion of a psychoeducational component in order to form an adequate model of their disease and an understanding of the expected risks when therapy is discontinued. Psychoeducation is especially relevant in the early stages of the disease, both for patients with schizophrenia and with BD.

Disclosure of Interest: None Declared

EPP0298

Assessing the recovery process in a mobile rehabilitation team for people with severe mental disorders by using the Recovery Helm

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Introduction: People with severe mental disorder (SMD) determine the goals and paths of recovery with professional and non-formal supporters such as family and friends. It is crucial that these

people, as well as everyone who participates in the recovery process, are familiar with all the elements that contribute to the recovery of mental health in order to help people with SMD identify goals and assess their achievement. We have therefore created a Recovery Helm to assess the functioning in the various areas necessary for recovery to help us assess the needs and monitor the recovery process of people with mental health problems.

Objectives: The goal is to assess the initial state of mental health and monitor the effects of the mobile rehabilitation team program on the recovery of people with SMI through the use of the Recovery Helm.

Methods: We used the Recovery Helm: <http://shorturl.at/gyCDQ> as an instrument for the initial assessment of all areas crucial for recovery to determine the goals of recovery and interventions needed to achieve these goals of rehabilitation in 30 patients included in the program of the mobile rehabilitation team applying different psychosocial interventions according to the individual recovery plan made as a mutual agreement between patients and rehabilitation team. The status of recovery is evaluated after 3 and 6 months.

Results: The results indicate significant improvements in most areas of the recovery assessed at the Recovery Helm selected as individually important goal for a person included in the rehabilitation program

Conclusions: The Recovery Helm is an excellent clinical assessment instrument that helps determine recovery goals and rehabilitation interventions that promote recovery and monitor the achieved results.

Disclosure of Interest: None Declared

EPP0299

Navigating the Professional Journey for Adults with Attention Deficit/Hyperactivity Disorder: Challenges and Strategies

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Introduction: Attention deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects approximately 5% of adults. Individuals with ADHD often display symptoms of inattention, including poor time management and difficulty concentrating and completing tasks. Hyperactivity frequently attenuates over time and transforms into inner restlessness, leading to workaholic behaviors. Impulsive symptoms, on the other hand, may manifest as irritability and low frustration tolerance.

Objectives: To describe the workplace challenges that adults with ADHD face and to explore strategies to improve their occupational outcomes.

Methods: A non-systematic review of the clinical literature available in PubMed was conducted using the keywords: "employment" and "attention deficit hyperactivity disorder".

Results: Individuals diagnosed with ADHD, in contrast to those without the condition, statistically exhibit poorer job performance and increased lateness, job instability, workplace injuries, particularly traffic accidents, comorbid diseases, and financial problems. Therefore, they often work harder to compensate for their

limitations however the findings regarding the health impact of such high job demands are inconsistent. Stimulant therapy during childhood is the main predictor of successful adult employment. Contrarily, risk factors for workplace impairment in ADHD include female gender, executive deficits, lower IQ, less education, combined/inattentive subtype, and history of substance abuse, depression, or anxiety. It was also demonstrated that ADHD individuals may thrive in manual and creative roles and hyperactivity can benefit self-employment. Psychiatrists should offer psychoeducation, along with psychostimulants if necessary, as it is the first-line treatment. Nonetheless, the long-term impact of pharmacological treatment on professional outcomes remains unclear. Although most employers lack ADHD knowledge, workplace strategies including well-defined duties, feedback, job control, and flexibility have been shown to effectively mitigate ADHD symptoms.

Conclusions: Evidence suggests that a significant amount of employees with ADHD face challenges in finding and keeping a job. Thus, identifying and treating ADHD in adulthood is imperative to help them selecting careers that align with their strengths and weaknesses, which are partially influenced by ADHD, and to promote optimal occupational health. This effort requires collaboration between psychiatry and occupational health professionals. Additionally, it is necessary to start implementing educational campaigns among workforce teams to effectively accommodate workers with ADHD. Further studies are needed to develop occupational programs and rehabilitating interventions tailored to this population.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0300

Efficacy of Silexan in Patients with a Major Depressive Episode – First Results from a Multi-centre, Double-blind, Randomised, Placebo- and Reference-controlled Phase III Trial

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Introduction: Silexan [1], an essential oil from *Lavandula angustifolia* flowers, is the active substance of a medicinal product for oral use in the treatment of anxiety disorders. It has been shown to be effective in the treatment of patients suffering from mixed anxiety and depression.

[1] Silexan® is a special essential oil from *Lavandula angustifolia*, Dr. Willmar Schwabe GmbH & Co. KG, Karlsruhe, Germany

Objectives: The trial (ISRCTN36202964) was conducted to investigate the antidepressant efficacy of Silexan in patients with a major depressive episode compared to placebo and Sertraline.

Methods: Adult patients (≥18 years) suffering from a major depressive episode of mild to moderate severity according to ICD-10 were included. Further inclusion criterion was a total score of 19 –

34 points in the Montgomery-Asberg-Depression Rating Scale (MADRS). Randomised patients took 80 mg Silexan, 50 mg Sertraline, or placebo once daily over 8 weeks. Primary efficacy endpoint was the change of the MADRS total score between baseline and week 8. Response (a reduction of the MADRS total score $\geq 50\%$), remission (MADRS total score < 10 at the end of the treatment), the Patient Health Questionnaire PHQ-9, the Beck Depression Inventory, the Clinical Global Impressions, and the Sheehan Disability scale served as secondary endpoints.

Results: The full analysis set consisted of 498 patients. Between the start and end of treatment, the MADRS total score decreased by 12.1 (13.3, 11.0) points (adjusted mean, 95% confidence interval) in patients treated with Silexan, by 12.6 (13.7, 11.5) points in patients treated with Sertraline, and by 9.95 (11.1, 8.77) points under placebo. The confirmatory analysis proved that Silexan was significantly superior to placebo ($p < 0.01$, ANCOVA). Internal validity could be shown since the treatment effects of the active comparator Sertraline were also more pronounced compared to placebo ($p < 0.01$). There were no relevant differences between Silexan and Sertraline. Response was achieved by 53.5% of the patients in the Silexan group, by 54.0% of the patients in the Sertraline group, and by 41.5% of the patients in the placebo group. 44.4% of the patients treated with Silexan were remitter, compared to 45.2% under Sertraline and 32.6% under placebo. In both active treatment groups responder and remission rates were higher than in the placebo group ($p < 0.05$). Results of the secondary endpoints were in line with the results of the primary endpoint.

Conclusions: In a large phase III clinical trial, Silexan was more effective than placebo and not different to Sertraline in patients with a major depressive episode. Treatment effects were clinically relevant.

Disclosure of Interest: S. Kasper Consultant of: In the past 3 years Dr Kasper served as a consultant or on advisory boards for Angelini, Biogen, Boehringer, Esai, Janssen, IQVIA, Mylan, Recordati, Rovi, Sage and Schwabe; and he has served on speakers bureaus for Angelini, Aspen Farmaceutica S.A., Biogen, Janssen, Recordati, Schwabe, Servier, Sothema, and Sun Pharma., Speakers bureau of: In the past 3 years Dr Kasper served as a consultant or on advisory boards for Angelini, Biogen, Boehringer, Esai, Janssen, IQVIA, Mylan, Recordati, Rovi, Sage and Schwabe; and he has served on speakers bureaus for Angelini, Aspen Farmaceutica S.A., Biogen, Janssen, Recordati, Schwabe, Servier, Sothema, and Sun Pharma., E. Seifritz Consultant of: Schwabe, Janssen, Speakers bureau of: Schwabe, Janssen, H.-P. Volz Consultant of: Schwabe, Janssen, Speakers bureau of: Schwabe, Janssen

EPP0301

Ketamine enhanced ECT in refractory recurrent depression.

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Introduction: Recurrent Depressive Disorder is a chronic condition that significantly impacts the quality of life. Despite various treatment options, some patients face severe and treatment-resistant relapses. This case is related to research on ketamine in Electroconvulsive Therapy (ECT) for RDD. One study highlighted

the efficacy and safety of ketamine compared to other anaesthetic agents in ECT for major depression. Additionally, another study explored subanesthetic doses of ketamine before each ECT session to improve therapeutic outcomes and sleep quality in patients with major depressive disorder.

Objectives: To present a clinical case of a patient with Recurrent Depressive Disorder (RDD) who improved following a change in the Electroconvulsive Therapy (ECT) protocol using ketamine as an anaesthetic inducer.

Methods: We examined the patient's medical records, including her medical history, previous treatments, and therapeutic responses.

Results: A 65-year-old childless woman with a history of stroke, bilateral carotid atheromatosis, and hypothyroidism suffered from RDD. Despite multiple prior treatments and ECT, she experienced a severe depressive relapse. Eight intensive ECT sessions were administered, with observed memory lapses. Due to the lack of response, the anaesthetic inducer etomidate was replaced with ketamine, resulting in a positive response. The patient continued pharmacological treatment with improved mood, but recent and evident memory alterations persisted, possibly related to antero-grade amnesia.

Conclusions: This case highlights the complexity of RDD in patients with comorbidities and treatment-resistant relapses. The change in the ECT protocol using ketamine was effective, emphasizing the importance of alternative therapeutic approaches in refractory cases. The successful treatment of RDD in this patient using ketamine in ECT underscores the need for personalized therapeutic options in treatment-resistant patients. These scientific resources reinforce the relevance of exploring therapeutic alternatives in contemporary clinical practice. We need more research to understand the underlying mechanisms and how this approach could be enhanced in similar cases.

Disclosure of Interest: None Declared

EPP0302

Revealing complexity: beyond the whole—segmentation of hippocampal subfields in adolescents with depression and its relationships with cognition

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Introduction: The occurrence of depression in adolescence, a critical period of brain development, linked with neuroanatomical and cognitive abnormalities. Neuroimaging studies have identified hippocampal abnormalities in those of adolescent patients. However, few studies have investigated the atypically developmental trends in hippocampal subfields in adolescents with depression and their relationships with cognitive dysfunctions.

Objectives: To explore the structural abnormalities of hippocampal subfields in patients with youth depression and examine how these abnormalities associated with cognitive deficits.

Methods: We included a sample of 79 first-episode depressive patients (17 males, age = 15.54 \pm 1.83) and 71 healthy controls

(23 males, age = 16.18±2.85). The severity of these adolescent patients was assessed by depression scale, suicidal risk and self-harm behavior. Nine cognitive tasks were used to evaluate memory, cognitive control and attention abilities for all participants. Bilateral hippocampus were segmented into 12 subfields with T1 and T2 weighted images using Freesurfer v6.0. A mixed analysis of variance was performed to assess the differences in subfields volumes between all patients and controls, and between patients with mild and severe depression. Finally, LASSO regression was conducted to explore the associations between hippocampal subfields and cognitive abnormalities in patients.

Results: We found significant subfields atrophy in the CA1, CA2/3, CA4, dentate gyrus, hippocampal fissure, hippocampal tail and molecular layer subfields in patients. For those patients with severe depression, hippocampal subfields showed greater extensive atrophy than those in mild, particularly in CA1-4 subfields extending towards the subiculum. These results were similar across various severity assessments. Regression indicated that hippocampal subfields abnormalities had the strongest associations with memory dysfunction, and relatively weak associations with cognitive control and attention. Notably, CA4 and dentate gyrus had the highest weights in the regression model.

Conclusions: As depressive severity increases, hippocampal subfield atrophy tends to spread from CA regions to surrounding areas, and primarily affects memory function in patients with youth depression. These results suggest hippocampus might be markers in progression of adolescent depression, offering new directions for early clinical intervention.

Disclosure of Interest: None Declared

EPP0303

Interventions to promote social connection and their effect on depression: An umbrella review

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Introduction: Social connection (SC) is a multi-dimensional concept capturing both the structural-quantitative (e.g., number of social relations, social contact frequency, network structure) and the functional-qualitative dimension (e.g., social support) of social relationships. Although empirical evidence of the association between SC measures and depression has increased significantly in recent years (De Risio et al, *J Affect Disord* 2024; 345 358–368), very little is known about the extent to which interventions that build SC are effective in improving depressive symptoms.

Objectives: This umbrella review of systematic reviews/meta-analyses aims to synthesize evidence regarding the effectiveness of SC interventions on depression. Our primary focus is on interventions directly acting upon the natural social network, while indirect interventions that aim to improve social skills, or those

that provide professional (formal) or semi-professional support through health services, were excluded.

Methods: We provide a synthesis of the consistency and magnitude of the effectiveness of SC interventions on depression. We searched PubMed, PsycINFO, Cochrane Library, and EMBASE and 16 reviews/meta-analyses were included. Information on the effectiveness of SC interventions on depression were compared among different populations. The quality/certainty of evidence was assessed using AMSTAR-2 and GRADE tools.

Results: Included interventions were categorized into the following domains: social support (interventions increasing both perceived and enacted social support from family, friends, and others); social engagement (interventions aimed at strengthening social networks and contrasting social isolation); social inclusion (interventions promoting social integration and access to social capital); social identification (interventions enhancing participants' identification with a group). Overall, the evidence is rather mixed with some SC interventions resulting in little to no difference in depressive symptoms compared to usual care/other interventions. The most promising interventions appear to be those contrasting social disengagement and reducing social isolation in older individuals and in patients with depression, as well as social inclusion interventions for adolescents and young adults.

Conclusions: The broader implications of SC as a key determinant of depression call for a deep examination of the impact of interventions/preventive programs on the evolving psychopathology of depressive trajectories and inform on which targeted interventions are more effective, thus guiding public health policies.

Disclosure of Interest: None Declared

EPP0304

Identifying Depression Subtypes and Investigating their Consistency and Transitions in a 1-Year Cohort Analysis

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Introduction: Major Depressive Disorder (MDD) is a complex mental health condition characterized by a wide spectrum of symptoms. According to the Diagnostic Statistical Manual 5 (DSM-5) criteria, patients can present with up to 1,497 different symptom combinations, yet all receive the same MDD diagnosis. This diversity in symptom presentation poses a significant challenge to understanding the disorder in the wider population. Subtyping offers a way to unpick this phenotypic diversity and enable improved characterization of the disorder. According to reviews, MDD subtyping work to date has lacked consistency in results due to inadequate

statistics, non-transparent reporting, or inappropriate sample choice. By addressing these limitations, the current study aims to extend past phenotypic subtyping studies in MDD.

Objectives: (1) To investigate phenotypic subtypes at baseline in a sample of people with MDD;

(2) To determine if subtypes are consistent between baseline 6- and 12-month follow-ups; and

(3) To examine how participants move between subtypes over time.

Methods: This was a secondary analysis of a one-year longitudinal observational cohort study. We collected data from individuals with a history of recurrent MDD in the United Kingdom, the Netherlands and Spain (N=619). The presence or absence of symptoms was tracked at three-month intervals through the Inventory of Depressive Symptomatology: Self-Report (IDS-SR) assessment. We used latent class and three-step latent transition analysis to identify subtypes at baseline, determined their consistency at 6- and 12-month follow-ups, and examined participants' transitions over time.

Results: We identified a 4-class solution based on model fit and interpretability, including (Class 1) severe with appetite *increase*, (Class 2), severe with appetite *decrease*, (Class 3) moderate, and (Class 4) low severity. The classes mainly differed in terms of severity (the varying likelihood of symptom endorsement) and, for the two more severe classes, the type of neurovegetative symptoms reported (Figure 1). The four classes were stable over time (measurement invariant) and participants tended to remain in the same class over baseline and follow-up (Figure 2).

Image:

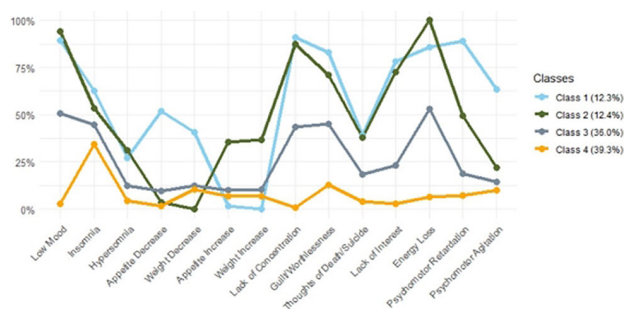


Figure 1. Probabilities of Endorsing Depressive Symptoms Derived from Baseline 4-Class Latent Class Analysis (N=619). Class sizes are presented as the percentage of this total.

Image 2:

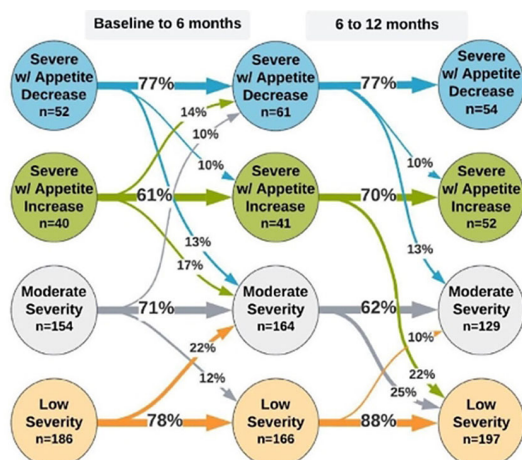


Figure 2. Transition probabilities and class sizes for three-step LTA model (N=432). Probabilities <10% are not shown.

Conclusions: We identified four stable subtypes of depression, with individuals most likely to remain in their same class over 1-year follow-up. This suggests a chronic nature of depression, with (for example) individuals in severe classes more likely to remain in the same class throughout follow-up. Despite the vast heterogeneous symptom combinations possible in MDD, our results emphasize differences across severity rather than symptom type. This raises questions about the meaningfulness of these subtypes beyond established measures of depression severity. Implications of these findings and recommendations for future research are made.

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Eating Disorders

EPP0305

The presence of autistic traits might explain the relationship between sensory sensitivity and eating disturbances in a sample of young adults referring to a mental health clinic.

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Introduction: The relationship between autistic traits and eating disturbances, although gaining considerably more attention in the last decades, is still unclear. Most of the studies up to date were conducted on individuals with a full diagnosis of Autism Spectrum Disorders (ASD) and/or of Eating Disorders (ED). One of the common features reported in both conditions is the alteration of sensory sensitivity, which is, in both cases, widely discussed in the literature, but mostly in the pediatric age.

Objectives: To investigate the association between sensory sensitivity, autistic traits, and eating disorders symptomatology in a group of young adults (18-24) who were referred, for the first time, to a mental health outpatient clinic.

Methods: 259 patients completed: the Eating Attitude Test (EAT-26), the Autism Quotient (AQ), the Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R), the Sensory Perception Quotient - Short Form 35 item (SPQ-SF35) and the Swedish Eating

Assessment for Autism Spectrum Disorders (SWEAA), which investigates specific eating behaviour related to autism.

Results: 23.55% participants scored above the cut-off at the EAT-26, suggesting that they should be assessed for the presence of an eating disorder by a specialized clinician. The RAADS-R explained a great proportion of variance in the relationship between sensory sensitivity and both the SWEAA (Total Score and subscales) and the EAT-26 (Total Scores and subscales).

Conclusions: Our study revealed a substantial prevalence of potential eating disorders among young adults in our sample, with nearly one-fourth of participants surpassing the EAT-26 cutoff score. Additionally, we observed a noteworthy association between the presence of autistic traits and not only autistic-like eating behaviors but also a broader spectrum of eating disorder symptoms; this relationship was found in a cohort of young adult patients seeking clinical attention due to generalized distress, prior to receiving specific diagnoses of Autism Spectrum Disorder (ASD) or Eating Disorders (ED). These findings give rise to several intriguing inquiries. Could the existence of autistic traits, even when subthreshold, function as a mediator between alterations in sensory sensitivity and the emergence of maladaptive eating behaviors? Furthermore, if these traits exist at subthreshold levels, might they manifest in various psychiatric conditions, distinct from traditional categorizations, during episodes of acute distress? What potential precipitating factors should be considered in such cases?

Disclosure of Interest: None Declared

EPP0306

The Evolution of Anorexia Nervosa in Singapore: A 30-year Demographic Analysis

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Introduction: New prevalence and time trend data from various Asian countries show that Eating Disorders (ED) are increasingly common in Asia. (Youl-Ri Kim. *Int J Eat Disord*. Dec 2020). A recent study estimating the prevalence of ED in Singapore found an alarming 6.2% screened positive for a clinical ED diagnosis, 19.5% were screened to be at high risk, and estimated the point prevalence of Anorexia Nervosa (AN) to be 0.9%. (Chua SN et al. *Int J Eat Disord*. Jan 2021).

The ED unit in Singapore General Hospital (SGH) was set up in 2003 as a National Treatment Programme for patients with ED.

Two local studies have been published to date on the demographics and clinical profile of patients with AN. The first study examined 126 patients from 1994 – 2002 (HY Lee et al. *Singapore Med J* 2005; 46(6): 275-281). The second study reported on 271 cases from our SGH ED unit from 2003-2010 (Kuek et al. *Singapore Med J* 2015; 56(6): 324-328). There have been no further studies in the last decade.

Objectives:

1. Study the demographics and clinical profile of patients who presented with AN to our ED unit from 2011-2022
2. Compare our data with the 2 previous studies and examine for any changes and trends in the past 30 years.

Methods: We conducted a review of the ED unit new case registry at SGH from 2011-2022. A total of 910 patients were diagnosed

with AN at presentation. The data was analysed with approval from the hospital institutional review board.

Results: A total of 910 cases presented with AN over 12 years. Comparing with the 2 previous studies, the number of new cases each year has continued to increase from <15 in the 1990s to hit a peak of 109 per year in 2022. 94% were females, with a mean presenting age of 19. 79.2% were Chinese, 5.2% were Indians and 2.9% were of Malay ethnicity. The Malay population continue to be under-represented whereas other ethnic groups continue to be over-represented, increasing from 3.2% to 7% in the previous studies to 11.1%. Referrals were mainly from tertiary healthcare intuitions accounting for 41.4% of cases. Self-referrals have decreased over the last decade whereas referrals from primary care has increased. The mean presenting body mass index (BMI) was 15.9. Compared to a previous study, there was a significant increase in presenting BMI (15.9+/- 0.78 vs 14.4 +/- 1.77, p value 0.0074).

Conclusions: The number of new cases of AN has seen an almost 10-fold increase in the last 30years. The Malay ethnicity continues to be under-represented – more research is needed if they are somehow culturally protected or if they are not coming forth for treatment. Majority of referrals are from tertiary healthcare institutions but referrals from primary care have increased, reflecting a possible increase in awareness amongst primary care doctors. The mean presenting BMI has increased – hopefully reflecting an increase in ED awareness such that patients are coming forward earlier for treatment.

Disclosure of Interest: None Declared

EPP0307

The truth about modelling – disordered eating, body image, abuse and more: A content analysis among professional fashion models

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Introduction: The escalating demand for models to uphold a slim physique and extremely small measurements could play a pivotal role in contributing to the onset of eating disorders, in their clinical or subclinical forms.

Objectives: The study aimed to explore models' relationship with food, exercise, body image, industry members, experience of abuse and other related factors through self-narrated reports. To our knowledge, this study involved a larger number of multicultural female models than any previous qualitative research and is the first-ever study to use content analysis for the assessment of ED-like symptoms and body image disturbances in this population.

Methods: 87 models' data was analyzed. Snowball sampling was used. Semi-structured interviews targeted models' careers, attitudes towards the fashion industry, their body image, eating, exercising and dieting habits, etc. Thematic content analysis was performed on the transcripts of the interviews. A coding booklet was developed containing instructions on 31 codes. The codes developed for the analysis included calorie restriction, weight gain, loss of control,

laxative abuse, self-induced vomiting etc. They also included specific symptoms of eating and/or body image disorders. The analyses were conducted using relative frequencies. The absolute frequency of the codes was divided by the wordcount corresponding to the interview.

Results: The mean BMI of the subjects was 16.8 (SD= 1.30, range 13.58- 19.37). 44.7% of the models reported BMI of between 18.5 and 17.0, and 21.2% were under 17.0. Body image disorder symptoms were expressed by 63.10% of the models, and 36.90% have referred to eating disorders. The most referenced code was statements about the subjects' bodies (95.24% neutral, 89.29% negative, 64.29% positive statements). Statements about eating included 96.43% neutral and 45.24% negative claims. Monotrophic eating occurred in 27.38% of the answers, and 40.48% claimed to have used extreme calorie restriction. Juice fasting was occurrent amongst 3.57% of the interviewees. 22.62% have lost control over their food intake. 83.33% of the participants received criticizing comments on their bodies and such individuals talk negatively significantly more often about eating. Those individuals who engage in psychotherapy (16.67%) show significantly fewer signs of body image disorders, however, talk significantly more about eating disorder-related content.

Conclusions: The persistent expectation for thinness in the fashion industry elevates the likelihood of eating disorders and body image disorder development among models. The current study aims to offer insights into prevention strategies.

Disclosure of Interest: None Declared

EPP0308

Association Between Eating Disorders and Type 1 Diabetes Mellitus: a Systematic Review and Meta-Analysis

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Introduction: Type 1 diabetes mellitus (T1DM) patients are treated via insulin which could result in weight gain. Studies have coined a new term, "Diabulimia" which refers to the limitation or skipping of insulin doses, with the objective of weight control. A previous meta-analysis has found that eating disorders (ED) are significantly associated with T1DM (Mannucci, E et al. J Endocrinol Invest 2005; 417-9), while a more recent one, has shown an insignificant association between ED and T1DM on analysis of diabetes-adapted questionnaires only (Young V, et al. Diabet Med. 2013:189-198)

Objectives: We aimed to re-analyze the association between ED and T1DM, whilst taking into account recently published literature and the type of questionnaire utilized.

Methods: A literature search of PubMed, Scopus, and Web of Science was conducted on 17th January 2023, using the key terms "T1DM", "Eating Disorders", and "Bulimia". Only Observational controlled studies were included.

Results: T1DM was associated with increased risk of ED compared to non-diabetic individuals (RR = 2.47, 95% CI = 1.84 to 3.32, p-value < 0.00001), especially bulimia nervosa (RR = 2.80, 95% CI = 1.18 to 6.65, p-value = 0.02) and binge eating (RR = 1.53, 95% CI = 1.18 to 1.98, p-value = 0.001), while no significant association was seen between T1DM and anorexia nervosa. Our sensitivity analysis has shown that increased risk of ED among T1DM persisted regardless of the questionnaire used to diagnose ED; DM-validated questionnaires (RR = 2.80, 95% CI = 1.91 to 4.12, p-value < 0.00001) and generic questionnaires (RR = 2.03, 95% CI = 1.27 to 3.23, p-value = 0.003). Furthermore, the Eating Attitudes Test-26 (EAT) showed a significant increase in the dieting subscale (MD = 2.95, 95% CI = 1.84 to 4.06, p-value < 0.00001) and bulimia subscale (MD = 0.78, 95% CI = 0.12 to 1.44, p-value = 0.02) among T1DM patients. Additionally, the Bulimic Investigatory Test, Edinburgh (BITE) showed a significant increase in the symptom subscale (MD = 0.31, 95% CI = 0.12 to 0.50, p-value = 0.001), however, no significant difference was detected between T1DM and controls in the severity subscale. Prevalence of insulin omission/misuse was 10.3% (95% CI = 8.1-13); diabetic females demonstrated significantly higher risk of insulin omission (RR = 14.21, 95% CI = 2.66 to 76.04, p-value = 0.002) and insulin misuse (RR = 6.51, 95% CI = 1.14 to 37.31, p-value = 0.04) compared with diabetic males. Analysis of other potentially unhealthy weight control behaviors showed insignificant associations between fasting, excessive exercise, dieting pills misuse, diuretics misuse, and T1DM.

Conclusions: T1DM patients are at higher risk of developing ED according to both generic and diabetes-validated questionnaires. Moreover, female diabetics are at higher risk of insulin misuse/omission. Subsequently, patients should be regularly screened and early psychiatric management is warranted.

Disclosure of Interest: None Declared

EPP0309

Eating disorders in medicine university students in a city in the interior of the state of São Paulo Brazil

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Introduction: Eating disorders are characterized by a persistent disturbance in eating and/or eating-related behavior, resulting in altered food consumption or absorption, which can significantly compromise physical health as well as psychosocial functioning. These disorders are closely linked with stressful experiences which university students configure a group prone to development.

Objectives: The objective is to evaluate the impact of eating disorders on young people when entering and staying at university.

Methods: This is an observational, quantitative, analytical and cross-sectional study, in which 1300 (one thousand and three hundred) medical students were invited, of both sexes and over 18 years of age from the 1st (first) to the 12th (twelfth) year. period of the Medicine course at the University of Oeste Paulista (UNOESTE) with 91 students joining. A structured interview was applied via online, aiming at collecting sociodemographic and occupational data in conjunction with the application of the Periodic Eating Compulsion Scale - ECAP, assessing the existence and degree of eating disorders in medical students.

Results: Mean age 22.7 ± 3.9 years, predominantly female (76.9%) and white ethnicity (86.8%). Most live alone or with a parent (82.5%). With regard to eating habits, 81 (89.0%) said they did not follow a nutrition professional's diet, and 84 (92.3%) have at least 3 meals a day. Lunch is eaten by 100% of the participants, while supper is the least consumed meal (17.6%). A total of 24 (26.4%) participants said they had little time to eat, and almost half (46.2%) did not prepare their own meals, with 12.5% choosing to eat salted or not. eating a certain meal. The ECAP binge eating score had a median of 9 (11.5) points, with a minimum score equal to 1 and a maximum equal to 41. Sixty-eight (74.7%) of the participants were classified as having no binge eating, with moderate binge eating 15 (16.5%), and severe, 8 (8.8%).

Conclusions: There is a need for changes in lifestyle aspects in order to present healthier meals in appropriate amounts, in addition to an adequate therapeutic approach to these disorders. Research funding agency We also declare that we received financial support from the Institutional Program for Scientific Initiation Scholarships (PROBIC).

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP0310

Endometriosis and depressive symptoms: The role of quality of life in endometriosis, chronic illness-related shame, self-compassion, and psychological flexibility

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Introduction: Endometriosis is a gynaecological pathology characterized by endometrial tissue similar to stroma and endometrium in extra endometrial and myometrial sites. This condition affects women's mental health and quality of life and can elicit shame feelings.

Objectives: To explore the role of quality of life in endometriosis, chronic illness-related shame, self-compassion, and psychological flexibility in depressive symptoms.

Methods: 260 people diagnosed with endometriosis, aged 18 years or older, were recruited through patients' associations. Participants completed an online sociodemographic and clinical questionnaire and the following self-report instruments: Anxiety, Depression, and Stress Scales (DASS-21), Endometriosis Health Profile (EHP-5), Chronic Illness-Related Shame Scale (CISS), Compassionate Engagement and Action Scales (EEAC-SC), and the Psy-Flex Scale.

Results: Regression analyses showed that years of education, endometriosis-related quality of life (pain, control, emotional well-being, social support, and self-image), chronic illness-related shame, and psychological flexibility were the significant predictors of depressive symptoms. On the other hand, endometriosis-related quality of life (work life, relationship with children, sexual life, relationship with healthcare professionals, treatment, and infertility) and self-compassion were not significantly associated with depressive symptoms.

Conclusions: The identification of chronic illness-related shame and quality of life related to endometriosis as relevant variables regarding the presence of symptoms of depression points to the relevance of early detection of these phenomena to prevent the development of depressive symptoms. Moreover, interventions targeting the development of psychological flexibility may contribute to the amelioration and prevention of depressive symptoms.

Disclosure of Interest: None Declared

EPP0312

From Loss to Healing: Navigating Perinatal Grief with Enhanced Psychological Care

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Introduction: Several factors can influence the journey of perinatal grief in mothers, including the quality of care during this experience. The objective of our study was to investigate the factors influencing the perception of grieving women during the perinatal period and identify the role of medical and paramedical healthcare professionals in psychological support.

Objectives: To determine the factors influencing the perception of fetal loss in grieving mothers.

Methods: This was a descriptive, longitudinal, retrospective study conducted between July 2021 and March 2022 at the Fetal Pathology Department of the Center for Maternity and Neonatology in Tunis, Tunisia. The study included women who experienced perinatal loss and underwent fetal pathology examination.

The study was conducted in two stages: Initial consultation at the Fetal Pathology Department, five weeks after the date of expulsion, for perinatal grief counseling. Follow-up interview one year after the date of expulsion: The participants were contacted via telephone for an average duration of twenty minutes. The assessment of perinatal grief during both interviews was conducted using the shortened version of the Perinatal Grief Scale (PGS)

Results: The mean age of the patients was 31.41 years (± 5.15). The average gravidity was 2.47 (± 1.43). More than half of the patients had no living children ($n=41$). The majority of patients had no notable pathological history. Six patients had been followed in psychiatry, and five had a history of subfertility. The majority of patients ($n=61$) reported having good marital relationships.

Among the participants, 20% ($n=14$) had a high Perinatal Grief Scale (PGS) score ($\text{PGS} \geq 91$) at five weeks post-loss and were subsequently referred for psychiatric consultation.

At one year, all participants had a PGS score > 91 , demonstrating the effectiveness of psychiatric management. Multivariate analysis identified four independent factors associated with a high PGS score at five weeks: absence of living children ($\text{OR}=0.59$; 95% CI [0.36-0.98]; $p=0.04$), quality of marital relationship ($\text{OR}=1.2$; 95% CI [1.1-3.9]; $p=0.02$), family support ($\text{OR}=2.52$; 95% CI [1.55-4.12]; $p<0.001$), and quality of loss disclosure ($\text{OR}=2.52$; 95% CI [1.32-3.77]; $p=0.003$).

Conclusions: To identify patients at high risk of developing complicated grief and improve the quality of psychological care, it is necessary to implement appropriate protocols, provide training to healthcare personnel, and establish well-equipped healthcare facilities.

Disclosure of Interest: None Declared

EPP0314

Covid-19 pandemics effects on postpartum depression in the Hungarian Baby-Mother-Father Unit

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Introduction: Our Baby-Mother-Father Unit program in Saint John's Central Hospital (Budapest) offers mothers and fathers a unique opportunity to get better, receive psychiatric care (hospitalization or outpatient) without being separated from their babies. The Covid-19 pandemic had a strong impact on the whole population, including the parents of babies. During everyday operation the whole team experienced the increased need for health care, but we were not aware of the exact number of this change.

Postpartum psychiatric conditions have two main categories that stand out: postpartum psychosis and postpartum depression. As there are better quantifiable tools for measuring depression and strong scientific evidence supporting that the pandemic having increased mood disorders' intensity and numbers (Chen et al., 2022; Harrison et al., 2023), postpartum depression was chosen as the locus of investigation. Due to the respectively high numbers of parents with babies showing up at our Unit, we wished to get a clearer picture on pandemics effects on these people.

Objectives: Getting a more clear picture of pandemics effects on our Baby-Mother-Father Unit care. Defining numbers of patients, interactions and comparing test results of depression scales before and after the pandemic.

Methods: A retrospective study of years 2019 and 2022 was performed. The total number of patients (2019: 173, 2022: 278) and the total number of documented patient-doctor/psychologist interactions (2019: 963, 2022: 1919) were measured. Depression scales' (BDI, EPDS, PHQ-9), hopelessness scales (HS) results were compared. Due to our samples not showing normal distribution, a deeper analysis of test result categories was carried out by using Mann-Whitney test.

Results: The results showed that depression (BDI: $W=3165,5$ $p=0,17$; EPDS: $W=1693$, $p=0,42$; PHQ-9: $W=2502$, $p=0,39$) and hopelessness (RS: $W=976,5$, $p=0,52$) average points seem quite constant regardless of the pandemic and showed no significant differences. More detailed data analysis of result categories revealed pattern-like differences, which might tell us more about the subjective experiences of the individuals. The number of patients and patient-doctor/psychologists interactions increased dramatically. Furthermore the number of individual therapeutic sessions rose greatly (2019: 359; 2022: 1182), along with parents receiving therapeutic care (2019: 40, 2022: 95).

Conclusions: From our findings, assumptions can be made that besides the obvious rise of numbers of patients and interactions, during the pandemic postpartum depression's and hopelessness' structure changed.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPP0315

Clozapine to treat aggression and agitation in advanced dementia

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Introduction: Agitation and aggression are a serious problem in clinical psychiatry, especially in multimorbid patients of advanced age, including those with dementia.

Objectives: We wanted to investigate to what extent clozapine could be an option in the treatment of selected refractory patients.

Methods: A retrospective study included patients with a diagnosis of dementia who were treated with clozapine in a specialist geriatric psychiatry unit between August 2018 and February 2022, and medical records were systematically reviewed. The Clinical Global Impressions Scale was used for the assessment of improvement and the Pittsburgh Agitation Scale for the assessment of symptom reduction. In addition, there was detailed documentation of side effects and clinical features.

Results: A total of 31 patients with a median age of 82 years were identified.

Conclusions: In conclusion, clozapine was effective and well tolerated in 23 patients. This suggests that low-dose clozapine may help alleviate the suffering of difficult-to-treat multimorbid patients with

advanced dementia and their carers. However, adverse effects, particularly in patients with cardiovascular and pulmonary impairment, should be carefully monitored.

Disclosure of Interest: None Declared

EPP0316

Older Adults in Psychedelic-Assisted Therapy Trials: A Systematic Review

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Introduction: Growing clinical interest in psychedelic-assisted therapies has led to a second wave of research involving psilocybin, LSD, MDMA and other substances. Data suggests that these compounds have the potential to treat mental health conditions that are especially prevalent in older adults such as depression, anxiety, existential distress and post-traumatic stress disorder.

Objectives: The goal of this study was to quantify the prevalence of older adults enrolled in psychedelic clinical trials and explore safety data in this population.

Methods: A systematic review was conducted following the 2020 PRISMA guidelines. Search criteria included all trials published in English using psychedelic substances to treat psychiatric conditions, including addiction as well as existential distress related to serious illness. Articles were identified from literature searches on PubMed, EBSCO and EMBASE.

Results: 4,376 manuscripts were identified, of which 505 qualified for further review, with 36 eventually meeting eligibility criteria. Of the 1,400 patients enrolled in the 36 studies, only 19 were identified as 65 or older, representing less than 1.4% of all trial participants. For 10 of these 19 older adults, detailed safety data was obtained. No serious adverse events (AEs) occurred in any older adults and only transient mild-to-moderate AEs related to anxiety, gastrointestinal upset, and hypertension were reported during the psychedelic dosing sessions.

Conclusions: While existing data in older adults is limited, it suggests that psychedelic-assisted psychotherapy is safe and well tolerated in older adults. Therefore, psychedelic-assisted psychotherapy should be more rigorously investigated for the treatment of psychiatric conditions in this population.

Disclosure of Interest: None Declared

EPP0317

Psychotropic Medication Prescriptions and Polypharmacy in Geriatric Patients Followed up in a Home-based Health Care Setting

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Introduction: By 2050, one out of every six people in the world will be 65 years or older. Chronic diseases and associated multiple drug use are common in elderly. The use of five or more drugs is called polypharmacy and it's reported between 40-90% in the elderly. The Beers Criteria is the American Geriatrics Association's guide to current recommendations regarding the safety of pharmacotherapy in older age. Being a part of community-based health services in Türkiye since 2005, "Home-based Health Care Services" is a program in which patients, who are mostly elderly and have difficulty in accessing health institutions, access medical services at their homes.

Objectives: In our study, it was aimed to examine the chronic disease diagnoses and prescriptions of patients aged 65 and over, registered in a home-based health care unit, in terms of psychotropic drugs and polypharmacy, and to evaluate the compliance of their psychiatric prescriptions with the Beers Criteria.

Methods: Sociodemographic, psychiatric diagnosis and treatment prescription and home-based health service-specific data were collected from the electronic files of home-based health care unit patients. Chronic diseases were scored according to the Modified Charlson Comorbidity Index (mCCI). The last 6-month prescriptions obtained from the electronic patient files were scanned and included in the analysis. In statistical analysis using SPSS Version 25, a p-value of significance <.05 was determined.

Results: As of February 2023, 229(83.2%) of 275 patients aged 65 and over constituted the research sample. The mean age of the sample, half of whom were considered as oldest-old(85 years and older), was 83 ± 7.97 (median=86, IQR=10.75), 69.9%(n=160) were women and 97.8%(n=224) were diagnosed with at least one chronic disease. The mean mCCI scores were 5.30 ± 1.11 (median=5.50, IQR=1.0). Polypharmacy was detected in 78.6% of the sample(n=180), among half(n=114) of whom at least one psychotropic was prescribed, drugs not recommended to be prescribed according to the Beers Criteria in elderly patients were 46%(n=52). Prescription rates were as follows: anti-dementia- 21.5%(n=49), antidepressants- 31.1%(n=71), antipsychotics- 21.5%(n=49) and benzodiazepines- 5.3%. Most frequently prescribed antidepressant was escitalopram 49.2%, while most frequently prescribed antipsychotic was quetiapine 29.4%. The frequency of quetiapine prescription increased significantly in patients with dementia ($X^2(1)=29.54, p<.001$) and insomnia ($X^2(1)=13.11, p<.001$).

Conclusions: The frequency of polypharmacy was found to be closer to the higher values reported previously. Almost half of the sample had a prescription for psychotropic drugs, and one out of two of these prescriptions did not meet the Beers Criteria. Considering the aging population, it will be of great importance for clinicians to carefully evaluate psychotropic prescriptions and polypharmacy.

Disclosure of Interest: None Declared

EPP0318

Complex antidepressant therapy with the inclusion of various neuroprotectors in inpatient gerontopsychiatric practice

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Introduction: Depressions are the most common mental disorders in elderly and senile patients. In these patients, there is a decrease in neurotrophic potential. Treatment of such patients with antidepressants alone does not always allow to achieve complete normalization of the secretion of neurotrophic factors and complete restoration of neurogenesis processes. In this regard, it is important to expand therapeutic opportunities to develop new therapeutic strategies for pharmacotherapy of late-age depression.

Objectives: Comparative evaluation of the effectiveness of two types of complex antidepressant therapy with the inclusion of different neuroprotectors (actovegin or cerebrolysin) in the treatment of late-life depression in the therapeutic regimen.

Methods: The study included 2 groups of patients with mild and moderate depressive episode (DE), comparable in basic demographic and clinical parameters.

The 1st group included 21 people, including 7 men (33.3%) and 14 women (66.7%), median age were 69 years [66; 76]. In 10 patients (47.6%), DE was diagnosed as part of recurrent depressive disorder (DDR), in 9 patients (42.9%) - as part of bipolar affective disorder (BAR), and in 2 patients (9.5%) is a single DE. Group 2 included 20 patients, 5 of them men (25%) and 15 women (75%), median age were 64 years [62; 70]. In 11 patients (55%), DE was diagnosed as part of DDR, in 6 patients (30%) - as part of BAR, and in 3 patients (15%) - single DE.

The 1st group of patients received complex antidepressant therapy with the inclusion of actovegin for one month, the 2nd group - with the inclusion of cerebrolysin. The effectiveness of the therapy was assessed on the HAMD-17 and HARS scales.

Results: A comparative study demonstrated the effectiveness of both types of complex antidepressant therapy used.

A comparative assessment of the effectiveness of the therapeutic response in two groups of patients showed no statistically significant differences in the reduction of depressive disorders after 2 weeks of therapy. Only by the end of the therapeutic course there was a more pronounced reduction of depressive disorders in the 1st therapeutic group (73.6% vs 63.6% ($p < 0.05$)).

Reduction of anxiety disorders, assessed on the HARS scale, was noted both by the 14th and 28th day of therapy in both therapeutic groups. However, it turned out to be more pronounced in the 1st therapeutic group: by the 14th day of therapy, the reduction of anxiety in the 1st and 2nd groups of patients was 36.4% and 30.0%, respectively ($p < 0.05$), and by the end of therapy - 77.7% and 60.0%, respectively ($p < 0.01$).

Conclusions: The augmentation of antidepressant therapy with drugs with multimodal activity, actovegin and cerebrolysin, should be considered as effective and it can be recommended for inclusion in the therapeutic regimen for the treatment of late-age depression in a psychiatric hospital.

Disclosure of Interest: None Declared

EPP0319

Juxtaventricular and periventricular white matter hyperintensities (WMH) are associated with cognitive dysfunction in Patients with Alzheimer's DiseaseJ. H. Park^{1*}, H. J. Yang¹ and J. M. Song²¹Psychiatry, Jeju National University School of Medicine, Jeju National University Hospital and ²Psychiatry, Jeju Medical Center, Jeju, Korea, Republic Of

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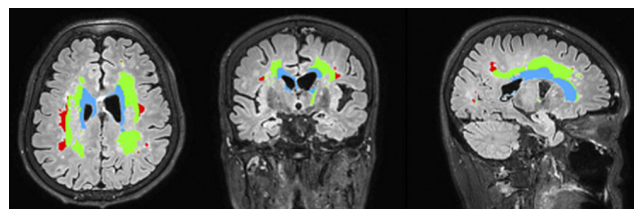
Introduction: White matter hyperintensities (WMH) is common among the elderly. WMH are associated with accelerated cognitive dysfunction and increased risk for Alzheimer's disease (AD). Although WMHs play a key role in lowering the threshold for the clinical expression of dementia in AD-related pathology, the clinical significance of their location is not fully understood.

Objectives: The aim of this study was twofold: 1) To investigate the quantitative association between WMH and cognitive function in AD; 2) To investigate whether there is any difference in the association between subclassified WMH and cognitive function in AD.

Methods: A total of 171 patients with AD underwent clinical evaluations including volumetric brain MRI study and neuropsychological tests using the CERAD-K neuropsychological assessment battery. WMH volume was calculated using automated quantification method with SPM and MATLAB image processing software. According to the distance from the lateral ventricular surface, WMH within 3 mm, WMH within 3-13 mm, and WMH over 13 mm were classified as juxtaventricular WMH (JVWMH), periventricular WMH (PVWMH) and deep WMH (DWMH), respectively. WMH volume data was logarithmically transformed because it was right-skewed.

Results: WMH volume in AD was 20.7 ± 18.2 ml. Total WMH volume was associated with poor performance in categorical verbal fluency test ($p = 0.008$) and word list memory test ($p = 0.023$). JVWMH volume was associated with poor performances on categorical verbal fluency test ($p = 0.013$) and forward digit span test ($p = 0.037$). PVWMH volume was associated with poor performances on categorical verbal fluency test ($p = 0.011$) and word list memory test ($p = 0.021$), whereas DWMH volume showed no association with cognitive tests. Total WMH and PVWMH volume were also related to Clinical Dementia Rating scale sum of boxes score ($p=0.022$).

Image:



Conclusions: Greater JVWMH and PVWMH are related with concurrent impairments in semantic memory and frontal function

independent of the hippocampal volume. However, DWMH volume is not associated with any cognitive function. Only PVWMH among subclassified WMH are related to the severity of AD.

Disclosure of Interest: None Declared

Others

EPP0321

Impulsivity profile analysis and its potential role in the differential diagnostics of adult Attention Deficit Hyperactivity Disorder and Borderline Personality Disorder

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Introduction: Impulsivity is a complex construct, having at least three factors: 1) impulsivity as a personality trait, 2) impulsive action – waiting and stopping impulsivity and 3) choice impulsivity. Impulsive symptoms are present in Attention Deficit Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD) as well, even though impulsivity profile significantly differs.

Objectives: Our aim is to describe the impulsivity profile in adult ADHD (aADHD) and BPD in comparison with the control group, and describe a characteristic pattern, which associates with these disorders.

Methods: aADHD (n=100) and BPD Patients (n=63) were included, based on DSM-5 diagnostic criteria. Healthy control subjects (n=100) were screened using the Derogatis Symptom Checklist (SCL-90). Comorbid psychiatric disorders were assessed by structured clinical interviews and those who have both aADHD and BPD were excluded from the study. Participants were further investigated with online questionnaires: e.g. Barratt Impulsiveness Scale (BIS-11) Difficulties in Emotion Regulation Scale (DERS) and neuropsychological tests, like CANTAB Rapid Visual Processing, Stop Signal Task, and the Rogers' decision-making test.

Results: Based on the BIS-11 results, significantly higher attentional impulsivity was present in adult ADHD compared to BPD ($p<.001$) and healthy controls ($p<.001$). Emotional regulation difficulties, measured by DERS were significantly higher in BPD ($p<.001$) than aADHD, but the impulse control problems were more pronounced in the aADHD group, compared to BPD ($p<.001$). Using CANTAB neuropsychological test battery, strategy formulation difficulties ($p=0.16$) and stopping impulsivity ($p<.001$) were only present in aADHD compared to HC. BPD patients did not differ significantly from the control group in strategy formulation and in Stop Signal Reaction Time, a measure of stopping impulsivity. The significantly higher level of total false alarms, reflecting on waiting impulsivity were present both in aADHD and BPD.

Conclusions: According to our results these two disorders have different impulsivity profile characteristics, which can be useful in

differentiating these two disorders, and in building treatment plans. Stopping impulsivity, measured by SST was found in aADHD, but not in BPD. In BPD impulsive behavior is more likely attached to emotional dysregulation, a trait rooted in childhood traumatization.

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Disclosure of Interest: None Declared

EPP0322

The four abilities of emotional intelligence as predictors of health risk behaviour: what role do impulsivity and sensitivity to reward play in this relationship?

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Introduction: Risky sexual relationships, reckless driving or initiating drug use are examples of health-related risk behaviours that are often related to poor emotional abilities (emotional identification, emotional understanding, facilitating thought and emotional regulation). However, the mechanisms by which this relationship operates have been relatively little studied. It is well known that certain personality traits such as impulsivity and sensitivity to reward are strongly related to risk-taking behaviour.

Objectives: The aim of this work was to explore the role of these two traits in the relationship between each of the different abilities/branches of emotional intelligence and health risk behaviour, as well as to identify the emotional ability that best predicts this relationship.

Methods: A community sample of 250 participants (Mage = 23.60; 72% women) was used to measure levels of emotional intelligence in each of its branches (through the performance-based ability test MSCEIT), and levels of health risk behaviour, impulsivity and sensitivity to reward.

Results: The results supported the existence of a negative relationship between the four emotional abilities and health risk-taking. Mediation analyses that included all four MSCEIT branches as predictors revealed an indirect effect of the “managing” branch on risk-taking, being the most important branch in predicting health-related risk-taking, due to its effects through impulsivity and sensitivity to reward.

Conclusions: Our results suggest that a strong negative relationship exists between emotional management ability and health risk-taking, highlighting that the emotional components of impulsivity and levels of sensitivity to reward have been shown to be among the mediating factors underlying this relationship. Further experimental research is needed to confirm the role of emotional intelligence, and in particular emotional management, as a protective factor for risk-taking behaviour.

Disclosure of Interest: None Declared

EPP0323

“Engaging, interactive, not boring” – A new innovative tutorial programme for medical students with promising longevity at the University of East Anglia.S. Das^{1*} and J. Beezhold¹¹Norfolk and Suffolk Foundation Trust, Norwich, United Kingdom

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Introduction: Medical students at the University of East Anglia (UEA) complete a psychiatry rotation in the fourth year of their MBBS degree. There are four rotations each academic year, in 2022-2023 there were 24 students per rotation. The rotation consists of two weeks of lectures, a four-week clinical placement, and then a further two weeks of lectures. Students are based across Norfolk and Suffolk for their clinical placements. Although case-based discussions occurred every Wednesday morning via Teams, there were no face-to-face small group teaching sessions during placement.

Objectives: To design an interactive set of tutorials for medical students covering a wide range of psychiatric topics which can be easily delivered by other facilitators.

Methods: Three 1.5 hour tutorials were created: 1) “Psychotic Bingo” – Students have a unique card with terms used in descriptive psychopathology to play Bingo, 2) “Medical ethics, mental health and the law” – Explores the case of Kerrie Woollerton to discuss the mental capacity act, advanced decisions, and the mental health act, 3) “Team Quiz” – Played in groups and covers the different specialties of psychiatry and pharmacology. Tutorials were only mandatory for students in Norwich (average 11 students per tutorial) due to a large geographical area across placements. Tutorials were delivered for three rotations between December 2022 – May 2023, the initial two rotations by the first author and the third rotation by other facilitators. Facilitators were provided with a tutorial guidance document to ensure consistency. The same feedback form was used to obtain qualitative and quantitative feedback from students at all tutorials.

Results: The table below shows that feedback from students was consistently high, and there was little difference in average students rating between tutorials delivered by the first author and other facilitators. The predominant qualitative feedback was that the tutorials were “very interactive”, “engaging” and “fun”.

Image:

Tutorial	Average score out of 10 for each student feedback domain							
	Delivered by first author				Delivered by others			
	Useful	Relevant	Interesting	Taught well	Useful	Relevant	Interesting	Taught well
Psychotic Bingo	9.09	9.48	9.17	9.52	9.31	9.69	9.15	9.23
Medical ethics	9.48	9.57	9.38	9.67	8.47	9.13	8.27	8.13
Team Quiz	9.50	9.67	9.50	9.50	9.36	9.64	9.45	9.36

Conclusions: This tutorial programme consistently received excellent feedback. The results show that the tutorials can be effectively delivered by other facilitators whilst maintaining a high standard, which ensures the programmes longevity. The tutorial programme

is being formally implemented for all medical students at UEA from October 2023.

Disclosure of Interest: None Declared

EPP0324

Parental Experiences of Grief after Pregnancy Loss: systematic review of qualitative studiesM. R. Duarte¹, A. Torres^{1,2*} and P. S. Carvalho¹¹Departamento de Psicologia e Educação, Universidade da Beira Interior, Covilhã and ²CINTESIS@RISE, Aveiro, Portugal

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Introduction: Gestational Loss represents a set of abrupt and unexpected losses throughout pregnancy or after childbirth. Every year, around two million babies die after 28 weeks of gestation, with between 14% and 20% of all pregnancies ending in loss. In most situations, pregnancy loss occurs in a pregnancy without signs of risk or irregularities, something that increases the shock and suffering felt by parents.

Objectives: The present study aims to understand the relationship between pregnancy loss and parents’ grief experiences after spontaneous abortion, stillbirth or neonatal death with qualitative evidence.

Methods: This review followed the principles of PRISMA, and the search was carried out in the Web of Science and Scopus databases, aiming to find relevant articles about parental grief experiences resulting from pregnancy loss, published between 2012 and 2022. After research and analysis Of the studies, 15 qualitative studies were included.

Results: The pain and sadness when experiencing the loss of a child was a common point in all the studies found. In this review, the majority of men revealed a duality in wanting to protect, physically and emotionally, their partner, while experiencing their own grief, something that led to the internalization of their emotions and the minimization of their pain. Grieving fathers and mothers report experiencing this process alone, describing the difficulty in expressing what they feel due to the lack of recognition of the loss. It was found that confrontation with other pregnant women leads bereaved parents to reveal jealousy and shame, as well as feelings of guilt. The farewell rituals, the process of writing and talking about their experience helped the women to not feel so alone and to find a purpose: to transform their pain and help other grieving mothers. Fathers and mothers who experienced pregnancy loss stated that the death of their child provided change and growth.

Conclusions: After Pregnancy Loss, adapting to the new reality is extremely painful, despite the work of mourning being necessary and crucial. This process is a search to integrate and accept the reality of the loss of the baby in a way that has meaning for the mother and father, it is the adaptation to a world without the lost child and to a relationship that had been built during the gestation period, which was violently broken. It is necessary for health professionals to be present and available to address these parents’ fears, provide advice and support.

Disclosure of Interest: None Declared

Promotion of Mental Health

EPP0325

Components of well-being and distress that foster resilience in medical students

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Introduction: The shortage of medical professionals is becoming a nearly unsurmountable burden worldwide. Increasing uncertainties in the external environment require enhanced capacity for predicting future outcomes from the young adult population of medical students. **Objectives:** To find the level of resilience, the domains of psychological well-being and the symptoms of distress; and to identify associations between them in a cohort of medical students. **Methods:** Data were collected in the 2022-23 academic year among Hungarian and English medical students at Semmelweis Univerity. An online questionnaire was circulated via the official academic administration system (Neptun) with the incentive to provide personal results with available resources for those who requested it. Besides age and gender, we applied the short form of the Nicholson McBride Resilience Questionnaire (NMRQ), Ryff's Psychological Well-being Scales (PWB), and the Depression, Anxiety and Stress Scale (DASS). Additional to descriptive statistics, univariate analyses as well as multiple regression analyses (SPSS v.24) were used. (Ethics permission No: BM/5326-2/2023). **Results:** Altogether 318 students (132 Hungarians) filled the questionnaire, and 251 students requested personal answers. 114 males participated with a mean age slightly higher than that of females (24 (SD:4) ys vs 23 (SD:3) ys). Hungarians (H) demonstrated lower resilience (Mdn:37, IQR:32, 42) then international (I) students (Mdn: 41, IQR: 36, 47), U=15287, p<0.001. Both H and I students showed similar patterns on PWB, scoring highest on personal growth, purpose in life and positive relations with others; while reaching lowest scores on environmental mastery, and lower scores on autonomy and self-acceptance. However, they demonstrated differences in each of the domains (see table).

	Hungarian n=132 (Mn (SD))	International n=186 (Mn (SD))	t (316)	p
Autonomy (A)	34 (7.9)	36 (7.4)	-2.8	0.004
Environmental Mastery (EM)	32 (8.4)	34 (7.7)	-2,1	0.04
Personal Growth (PG)	42 (5.6)	40 (7.2)	2.9	0.004
Positive Relations (PR)	41 (8.4)	37 (7.7)	4.6	<0.001
Purpose in Life (PL)	42 (7.8)	38 (8.0)	3.5	<0.001
Self-Acceptance (SA)	36 (10.4)	36 (7.7)	0.2	n.s.

Higher prevalence of symptoms of depression, anxiety and stress were found in I students. Multiple regression analyses resulted in statistically significant models for both H (F(11, 121)=19.6; p<0.001; R²=0.641) and I students (F(12, 143)=8.98; p<0.001; R²=0.430) indicating that EM (t=4.7; p<0.001), PL (t=-3.2; p=0.002), SA (t=4.2; p<0.001), A (t=2.9; p=0.005), and anxiety (t=4.06; p<0.001) significantly predicted the strength of resilience in H, while autonomy (t=4.9; p<0.001) proved to be significant predictor in case of I students.

Conclusions: These single-centre results need to be further clarified on national and international level to stimulate interventions for strengthening resilience through establishing a caring network by universities for the fragile population of medical students.

Disclosure of Interest: None Declared

EPP0328

The impact of family communication patterns on parent-child attachment and child quality of life

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Introduction: Previous research has demonstrated stable patterns of family communication. The Revised Family Communication Pattern Instrument (RFCP) is a common measure of these patterns. It posits two orientations: conformity orientation, characterized by a tendency to seek agreement within the family and by authoritarian decision-making; and conversation orientation, characterized by shared decision-making with the child and frequent family discussion. **Objectives:** The primary aim of our research was to adapt the RFCP questionnaire to the Hungarian language. Based on previous research, we hypothesized a negative relationship of conversation orientation and a positive relationship of conformity orientation with parents' mentalizing problems, parental stress and burnout. According to our hypothesis, conformity orientation would predict both attachment anxiety and avoidance, whereas conversation orientation would decrease attachment anxiety. **Methods:** Parents of children aged 6–17 (N=269, female=86,2%, mean age=42,64 [SD=6,10] yrs) completed the following online questionnaires: Child Quality of Life Questionnaire (ILK) parent version, Reflective Function Questionnaire (RFQ-8), Experiences of Close Relationships Questionnaire (ECR-RS), Parent Burnout Questionnaire (PBA-HUN), Perceived Stress Questionnaire (PSS) and the RFCP instrument. We conducted a confirmatory factor analysis. Linear regression analyses predicting attachment anxiety and avoidance included two factors of the RFCP, the RFQ-8, the

PBA-HUN, and the PSS total score, as predictors. In addition, two factors of the ECR-R were included in the linear regression analyses predicting quality of life.

Results: The confirmatory factor analysis confirmed the original two-factor structure of RFCP ($\chi^2=5482.21$, $df=325$ $p<.001$, $\chi^2/df=16.86$, CFI=0.91, TLI=0.90, RMSEA=0.075 (90% CI 0.068–0.082)) and their internal reliability (Cronbach's alpha = .78 and .74). Attachment avoidance ($R^2=0.12$, $F(5)=7.38$, $p<.001$) was only predicted by conversation orientation ($\beta=-0.28$, $p<.001$), while attachment anxiety was predicted ($R^2=25.2$, $F(5)=17.7$, $p<.001$) by conformity orientation ($\beta=0.24$, $p<.001$), parental mentalization difficulties ($\beta=0.20$, $p<.001$) and parenting stress ($\beta=0.15$, $p=.015$). Parental report of the child's quality of life was predicted most strongly by attachment anxiety ($\beta=-0.28$, $p<.001$), followed by conversation orientation ($\beta=0.21$, $p<.001$) and attachment avoidance ($\beta=-0.18$, $p<.001$, $R^2=28.8$, $F(7)=15.17$, $p<.001$).

Conclusions: The Hungarian version of the RFCP questionnaire has proven to be a reliable questionnaire. The importance of family communication patterns is demonstrated by the fact that it explains both the quality of parent-child attachment and the parent's report on the child's quality of life.

Disclosure of Interest: None Declared

EPP0329

Promoting mental health by peer education at the University of Debrecen

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Introduction: Medical students have been shown to experience mental health problems more frequently compared to their non-medical student peers. This can manifest in pathological levels of stress and depression, and can lead to substance abuse, reduced academic performance, or even suicide.

Objectives: A credit course on professional socialization is offered for medical students at the University of Debrecen in the form of peer education. Our goal was to evaluate experiences of this course delivered in the past 5 academic years.

Methods: After reviewing the relevant literature, the structure of a focus group interview was developed. The focus group consisted of 8 participants and was moderated by the course supervisor with the help of an assistant moderator. The group summarized the number of students completing the course, and narratives of teaching experiences between 2018/19 and 2022/23. They also revised relevant versions of the tutors' handbook containing the topics and methodology of the course. The duration of the interview was 90 minutes, and it was tape recorded by the assistant moderator, who also made notes in case the tape is inaudible.

Results: Between 2018/19 and 2022/23 61 students finished the course with the help of 23 tutors. The course is offered for students of general medicine, dentistry and pharmacy to improve their positive professional attitudes and social skills through group work and practical exercises. The medical curriculum includes

mandatory courses with practical opportunities for developing professional and social skills, but due to the limited number of contact hours and the varying levels of student interest and motivation, these skills are difficult to master. The credit course was developed using the concept of Balint groups, offering peer-supervised opportunities for motivated students above year 2 to practice their professional skills in controlled conditions while also receiving feedback from their peer group leaders. The course complements the traditional medical curriculum and sensitizes students in a protected environment in which they can observe their own communication more consciously and recognize unfavourable behaviour patterns. Developing the ability to work in a team, learning to listen, and practicing assertiveness during study years can also reduce performance-related stress and future medical errors along with increasing job satisfaction and patient adherence.

Conclusions: Based on the narrative summary of the focus group, both the experiences of participating students and peer teachers are positive, the handbook is a useful tool. The structured focus group provides a suitable method to evaluate the credit course which should be held once every academic year to evaluate the implemented course and explore options to improve future courses.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP0330

Dyslipidemia induced by antipsychotics: differences between schizophrenia and bipolar disorder

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Introduction: The introduction of antipsychotics, especially of newer generation, greatly affects the effectiveness of the psychiatric treatment of patients with schizophrenia (SCH) and bipolar disorder (BP). Patients suffering from SCH and BP often have metabolic syndrome (MetSy), as a result of taking antipsychotic therapy, especially in patients with abdominal obesity, there is an atherogenic fat profile that carries a high risk for the development of dyslipidemia.

Objectives: To investigate frequency and differences of somatic diseases in patients with SCH and BD depending on the presence of MetSy.

Methods: This five-year prospective study was conducted in the Psychiatric Hospital of Canton Sarajevo. We followed 135 patients with SCH and 135 patients with BD, aged 30 to 69 years, who were treated with antipsychotics for five years.

Results: Dyslipidemia was significantly more common in SCH patients (73.3%), compared to BD (54.1%) and was dominantly presented in women (61.4%). The frequency of dyslipidemia increased with the age of the patient. Associated risk factors in patients with SCH diagnosed with dyslipidemia were 73.5% smokers, 78.7% hypertensive patients, 69.7% patients with elevated

BMI and 83.0% with elevated blood glucose values, while slightly lower values were recorded patients with BP. 97.8% of patients with dyslipidemia had elevated CRP.

Conclusions: There are significant differences in dyslipidemia in patients suffering from SCH and BP. Adequate knowledge of the antipsychotic drugs is required in order to provide adequate psychiatric treatment, regarding minimalising adverse effects of antipsychotics will be reduced to a minimum. It is important to recognize high-risk patients and educate them about preventive measures.

Disclosure of Interest: None Declared

EPP0331

Cariprazine as adjunctive treatment of catatonia in schizoaffective disorder: a case report.

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Introduction: Cariprazine is one of the most recent innovations in neuropsychopharmacology, with evidence for its efficacy in affective and psychotic spectrum disorders.

Objectives: To present a case that highlights cariprazine's potential use outside the regulatory approved indications.

Methods: Case report using CARE guidelines and a narrative review.

Results: We present the case of a 41-year-old male readmitted to a psychiatric inpatient unit due to three months of mutism and withdrawal. At admission, the patient did not communicate verbally or in writing, but he complied with simple orders, and his consciousness remained unimpaired. He scored 11 points on the Bush-Francis Catatonia Rating Scale (BFCRS), indicating immobility, mutism, staring, withdrawal, ambitendency, and automatic obedience. We observed psychomotor retardation and indirect signs of a depressive mood, including the omega sign. His medical history included ongoing psychiatric treatment since the age of 30, with two prior admissions to an acute inpatient unit. At the time of admission, he was treated with olanzapine 20 mg/day, lorazepam 2 mg/day (recently downtitrated), venlafaxine 150 mg/day, and bupropion 150 mg/day. At the start of the current episode, the patient's diagnosis was uncertain, with previous descriptions of psychotic, affective, and catatonic features. Due to suspicion of catatonia, we administered a high dose of lorazepam (8 mg/day), resulting in a partial response with a 4-point reduction in the BFCRS. We discontinued bupropion, increased venlafaxine to 225 mg, and switched from olanzapine to cariprazine using a taper, washout, and switch strategy. Psychotic symptoms briefly appeared when the patient was not taking a dopamine D2-receptor modulatory drug. We identified mild possible adverse drug reactions, including akathisia, transient insomnia, and daytime sleepiness. At a dose of 6 mg/day of cariprazine, we observed complete remission of catatonia (BFCRS=0) and significant improvement in affective and psychotic symptoms. The patient was discharged home with diagnoses of catatonia and schizoaffective disorder,

prescribed 6mg/day of cariprazine, 225mg/day of venlafaxine, and 2,5mg/day of lorazepam. At the 6-month follow-up, the patient continues to exhibit clinical stability.

Conclusions: This case emphasizes the safety and potential effectiveness of cariprazine in treating catatonia within the context of schizoaffective disorder. We consider that the partial agonist properties of cariprazine could theoretically reduce the risk of exacerbating catatonia, a risk typically associated with full D2-receptor antagonists. Other mechanisms of action, such as D3 partial agonism, may also contribute to the improvement or at least the non-aggravation of catatonic symptoms. Cariprazine's mood-stabilizing properties make it a promising off-label choice for treating schizoaffective disorder, especially when catatonic features are present.

Disclosure of Interest: None Declared

EPP0332

Prolactin level changes according to atypical antipsychotics use: a study based on Clinical Data Warehouse

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Introduction: Antipsychotics are associated with increased serum prolactin. It depends on the type of the antipsychotics and gender. There are previous studies, but it is necessary to compare them including new drugs.

Objectives: Antipsychotic drugs are known as the major cause of non-neoplastic hyperprolactinemia. This study aimed to investigate the levels of serum prolactin elevation depending on the use of antipsychotic drugs in patients through the Clinical Data Warehouse

Methods: Our study included 118 subjects who were all diagnosed according to ICD-10 for schizophrenia, schizotypal and delusional disorders, manic episodes, and bipolar affective disorders. All the subjects were taking one of risperidone, blonanserin, amisulpride, and olanzapine. They had prolactin blood tests collected retrospectively through CDW.

Results: Among the 118 subjects included in the analysis, the mean serum prolactin level was 65.1 ± 54.7 ng/ml. Serum prolactin levels were significantly higher in subjects taking risperidone or amisulpride compared to blonanserin and olanzapine. The female subjects who took amisulpride or olanzapine had significantly higher prolactin levels, but there was no difference in prolactin levels between the sex in the subjects who took risperidone or blonanserin.

Conclusions: This study suggests the need for regular monitoring of serum prolactin levels in patients who are taking antipsychotics, especially in female patients. Further studies on the subjects with controlled confounding variables and larger sample groups are needed.

Disclosure of Interest: None Declared

EPP0333

Protective effect of lithium pyruvate against oxidative damage to peripheral blood mononuclear cellsL. Smirnova^{1*}, E. Epimakhova^{1,2}, E. Plotnikov^{1,3} and I. Losenkov¹¹Laboratory of Molecular Genetics and Biochemistry, Mental Health Research Institute, Tomsk National Research Medical Center of the Russian Academy of Sciences; ²Division of Biology and Genetics, Siberian State Medical University and ³Research School of Chemistry & Applied Biomedical Sciences, Tomsk Polytechnic University, Tomsk, Russian Federation

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Introduction: In recent years, there has been renewed interest in lithium therapy due to emerging evidence of the protective effects of lithium against neuronal death caused by a wide range of neurotoxic effects. Oxidative stress is a common pathway that is involved in various pathologies. In this regard, the development and study of new lithium compounds with combined antioxidant effects becomes relevant. Pyruvate has many potential benefits due to its positive effects on cellular metabolism.

Objectives: The purpose of this study was to study lithium pyruvate on blood cells of healthy donors under conditions of induced oxidative stress.

Methods: The study used blood from 20 healthy control group volunteers, aged 25 to 54 years. Venous blood was taken at baseline and then used for PBMCs extraction. After that cells were incubated during 24 hours in RPMI 1640 medium at 37°C and 5% carbon dioxide concentration. For oxidative stress induction hydroperoxide of trisubstituted butyl (HTB) was used in concentration of 50 µM. Cells were also incubated with lithium pyruvate in final concentration of lithium ions of 1.2 mM with or without HTB. Level of oxidative stress in culture was assessed by flow cytometer «Muse Cell Analyzer» (Merck Millipore, Germany) using «Oxidative stress» reagents kit (Merck Millipore, Germany). Statistical analysis was performed using the SPSS software, release 20.0 for Windows.

Results: Percentage of cells with reactive oxygen species (ROS) cultivated with HTB (65,33 (41,95-79,30) %) was statistically significant higher compared to intact cells (11,03 (7,93-15,53) %) ($p=0.001$). After addition of lithium pyruvate in culture statistically significant antioxidant effects were observed. In PBMCs incubated with HTB and lithium pyruvate statistically significant decreased percentage of cells with ROS (42,70 (16,73-58,70) %) ($p=0.001$)

Conclusions: A pronounced antioxidant effect of lithium pyruvate under induced oxidative stress on human peripheral blood mononuclear cells has been established. Lithium pyruvate can be considered as a promising psychotropic antioxidant for further experiments.

Disclosure of Interest: None Declared

EPP0334

Case series and Literature review – Clozapine Induced Transient Myocarditis. Clinical characteristics and outcomes

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Introduction: Clozapine is a second-generation atypical antipsychotic medication used in patients with treatment-refractory schizophrenia. Its use is limited due to its associated adverse effects, including myocarditis. These adverse effects may have variable presentations, such as myocarditis transient or persistent, and a generalized inflammatory process. Thus, clinical monitoring to inform accurate diagnosis is essential to avoid unnecessary discontinuation of clozapine, leading to psychiatric decompensation.

Objectives: To review clinical features of clozapine induced Myocarditis and accurately identify signs and symptoms attributed to be most specific for myocarditis and determine at what stage clozapine should be discontinued.

Methods: We conducted a literature review on PubMed, MeSH, google scholar and Mount Sinai's Levy Library using keywords, clozapine, drug related side effects, adverse reaction, myocarditis, treatment resistant schizophrenia. Review of two cases series was done.

Results: A review of 15 articles that addressed the cardiac complications of clozapine was performed. This review provides a base on variable clinical characteristics and outcomes of clozapine – induced Myocarditis. It showed patients who had myocarditis ruled out, demonstrated high prevalence of systemic signs of inflammation such as fever, malaise, tachycardia and elevated c-reactive protein. However, despite clozapine maintenance in most, this systemic response subsided without any intervention. A nonspecific inflammatory response is common when initiating clozapine, this inflammatory “clozapine storm” occurs within the first month of initiation and is not necessarily predictive of myocarditis. These patients were monitored closely. Those confirmed with clozapine- induced myocarditis using echocardiography and cardiac magnetic resonance imaging were managed with dose reduction, laboratory monitoring, vital signs check, with early initiation of beta-blockers without discontinuation of clozapine, with improvement in their laboratory results and vital signs. Those with progressive clinical signs of myocarditis required immediate cessation of clozapine.

Conclusions: We are proposing a critical need for a multidisciplinary team of psychiatrists, cardiologists and pharmacists collaborating to prevent premature termination of clozapine in cases of treatment-refractory schizophrenia. Our cases showed middle aged patients with treatment - refractory schizophrenia, presenting with symptoms suggestive of clozapine induced- myocarditis, few weeks after initiation. Clozapine was continued with close monitoring, as symptoms resolved. Though clozapine is associated with myocarditis, with proper knowledge on guidelines for monitoring patients, it can mitigate unnecessary discontinuation of clozapine in those patients.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPP0335

Gender differences in the effect of rtms with the H7-coil on physical and social anhedonia in schizophrenia spectrum disorder; a randomized, sham-controlled trialK. Matic^{1*}, I. Šimunović Filipčić², I. Orgulan¹, Ž. Milovac¹, Ž. Bajić¹ and I. Filipčić³¹Psychiatric Clinic Sveti Ivan; ²Department of psychiatry and psychological medicine, University Hospital Centre Zagreb, Zagreb

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Introduction: Studies of differences in the incidence and severity of physical and social anhedonia between women and men diagnosed with schizophrenia spectrum disorder (SSD) are often inconsistent, and gender differences in treatment response have not been well studied. Hormonal factors, such as those related to the menstrual cycle, pregnancy or menopause, as well as social and cultural patterns and roles, may influence treatment response. The incidence of affective or stress-related psychiatric comorbidities may be gender-specific, which could also complicate the treatment of anhedonia and other negative symptoms of SSD. Finally, there is no evidence of sufficient quality on gender differences in the effects of rTMS, but the results are intriguing and point to the need for further research.

Objectives: To investigate gender differences in the effect of rTMS with the H7-coil on physical and social anhedonia in patients diagnosed with SSD with dominant negative symptoms.

Methods: We conducted a randomized, sham-controlled trial during 2000-2023 in the population of patients diagnosed with SSD with primary negative symptoms defined as PANSS negative symptoms subscale score > 24, and PANSS positive symptoms subscale score < 20. The intervention was HF rTMS H7 coil (Brainsway Ltd. Jerusalem, Israel) once daily for 20 days applied to the prefrontal cortex (mPFC and ACC) at 100% motor threshold with a frequency of 18 Hz, and total of 39600 pulses. The outcomes were Physical and Social Anhedonia Scales (PAS, and SAS). We controlled for the large number of relevant covariates.

Results: We randomized 49 men and 29 women of similar age. The effect on physical anhedonia was statistically significant in women ($b = 9.04$; $p = 0.016$), but not in men ($b = 2.87$; $p = 0.272$). The effect on social anhedonia was similar, but the difference was smaller (for men $b = 3.71$; $p = 0.082$; for women $b = 5.42$; $p = 0.043$). However, the Wald test showed no statistically significant differences between the beta coefficients for women and men.

Conclusions: Based on this study, it is not possible to make valid and reliable conclusions about the existence of gender differences in the effects of rTMS treatment of anhedonia with the H7 coil. However, it is possible to claim that the treatment of anhedonia with this protocol is effective in women.

Disclosure of Interest: None Declared

EPP0337

Development of a Patient-Centred Care Plan for Patients Requiring Maintenance Electroconvulsive Therapy Long-Term

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Introduction: Maintenance electroconvulsive therapy (ECT) can be effective and necessary in the long-term for patients with severe

and recurrent mood or psychotic disorders that are not amenable to any other forms of treatment. Patients with such treatment resistance affecting their ability to maintain minimal daily activities may eventually fall within the palliative psychiatric care domain in which advanced medical directives become an important beacon to direct care. There are Psychiatric Advance Directives which allow people with severe mental health conditions to consent to or refuse to consent to hospital admission and psychiatric treatment in the event they lose decision-making capacity and this can be especially important for a potentially controversial treatment such as ECT. However, the focus tends to be on enforcing involuntary treatment and less about a comprehensive long-term care plan. To our knowledge, there is no available framework to structure maintenance ECT as a patient-centred care plan.

Objectives: Our aim is to share the process of development of a patient-centred care plan for patients requiring maintenance ECT. Our objectives are:

1. Constant engagement with patients and family or caregivers
2. Regular reviews of clinical and consent aspects of treatment
3. Advocating for the welfare of patients and respect of values
4. Focus on dignity especially for patients who require treatment well into old age
5. Being prepared for termination of treatment if necessary

Methods: We reviewed our management of previous and existing patients on maintenance ECT and incorporated diligent consent-taking practices. Adopting good practices from known palliative approaches and involving the patient voice helped to form a framework for a patient-centred care plan.

Results: Our patient-centred care plan features half-yearly discussions about the risks and benefits of treatment, as well as an assessment of the patient's cognition and ability to consent which may change over time. Opportunities for them to share their values and expectations of care and engagement with their caregivers about their quality of life guide the continued treatment. A framework for discussing the disruption or eventual termination of ECT prepares for scenarios where older-aged patients may develop frailty or present with acute, prolonged or devastating medical concerns. This end-of-life care approach manages anticipated psychiatric-specific behavioural concerns and prepares for the possibility of death following the planned termination of ECT for patients who required long-term treatment throughout their life. Lastly, issues of grief amongst caregivers and ethical concerns from medical staff are addressed.

Conclusions: We hope that our patient-centred care plan provides a well-considered conversation and structure for the initiation, continuation and termination of maintenance ECT in the long-term.

Disclosure of Interest: None Declared

EPP0338

Empowering Minds: A Comprehensive Study of ECT Treatment in a Reference Mental Health Center in Portugal

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Introduction: Electroconvulsive Therapy (ECT) is one of safest and most effective treatments for severe mental illnesses. The ECT Unit of Centro Hospitalar Universitário de Santo António – Magalhães Lemos Hospital (CHUSA-HML) is a reference center for this treatment modality, providing support to the northern region of Portugal.

Objectives: This study aims to characterize patients undergoing ECT treatment from April to June 2023, at the ECT Unit of CHUSA-HML.

Methods: Retrospective study from April to June/2023. Social, demographic, epidemiological and clinical data were evaluated.

Results: Among the 55 patients who were treated there was a predominance in male sex (56%), the average age was 53 years old and only 9 completed higher education. Half of them were in a long-term relationship. Around 67% of patients are retired, predominantly (62%) due to psychiatric disability.

Most patients (78%) were referred through psychiatric consultation and the remainder came from psychiatric hospitalization (only 3 were never hospitalized). 41 patients were under maintenance treatment and 14 under acute treatment. Concerning the type of treatment 30 were submitted to bilateral ECT. For 33% it wasn't the first ECT treatment. Almost all patients improved their symptoms, only one patient had complications related to the procedure (tooth loss).

According to the international classification of disease (ICD11) the most frequent primary diagnosis was Schizophrenia or Other Primary Psychotic Disorders (58%). Neurodevelopmental disorders and substance use disorders were the most frequently comorbid diagnoses.

The results presented are preliminary, and other data that may be relevant are being collected and processed.

Conclusions: Severe mental illnesses profoundly impact patients, often imposing substantial limitations and suffering. These findings support the safety and effectiveness of ECT as treatment for severe mental disorders. Founding more specialized centers represents an important step toward enhancing mental health treatments. Access to controlled studies is crucial, fostering a deeper understanding of the ECT technique and long-term benefits.

Disclosure of Interest: None Declared

EPP0339

Electroconvulsive therapy: the perspective of the informal caregiver in the decision-making process

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Introduction: Despite the importance of electroconvulsive therapy (ECT) as treatment, it remains one of the most controversial and misunderstood treatments. Negative media representations, primitive practice in the past and fear for electricity results in fear that extends beyond other therapies. Research on the perspective and role of informal caregivers (IC) in the process of ECT is limited. Most research focuses on relatives' attitude or knowledge of ECT measured with questionnaires. However, profound understanding of their perspective can facilitate the role of physicians (or psychiatrists) in

guiding patients and their IC through the decision-making process of ECT.

Objectives: The aim of this study was to describe the perspective of informal caregivers in the decision-making process in ECT treatment.

Methods: A qualitative phenomenological study was set up. Semi-structured interviews were held with IC of patients who are treated with ECT. **Purposive sampling was based on maximum variation.**

All interviews were fully transcribed and thematic analyses took place. Trustworthiness was guaranteed by e.g. researcher triangulation

Results: In nine interviews were held with partners, children and parents of patients. The interviews had a mean duration of 102 minutes and interviewing proceeded until saturation of the most important themes was reached. During the interviews it became clear that the decision-making process of ECT is strongly influenced by the illness-trajectory and context of living with the mental health problems of the patient. IC describe their life and that of the patient as 'trying to survive'. The proposal of ECT is seen as a way out of this unendurable situation. The perceived responsibility of the IC in the informed consent process to ECT adds to this burden. The IC worry, feel uncertain and fear to do wrong. Nonetheless ECT seems to be a beacon of hope. Trust in the psychiatrist as a competent professional who wants the best for the patient seems more important than having an answer to all of their questions. After the ECT has been started, IC establish a framework to evaluate the side-effects and effectiveness of ECT. This framework is based on how they experience the patient in daily life and on what they define as 'the patient becoming a bit more himself again'. IC weigh the effects and side-effects to support the continuation of ECT. However, if patients clearly express that they experience side-effects that are too hindering, IC follow the patient if he or she wants to stop ECT.

Conclusions: Our study gives an insight in the perspective of the IC of patients undergoing ECT. It could be helpful for IC if the psychiatric team repeats information stepwise and takes the burden of responsibility perceived by the IC into account. The framework used by IC to evaluate the effects of ECT could be a valuable addition to the clinical evaluation of the ECT treatment.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPP0340

Association between metabolic syndrome, cognitive dysfunctions, and peripheral inflammation in schizophrenia

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Introduction: Metabolic syndrome (MetS) is of primary clinical interest because of its harmful impact on the general health and quality of life of patients with psychotic disorders. Paradoxically, MetS is associated with impaired cognitive functions in patients receiving antipsychotics primarily shown to improve cognition (e.g., clozapine and olanzapine).

Objectives: In this study, we aimed to investigate the relationship between MetS, cognitive functions, and peripheral inflammation.

Methods: The participants were 154 patients with schizophrenia. Fifty-seven patients met the criteria of MetS. We evaluated cognitive functions with the Repeated Battery for the Assessment of Neuropsychological Status (RBANS). The Positive and Negative Syndrome Scale (PANSS) quantified the clinical symptoms. We also measured the plasma levels of IL-6 and C-reactive protein (CRP). In addition to conventional statistics, we also calculated Cohen's effect size (d) and Bayes Factors (BF10).

Results: Results revealed that patients with MetS exhibited worse cognitive function relative to patients without MetS in attention ($d = 0.19$, $BF10 = 2.3$) and delayed memory ($d = 0.25$, $BF10 = 5.7$). No significant between-group differences existed in immediate memory, visuospatial functions, and language. The MetS and non-MetS groups did not differ in positive, negative, or general symptoms. Higher IL-6 levels were associated with worse delayed memory ($r = -0.56$, $BF10 = 34.6$).

Conclusions: Our results suggest that MetS-associated cognitive dysfunctions are less severe than reported in the literature: it was confined to two cognitive domains, the effect size was small, and the Bayesian evidence level was weak. Peripheral inflammation may mediate the association between MetS and long-term memory dysfunctions.

Disclosure of Interest: None Declared

EPP0341

Sociodemographic profile and prescribing pattern of antipsychotic medication in patients with Schizophrenia

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Introduction: Schizophrenia is a complex psychiatric disorder that changes the patient's life by influencing how they think, behave, express emotions, percept reality and their interpersonal relationships.

Objectives: The aim of this study was to evaluate sociodemographic and therapeutic factors that act as risk and protective factors in the clinical outcomes of patients diagnosed with schizophrenia.

Methods: This was an observational retrospective study including patients diagnosed with schizophrenia, treated at the "Xhavit Gjata" Psychiatric Hospital, Tirane, Albania, who were discharged between May 1- October 30, 2022. The follow-up period was six months. Data on further hospitalizations during the follow-up were obtained from the Department of Statistics, QSUT, and confirmed

by family members for hospitalizations in other psychiatric hospitals in the country. Univariate and multivariate analyses were conducted to identify potential factors associated with emergency room stays, length of stay, and time until the next admission.

Results: A total of 158 patients were included in the study, 63 women and 95 men ($p = 0.03$). The average age of the patients was 42.9 years, with women averaging 45.3 years and men 40.6 years ($p = 0.01$). 43.7% of them had elementary education. The average age of disorder onset was 24.7 years. Haloperidol was the ambulatory therapy used in 54.3% of patients, while atypical antipsychotics were used in 75.1% of patients. The most commonly used atypical antipsychotic was Risperidone in 34.1% of patients, followed by Olanzapine in 17% of cases. Depo antipsychotics were used in 35.1% of patients. Clozapine was administered to 29.3% of patients, where 12.8% for the first time. 54.2% of patients starting Clozapine for the first time had three or more admissions. Clozapine was more frequently used in men, showing a significant difference from women ($p = 0.05$). In 44.7% of cases, monotherapy was prescribed. The average hospital stay was 21.9 days, ranging from 2-68 days. Living with a family member, male gender, and being "married" helped reduce the length of hospital stay. In the 6-month follow-up period, 31.4% were re-hospitalized. Significant factors affecting the reduction of time spent outside the hospital until the next hospitalization were social problems, the number of previous hospitalizations, civil status "not married," living arrangements, negative symptoms, and alcohol use (nearly significant). Protective factors included Clozapine, which reduced the prevalence of hospitalization by 57% compared to patients not taking it. Additionally, the use of Clozapine and Haloperidol increased the time spent outside the hospital.

Conclusions: Social and family support, positive compliance, and antipsychotic therapy such as Clozapine serve as protective factors for patients diagnosed with schizophrenia.

Disclosure of Interest: None Declared

EPP0342

The impact of affective and negative symptoms on the development of psychosis in a six-year follow-up of a community-based population

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Introduction: The Clinical High Risk (CHR) group for transition to psychotic disorders (PD) is usually defined by the severity of positive symptoms, help-seeking and impairment in level of functioning. However, the CHR concept has a limited transition risk to PD. Recent studies have shown that some of the risks might be attributable to other symptoms.

Objectives: This study investigates the association between affective and negative symptoms and the risk of transition to PD in a community-based population of 2185 participants in Turkey.

Methods: At baseline, psychotic and affective symptomatology were assessed. The same participants were contacted again 6-years later. The initial analysis aimed to assess the link between affective and negative symptoms, and the progression to PD. The independent variable, baseline symptomatology, was categorized into five groups: no Psychotic Experiences (PE)(reference), subclinical PE, subclinical PE accompanied by affective/negative symptoms, clinical PE, and clinical PE with affective/negative symptoms. In the subsequent analysis, the association between affective and negative symptoms at baseline and the onset of PE and PD at follow-up was evaluated. For this analysis, the baseline symptomatology was restructured into two categories: neither PE nor affective/negative symptoms (reference), and the presence of affective/negative symptoms without PE.

Results: The findings from the initial analysis indicated that being part of the 'subclinical PE only' group at baseline was not associated with an increased risk of developing PD at follow-up. Being part of the 'subclinical PE+affective/negative symptoms' group was not significantly associated with PD at follow-up, although a trend was observed (OR: 3.22; $z=1.90$; $p=0.057$). Moreover, being classified as having 'clinical PE only' (OR: 6.23; $z=2.57$; $p=0.010$) and 'clinical PE+affective/negative symptoms' (OR: 8.48; $z=4.17$; $p=0.001$) at baseline was associated with an increased risk of developing PD at follow-up. Results from the subsequent analysis showed that being in the 'affective/negative symptoms' group at baseline was associated with an increased risk of new subclinical PE (RR: 1.98; $z=3.20$; $p=0.001$), new clinical PE (RR: 3.14; $z=4.84$; $p=0.001$), and new PD (RR: 4.21; $z=2.17$; $p=0.030$) at follow-up, compared to the 'neither PE nor affective/negative symptoms' group.

Conclusions: The results confirm that baseline severity of positive symptoms is significant in predicting transition to PD. In addition, the findings imply that not only positive symptoms but also affective and negative symptoms might contribute to the risk of transition to PD as well as incident psychotic symptoms. Defining CHR groups based on a combination of positive, affective and negative symptoms instead of focusing only on positive symptoms likely will help more accurately predict the transition to psychosis.

Disclosure of Interest: None Declared

EPP0344

Neurophysiological evidence of motor preparation dysfunction to inner speech in schizophrenia

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Introduction: Auditory verbal hallucinations (AVHs) in schizophrenia have been suggested to arise from failure of corollary discharge mechanisms to correctly predict and suppress self-initiated inner speech. However, it is unclear whether such dysfunction is related to motor preparation of inner speech during which sensorimotor predictions are formed. The contingent negative variation (CNV) is a slow-going negative event-related potential that occurs prior to executing an action. A recent meta-analysis has revealed a large effect for CNV blunting in schizophrenia. Given that inner speech, similar to overt speech, has been shown to be preceded by a CNV, the present study tested the notion that AVHs are associated with inner speech-specific motor preparation deficits.

Objectives: The present study aimed to provide a useful framework for directly testing the long-held idea that AVHs may be related to inner speech-specific CNV blunting in patients with schizophrenia. This may hold promise for a reliable biomarker of AVHs.

Methods: Hallucinating ($n=52$) and non-hallucinating ($n=45$) patients with schizophrenia, along with matched healthy controls ($n=42$), participated in a novel electroencephalographic (EEG) paradigm. In the Active condition, they were asked to imagine a single phoneme at a cue moment while, precisely at the same time, being presented with an auditory probe. In the Passive condition, they were asked to passively listen to the auditory probes. The amplitude of the CNV preceding the production of inner speech was examined.

Results: Healthy controls showed a larger CNV amplitude ($p = .002$, $d = .50$) in the Active compared to the Passive condition, replicating previous results of a CNV preceding inner speech. However, both patient groups did not show a difference between the two conditions ($p > .05$). Importantly, a repeated measure ANOVA revealed a significant interaction effect ($p = .007$, $\eta_p^2 = .05$). Follow-up contrasts showed that healthy controls exhibited a larger CNV amplitude in the Active condition than both the hallucinating ($p = .013$, $d = .52$) and non-hallucinating patients ($p < .001$, $d = .88$). No difference was found between the two patient groups ($p = .320$, $d = .20$).

Conclusions: The results indicated that motor preparation of inner speech in schizophrenia was disrupted. While the production of inner speech resulted in a larger CNV than passive listening in healthy controls, which was indicative of the involvement of motor planning, patients exhibited markedly blunted motor preparatory activity to inner speech. This may reflect dysfunction in the formation of corollary discharges. Interestingly, the deficits did not differ between hallucinating and non-hallucinating patients. Future work is needed to elucidate the specificity of inner speech-specific motor preparation deficits with AVHs. Overall, this study provides evidence in support of atypical inner speech monitoring in schizophrenia.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

EPP0345

The link between personality dimensions, impulsivity, decision and coping style, and suicide attempts in affective patients.

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Introduction: Introduction: Affective patients, especially depressive, have an increased risk of suicidal behavior. Identifying individuals at increased risk remains a challenge. Among the correlates that may be crucial, the impact of personality is emphasized. Attention is paid to impulsivity, measured by subjective or objective tests. **Objectives:** Objectives: Comparative analyses were carried out to capture the differences and relationship between personality dimensions, impulsivity, and the decision-making style and coping with stress strategies in suicide attempters and non-attempters in the course of an affective disorder.

Methods: Methods: Data were obtained from 276 individuals diagnosed with unipolar and bipolar affective disorder, both sexes. The study group was disaggregated into a subgroup of patients with (N=95) and without (N=181) suicide attempts in an individual's history. The Temperament and Character Inventory (TCI) was used to assess personality dimensions. The Barratt Impulsiveness Scale version 11 (BIS-11) was used to measure impulsivity subjectively, and the Simple Reaction Time (SRT) test and the Continuous Performance Test (CPT) were objective assessment methods. The Coping Orientation to Problems Experienced (COPE) and Iowa Gambling Task (IGT) were applied to investigate coping and decision-making styles. Statistical analyses were performed in Statistica 13.3 StatSoft, Kraków, Poland.

Results: Results: In TCI, significant differences between suicide attempters and non-attempters concerned the following dimensions: harm avoidance (HA) ($p < 0.0000$), self-directedness (SD) ($p = 0.0001$), and cooperativeness (C) ($p = 0.0186$). In the CPT test, significant differences concerned correctly responded trials ($p = 0.0179$) and Bias response ($p = 0.0230$). In IGT, significant differences occurred in IGT block1_sum ($p = 0.0496$) only (Table 1). We did not observe any significant differences in other tests applied. In the Spearman rank correlation analysis in the group of suicide attempters, the following correlations ($p > 0.05$) with at least moderate strength $r > 0.4$ were revealed: Novelty seeking (NS), SD, and C correlated with several CPT parameters; Persistence (P) correlated with SRT variables; NS, HA and SD with BIS-11 variables.

Conclusions: Conclusions: Objective computerized tests (SRT; CPT; IGT) did not differentiate suicide attempters and non-attempters more clearly than self-reporting personality inventory TCI. Personality traits correlated with SRT and CPT variables. BIS-11 and COPE parameters did not enable to distinguish suicide attempters and non-attempters in the investigated group. This

suggests that tests used complement each other, and using a single tool may be insufficient to indicate patients at increased risk of suicidal behavior.

Disclosure of Interest: None Declared

EPP0346

Mental health front-liners: Police officers' knowledge and attitudes towards suicide in Malta

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Introduction: Police-officers are in a strategic position of providing the first immediate response to a crisis as mental health frontliners.

Objectives: In this nation-wide cross-sectional study, we explored knowledge and attitudes towards suicide in the local police force, a crucial first step in the design and implementation of effective suicide prevention programmes.

Methods: An online, anonymous questionnaire was distributed to all local police-officers ($n = 2600$). It contained questions about their demographics and their experience with suicide while on duty, along with 34 statements from the validated tool Attitudes Towards Suicide (ATTS) (Renberg & Jacobsson. Suicide Life Threat Behav. 2003; 33 52-64), scored on a 5-point Likert Scale (1 = Strongly Disagree, 5 = Strongly Agree).

Results: The sub-scale "Suicide as a right" was positively correlated with "Tabooing" ($r(201) = .25, p < .001$), "Normal-common" ($r(201) = .29, p < .001$), and "Resignation" ($r(201) = .47, p < .001$), but negatively correlated with "Incomprehensibility" ($r(201) = -.26, p < .001$), and "Preparedness to Prevent" ($r(201) = -.19, p < .001$), meaning such individuals had a more permissive attitude towards suicide. On the other hand, the subscale *Preventability* was found to be positively correlated with *Incomprehensibility* ($r(201) = .21, p < .001$) and *Preparedness to Prevent* ($r(201) = .30, p < .001$).

Females scored higher in the sub-scale *Non-communication* ($M = 3.40, 95\% \text{ CI } [3.29, 3.51]$) while males scored higher in *Preventability* ($M = 3.35, 95\% \text{ CI } [3.27, 3.44]$). The higher the educational status of police-officers, the more they adopt a pro-prevention attitude to suicide ($M = 3.67, 95\% \text{ CI } [3.44, 3.89]$) and the more likely they are to appreciate that suicidal thoughts and behaviour can be common ($M = 3.40, 95\% \text{ CI } [3.20, 3.60]$). Participants with a mixed/different composition at home ($M = 4.05, 95\% \text{ CI } [3.86, 4.24]$) and/or have experienced only between 0 to 2 situations related to suicide in the past one year alone ($M = 4.05, 95\% \text{ CI } [3.94, 4.16]$), were the most likely to feel prepared to prevent suicide.

Conclusions: This study brings out different attitudes police-officers hold towards different aspects of suicide, influenced by their gender, educational background, personal life at home and total exposure to suicide during their career. Training programmes can help improve their knowledge and attitudes towards suicide, leading to a more positive behavioural response to individuals in crisis and create a safer environment. Malta, through an EU-funded programme, is currently investing its resources on drafting a national suicide prevention strategy, and such educational opportunities for our frontliners will ensure

we have the right tools in screening, identifying, treating, and saving more lives.

Abbreviations: *M*: Mean score; *CI*: Confidence Interval

Disclosure of Interest: None Declared

EPP0347

Preliminary results of “Choose Life!” - a county-wide programme for suicide prevention and mental health awareness

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Introduction: Suicidality and depression awareness still remains a concern in Hungary. This programme, based on the principles of the European Union Against Depression, implemented its five steps, such as: 1. improving family doctors' readiness to diagnose and treat depression, 2. increasing public awareness, 3. training stakeholders and community facilitators, 4. offering special help for risk groups, 5. facilitating self-help by the online tool “ifightdepression” in five of seven districts of Heves county from November 2014 until May 2016.

Objectives: We aimed to look at some clinical outcome measures of the programme, like diagnosis density of depression in primary care before and after the intervention; diagnosis density of depression in outpatient services; suicide attempts in specialised care; and completed suicide rates.

Methods: We extracted patient turnover data from the joint database of the National Healthcare Fund and the National Directorate-General for Hospitals. Raw patient turnover data were divided by the total patient turnover in order to obtain diagnosis density. For the diagnosis of depression, we used the sum of the ICD-10 diagnoses of F32 (depressive episode) to F33 (recurrent depression) plus F4120 (mixed anxiety-depressive disorder), as family doctors tend to use these diagnoses interchangeably. For suicide attempts, we used the diagnoses X60 to X84, plus Y8700. For completed suicides we used the same diagnoses with the “deceased” flag. Diagnosis densities were compared with concurrent national data and were standardised to the long-term average. In the case of outpatient services, we only could retrieve monthly data, which we smoothed out with three-monthly moving averages.

Results: Baseline diagnosis density of depression in primary care was already 44% above the national average when the program started and after the kickoff, it shortly went up to 53,3% and remained over the baseline for as long as until 2019. Also, the recognition rates of depression with no comorbidities in primary care increased by 6%, and steadily remained over the national average until 2019. For outpatient psychiatry, there was an 8% increase in depression turnover throughout the duration of the programme. As regards to suicide attempts treated in hospital, the rates went 20% below the national averages for the duration of the programme, and mostly remained there until 2020. Fatal suicidal events accounted for five to seven deaths a year per county, therefore, simple statistical methods could not uncover significant differences.

Conclusions: These early results indicate that the programme may have been effective in terms of reinforcing the diagnostic and treatment capacities of primary care for recognising a treating depression adequately, thereby eliminating suicide risk. Further statistical exploration of the data is still needed to confirm the magnitude and the validity of these results.

Disclosure of Interest: None Declared

EPP0348

Improving Skills and Knowledge: Adapting a Core Competencies Suicide Risk Assessment Training Program to Support Mental Health Professionals in Hungary

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Introduction: Competency and skill-based education and assessment have become increasingly significant in mental health professional training. The conventional approach of acquiring knowledge is now being supplemented by emphasizing practical skills and implementing best practices that prove effective in the field. This emphasis on competencies is particularly apparent in the instruction regarding suicide risk evaluation and management. Cramer and colleagues have identified ten core competencies essential for working with patients at risk of suicide and developed a training material (Cramer et al. 2013, Train. Educ. Prof. Psychol; 1 1-11).

Objectives: We aim to tailor Cramer et al.'s training program to the Hungarian setting and assess its efficacy among mental health experts, including psychiatrists, clinical psychologists, and social workers. Additionally, we aim to validate the Suicide Prevention and Assessment - Competency Assessment Form (SCAF-R), which comprises a ten-item survey to measure the ten core competencies' levels with Likert scales and textual ratings by observers. Through this training program, we aim to offer mental health professionals an educational framework to enhance their skills in evaluating and managing suicide risk. Our goal is to provide a comprehensive approach to suicide risk assessment and better equip professionals to handle this emotionally difficult clinical task.

Methods: We have created a Hungarian version of the core competencies training material tailored to the culture. We are assessing changes in attitudes towards suicide behavior and prevention by administering pre- and post-training psychometric measures, such as Willingness to Intervene against Suicide (WISE), Suicide Behavior Attitude Questionnaire (SBAQ), Attitudes Toward Suicide Prevention Scale (ASP), and Suicide Competency Assessment Form - Revised (SCAF-R). A quantitative analysis will be performed on the responses. The research was approved by Péterfy Hospital's Institutional Review Board (IRB): approval number 07-2023.

Results: The questionnaires' results will be summarized with standard statistical methods.

Conclusions: Improving mental health education in healthcare with up-to-date knowledge of evidence-based best practices is a top priority. Enhancing skills and knowledge can lower clinicians' anxiety in this emotionally challenging and burdensome task. There is a high demand for mental health workshop training among healthcare workers in both undergraduate and post-graduate education. We expect positive changes in attitude and self-perceived competencies in participants.

Disclosure of Interest: None Declared

EPP0349

Basic beliefs about self and the world in people with suicidal ideation

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Introduction: Basic beliefs can be defined as a person's implicit, global, stable ideas about the world and about himself. The psychological features of people with suicidal ideas can be considered as characteristics of the value sphere of a person who is ready to choose a destructive way of solving problems.

Objectives: The relationship of basic beliefs regarding the general «Benevolence of the surrounding world», its «Meaningfulness» and «Worthiness of the Self» with the presence of suicidal ideas was investigated.

Methods: The study involved 140 people, (117 women). The Janoff-Buhlman World Assumptions Scale (WAS), the short Epstein Rational-Experiential Inventory (REI), Symptom Check List-90-Revised (SCL-90R), moral dilemmas (proposed by J.D. Green), as well as separate questions about the suicidal ideation, risk tendency were used.

For analysis, the subjects were divided into two subgroups: 98 people without thoughts of suicide; and 42 people answered that they had thoughts of suicide of varying severity. The subgroups did not differ by gender; in the group with suicidal ideation, the average age of the subjects was lower.

Results: In the subgroup with suicidal ideas, almost all indicators of basic assumptions, such as "Benevolence of the World" (average values of 16.10 ± 3.28 and 12.13 ± 4.80 for the control subgroup and the subgroup with suicidal ideas), were lower: "Benevolence of the People" (15.35 ± 3.07 and 12.42 ± 4.97), "justice" (12.46 ± 3.30 and 10.46 ± 3.60), "value of one's own self" (16.21 ± 3.93 and 11.83 ± 5.15), etc., with the exception of the "Self-controllability", which does not differ between subgroups. Also, in the subgroup with suicidal ideas, the indicators of "randomness" were increased (15.67 ± 3.64 and 18.67 ± 3.96). Indicators on the clinical scale "Hostility" of the SCL-90R questionnaire are also significantly higher in the group with suicidal ideation (average values 0.53 ± 0.5 and 1.29 ± 0.8). In the group with suicidal ideation, there is a higher tendency to take risks. At the level of a statistical trend, the rational method of decision-making in the

"Rational - Intuitive" questionnaire is lower (average values 14.3 and 13.0; significance level of differences 0.05). In the "Moral Dilemmas" test, in the subgroup with suicidal ideas, the ratio of choices in personal and impersonal dilemmas is statistically higher (0.67 and 0.93).

Conclusions: It was shown that the presence of suicidal ideas is associated with a reduced indicator of the Worthiness of the Self, the meaningfulness of the world and its benevolence, and with an increased sense of randomness as a principle for distributing ongoing events, which can manifest itself in a propensity for risk, impulsive decisions, devaluation of human life.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0351

Relationship between childhood stressful events and drug consumption among university students

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Introduction: The purpose of this study is to investigate the potential relationship between stressful events experienced in childhood and subsequent toxic substance consumption among university students majoring in Social Education at a Spanish university during the academic year 2022-2023.

Objectives: The primary objective is to analyze whether an association exists between stressful life events in childhood and patterns of substance consumption among university students.

Methods: A cross-sectional, observational, and analytical design was employed. The target population encompassed 258 students enrolled in the Social Education program in 2023. The final sample consisted of 161 students. A questionnaire incorporating the Childhood Trauma Questionnaire - Short Form (CTQ-SF) and the Severity of Dependence Scale (SDS) was administered to assess trauma history and substance consumption.

Results: A high percentage (95.03%) of students reported having consumed toxic substances at some point in their lives. The most common substances were alcohol (95.03%) and cannabis (52.8%). A statistically significant correlation was observed between childhood emotional abuse and increased alcohol consumption currently ($p = 0.015$). Furthermore, a significant relationship was identified between childhood sexual abuse and heightened alcohol consumption ($p = 0.015$). Moreover, positive correlations were found between sexual abuse and the consumption of specific drugs, such as cocaine and psychopharmaceuticals ($p < 0.05$).

No statistically significant differences were observed in drug consumption with regard to other forms of childhood maltreatment, such as emotional or physical neglect.

Conclusions: The results underscore the connection between childhood stress experiences and substance consumption among university students. Emotional and sexual abuse in childhood are linked to higher alcohol consumption and, in some cases, specific drugs like cocaine and psychopharmaceuticals. These findings emphasize the importance of considering traumatic experiences when addressing prevention and treatment strategies for substance consumption among young student populations.

Disclosure of Interest: None Declared

EPP0352

Assessment of addictive behaviors in patients with schizophrenia

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Introduction: Schizophrenia, a chronic and complex psychiatric pathology, can be isolated. However, it can be associated with other comorbidities and thus be accompanied by addictive behaviors that complicate their management.

Objectives: The objectives of our study were to estimate the prevalence and identify the characteristics of addictive behaviors in patients with schizophrenia.

Methods: A retrospective study of 151 patients with schizophrenia hospitalized in the psychiatry department of Taher Sfar University Hospital in Mahdia from January 2017 to December 2021.

Results: The mean age of the patients was 39.8 ± 11.23 years, with a predominance of the 36-45 age group (38.4%). All patients were male. Three quarters of the patients (75.5%) were users of psychoactive substances (PAS): nearly three quarters (72.8%) were addicted to tobacco, more than one third (39.7%) were addicted to alcohol, more than one quarter (29.1%) were addicted to cannabis and nearly one quarter (26.5%) were addicted to other PAS. In more than half of the cases (54.4%), the age of onset of substance use was between 16 and 25 years. The use of PAS preceded the onset of schizophrenia in 62.3% of cases. The relationship with the entourage was marked by hetero-aggressiveness in 77.5% of patients, withdrawal from the entourage in 16.6% of patients and conflict in 5.3% of patients. The impact on the relationship with oneself was marked by self-aggressiveness in 18.5% of patients. Concerning the professional impact, three quarters of the patients (76.1%) had to stop working. The majority of patients (84.1%) continued their usual treatment, while 15.2% of patients stopped it. Only one patient required an increase in dose.

Conclusions: Subjects suffering from schizophrenia are particularly vulnerable to addictions, mainly to tobacco and alcohol. They are thus a group more at risk of the deleterious effects of psychoactive substances and of the aggravation of the clinical and psychosocial evolution of their psychiatric disorders. Measures for early detection and treatment of their addictive behaviors even before the onset of schizophrenia should be proposed.

Disclosure of Interest: None Declared

EPP0353

Repetitive transcranial magnetic stimulation (rTMS) is associated with increased abstinence in substance use disorders and comorbid depression

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Introduction: Substance use disorders (SUDs) are associated with high rates of comorbid depression. Finding effective treatments for many of the substances of abuse is still an area of developing research. Repetitive transcranial magnetic stimulation (rTMS) is an established treatment for depression, but its effects in SUDs are less conclusive.

Objectives: Therefore, we aimed to investigate the effect of rTMS in patients with SUDs and comorbid major depressive disorder (MDD).

Methods: We conducted a retrospective observational study of 55 patients with SUDs and comorbid MDD who were eligible for rTMS. Craving was measured using the Brief Substance Craving Scale (BSCS). Severity of MDD was measured using the Clinical Global Impression-Severity (CGI-S) scale.

Results: We found a statistically significant difference between baseline and posttreatment scores in patients receiving rTMS on both CGI-S scores and BSCS scores. The number of rTMS sessions significantly predicted increased days of abstinence in the community, even after controlling for confounders.

Conclusions: Patients with SUDs and MDD who received rTMS significantly improved in the areas of severity of depression and craving. The number of rTMS sessions significantly predicted increased abstinence.

Disclosure of Interest: None Declared

EPP0355

Prevalence and correlates of psychoactive substance use in domestic and foreign university students

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Introduction: Use of psychoactive substances is a risk factor for mental health. Studying the peculiarities of using psychoactive substances by university students is extremely important for organizing preventive health care

Objectives: To specify the frequency of smoking and alcohol drinking, as well as the peculiarities of the correlational interconnections, in domestic and foreign university students

Methods: The survey covered 546 undergraduate domestic and foreign university students of both genders and different religious backgrounds. As a tool, we used the Sociocultural Health Questionnaire (E. Nikolaev)

Results: It has been revealed that domestic students smoke cigarettes and hookahs surely more often ($p=.01$) than foreign students

(30.49% vs 19.08%). It is obvious that they also more often ($p=.01$) use electronic cigarettes or vaping drugs (25.24% vs 12.86%) and alcohol (54.42% vs 9.96%). Students in both groups denied using other psychoactive substances. Foreign students reveal positive correlational interconnections between smoking and alcohol drinking ($r=.44$), while there is no evidence of such interconnections in domestic students. Both groups show valid interconnections between the frequency of smoking and the level of stress ($r=.15$ и $r=.17$ correspondingly), the frequency of smoking and monthly financial expenses ($r=.21$ и $r=.22$ correspondingly). With domestic students, vaping negatively correlates with exercising in gyms ($r=-.12$), with foreign students it directly correlates with bodybuilding supplements consumption ($r=.15$). Those foreign students who drink alcohol more often point to the necessity of having a psychologist in the university ($r=.13$).

Conclusions: The revealed general and specific factors associated with domestic and foreign students' use of psychoactive substances call for the necessity of developing culturally differentiated preventive programs

Disclosure of Interest: None Declared

EPP0357

Psychological risk factors that predict social networking addiction in students

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Introduction: Social networks (SN) addiction is a serious problem among young adults that requires increased attention.

Objectives: The aim of the study was to assess the relationships between internet addiction and selected psychological characteristics of university students.

Methods: This is a descriptive and analytical study, conducted over the period from November 2022 to January 2023, among students in various fields. SN addiction was measured using the Social Media Addiction Scale-Student Form (SMAS-SF). The Rosenberg scale was used to assess global self-esteem and the Social Self-Esteem Inventory was used to assess social self-esteem. The Big Five Personality-10 (BFI 10) scale was used to assess the 5 personality dimensions.

Results: A total of 116 students, with an average age of 25.49, took part in the study. Most students (91.4%) were over 20 years old. They were female in 78.4% of cases. They enrolled in postgraduate studies in 55.2% of cases. The majority of students (59.5%) studied medicine. According to the SMAS-SF scale, the average score was 75.87. The mean score for social self-esteem score was 122.03. Sixty-four participants (55.2%) had low and very low self-esteem. The dominant personality dimensions were extraversion and neuroticism in 15.5% each. Addiction to SN was significantly associated with very low global self-esteem ($p=0.028$) and a lower social self-esteem score ($p=0.011$). Low conscientiousness and neuroticism

were significantly associated with increased SN use ($p=0.007$, $p=0.004$ respectively).

Conclusions: This study provides a better understanding of the phenomenon of addiction to SN, and enables us to tailor prevention and care more effectively. The psychological factors associated with this behavior need to be more explored in future research.

Disclosure of Interest: None Declared

EPP0358

12-Month Outcome Data for Buprenorphine-Naloxone Maintenance Treatment in Individuals with Opioid Use Disorder

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Introduction: Buprenorphine/Naloxone (B/N) is a safe and effective treatment for the long-term stabilization of individuals with opioid use disorder (OUD). Patients undergoing opioid maintenance treatment experience reduced mortality rates, decreased substance use, and an overall improvement in their quality of life. Premature discontinuation of maintenance treatment increases the risk of relapse.

Objectives: Our primary objective was to assess patient compliance with maintenance treatment and to identify potential factors associated with treatment discontinuation and relapse.

Methods: The study involved 206 patients with OUD who initially enrolled in a 28-day abstinence-based inpatient program at our hospital. Following their inpatient treatment, they were subsequently admitted as outpatients for B/N maintenance treatment at the Alcohol and Substance Addiction Treatment Center in Trakya University School of Medicine (Edirne, Türkiye). The addiction profiles of patients were assessed using the Addiction Profile Index (API) Clinical Form during the baseline evaluation. Sociodemographic and clinical data were collected from the patients' records.

Results: After 3 months, 114 patients (55.3%) remained in treatment, and 52 patients (25.2%) were still in treatment at the end of 1 year. Factors associated with a higher likelihood of remaining in treatment for one year included older age ($z=-2.257$, $p=0.024$), longer length of education ($z=-2.270$, $p=0.023$), later onset of smoking ($z=-2.704$, $p=0.007$), later onset of substance use ($z=-3.597$, $p<0.001$), and a higher rate of completing the inpatient treatment program ($\chi^2=4.016$, $p=0.045$). Patients in the 1-year retention group had lower scores on the API anxiety ($z=2.767$, $p=0.009$), anger management problems ($z=2.754$, $p=0.011$), and novelty-seeking behavior ($z=2.634$, $p=0.043$) subscales. They also had a lower rate of having a criminal history ($\chi^2=5.349$, $p=0.021$). The duration of treatment retention was positively correlated with age ($r=0.160$, $p=0.021$), length of education ($r=0.158$, $p=0.023$), age of onset of smoking ($r=0.228$, $p=0.001$), and age of onset of substance use ($r=0.268$, $p<0.001$). It was negatively correlated with the duration of substance use ($r=-0.138$, $p=0.048$), the number of inpatient treatments ($r=-0.142$, $p=0.042$), and scores on the API

anxiety ($r=-0.167$, $p=0.040$), anger management problems ($r=-0.173$, $p=0.033$), and novelty-seeking behavior ($r=-0.209$, $p=0.010$) subscales.

Conclusions: Identifying the specific factors associated with treatment retention and dropout/relapse can be valuable in developing more effective and personalized treatment plans for individuals with OUD.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP0359

Exploring the role of the immune-neuroendocrine interplay during affective episodes and euthymia in bipolar patients to seek for a reliable biological signature of the disease

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Introduction: Bipolar disorder (BD) is characterised by heterogeneous phenotypic manifestations that may affect the achievement of a timely diagnosis delaying its therapeutic management. Increased circulating levels of pro-inflammatory cytokines and cortisol (CORT) have been observed in BD patients in addition to decreased levels of Brain-Derived-Neurotrophic Factor (BDNF) suggesting that the interaction among these mediators may play a role in the occurrence of affective episodes overall disrupting brain plasticity. However, knowledge on BD etiopathogenesis is still limited, including the causal relationship with inflammatory and neuroendocrine markers.

Objectives: To assess whether variations in peripheral neuroendocrine and inflammatory markers during acute phases of the disease and euthymia might predict the occurrence of affective episodes; to evaluate whether the interplay among these biomarkers might be exploited as a signature of BD.

Methods: We are currently recruiting BD patients during depressive or manic/hypomanic phases together with age- and sex-matched healthy controls (CTRLs). Complete blood count, pro-inflammatory, anti-inflammatory cytokines and BDNF will be assessed in serum; salivary cortisol awakening response test will be used to evaluate hypothalamic-pituitary-adrenal axis activity. MADRS, YMRS and HAM-A will be used to assess psychiatric symptoms, PSP and C-SSRS for global functioning and suicidal risk, IPSS and SRRS for stress levels and CIRS to evaluate physical comorbidities. All assessments will be carried out at the time of recruitment (T0) and after 3 (T1) and 6 (T2) months.

Results: Data have been so far collected on 28 BD patients (18 males, 10 females, age: 48.31 ± 11.3) and 26 CTRLs (16 males, 10 females, age: 46.82 ± 10.86). At T0, BD were characterised by a greater total number of white cells (7.83 ± 1.86 BD vs. 6.78 ± 1.87 CTRL, $p<0.05$), mean number of neutrophils (4.89 ± 1.49 BD

vs. 3.92 ± 1.45 CTRL, $p<0.05$) and neutrophil/lymphocyte ratio (NLR) (2.52 ± 1.1 BD vs. 1.9 ± 0.69 CTRL, $p<0.05$). Moreover, BD patients showed overall a greater BMI (30.5 ± 6.6 BD vs. 24.45 ± 3.86 CTRL, $p<0.001$). No difference was observed among groups with respect to sex and age.

Conclusions: Although preliminary, these results suggest that the active phases of BD are associated with a low-grade inflammatory state, potentially related to a different metabolic set-point in BD patients. Ultimately, this study will allow us to evaluate whether the presence of affective symptoms is correlated with fluctuations in the levels of inflammatory mediators, salivary cortisol and BDNF and to establish a reliable and highly predictive BD signature.

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Disclosure of Interest: None Declared

EPP0360

Serum Lithium Concentration and the Risk of Chronic Kidney Disease

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Introduction: Lithium is an important treatment option for individuals with mood disorders, but its use has been linked to the development of chronic kidney disease (CKD). Existing studies on this association have reported conflicting results.

Objectives: The aim of this study was to examine the risk of developing CKD with lithium use adjusting for common comorbidities.

Methods: This was a retrospective cohort study that included all individuals in Iceland receiving lithium therapy between 2008 and 2018. Lithium use was defined as at least one dispensed prescription for Lithium or at least one serum lithium concentration above the detection limit. Patients with affective disorders (ICD-10 codes F30-F39) attending the outpatient clinics of Landspítali–The National University Hospital Mental Health Services in 2014-2016, without lithium exposure, served as controls. CKD stages 3-5 were defined according to the Kidney Disease Improving Global Outcomes (KDIGO) guidelines for CKD as estimated glomerular filtration rate (eGFR) less than $60 \text{ mL/min/1.73 m}^2$. The eGFR was calculated using the serum creatinine (SCr) based on the *Chronic Kidney Disease Epidemiology Collaboration* (CKD-EPI) equation. Acute kidney injury (AKI) was defined according to the SCr component of the KDIGO criteria for AKI, and other comorbid diseases were defined based on ICD-9 and ICD-10 codes. Individuals with fewer than 2 SCr measurements during the study period and those with CKD stages 3-5 prior to 2008 were excluded. Cox regression analysis with time dependent variables was performed to assess the risk of CKD.

Results: The study included 2046 individuals exposed to lithium, of whom 221 (10.9%) developed CKD in the study period. Among the 1220 control subjects, 39 (3.2%) developed CKD. Lithium use was associated with CKD (hazard ratio [HR] 1.93, 95% confidence

interval [CI] 1.37–2.74) after adjusting for sex, age, and comorbid diseases. Other significant risk factors were age (per year, HR 1.03, 95% CI 1.02–1.04), initial eGFR (per mL/min/1.73 m², HR 0.92–0.96, 95% CI 0.90–0.99), presence of diabetes (HR 1.73, 95% CI 1.15–2.48) and history of AKI (HR 1.89, 95% CI 1.32–2.70). When compared to the control group not exposed to lithium, the risk (HR) of CKD was 1.24 (95% CI 0.81–1.89), 2.88 (95% CI 1.97–4.20) and 5.23 (95% CI 3.31–8.26) for groups with a mean lithium concentration of 0.3–0.59, 0.6–0.79 and 0.8–0.99 mmol/L, respectively.

Conclusions: Long-term lithium therapy seems to increase the risk of CKD in a concentration-dependent manner in individuals with bipolar and unipolar mood disorders. To mitigate this risk, it is essential to monitor blood levels carefully and use doses of lithium as low as possible for adequate mood stabilization and treatment.

Disclosure of Interest: None Declared

EPP0361

Bipolar Disorder due to Cushing's Disease, with manic characteristics. Regarding a clinical case.

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Introduction: The increase in cortisol can be exogenous or endogenous. As etiologies of endogenous increase we find: Cushing's disease, 68% of cases, generally due to an ACTH-producing pituitary tumor; Adrenal Cushing syndrome (17%); Ectopic Cushing syndrome (15%) due to lung tumor most frequently. It is relevant since among its symptoms one of the most notable are the psychiatric alterations it produces, among them mood disorders, depression being the most common, as well as psychotic symptoms, delirium and anxiety disorder.

Objectives: To carry out a correct differential diagnosis of the pathologies that could present with symptoms of a manic episode.

Methods: Clinical case description of a 52-year-old woman, who presented with manic symptoms in 2020, requiring hospitalization. Upon discharge from the acute care unit, she consulted with the endocrinologist due to weight gain, revealing an increase in abdominal diameter, hyperpigmentation, a moon-like face, and a hump. Free cortisol was measured in 24-hour urine, with a high result, followed by brain MRI, and pituitary microadenoma was confirmed.

Results: The patient underwent surgical resection of the microadenoma, which was partially effective, so she maintained high cortisol levels, even despite oral retreatment. In 2023 she had a new manic episode, with a cortisol value of approximately 300 nmol/day.

Conclusions: The importance lies in the correct diagnosis to provide appropriate treatment and avoid the chronicity of the disease and the patient psychiatrization. In this case and as in many other diseases, which present with psychiatric symptoms, it is important to differentiate whether it is a primary psychiatric disorder or are component symptoms of another disease that, upon receiving treatment, would resolve the psychiatric symptoms.

Disclosure of Interest: None Declared

EPP0362

Affective temperament and emotional dysregulation in cyclothymia and adult ADHD: differential characteristics and clinical implications.

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Introduction: Emotional dysregulation is central to the problem of the overlap between attention-deficit/hyperactivity disorder (ADHD) and cyclothymia.

Objectives: We aimed to compare clinical characteristics, psychiatric comorbidity, affective temperament, and emotional dysregulation among subjects with attention-deficit/hyperactivity disorder (ADHD) and cyclothymia.

Methods: In this cross-sectional study, 187 participants were consecutively recruited between January 2018 and December 2019 at the outpatient clinic of the 2nd Psychiatry Unit of the University Hospital of Pisa. Eighty-one subjects were diagnosed with ADHD, 62 with cyclothymic disorder, and 44 with both conditions. Participating psychiatrists collected socio-demographic and clinical data, psychiatric comorbidities according to DSM-5 criteria, familiarity for psychiatric disorders, and any previous responses to antidepressant drug therapy. To study the temperamental characteristics of the participants, the short version of the Memphis, Pisa, Paris and San Diego Temperament Assessment (Brief-TEMPS-M) was administered, while emotional dysregulation was measured through the Reactivity, Intensity, Polarity, Stability questionnaire (RIPoS-40).

Results: Cyclothymic subjects, both with and without ADHD, were more often female ($p < 0.001$) than subjects with ADHD. Participants with ADHD showed significantly lower educational attainment than subjects without ADHD ($p < 0.001$). In addition, participants with ADHD alone showed comorbid substance use disorder more frequently ($p < 0.001$) than subjects with cyclothymia alone. On the other hand, the latter showed higher rates of eating disorders ($p = 0.033$) and familiarity for major depressive disorder ($p = 0.009$) and panic disorder ($p = 0.029$). Depressive and anxious temperament was significantly more represented in cyclothymic subjects without ADHD, as was negative emotionality, while hyperthymic temperament showed an opposite trend. No significant differences were observed between groups for cyclothymic temperament and overall negative emotional dysregulation, but patients comorbid with both conditions had the highest scores in these subscales.

Conclusions: ADHD and cyclothymia show high and overall similar levels of emotional dysregulation. However, cyclothymic patients may be more prone to negative emotionality ("dark cyclothymia"). It is possible that individuals with "sunny" cyclothymic features may escape clinical attention if ADHD is not present in comorbidity.

Disclosure of Interest: None Declared

EPP0363

Alteration of cortical functional networks in mood disorders with resting-state electroencephalography

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Introduction: This study investigated source-level cortical functional networks using resting-state electroencephalography (EEG) in patients with Bipolar disorder and Major depressive disorder, comparing the neuropathology of these disorders.

Objectives: This study investigated source-level cortical functional networks using resting-state electroencephalography (EEG) in patients with Bipolar disorder and Major depressive disorder, comparing the neuropathology of these disorders.

Methods: A total of 116 participants (35 patients diagnosed with bipolar disorder(BD), 39 patients diagnosed with Major depressive disorder(MDD), and 42 people who are healthy-control groups(HC)) were enrolled for this study. Depression and anxiety were evaluated with using State-Trait Anxiety Inventory (STAI) and Beck Depression Inventory (BDI). Graph theory-based source-level weighted functional networks were assessed via strength, clustering coefficient (CC), and path length (PL) in six frequency bands.

Results: At the global level, patients with BD and MDD showed higher strength ($p = 0.001$) and CC ($p = 0.001$), and lower PL ($p < 0.001$) in the high beta band, compared to HCs. At the nodal level, compared to HCs, patients with BD showed higher high beta band nodal CCs in the right precuneus($p < 0.001$), left isthmus cingulate($p < 0.001$), bilateral paracentral($p < 0.001$), and left superior frontal($p < 0.001$); however, patients with MDD showed higher nodal CC only in the right precuneus($p < 0.001$) compared to HCs. Although both MDD and BD patients had similar global level network changes, they had different nodal level network changes compared to HCs.

Conclusions: This study suggest that both patients have similar network changes at the global level, but they have different network changes at the nodal level. Also, the higher nodal CCs in the high beta band might indicate the regions became more connected with their neighbors in accordance with the severity of depressive and anxious states. This study found a significant correlation between cortical network state and anxiety-related psychological measure in BD patients. Our source-level cortical network indices might contribute to the understanding of the neuropathological mechanisms in these two disorders.

Disclosure of Interest: None Declared

EPP0364

Interplay of Environmental Factors, Genetic Susceptibility, and Sleep Disturbances predict Bipolar Disorder's Relapses: preliminary results from a pilot study

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Introduction: Predicting acute affective episodes in individuals with Bipolar Disorder (BD) remains a clinical challenge. Specific environmental stressors, including air pollution, noise, and temperature variations might worsen affective symptoms or sleep in the general population, but their role in BD relapses is often overlooked. Indeed, they might exacerbate BD by perturbing circadian rhythms – fundamental aspects of BD.

Objectives: We thereby present the protocol of this pilot study and future preliminary data. We aim to longitudinally assess sleep alterations, mood fluctuations, and environmental exposure to several factors (air pollutants, climate, noise, artificial light-at-night, green space access) in patients with BD and to check the association of these variables with BD relapses.

Methods: In this pilot study, we will recruit 40 patients with BD in a 6-month prospective study. Patients were assessed during baseline, at 3 and 6 months. Data recollected will consist of a subjective (questionnaires) and objective (through meteorological stations) evaluation of physical environmental factors around the home residence; clinical assessment of mood and circadian rhythms, and continuous tracking of sleep-wake patterns, energy, and movement using actigraphy.

Results: Expected results will show that exposure to a worse environment (higher pollution, noise, light exposure, climate) will be associated with worse BD outcomes (i.e., relapse, mood symptoms, sleep alterations).

Conclusions: We will be sharing preliminary data from our ongoing study, offering insights into early patterns and findings that shed light on our objectives.

Disclosure of Interest: None Declared

EPP0365

Korean Medication Algorithm for Bipolar Disorder: changes in preferred medications for mania over 20 years

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Introduction: Majority of international guidelines for bipolar disorders are based on evidences from clinical trials. In contrast, the Korean Medication Algorithm Project for Bipolar Disorder (KMAP-BP) was developed to adopt an expert-consensus paradigm which was more practical and specific to the atmosphere in Korea.

Objectives: In this study, preferred medication strategies for acute mania over six consecutively published KMAP-BP (2002, 2006, 2010, 2014, 2018, and 2022) were investigated.

Methods: A written survey using a nine-point scale was asked to Korean experts about the appropriateness of various treatment strategies and treatment agents. A written survey asked about the appropriateness of various treatment strategies and treatment agents commonly used by clinicians as the first-line.

Results: The most preferred option for the initial treatment of mania was a combination of a mood stabilizer (MS) and an atypical antipsychotic (AAP) in every edition. Preference for combined treatment for euphoric mania increased, peaked in KMAP-BP 2010, and declined slightly. Either MS or AAP monotherapy was also considered a first-line strategy for mania, but not for all types of episodes, including mixed/psychotic mania. Among MSs, lithium and valproate are almost equally preferred except in the mixed subtype where valproate is the most recommended MS. The preference of valproate showed reverse U-shaped curve. This preference change of valproate may indicate the concern about teratotoxicity in women. Quetiapine, aripiprazole, and olanzapine were the preferred AAP for acute mania since 2014. This change might depend on the recent evidences and safety profile. In cases of unsatisfactory response to initial medications, switching or adding another first-line agent was recommended. The most notable changes over time included the increasing preference for AAPs.

Conclusions: The Korean experts have been increasingly convinced of the effectiveness of a combination therapy for acute mania. There have been evident preference changes: increased for AAP and decreased for carbamazepine.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0367

The morbidity and prevalence of mental pathology in children and adolescents in the kyrgyz republic for 2005-2020

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Introduction: One of the principles of healthcare is preventive focus, that is, the implementation of measures to improve the hygienic education of the population and maintain a healthy life-style. The scientific rationale for carrying out primary prevention activities is based on an analysis of morbidity and prevalence rates and their dynamics.

Objectives: to conduct a comparative analysis of the primary incidence and prevalence of mental pathology in children and adolescents (0-17 years) in the Kyrgyz Republic for 2005-2020 .

Methods: statistical data from the Republican Center for Electronic Health and the National Statistical Committee of the Kyrgyz Republic were used (<http://www.stat.kg/ru/rss/>), (<http://cez.med.kg/>).

Results: primary incidence of mental pathology among children and adolescents in 2005, 2010, 2015 and 2020 amounted to 66.2, 44.1, 44.8, 51.1 respectively (based on 100,000 the child population). The prevalence of mental pathology for 2005-2020 was 418.4, 317.0, 312.5, 400.0 respectively (based on 100,000 the child population). That is, morbidity and prevalence rates show higher numbers in 2005 and in 2020 (Diagram №1). In the gender aspect, morbidity rates were higher in males 40.0, 28.0, 31.3, 31.0 compared to females 26.3, 16.1, 17.1, 20.1 (based on 100,000 the child population; (Diagram №2).

Image:

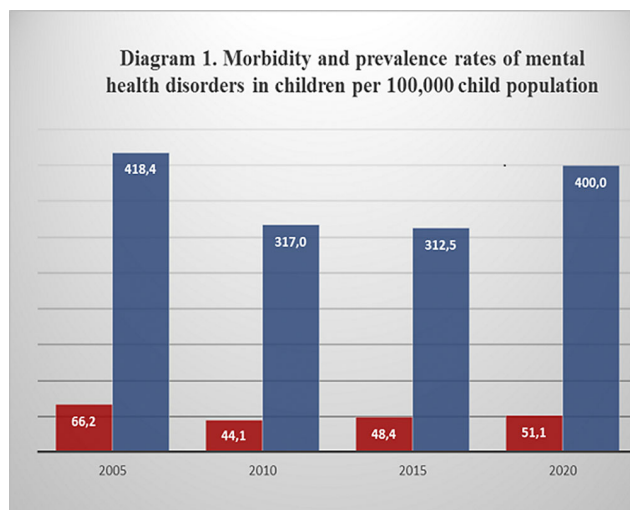
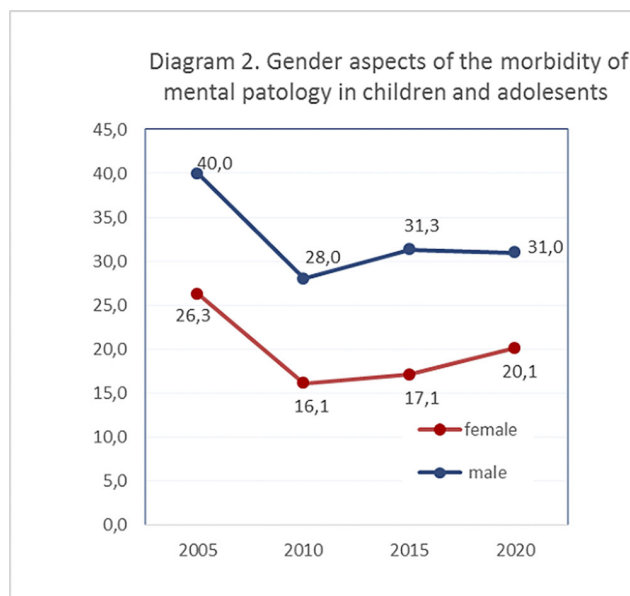


Image 2:



Conclusions: the variability of the obtained indicators of morbidity and prevalence of mental pathology in children and adolescents is due to difficulties in providing specialized psychiatric care to the child population due to the lack of child psychiatrists in the regions

of the country, the processes of population migration, and the phenomenon of stigmatization. In this regard, measures and educational programs are needed to improve the provision of psychiatric care to the child population at the level of primary medical and social care.

Disclosure of Interest: None Declared

EPP0373

Sexual exploitation of male youth: background characteristics and needs from a life-course perspective

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Introduction: Sexual exploitation is a human rights violation that has a detrimental impact on the psychological-, physical- and social well-being of victims. Sexually exploited male youth are prevalent, yet underrepresented in clinical practice, policy and research. There are multiple barriers that often prevent male youth to disclose and to seek or receive support, such as gender norms, limited awareness of victimization and feelings of guilt and shame.

Objectives: By gaining more insight into the background and clinical characteristics of male victims and their care and support needs, this study aims to raise awareness and to better inform policymakers, care- and educational professionals on adequate prevention and intervention efforts.

Methods: Twenty-six male youth at high-risk or victims of sexual exploitation participated in this qualitative study. By means of semi-structured interviews and case-file analyses, data was collected by to identify risk and protective factors in their life-course and care and support needs.

Results: Results indicate that several vulnerabilities (e.g. previous experiences of abuse and neglect, mental health problems, household dysfunction, social rejection, running away, substance use) and a lack of positive and supportive relationships led male youth into high-risk situations. Among these were involvement in pay dates, survival sex and criminality, which contributed to victimization. Experiences of stigmatization were often a barrier to express vulnerabilities and to disclose victimization. There was a wide variety in care and support needs, including peer-to-peer support, therapy, support with day-to-day practices and anonymous support.

Conclusions: These results will contribute to adequate prevention and intervention strategies and meet the unique needs of male youth at risk for, or victim of sexual exploitation.

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EPP0375

Mental health of children in Ukraine. risks and challenges today

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Introduction: Today, the most vulnerable group of Ukrainians are children. Their physical and mental health has been tested since 2020, from COVID-19 to 2022, the start of a full-scale-russia's war against Ukraine. The children of Ukraine were the first to feel the changes, since a complete change in life and the principles of acquiring primary adaptive skills of social interaction were distorted by COVID-19. Subsequently, new challenges in the form of war deformed the idea of life, happiness and the future.

Objectives: Studying the level of adaptation potential in children and adolescents living in the front-line zone in Ukraine.

Methods: The examination included the use of clinical-psychological, psychodiagnostic and psychometric research methods.

Results: The study in 2021 involved 217 children and adolescents with signs of maladjustment. In 2022, 378 children and adolescents with signs of maladjustment, of which 285 children are still in the frontline zone of Ukraine, 93 children, at the time of 2022, were taken abroad and returned to Kharkov in 2023.

During the initial analysis of the results, it was revealed that children with low adaptive resources are more susceptible to showing signs of maladjustment. One of the main factors of an adaptation resource is interaction with others (direct communication). It was this criterion that became the primary frustrating factor for children in the first months of the war. External isolation has led to a lack of communication between children and everyone in Ukraine, who during COVID-19 have adapted to a way of communicating while staying at home in physical isolation. War is a powerful independent psychogenic factor for the formation of maladaptation, but in today's realities it has also become an additional trigger for a previous psychogenic event in the life of Ukrainians.

Parents, for their part, note a sharp deterioration in the well-being of their children, frequent complaints of headaches (89.4%), overwork, aggressiveness (81.5%), closed-mindedness (78.6%), health complaints (74.5%), which is why they have to often consult a doctor and endlessly carry out diagnostics in search of reasons for deterioration (72.3%), weight loss (64.5%). The data indicate the frustration of being in the front-line zone, which aggravates mental health and triggers the process of disruption of adaptation and mental health of children and adolescents.

Conclusions: The study is aimed at developing a psychorehabilitation program for children and adolescents with a low level of adaptive resource.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0376

The Impact of Severe Wildfires on Mental Health: Prevalence of Major Depressive Disorder and Related Factors among Residents in Alberta and Nova Scotia, Canada.

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Introduction: Hundreds of fires have been burning from coast to coast across the country since March 2023, putting Canada on track to experience the worst wildfire season ever. From East to West, provinces such as Quebec, Ontario, Nova Scotia, Alberta, and British Columbia have been particularly affected by large and uncontrollable wildfires.

Objectives: This study aimed to determine the prevalence and predictors of depression symptoms among residents of Alberta and Nova Scotia during the Canadian wildfires of 2023.

Methods: This study conducted a cross-sectional quantitative survey for data collection. In the period between 14th May and 23rd June 2023, an online survey was administered using REDCap. Through the Text4Hope program, participants subscribe to receive supportive SMS messages daily. After the first message, participants were invited to complete an online questionnaire, containing demographic information, wildfire-related information, and responses to the Patient Health Questionnaire-9 (PHQ-9) for depression assessment. SPSS version 25 was used to analyze the data. Descriptive, univariate, and multivariate regression analyses were employed.

Results: A total of 298 respondents completed the online survey out of 1802 who accessed it, resulting in a response rate of 16.54 %. Most of the respondents were females (85.2%, 253), below 40 years of age (28.3%, 84), employed (63.6%, 189), and in a relationship (56.4%, 167). A historical depression diagnosis (OR = 3.15; 95% CI: 1.39–7.14) was a significant predictor of moderate to severe MDD in our study. While employment status did not significantly predict MDD, unemployed individuals were two times more likely to report moderate-to-severe symptoms of MDD than employed individuals (OR = 2.46; 95% CI: 1.06–5.67). Among the total sample population, the moderate to severe MDD prevalence was 50.4%, whereas it was 56.1% among those living in wildfire-affected areas.

Image:

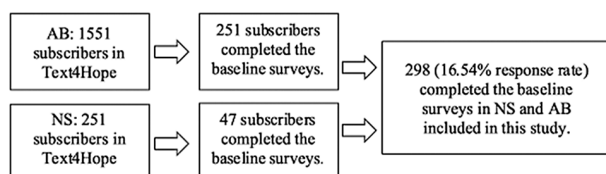


Figure 1. The Text4Hope survey flow chart.

Image 2:

Table 3: Logistic regression results of study respondents to present with likely depression.

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
								Lower	Upper
Age	≥ 60y			2.148	3	.542			
	50-59y	.484	.463	1.090	1	.296	1.622	.654	4.023
	40-49y	-.099	.504	.038	1	.845	.906	.337	2.433
	<40y	.145	.485	.089	1	.765	1.156	.447	2.990
Employment Status	Employed			5.664	3	.129			
	Unemployed	.899	.427	4.429	1	.035	2.457	1.064	5.674
	Student	.461	.838	.303	1	.582	1.586	.307	8.196
	Retired	-.358	.518	.476	1	.490	.699	.253	1.932
Education	Post-secondary Education	-.527	.434	1.478	1	.224	.590	.252	1.381
Housing status	Own Home			1.636	2	.441			
	Rented Accommodation	.335	.378	.789	1	.375	1.398	.667	2.931
	Live with Family or Friends	.576	.518	1.237	1	.266	1.779	.645	4.912
Previous mental health diagnosis	Depression Yes	1.147	.417	7.558	1	.006	3.150	1.390	7.138
	Anxiety Yes	.060	.374	.026	1	.872	1.062	.510	2.210
	Personality Disorder Yes	-.131	.697	.035	1	.851	.877	.224	3.439
	ADHD Yes	1.232	.858	2.060	1	.151	3.427	.637	18.424
	Received no mental health diagnosis. Yes	.284	.545	.271	1	.603	1.328	.456	3.867
Are you on any of the following medications for a mental health concern?	Antidepressants Yes	.260	.339	.587	1	.443	1.297	.667	2.519
	Antipsychotics Yes	.453	.760	.355	1	.551	1.572	.355	6.968
	Benzodiazepines Yes	.933	.722	1.667	1	.197	2.541	.617	10.470
	Mood Stabilizers Yes	.068	.640	.011	1	.916	1.070	.305	3.755
	Sleeping Tablets Yes	.292	.475	.377	1	.539	1.338	.528	3.395
Constant		-.967	.677	2.038	1	.153	.380		

Conclusions: As a result of our study, the development of moderate to severe MDD symptoms during wildfire disasters was significantly associated with a history of depression diagnosis. Although employment status did not significantly predict MDD, unemployed individuals had a greater likelihood of experiencing moderate-to-severe symptoms than employed individuals. Further research is necessary to ascertain reliable predictors of mental health issues among those who have experienced disasters, as well as to offer appropriate interventions and treatment options to the communities and individuals who are most vulnerable.

Disclosure of Interest: None Declared

EPP0377

Real-world effectiveness and safety of esketamine intranasal spray combined with treatment-as-usual in psychiatric inpatients

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Introduction: Esketamine intranasal spray has been approved in both the USA and EU as a novel treatment in patients with treatment-resistant major depression (TRD) and for the management of acute depressive emergencies during the course of major depressive disorder (MDD). Real-world data on the effectiveness and safety of esketamine nasal spray in clinical use are limited.

Objectives: To investigate the clinical effects and safety of esketamine nasal spray on depression severity and suicidal ideation during inpatient treatment in $n=76$ patients in a German university hospital.

Methods: In this retrospective chart review, we analyzed the change in depression severity and safety after a treatment series with esketamine nasal spray combined with treatment-as-usual in patients with treatment-resistant depression (TRD) in inpatient treatment setting of a University Hospital. Depression severity has been rated with the Montgomery–Åsberg Depression Rating Scale (MADRS) as well as with the BDI-II (Beck Depression Inventory-Second Edition) before and after the treatment series. The intensity of suicidal ideation has been evaluated using MADRS item 10 on suicidal thoughts.

Results: A total of 76 patients have been included (women 55.3, $n=42$) in this analysis. Mean BDI-II pre-treatment was 37.6 and mean MADRS was 33.6 corresponding to severe depression. Mean score on item-10 pre-treatment was 2.4 (median 2.0). On average patients received 10.9 sessions (standard deviation 4.2, median 11.0) of esketamine nasal spray (min 1, max. 19 sessions). There was clear improvement after the treatment series in both the BDI-II (mean change -10.1, $p < 0.001$) as well as in MADRS score (mean reduction -10.0, $p < 0.001$). Suicidal ideation on item-10 also decreased significantly (-0.9, $p < 0.001$). The effect sizes were large for all three measures: Cohen's d 1.050 for BDI-II; 0.986 for MADRS and 0.742 for changes in suicidal ideation. Overall, esketamine treatment was well tolerated. In five cases esketamine treatment has been terminated early (after a mean of 3.4 sessions) due to dissociations ($n=4$; 5.3%) or due to non-response ($n=1$).

Conclusions: Esketamine nasal spray is a novel effective and safe treatment option, which leads to significant decrease in depression severity as well as in suicidal ideation. More data from real-world patients are needed to position esketamine in the algorithm of depression treatment. Rate of treatment discontinuation due to side-effects in this study was comparable to those in other esketamine studies (4.2% in Reif et al, NEJM, 2023).

Disclosure of Interest: None Declared

EPP0378

Comparison of Staging Methods for Treatment-Resistant Depression: Chart Review

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Introduction: Treatment-resistant depression (TRD) lacks a universally consistent definition due to varied interpretations despite

attempts to define it based on inadequate response or remission despite sufficient antidepressant treatment. There's a crucial demand for a uniform definition and staging to streamline its effective management amid diverse treatment options and the complex nature of resistance. Five methods have emerged to define and classify treatment resistance reliably.

Objectives: The aim of this study is to compare the five staging methods (Thase&Rush SM (T&R), European Staging Method (ESM), Maudsley Staging Method (MSM), Massachusetts General Hospital Staging Method (MHG-s), Conway Staging Method(Conway)) in assessing treatment resistance within a single sample.

Methods: Retrospective analysis involved medical records of inpatient psychiatry clinic admissions at Hacettepe University between October 2012 and October 2014. Patients with a primary diagnosis of bipolar affective disorder, schizophrenia, other chronic psychotic disorders, dementia or cognitive disorders, alcohol and substance use disorders, and those with missing data were excluded.

Results: Initial screening yielded a total of 115 patients. 64 patients were included in the study, 13 patients were excluded due to missing data, and 38 patients were excluded due to comorbidity.

Characteristic	Total (N=64)	Last Episode Characteristics	Total (N=64)
Female - N(%)	44 (69)	Episode duration – month (mean ± SD)	13.75 ± 16.09
Age – yr (mean ± SD)	48.39 ± 18.81	Psychotic symptoms – N(%)	20 (31)
Married – N(%)	41 (64)	Anxiety symptoms – N(%)	24 (38)
Secondary school and over – N(%)	38 (59)	Suicidal attempt – N(%)	19 (30)
Employed – N(%)	16 (25)		

TRD definition and staging method (N=55)	T&R	ESM	MSM	MGH-S	Conway
Not resistant by this method	26 (47.3)	45 (81.8)	0 (0)	27 (49.1)	43 (78.2)
Identified by this method	29 (52.7)	10 (18.2)	55 (100)	28 (50.9)	12 (21.8)
Exclusively identified by this method	0 (0)	0 (0)	21 (38.2)	0 (0)	0 (0)
By this and one other method	27 (49.1)	0 (0)	11 (20)	5 (9.1)	0 (0)
By all methods	10 (18.2)	10 (18.2)	10 (18.2)	10 (18.2)	10 (18.2)
Identified as TRD					
Age of onset (mean ± SD)	40.28 ± 17.42	35.6 ± 18.27	40.44 ± 18.38	40.07 ± 17.9	38.17 ± 17.71
ATHF score (mean ± SD)	7.55 ± 5.46	12.1 ± 6.51	4.93 ± 4.98	7.43 ± 5.69	11.08 ± 6.47
Last episode duration (month) (mean ± SD)	17.11 ± 17.25	22.10 ± 20.96	14.22 ± 17.08	16.33 ± 17.66	20.83 ± 19.25

Conclusions: There is no universally agreed-upon definition for treatment resistance. In this sample, different definition and staging methods were employed to examine the similarities and differences in the clinical and treatment related characteristics of groups with TRD identified with each. The reasons and possible implication of concurrence and discordance between the methods will be discussed.

Disclosure of Interest: None Declared

EPP0379

Exploring the Interplay Between Early Maladaptive Schemas and Depression: A Comparative Analysis

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Introduction: Depression, a pervasive mood disorder, significantly impairs one's quality of life. Early Maladaptive Schemas (EMS), ingrained thought patterns stemming from early life experiences, play a pivotal role in shaping adult beliefs and behaviors. This study delves into the relevance of specific EMS domains—Emotional Inhibition (EI), Negativity/Pessimism (NP), and Social Isolation/Alienation (SI)—in influencing the severity of depression among medical students and diagnosed patients.

Objectives: Our primary goal was to assess the correlation between specific EMS domains and depression severity in medical students and clinically diagnosed patients. We aimed to elucidate whether these schemas could serve as indicators for potential depressive tendencies or if they had a stronger association in those already diagnosed with depression.

Methods: We conducted a prospective cross-sectional analysis involving 73 medical students and 61 diagnosed depression patients (aged 18-32). Four key variables—Depression, EI, NP, and SI—were measured using the Beck Depression Inventory-2 and The Young Schema Questionnaire-Short-form-3 in the Romanian context. Statistical analyses, including correlation coefficients and t-tests, were employed to explore the relationships between EMS domains and depression severity.

Results: In the non-clinical sample, we identified moderate, statistically significant correlations between depression and EI ($r=0.63$), NP ($r=0.71$), and SI ($r=0.59$). Conversely, the clinical sample exhibited slightly weaker, yet significant correlations (EI- $r=0.42$, NP- $r=0.39$, SI- $r=0.29$). Notably, significant differences emerged between the groups in all measured variables. These findings imply that while a positive correlation between EMS variables and depression exists in both samples, the association weakens in diagnosed patients, indicating that these schemas may be less predictive in this population.

Conclusions: Our study underscores the importance of understanding EMS domains in assessing depression severity. While specific schemas—EI, NP, and SI—correlate with depression in both medical students and diagnosed patients, this link is notably weaker in the latter group. Elevated EMS variables suggest a potential for future subclinical depression in medical students, but they

might not strongly predict depression in those already diagnosed. These nuanced insights have implications for preventive interventions and therapeutic approaches tailored to individuals at different stages of depression, thereby enhancing targeted mental health care strategies.

Disclosure of Interest: None Declared

EPP0380

DNA methylation signatures support the role of neutrophils and monocytes in depression

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Introduction: Research repeatedly linked inflammation with major depressive disorder (MDD). The presence of an inflammatory subtype of depression is supported by molecular findings as well as imaging reports. We investigated the cell type composition estimated by using epigenome-wide DNA methylation markers in a sample of depressed individuals showing high or low inflammation levels measured by hsCRP. We aimed to understand the connection between depression and inflammation, specifically differences in cell type compositions between high and low inflammation groups at baseline.

Objectives: 119 individuals with MDD were included for this analysis. Following quality control procedures, 113 participants were included in the analysis ($M_{age}=47$ years, 57.98% women). The sample consisted of 37 individuals with high hsCRP ($hsCRP > 1.5$, $M_{age}=45$, $M_{hsCRP}=8.2$, $M_{MADRS}=28$, 70% women) and 76 individuals with low hsCRP ($hsCRP < 1.5$, $M_{age}=44$, $M_{hsCRP}=0.99$, $M_{MADRS}=28$, 49% women).

Methods: The Illumina Infinium MethylationEPIC 850k BeadChip was used for analyzing whole blood derived DNA. Data processing and cell type estimation was conducted using the RnBeads package. We applied the Houseman method to estimate cell type composition through epigenome-wide DNA methylation signatures, resulting in six cell types: neutrophils, natural killer cells, B cells, CD4+ T cells, CD8+ T cells and monocytes. Comparisons between both groups were tested using ANOVA.

Results: High and low hsCRP groups were compared for each of the six cell types estimated. A statistically significant difference was seen for monocytes ($p=0.0316$) and a trend for neutrophils ($p=0.0742$). The mean values for neutrophils in patients without inflammation were found to be 60%, while in patients with inflammation, it was 63%. For monocytes, the mean values for patients without inflammation and those with inflammation were 10% and 9.4%, respectively, with a smaller range (4.5%-14.3%) for individuals with inflammation as compared to patients without inflammation (5.3%-20.7%). None of the other four cell types showed a statistically significant difference.

Conclusions: We identified differences in the cell type composition between groups of depressed patients with high versus low inflammation. These results align with the existing body of knowledge reported in established academic literature. Our study

emphasizes the role of specific cells like neutrophils and monocytes in inflammation and depression. These findings offer valuable insights for improving depression treatment strategies as inflammation state may be relevant for treatment response. We also show the merit of DNA methylation signatures for the profiling of patients' inflammation status, i.e., immunomethylomics.

Disclosure of Interest: None Declared

EPP0381

Personality Traits in Patients with Depression: Association with Symptoms of Depression and Anxiety

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Introduction: The symptoms of depression and anxiety, which are frequently comorbid, may be significantly impacted by the individual's personality, even considering the complex etiology of depression. Several studies have shown that while certain personality traits may act as protective factors, others may increase vulnerability to depression and anxiety. Understanding these relationships may be important since personality traits have gained attention as potential determinants of symptom severity and treatment outcomes.

Objectives: To identify and evaluate the association of personality traits with symptoms of depression and anxiety in patients with depression.

Methods: The study involved 80 inpatients (≥ 18 years), hospitalized in University psychiatry department with depression diagnosis based on the ICD-10-AM classification. Subjects were asked to fill the Overall Anxiety Severity and Impairment Scale ("OASIS"), the Big Five Personality Dimensions scale and the Patient Health Questionnaire-9 (PHQ-9). Data analysis included descriptive data, Shapiro-Wilk test, Spearman correlation, Kruskal-Wallis test and Chi-Square test, with a significance threshold of $p < 0.05$.

Results: Severe (26.3%) and very severe (41.3%) depressive symptoms were the most prevalent. Extraversion was associated with minimal ($p = 0.002$), conscientiousness with mild ($p < 0.001$), neuroticism with very severe depressive symptoms ($p = 0.003$). The majority of depressed patients had severe (33,75 %) or very severe (32,5 %) anxiety symptoms. Anxiety symptoms were associated with more severe depressive symptoms ($r = 0.704$, $p < 0.001$). The association of conscientiousness and moderate anxiety symptoms was found ($p = 0.004$). In the presence of expressed neuroticism, most of the respondents showed very severe anxiety symptoms, in the absence of neuroticism – moderate anxiety symptoms ($p < 0.001$).

Conclusions: The results showed that personality traits were associated with severity of depression and anxiety symptoms in psychiatry inpatient with depression. Therefore, recognition of predominant personality traits in patients with depression may be helpful in selecting treatment and predicting treatment outcomes.

Disclosure of Interest: None Declared

EPP0382

The impact of ruminative thought style on the maintenance of depressive mood

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Introduction: Ruminations are a cognitive style of "thought recycling", which involves passively and repeatedly focusing on disorder and distress symptoms, or their causes, without attempting to alleviate them. They are a significant indicator of cognitive vulnerability, predicting the emergence, maintenance, and recurrence of depressive symptoms.

Objectives: To estimate the impact of the ruminative thought style on the maintenance and escalation of depressive mood.

Methods: The research sample consisted of 60 students between the ages of 19 and 30 ($M = 23$), divided into two experimental groups with 30 participants each. The participants took part in a 5-minute experiment that involved recalling an autobiographically sad event, assessing their mood on the Scale for Self-Assessment of Emotions (EAS) before and after the induction, and then splitting into two groups of 30 participants for random ruminating or distraction. The Beck Depression Inventory-II, the Ruminative Response Scale, the Ruminative Thought Style Questionnaire, and the EAS were used as research instruments. The progressive group relaxation approach was used at the end of the experiment with all participants to promote relaxation and lessen the psychophysical tension brought on by the experimental induction (10 minutes total).

Results: The experimental groups did not differ in mood intensity prior to the induction of sadness. Both experimental groups experienced significant impacts on depressed mood following the induction of sadness ($F(1,58) = 92.05$, $p < 0.001$): participants who ruminated demonstrated persistence in their negative mood, whereas participants who engaged in distractions demonstrated a decrease in their negative mood, even below the initial level ($F(2,116) = 12.69$, $p < 0.001$).

Conclusions: This result provides an additional experimental validation of the phenomenon of maintaining a depressive mood through ruminations. An essential psychotherapy goal should be the treatment (metacognitive therapy, rumination-focused CBT, mindfulness, cognitive bias correction, etc.) of such mechanisms, recognized as crucial for the maintenance of depression.

Disclosure of Interest: None Declared

EPP0383

Assessment of various dimensions of impulsivity and their expression in unipolar and bipolar affective disorder

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Introduction: Impulsivity is the tendency to take quick and rash actions without the ability to assess their consequences, resulting in an increased frequency of risky behaviors. In recent years, it has been indicated that impulsivity is a multidimensional construct with different ways of expression in various mental illnesses. Moreover, personality traits might predispose do different psychiatric diagnoses and impact its course.

Objectives: Because differences in the manifestation of impulsivity can be observed at several levels (e.g., behavioral/motor, cognitive, attention, or emotionally related), we applied several tools to check whether they would allow for the differentiation of unipolar (UD) and bipolar (BD) affective disorders.

Methods: The study used data from 282 patients with affective disorders and 95 healthy controls of both sexes. Among the patients, we distinguished a subgroup diagnosed with UD and BD. We included a homogeneous group of patients in euthymia state at the end of hospitalization due to the last depressive episode. The following tools were used: subdimension novelty seeking (NS) of The Temperament and Character Inventory (TCI) and The Barratt Impulsiveness Scale version 11 (BIS-11) to assess various dimensions of impulsivity. The Coping Orientation to Problems Experienced (COPE) was used to assess the strategy of coping with stress. Statistical analyses were performed in Statistica 13.3 StatSoft, Krakow, Poland.

Results: We observed significant differences in BIS-11 dimensions such as motor (MI) ($p=0.0006$), nonplanning (NP) ($p=0.0249$), and the sum of impulsivity ($p=0.0095$) between UD and BD patients. We found no significant differences in the intensity of impulsivity measured by the NS subdimension, regardless of the type of affective disorder. In the Spearman rank correlation analysis, the following correlations of novelty seeking were revealed ($p>0.05$):

NS with BIS-11 MI ($r_s=0.3877$, $p=0.0001$), BIS-11 NP ($r_s=-0.2926$, $p=0.0042$) and COPE-planning ($r_s=-0.2552$, $p=0.0191$) dimensions. Moreover, a unique and strong correlation of NS with COPE - focus on and venting of emotions was revealed in BD patients ($r_s=0.5402$, $p=0.0461$).

Conclusions: The obtained correlation results confirm the multi-dimensional nature of impulsivity. The relationship between NS and the motor and nonplanning dimensions comes to the fore. Among the tests used, BIS-11 best differentiated unipolar and bipolar patients.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP0384

The Slovenian version of the Cardiac depression scale – validity and reliability

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Introduction: Cardiovascular diseases (CVD) were the cause of 40% of all deaths in Slovenia in 2016, and are the seventh most common cause of visits to the general practitioner. The prevalence of depression in people with CVD is high and is a strong predictor of mortality and additional cardiac events. In patients with coronary artery disease, depressive symptoms contribute to a lower quality of life and to physical limitations.

Objectives: The purpose of this study was to translate the Cardiac Depression Scale into Slovenian (S-CDS) and to assess its psychometric properties on Slovenian patients with heart disease.

Methods: After obtaining the consent from the original authors, the Cardiac depression scale was translated by three bilingual Slovenian native speakers with medical knowledge. Afterwards, they worked jointly to reach consensus on one version, which was then back-translated (Slovenian to English) by two independent English translators unfamiliar with the original version. The original authors approved the final draft. The S-CDS was then applied to a total of 272 patients with heart disease that underwent elective coronary angiography. At the same time the Spielberger State Anxiety Inventory (STAI-S) and the Center for Epidemiologic Studies Depression Scale-20 (CES-D) were used. An exploratory and confirmatory factor analysis, internal consistency, test–retest reliability and concurrent validity were performed.

Results: The total scale had Cronbach's alpha 0.92 and test–retest reliability 0.71. Six factors were confirmed by the exploratory factor analysis, accounting for 60.88% of total variance. A two and one factor solution indicated by the confirmatory factor analysis had acceptable goodness-of-fit measures. A one factor solution was kept, considering a high correlation between the two factors and the theoretical background in previous studies. A moderate to strong correlations were confirmed by concurrent validation against the CES-D and the STAI-S.

Conclusions: The S-CDS with 25 questions is a reliable and valid instrument for measuring depressive symptoms in Slovenian patients with heart disease.

Disclosure of Interest: None Declared

EPP0385

A comparative study of depression, anxiety, loneliness, well-being and self-esteem among patients with and without Inflammatory Bowel Disease

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Introduction: Individuals diagnosed with Inflammatory bowel disease (IBD) often experience recurring and painful symptoms, which can significantly affect their daily life, while hospitalization and/or surgery may be needed when they present complications. During the course of the disease, IBD patients may experience

feelings of anxiety and/or depression and present decreased well-being.

Objectives: The aim of the present study was to investigate depression, anxiety, loneliness, well-being and self-esteem in patients with IBD in comparison to individuals without IBD (healthy controls), while taking into consideration demographic and clinical parameters

Methods: The study included 164 participants and in particular 98 patients with IBD and 66 healthy controls matched for sex and age. All participants completed Hospital Anxiety and Depression Scale (HADS) to assess depression and anxiety, UCLA Loneliness Scale to assess feelings of loneliness, Mental Health Continuum Short Form (MHC-SF) to assess well-being and Rosenberg Self-esteem Scale (RSES) to assess self-esteem, while socio-demographic and clinical data were additionally recorded.

Results: According to the results, statistically significant differences were observed in all psychological parameters with IBD patients presenting higher depression ($p<0.001$), higher anxiety ($p=0.002$), higher loneliness ($p=0.002$), lower well-being ($p=0.019$) and lower self-esteem ($p<0.001$) compared to healthy controls. Among IBD patients, higher well-being was independently associated with higher self-esteem and lower anxiety, but not with depression, loneliness or patients' sex and age.

Conclusions: The findings highlight the importance of investigating and timely detecting psychological symptoms among patients with IBD, with a view to providing them an integrative physical and mental health care.

Disclosure of Interest: None Declared

EPP0386

Exploring the Interplay of Humor and Quality of Life in Adults Confronting Chronic Diseases: A Comprehensive Systematic Review

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Introduction: Chronic diseases, often referred to as non-communicable diseases (NCDs), stand as the leading global cause of mortality. Individuals grappling with chronic ailments frequently experience a decline in their overall quality of life (QoL), encompassing psychological, social, and physical dimensions of well-being.

Objectives: Recognizing that humor has demonstrated the potential to engender favorable effects on QoL, this systematic review seeks to explore the correlation between humor and QoL among adults contending with chronic health conditions.

Methods: A thorough examination of quantitative data was conducted in strict adherence to the PRISMA 2020 guidelines. PubMed/MEDLINE, PsycINFO, and CINAHL were comprehensively

searched from their inception until June 22, 2023. Furthermore, the reference lists of the included datasets and relevant review articles were exhaustively scrutinized (Figure 1). The Newcastle-Ottawa Scale (NOS) was employed to assess the quality of eligible studies.

Results: A total of eighteen studies met the inclusion criteria, encompassing a diverse spectrum of chronic disease categories, including cardiovascular diseases and various types of cancer, among others. Collectively, these studies involved a participant cohort comprising 4,325 individuals. Noteworthy findings emerged, indicating a substantial association between distinct facets of humor—such as one's sense of humor, coping humor, humor styles, and laughter—and psychological QoL. Nevertheless, the relationship between humor and physical QoL exhibited a more intricate pattern, characterized by mixed outcomes (Figure 2).

Image:

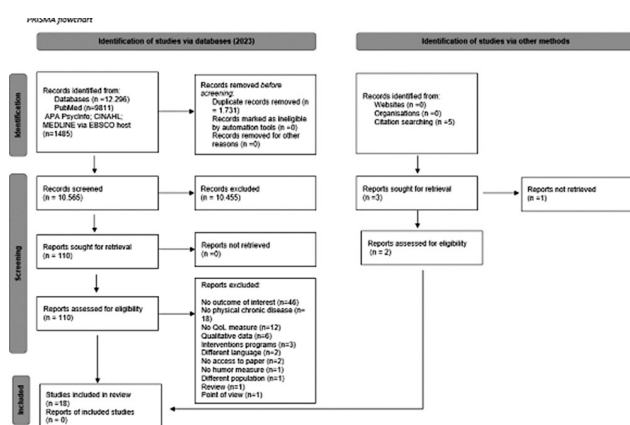
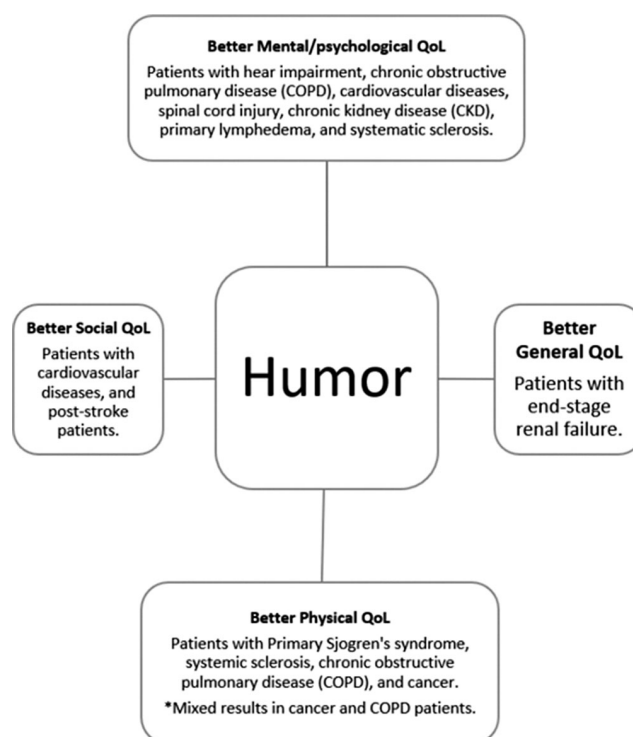


Image 2:



Conclusions: Despite the limited and inconsistent evidence across studies, humor appears to exhibit a positive association with QoL.

Disclosure of Interest: None Declared

EPP0387

Peduncular Hallucinosi: Clinical characteristics, etiology, and a case report

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Introduction: Visual hallucinations are a relatively common neurological complaint. Peduncular hallucinosis (PH) stands out as a distinct entity, characterized by complex visual hallucinations resulting from structural lesions in the brainstem or diencephalon.

Objectives: We aim to provide an overview of the clinical features, etiological factors, and management strategies associated with PH, incorporating a unique case study.

Methods: Clinical case report and brief literature review.

Results: Clinical Characteristics: PH is marked by detailed, colorful, vivid, and occasionally emotionally charged visual hallucinations. These hallucinations encompass people, animals, or objects and may be mistaken for reality. While primarily visual, they may occasionally involve other sensory modalities. Crucially, patients with PH maintain insight, distinguishing it from primary psychotic disorders.

Etiological Factors: PH is most commonly associated with structural brainstem lesions, particularly in the midbrain. Potential instigators encompass ischemic strokes, vascular anomalies, tumors and infections. Disruption of the reticular activating system in the brainstem is implicated in the pathogenesis. Advanced imaging techniques have unveiled cases with subtle presentations, broadening our comprehension of PH.

Pathogenesis: PH may involve the disturbance of serotonergic inhibitory pathways and the reticular activating system. A plausible link with hypnagogic hallucinations hints at a mechanism related to rapid REM sleep transitions.

Case Report: Mr. J., a 30-year-old patient, suffered recurrent mesencephalic strokes attributed to Sneddon's syndrome, ADA-2 deficiency, and protein C deficiency, leading to malacic lesions in the hemimesencephalon and right hemipons. He experienced complex visual hallucinations, primarily geometric patterns and animals, mainly at night. Importantly, he maintained insight into their hallucinatory nature. Mr. J. also had diplopia, visual impairment, recurrent headaches, and left hemiparesis.

Reactive anxiety and depression due to functional loss followed his recurrent strokes. Initially, antipsychotics were used to manage sensory-perceptual disturbances, but were later discontinued due to reduced interference with daily functioning. Antidepressant and psychological therapy was continued throughout the follow-up to address mood symptoms.

Conclusions: Peduncular hallucinosis is an intriguing phenomenon characterized by complex visual hallucinations. Understanding its clinical features, etiology, and possible mechanisms is essential for accurate diagnosis and management. This case report emphasizes PH's clinical aspects and the importance of a multidisciplinary

approach, including pharmacological intervention and psychological support. Understanding its features, causes, and management is essential for accurate care. Further research is needed to improve our comprehension and optimize treatment strategies.

Disclosure of Interest: None Declared

EPP0389

Analysis of the demand for mental health consultation and liaison programmes: a comprehensive view.

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Introduction: The mental health consultation and liaison programme plays a crucial role in comprehensive medical care by addressing psychiatric co-morbidities in hospitalised patients.

Objectives: The aim of this study is to analyse demand and assess referral patterns to the mental health consultation and liaison programme in order to identify areas for improvement and optimise the provision of care.

Methods: A descriptive cross-sectional study was conducted by analysing records of referrals to the mental health consultation and liaison programme over a one-year period. Demographic data, origin of demand, type of request, episodic diagnosis, psychiatric diagnoses, follow-up and discharge referral were collected.

Results: A total of 1180 referrals to the mental health consultation and liaison programme were reviewed. Most of the episodic diagnoses were related to anxious-depressive symptomatology, acute stress reaction and acute confusional syndrome. The majority of patients followed up did not require further referral to mental health facilities.

Conclusions: Analysis of the demand for the mental health consultation and liaison programme helps us to optimise care on psychiatric co-morbidities. These results support the importance of integrated care that addresses both medical and psychiatric aspects of inpatient health. Strategies to improve collaboration between different services should be implemented to ensure optimal care and provide a holistic approach.

Disclosure of Interest: None Declared

EPP0390

Suicide risk in patient with diabetes varies by the duration of diabetes: The Korea National Health and Nutrition Examination Survey

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Introduction: Suicide has a complex relationship with several factors, and it is known that identifying high-risk groups of suicide and managing crisis in advance can help prevent suicide. Moreover in a previous study, it showed that people with chronic diseases often suffer from psychological difficulties such as depression and anxiety, which can influence one to commit suicide. Based on many studies about the relationship between diabetes and depression, 10% of diabetic patients experience major depression, and diabetic patients experience twice as much depression as the general population. But, there are few studies examining the relationship between diabetes and suicide risk, and most of them were targeted for type 1 diabetes only.

Objectives: The objectives of this study were to investigate the suicide risk in diabetic patients, and evaluate the suicide risk varies by the duration of diabetes, using a large population sample in South Korea

Methods: Using the 2019 Korea National Health and Nutrition Examination Survey data, 6,296 adults (aged 19 years or older) were included. Suicidal ideation, suicidal plan, and suicidal behavior of diabetic patients were compared with the general population. After classifying the patients into ≤ 1 year, 2 to 9 years, and 10 years \leq for the duration of diabetes, we evaluated the relationship between the duration of diabetes and the risk of suicide.

Results: Diabetic patients had higher prevalence of suicidal ideation (9.1%, $P < 0.001$) and suicidal plan (3.6%, $P < 0.001$) than general population. After adjusting for potential confounding factors, suicidal plan (aOR = 3.011, 95% CI = 1.392-6.512) was significantly associated with diabetes. In the 2 to 9 year group of diabetes, we found an increase in risk of suicidal ideation (aOR=2.068, 95% CI=1.219-3.510), suicidal plan (aOR=3.640, 95% CI=1.592-8.320), and suicidal behavior (aOR=6.222, 95% CI=1.759-22.008) after adjusting covariates. However, increase in suicide risk was not observed in the ≤ 1 year and 10 years \leq groups after diagnosis of diabetes.

Conclusions: In adults, diabetes is associated with increase in suicide risk. Suicide risk in diabetic patients shows an 'inverted U-shaped' depending on the duration of diabetes.

Disclosure of Interest: None Declared

COVID-19 and related topics

EPP0392

The Effect of the COVID-19 Pandemic on Suicide Attempts and Self-Harm in Teenagers and Young Adults: An Analysis of Regional Emergency Medical Center Data of a Metropolitan City in South Korea

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Introduction: The COVID-19 pandemic has had a wide-ranging impact on economic and social phenomena worldwide, particularly affecting mental health. However, these impacts have varied significantly across countries. Previous studies have shown that the groups more vulnerable to mental health problems also differ across countries and societies (Gunnell *et al.* Lancet Psy 2020; 7(6) 468-471, Pirkis *et al.* Lancet Psy 2021; 8(7) 579-588, Nomura *et al.* Psy Res 2021; 295 113622). Therefore, by examining changes in self-harm and suicide attempts, which constitute mental health emergencies, at the community level, we can explore the COVID-19 pandemic's impact on the deterioration of mental health in various age groups within the region and identify the groups most vulnerable to mental health problems.

Objectives: The aim of this study is to examine the relationship between the COVID-19 pandemic and changes in the number of emergency room visits due to suicide attempts or self-harm in teenagers and young adults in Incheon, a metropolitan city in the capital area of South Korea.

Methods: We conducted a retrospective data analysis on the medical records of patients who visited the regional emergency center of Incheon Medical Institution from January 2018 to December 2022 due to suicide attempts or self-harm. As our statistical method, we employed interrupted time series analysis to determine whether the COVID-19 pandemic has a statistically significant correlation with the trend changes in the number of emergency room visits related to suicide attempts or self-harm. This study was approved by the Institutional Review Board of Gil Medical Center, Gachon University of Korea (IRB approval number GFIRB2022-335).

Results: The data of 4,030 subjects (35.8% male; $n=1,443$) who visited the regional emergency center during the study period were analyzed. A total of 556 (13.79%) of the study participants were minors under the age of 19, and a total of 1,789 (44.39%) were young adults aged 20-39. The analysis revealed an increasing trend in the number of emergency room visits due to elevated suicidality in teenagers and young adults (20-39 years old) following the COVID-19 pandemic (figure 1 & figure 2).

Image:

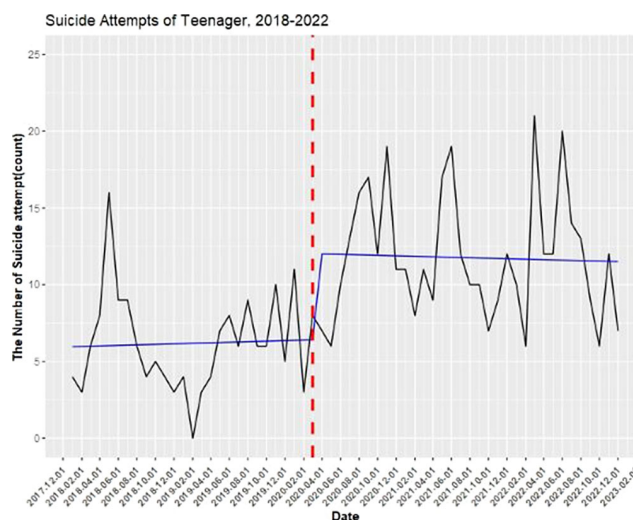
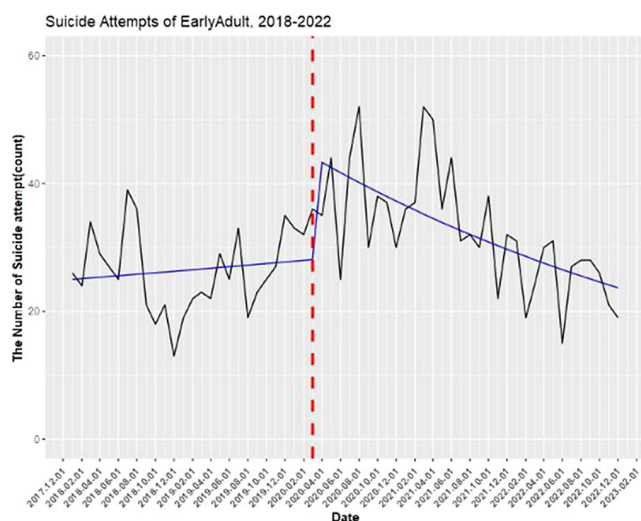


Image 2:

Conclusions: While suicide attempts and visits to the emergency room due to self-harm increased both before and after COVID-19, it is noteworthy that past suicide attempts are the most significant risk factor for future suicide attempts. Therefore, the data on vulnerable groups presented in this study can be instrumental for effective prevention and follow-up management of suicide attempts within the field of community psychiatry.

Disclosure of Interest: None Declared

EPP0393

Perceived vulnerability, fear of covid-19, and psychological distress of military hospital healthcare workers

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Introduction: The healthcare workers of military hospitals are actively involved in the fight against covid-19, as part of the national healthcare systems. Therefore, these health professionals may experience symptoms of psychological distress.

Objectives: The study of sociodemographic characteristics and pandemic-related psychosocial factors that affect the psychological distress of healthcare professionals in a military hospital.

Methods: 134 health professionals participated (- 34.3% doctors, 53% nurses and 12.7% other staff). A cross-sectional study was conducted using the DASS-21, PVDS, and FCV-19S questionnaires. Demographic variables were also collected. The data was analyzed using student's t-test and Mann-Whitney test, analysis of variance and Kruskal-Wallis test, Pearson's correlation coefficient and Spearman's correlation coefficient, as well as multivariate linear regression.

Results: 21.64%, 17.91%, and 16.42% of the sample showed symptoms of depression, anxiety, and stress respectively. A significant

correlation emerged between all three dimensions with perceived infectibility and fear of covid-19. Contact with a possible covid-19 patient, female gender, marriage, underlying diseases, increased working hours were found as stressors. The mean values of perceived infectibility and germs aversion were 3.4 and 4.9, respectively. A significant correlation was found between the two subscales with fear of covid-19 ($p=0.001$ and <0.001 respectively). Participants who had undergone psychotherapy in the past had a higher score of perceived infectibility ($p=0.024$). Women and staff in the pathological sector showed greater aversion to germs ($p=0.040$ and 0.001 respectively). Educational level and working hours were negatively correlated with germs aversion ($p=0.037$ and 0.044 respectively). The mean of fear of covid-19 was 14.5, with 14.2% of the population being above the scale average. Fear of covid-19 showed a positive correlation with female gender, age, family, contact with a possible positive case. It was negatively correlated with the medical staff, the educational level, and the employees in a covid-19 clinic. According to the results of the multivariate linear regression analyses: (i) The increase in educational level was associated with a decrease in the fear for covid-19 score ($p=0.026$); (ii) The increase in perceived infectibility score was associated with an increase in the fear for covid-19 score ($p<0.001$); (iii) The increase in germs aversion score was associated with an increase in fear for covid-19 score ($p=0.014$).

Conclusions: The findings confirm the presence of psychological distress on the healthcare workers of the hospital and its dependence on perceived infectibility and fear of covid-19.

Disclosure of Interest: None Declared

EPP0394

Translation and validation of the Greek versions of the Coronavirus Anxiety Scale, the Obsession with COVID-19 Scale and the Coronavirus Reassurance-Seeking Behaviors Scale

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Introduction: Understanding coronaphobia, or the heightened fear and anxiety related to the COVID-19 pandemic, involves assessing physiological, cognitive, and behavioral measures.

Objectives: We aimed to develop a Greek version of the Coronavirus Anxiety Scale (CAS), the Obsession with COVID-19 Scale (OCS), and the Coronavirus Reassurance-Seeking Behaviors Scale (CRBS), to identify groups that appear vulnerable to this form of pandemic-related anxiety.

Methods: We conducted a cross-sectional online study from February to April 2021 in Greek-speaking people living in Cyprus. Participants completed sociodemographic questions and questions related to COVID-19, the CAS, OCS, and the CRBS. All three scales

are rated on a 5-point scale, from 0 (not at all) to 4 (nearly every day). For CAS, a score ≥ 9 indicates probable dysfunctional coronavirus-related anxiety, for OCS a ≥ 7 score indicates probable dysfunctional thinking about COVID-19, and for CRBS score ≥ 12 suggests above-average reassurance-seeking activity.

Results: A total of 405 adults (66.4% women) from Cyprus participated in this study. The results of this study demonstrate that these Greek adapted measures have adequate reliability (Cronbach's alphas >0.70) and factor structure (exploratory and confirmatory factor analysis support). However, only the CAS demonstrated both convergent and divergent validity. Education personnel, housekeepers, and older adults were also found to have higher coronavirus anxiety relative to their counterparts.

Conclusions: The findings of this research support the use of these coronaphobia scales in Cyprus and other Greek-speaking populations. Assessing the potential for fear-driven behaviors may be of great benefit to both clinicians and researchers, helping to identify individuals at risk, adapt interventions, and improve our understanding of the psychological consequences of surviving a public health emergency.

Disclosure of Interest: None Declared

EPP0395

Comparing Psychiatric Admission Following Suicidal Presentations to the Emergency Department pre-COVID and During the COVID era

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doi: 10.1192/j.eurpsy.2024.555

Introduction: Suicide is one of the leading causes of death worldwide, (Centiti et al. 2020). Presentations to the emergency department (ED) with suicidal ideation (SI) or deliberate self-harm (DSH), and admissions following same, are a major part of unscheduled adult mental health service activity.

Objectives: To evaluate how suicidal presentations to the emergency department (ED), and admission following same have been affected by the COVID era thus far. To evaluate how key patient characteristics affect admission during the COVID era and pre-COVID, namely whether presentations were with suicidal ideation (SI) or deliberate self-harm (DSH), whether the patient was previously known to a community mental health team (CMHT), and whether the patient was intoxicated at the time of presentation.

Methods: Data is routinely collected on all adults presenting with SI/DSH to the ED. We looked at presentations, admissions and key patient characteristics over the 12 months of the COVID era thus far (March 2020-February 2021) and compared them to the preceding 12 months.

Results: Presentations over the two 12 month periods were similar (pre-COVID n=819, COVID era n=823). However, admission increased by 27% (139 to 177) over the COVID era as a whole. For nine months of the COVID era monthly numbers of admissions were higher than their pre COVID comparison. Admission rates during the COVID era were found to be increased across all patient groups examined, but were particularly increased in those presenting sober or with SI. Admission rates rose equivalently for those known or unknown to a CMHT.

Image:

Socio-Demographic Information	Pre-COVID	COVID era
Total	819	823
Gender		
Female	403 (49%)	421 (51%)
Male	416 (51%)	402 (49%)
Age		
18-19	66 (8%)	69 (8%)
20-25	180 (22%)	212 (26%)
26-29	98 (12%)	98 (12%)
30-39	179 (22%)	161 (20%)
40-49	139 (17%)	129 (16%)
50-59	93 (11%)	81 (10%)
60-64	21 (3%)	39 (5%)
65 or older	43 (5%)	34 (4%)

Image 2:

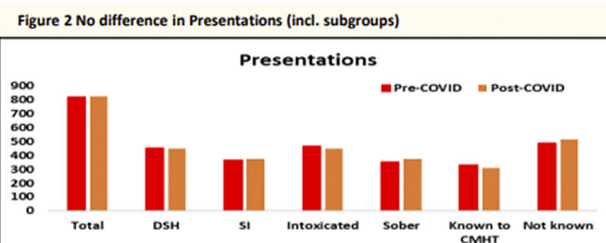


Figure 3 Rise in Admissions during COVID era (esp. SI, Sober)

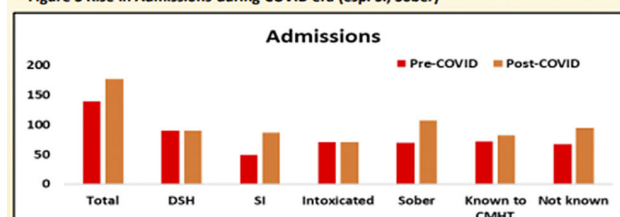


Figure 4 Admission Rate higher in COVID era (esp. SI, Sober)

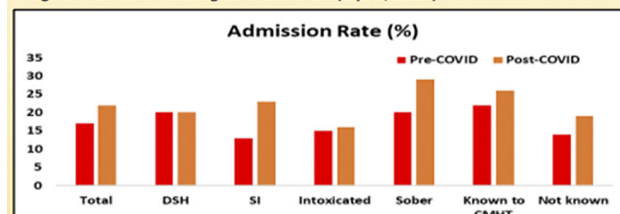
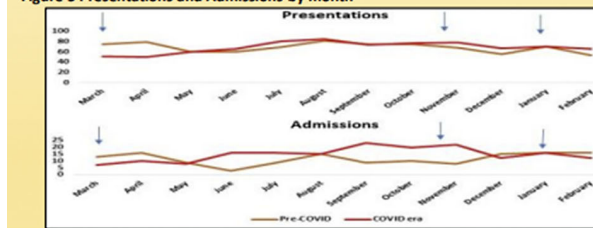


Figure 5 Presentations and Admissions by month



Conclusions: The number of admissions following suicidal presentations to the ED has risen significantly in the COVID era. This may be due to more severe presentations in terms of risk of suicide without admission or increased psychiatric morbidity requiring admission. Limitations of service provision in the community due to COVID era restrictions may also partially explain these findings.

Disclosure of Interest: None Declared

EPP0396

Anxiety and subjective assessment of cognitive functions after COVID-19.

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Introduction: Wide circulation of the COVID-19 has led to the high occurrence of a longcovid in which the complaints of violations of cognitive functions and affective disorders often occur.

Objectives: The aim of this study was to assess the relation of anxiety and subjective appraisal of the states of cognitive functions.

Methods: The data of 1233 respondents of internet-research who were divided into the four groups according to their COVID-19 status and the level of anxiety. Group 1 (didn't have COVID before, low level of anxiety) – 689 people (mean age 40,6), group 2 (didn't have COVID before, High level of anxiety) – 364 people (mean age 39,8), group 3 (had been ill COVID-19, low level of anxiety) – 102 people (mean age 41,2), group 4 (had been ill COVID-19, High level of anxiety) -130 people (mean age 35,5). Methods include the questions about the states of their cognitive functions (attention, memory, working capacity), a question about COVID-19 status. There are the results of comparing the groups that was carried out using the Kruskal-Wallis test. A pairwise comparison was carried out using the Mann-Whitney test for two groups of people who were not ill; two groups who were ill; two groups with a low level of anxiety; two groups with a high level of anxiety. To correct multiple comparisons, the adjusted significance level calculated by the formula ($p = 1 - 0,951^{1/n}$) was used, which was $p=0,017$ for 4 pairwise comparisons.

Results: Results are shown in table.

	Group 1	Group 2	Group 3	Group 4
Trouble remembering things	0,50 (*2)	0,99 (*1,*4)	0,77 (*1,*4)	1,30 (*2,*3)
Feeling low in energy or slowed down	0,74 (*2,*3)	1,77 (*1,*4)	1,23 (*1,*4)	2,34 (*2,*3)
Having to do things very slowly to insure correctness	0,27 (*2)	0,88 (*1)	0,31 (*4)	1,00 (*3)
Difficulty making decisions	0,63	1,63	0,82	1,67

Continued

Continued

	Group 1	Group 2	Group 3	Group 4
	(*2)	(*1)	(*4)	(*3)
Your mind going blank	0,34 (*2,*3)	1,12 (*1)	0,64 (*1,*4)	1,36 (*3)
Trouble concentrating	0,58 (*2)	1,55 (*1,*4)	0,72 (*4)	1,86 (*2,*3)
Feeling everything is an effort	0,43 (*2)	1,47 (*1,*4)	0,56 (*4)	1,81 (*2,*3)

An entry in parentheses such as (2*) means that this group for this parameter statistically significant differs from group 2.

As indicated in the table, respondents with the high level of anxiety have higher levels of the subjective assessment of cognitive functions regardless of their COVID-19 status.

Conclusions: A possible explanation may be the disorganizing effect of anxiety on the cognitive functions. When combined with possible organic disorders caused by the transferred COVID-19, the most marked indicators of cognitive decline are observed. An effective rehabilitation of cognitive functions after COVID-19 requires to diagnose the level of anxiety and to seek psychological and psychiatric assistance for people with a high level of anxiety.

Disclosure of Interest: None Declared

EPP0397

Divergent risk of SARS-CoV-2 infection, severe COVID-19 and mortality across psychiatric disorders: analysis from electronic health records in Catalonia

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Introduction: People with psychiatric disorders are particularly vulnerable to SARS-CoV-2 infection and its associated complications. However, current literature show that not all psychiatric disorders are equally vulnerable to COVID-19.

Objectives: This study aimed to assess whether individuals with distinct psychiatric disorders exhibit different risk of SARS-CoV-2 infection, COVID-19 hospitalization, and mortality.

Methods: We conducted a case-control study using data of electronic health records from Catalonia. Cases included adults with a hospital admission between 2017 and 2019 for non-affective psychosis, bipolar disorder, depressive disorder, stress-related disorders, neurotic/somatoform disorders, and substance misuse. These were matched to patients without a diagnosis by sex, 5-year age band, and living area. Outcomes included SARS-CoV-2 infection, hospitalization, and COVID-19-related death up to December 2021. Logistic regression analysis were employed to test the association between the six groups of psychiatric disorders and COVID-19

outcomes, controlling for age, sex, smoking, being in a nursing home, and physical comorbidities.

Results: 785,378 subjects were included. Preliminary findings showed that patients diagnosed with psychosis and bipolar disorder had lower risk of infection [OR: 0.85 (95% CI: 0.79-0.92), $p < 0.001$; OR: 0.84 (95% CI: 0.76-0.92), $p < 0.001$], whereas individuals with stress-related and neurotic/somatoform disorders had higher risk of infection [OR: 1.08 (95% CI: 1.04-1.14), $p < 0.001$; OR: 1.06 (95% CI: 1.03-1.10), $p < 0.001$]. People with depressive, stress-related, and neurotic/somatoform disorders had lower risk of COVID-19 hospitalization [OR: 0.87 (95% CI: 0.78-0.97), $p = 0.01$; OR: 0.71 (95% CI: 0.61-0.84), $p < 0.001$; OR: 0.67 (95% CI: 0.60-0.76), $p < 0.001$]. In line with these results, individuals with stress-related disorders also experienced lower mortality [0.49 (95% CI: 0.33-0.70), $p < 0.001$]. Conversely, people with psychosis, bipolar disorder, and substance misuse exhibited higher risk of COVID-19-related death [OR: 2.9 (95% CI: 1.68-3.1), $p < 0.001$; OR: 1.95 (95% CI: 1.30-2.81), $p < 0.001$; OR: 1.82 (95% CI: 1.49-2.20), $p < 0.001$].

Conclusions: We found different risks of SARS-CoV-2 infection, COVID-19 hospitalization, and COVID-19 mortality for psychiatric disorder groups. Differences in vulnerability to COVID-19 among people with psychiatric disorders might be explained by factors such as shared living facilities, physical comorbidities, psychotropic medications, and difficulties in accessing high-intensity medical care. Special attention should be directed towards individuals with psychosis, bipolar disorder, and substance misuse.

Disclosure of Interest: None Declared

EPP0398

Clozapine and the Risk of Severe COVID-19: A Retrospective Cohort Study

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Introduction: Clozapine is the standard treatment for managing treatment-resistant schizophrenia (TRS). However, concerns arise due to potential hematologic side effects, such as agranulocytosis, especially during the COVID-19 pandemic.

Objectives: This study aims to investigate the association between clozapine treatment and an increased risk of severe COVID-19 infection in patients with TRS.

Methods: A retrospective study reviewed clinical records of forensic patients with TRS from 2020 to 2022 at Razi Hospital's forensic psychiatry department in Tunisia. Twenty-five patients, including 18 on clozapine treatment, were included.

Results: All patients were male, with an average age of 39.7 years. Twenty-three patients received at least one vaccine dose. Twenty-two patients contracted COVID-19. Among those treated with clozapine, two required intensive care unit admission and oxygen therapy without intubation. Clozapine treatment remained uninterrupted, with no dose escalation during infection episodes. Lymphopenia was the most commonly reported hematologic abnormality.

Conclusions: While there may be an association between clozapine use and an increased risk of COVID-19 infection, no clear correlation with infection severity and antipsychotic treatment was established in this study. Further research is needed to explore this potential association comprehensively.

Disclosure of Interest: None Declared

EPP0399

The influence of the COVID-19 pandemic on the occurrence of depressive symptoms in the Croatian adult population

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Introduction: The COVID-19 pandemic has led to a worsening of mental health among the Croatian general population. However, the overall prevalence of population depressive symptoms in Croatia over the COVID-19 pandemic is still unknown.

Objectives: This study aimed to investigate the influence of the COVID-19 pandemic on the occurrence of depressive symptoms among Croatian adults.

Methods: This cross-sectional questionnaire study was conducted from mid-February to mid-May 2022 period. A validated, anonymous questionnaire that contained questions regarding demographic data, as well as the Zung Self-Rating Depression Scale was self-administered to a convenient sample of adults from the city of Osijek in eastern Croatia.

Results: The study sample included 500 subjects with a median age of 34 years (interquartile range 26-53), 42.4% males, and 57.6% females. According to the Zung Self-Rating Depression Scale, there were 16.2% of subjects with mild or moderate depressive symptoms. Depressive symptoms were more frequent among older subjects (61 years or older) ($p = 0.001$), among subjects with a lower level of education (subjects with or without elementary school) ($p < 0.001$), among subjects who were retired ($p = 0.005$), among subjects who considered their socioeconomic status as under average ($p < 0.001$), and among subjects who experienced death of close family member caused by COVID-19 infection ($p = 0.004$).

Conclusions: The COVID-19 pandemic increased the prevalence of depression in the Croatian general population where some sociodemographic characteristics of study subjects seem to put those subjects at greater risk considering the occurrence of depressive symptoms. Development of appropriate supportive programs that enhance the mental health of the Croatian general population during pandemics is needed to potentially prevent the occurrence of depressive symptoms and to help the general population successfully overcome this important mental health challenge.

Disclosure of Interest: None Declared

Cultural Psychiatry

EPP0400

The causes of negative countertransference in its cultural aspect among psychiatric residents in Tunisia

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Introduction: Negative countertransference in psychiatry refers to the therapist's unfavorable emotional reactions to the patient, such as anger and frustration, which can hinder the therapeutic relationship and the client's progress. This is why it is imperative to study the causes of this negative counter-transference, such as cultural causes, to ensure effective treatment, appropriate care and better comfort for psychiatry residents during their professional practice.

Objectives: To study the cultural causes of negative countertransference among psychiatric residents in Tunisia and their coping behavior.

Methods: This cross-sectional study was carried out among Tunisian residents working in psychiatric departments, using a questionnaire deployed via Google Forms.

Results: The study involved 26 residents with 23 females. The average age was 27.57 years with extremes ranging from 26 to 32. The participants were family doctors practicing in psychiatric wards (26.9%), first year psychiatry residents (15.4%), second year psychiatry residents (23.1%), third year psychiatry residents (19.2%), fourth year psychiatry residents (11.5%) and child psychiatry residents (3.8%). The majority of residents admitted having had a negative transference towards a patient (88.5%). The level of frustration felt by residents during this counter-transference on a scale of 100 varied from 1 to 100 with an average of 61.9. Substance abuse was the primary cause in 52.17% of cases. The second cause was the patient's ideology, with a percentage equal to 43.47%. The same percentage of 17.39% was for traditions, socio-economic level and membership of a particular political group. In 82.6% of cases, residents tried to analyze this counter-transference and 65.2% of them managed to deal with their frustration. The feeling of guilt was experienced by 56.52% of practitioners and the same number of residents tried to avoid the patient. Among the participants, 43.47% discussed this difficulty with their supervising physician and only 4 residents asked to change patients.

Conclusions: In conclusion, our study identified the cultural causes of negative countertransference in Tunisian psychiatry residents, including substance abuse, ideology, traditions, socio-economic level and politics. Understanding these causes is essential to resident training but also to the delivery of quality care in psychiatry. By integrating this knowledge into training, we can help residents recognize and manage negative countertransference, in order to improve the quality of care they provide to their patients.

Disclosure of Interest: None Declared

EPP0401

Unveiling Koro's diverse conceptualizations across cultures

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Introduction: Koro, also known in Cantonese as *Shook Yang*, which literally translates to "shrinking penis", has its roots in a cultural belief that a mythological figure would steal the penis of his victims. Predominantly reported in Southeast Asia, it involves an acute fear of genital retraction, often accompanied by the belief that this retraction may lead to death. Over the last two centuries, Koro has undergone several attempts to establish its definition and classification, without a true consensus having been reached.

Objectives: This study aims to explore the cultural nuances surrounding Koro and reflect on the various conceptualizations that modulated its definition and nosological classification, from Ancient China until the present.

Methods: A non-systematic literature review with the keywords "koro" and "culture" was conducted.

Results: Koro was only introduced to the Western world during colonial expansion, drawing the attention of several psychiatrists who, in Asian territory, reported numerous cases in natives, making the very first attempts at a nosological classification, whether as an anxiety neurosis, or as an obsessive-compulsive disorder. The literature reveals significant cultural variations in the manifestation of Koro, challenging the traditional psychiatric understanding rooted in Western diagnostic categories. Cultural factors, including societal beliefs, religious practices, and regional variations, emerged as influential contributors to the prevalence and presentation of Koro. Additionally, the study identified instances of Koro evolving in response to cultural shifts and globalization, emphasizing the dynamic nature of this syndrome.

Conclusions: This review underscores the need for a comprehensive understanding of Koro that acknowledges its diverse conceptualizations across cultures. Its occurrence, not only in multiple parts of the world, but also in close relation with various comorbidities, has contributed to the dissolution of its primary identity as a culture-bound syndrome, turning Koro into a moving target.

Disclosure of Interest: None Declared

EPP0403

Pregnancy, postpartum and breastfeeding: beliefs about women's sexuality during this period

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Introduction: Pregnancy, postpartum and breastfeeding is a very challenging period in the women's life. Many shared false beliefs and perceptions about this period can influence a pregnant woman's sexual life and couple.

Objectives: to explore sexual satisfaction, misconceptions and beliefs about sexuality during pregnancy and postpartum in women.

Methods: It was a cross-sectional study established over a period of 3 months from the June 1st, 2023 to August 31, 2023. This study focused on a population of pregnant postpartum and breastfeeding women recruited from outpatient consultations and inpatient of the obstetric gynecology department at the university hospital of Gabes, Tunisia. We used a pre-established sheet exploring socio-demographic data, medical and gynecological history, informations concerning the marital relationship and the woman's sexual activity and eight questions (yes or no / choosing an option) to explore the beliefs and perceptions about sexuality during pregnancy and postpartum. We administered the validated Arabic version of the Arizona Sexual Experiences Scale (ASEX) to assess sexual functioning.

Results: Fifty-eight women were included. The average age was 35.6±5.5 years, they had a university level in 40% and they were unemployed in 74.2%. They were from an urban origin in 75%. They were pregnant in the first, second and third trimester in (15.6%, 15.6% and 25% respectively). They were in postpartum in 43.8% of cases with a cesarean delivery in 73.3% and breastfeeding in 56%. All women reported being on good terms with their spouses and satisfied with their sexuality. The usual frequency of sexual relations (SR) was (1/day: 22.6%, 1/week: 74.2%, 1/month: 3.2%). Only 3.4% masturbated and 5.17% had sexual fantasies. Among women, 55.1% believed that RS is not allowed in the first trimester, and 67.8% believed that it can harm the baby. Only 25% of women believed that RS is permitted throughout pregnancy. 58.1% believed that RS in the third trimester could induce early delivery, and 30% believed that it could harm the baby. They all believed that post-partum SR is only authorized after 40 days. Among the sample 22.6% believed that SR is not allowed during breastfeeding, and that it can harm the baby in 13% of cases. The mean ASEX score was 13 ± 4.3 and 47% had sexual dysfunction. Regarding the frequency of SR, 25% reported wanting to reduce the frequency, 3.4% wanting to increase the frequency and 71.6% were neutral.

Conclusions: A better understanding of the misconceptions and beliefs about sexuality during pregnancy and the post-partum period is needed to reduce restriction imposed on sexual activity during a normal pregnancy and to enhance marital harmony and the sexual life of the couple.

Disclosure of Interest: None Declared

EPP0406

Risks of mental health of foreign medical residents who study in Ukraine

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Introduction: The high level of psycho-emotional stress today significantly increases the moral burden on the mental health of

medical workers. One of the most vulnerable groups of medical specialists in Ukraine are foreign resident doctors. Since in Ukraine this contingent of doctors is faced with extraordinary problems of high psycho-emotional stress, such as COVID-19 around the world and the Russian war against Ukraine. Raising the issue of resident doctors, the main issue becomes not only their professional identity, but also the formation of the necessary stress resistance in different conditions of professional activity.

Objectives: To study the level of tolerance to stress and uncertainty among foreign resident doctors in unusual conditions of performing professional duties.

Methods: The examination included the use of clinical-psychological, psychodiagnostic and psychometric research methods.

Results: As of the beginning of 2020, 395 foreigners were studying. During the first phase of the pandemic, 118 foreigners left Ukraine. By the beginning of 2022 (before the full-scale war), 302 medical residents were trained. As of the beginning of 2023, 167 doctors are studying, of which only 61 people are on the territory of Ukraine. The primary analysis of the clinical-psychological study showed that the most common complaints among foreign resident doctors are: increased levels of feelings of tension (in 75.4%), decreased motivation for activity (73.2%), anxious (72.7%) and depressive symptoms (69.3%), frequent headaches (68.6%), constant feelings of irritation (65.4%), manifestations of aggression in relation to colleagues (63.9%) and patients (61.4%), a feeling of fear for the future (60.1%), conflicts in the family (59.5%).

The study of factors that influence the increase in the level of stress among foreign resident doctors were sorted according to the principle of ordinary and extraordinary. Ordinary stress factors include: the nature of the specialty, the conditions of professional activity, a foreign country, relationships in the team. Extraordinary factors include new working conditions (professional challenges of COVID-19, war on the territory of Ukraine), increased risks of responsibility for the patient's life (search for a treatment solution against the background of COVID-19), nature of assistance (providing assistance due to combat injuries).

Conclusions: At the end of the study, a comprehensive program will be created for the early detection of signs of adaptation disorder, which will be aimed at reducing emotional distress, tension in the learning process, support in the first years of training for medical residents.

Disclosure of Interest: None Declared

EPP0407

Developing a support intervention for family members of people treated under the Mental Health Act

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Introduction: In England, a national Mental Health Act (MHA) review was carried out, providing recommendation for policy and practice changes. One of these recommendations was to provide support to family members (FMs) of patients who have been involuntarily hospitalised. In response to this review, the National

Institute for Health and Care Research (NIHR) provided funding for research to address policy questions, for example what support may be most relevant to FMs during their patients' treatment. The study presented here was funded as part of this initiative and has explored what support FMs wish to receive.

Objectives: To explore FMs' experiences and views around support they would have liked during their patients' involuntary hospitalisation and wider stakeholder views on what a family support programme in England should involve. This information can be used to develop a support programme for FMs.

Methods: One-to-one interviews were conducted online as part of two work packages. The first work package explored FMs' experiences and views of support. The second work package explored views on what should be included in a family support programme in England from FMs, patients and professionals. Interviews took place at three sites across England. Audio recordings of the interviews were transcribed, and data were analysed using thematic analysis.

Results: 22 FMs were recruited to the first work package, where four key themes were identified: (1) heterogeneity in the current support for families; (2) information about mental health and mental health services; (3) continuous support; and (4) peer support and guidance. FMs reported receiving support from professionals, peers and relatives, but the extent of this support varied. FMs consistently reported wanting a named contact to provide information and personal continuity of support. 5 FMs, 4 patients and 10 professionals took part in the second work package, where four main themes were also identified: (1) development of a support programme; (2) delivery of a support programme; (3) factors limiting accessibility or engagement; and (4) benefits of a support programme. Information about the MHA and strategies to promote effective communication between FMs and professionals were identified as important to include in the programme and its delivery should include a combination of face-to-face, written and online methods. Potential benefits of the programme include improved FM knowledge and wellbeing.

Conclusions: FMs of involuntarily hospitalised patients should receive information around the MHA and strategies to promote effective communication with professionals. FMs should also be allocated a named contact person to offer information and personal continuity of support through various methods, for example through online, face-to-face or written contact.

Disclosure of Interest: None Declared

EPP0408

Palestine-Israel War Coping Strategies of Tunisian People

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Introduction: The war in Gaza is a stressful life event. Due to its significant human and financial losses, it affected the mental health of people around the world including the middle east citizens.

Objectives: To study the coping strategies of Tunisian people toward Palestine-Israel war in its first month and the factors associated with them.

Methods: It was a cross-sectional, descriptive and analytical study, conducted among Tunisians. Data were collected during October and November 2023, through an anonymous online questionnaire, spread throughout social media (Facebook/Instagram), using the Google Forms® platform. We used a socio-demographic and clinical data sheet and the "Brief-COPE" to assess coping strategies.

Results: A total of 1091 participants completed the questionnaire. Their mean age was 32,7± 9.8 years, with a sex-ratio (F/M) of 3.5. Among participants, 46,1% are married, 42,5% have children and 19,5% have a psychiatric follow history. Sport's practitioners represent 23,3% of the participants and 10,6% increased their use of sports after the war news.

In terms of coping strategies: problem focused coping was the most used strategy (mean= 2,02) followed by emotional focused coping (mean= 1,98) and avoidant coping (mean= 1,63). Tunisians rely the most on religion, accepting reality and planning as coping mechanisms (score= 2,85; 2,4 and 2,23 respectively). Substance use was the last resort option (score= 1,11).

Our survey revealed significant associations between coping mechanisms and several factors: Venting, humor and behavioral disengagement were significantly correlated with sex gender (p=0,000 ; 0,000 ; 0,000 respectively); Substance use coping mechanism was significantly correlated with participants having a psychiatric follow history (p=0,001); Avoidant coping subscale was significantly correlated with having children (p=0,000); Self distraction was significantly correlated with the increase use of sport among Tunisians (p=0,000).

Conclusions: These findings underscore the need for healthcare and productive coping strategies for Tunisians and middle east people during the Palestine-Israel war.

Disclosure of Interest: None Declared

EPP0409

Enhancing Postpartum Mental Health: Evaluation of the Effect of Remote Peer Support Intervention

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Introduction: The postpartum period poses a risk of both onset and relapse of mental health disorders in mothers, which can impact maternal-child relationships and development of children. Timely intervention is crucial, especially considering that majority of at-risk women do not seek professional help.

Objectives: This study aims to evaluate the effectiveness of Mom Supports Mom, a remote peer support intervention, in improving the mental health of postpartum women.

Methods: A randomized controlled trial with 488 Czech postpartum women with depressive symptoms (Edinburgh Postnatal Depression Scale, EPDS score ≥ 10 shortly after giving birth) assessed the impact of Mom Supports Mom on depressive and anxiety symptoms (EPDS and Perinatal Anxiety Screening Scale, PASS) and health-related quality of life (Assessment of Quality of Life, AQoL-8D) at 6 weeks postpartum. The Mini-International Neuropsychiatric Interview 5 (MINI) was used to assess psychiatric diagnoses.

Results: The intervention significantly reduced depressive (Cohen's $d = 0.30$; $p = 0.003$) and anxiety symptoms (Cohen's $d = 0.29$; $p = 0.003$) and improved health-related quality of life (Cohen's $d = 0.27$; $p = 0.008$) at 6 weeks postpartum. No significant difference was observed in psychiatric diagnoses between the intervention and the control group.

Conclusions: Mom Supports Mom intervention reduces postpartum depressive and anxiety symptoms and enhances health-related quality of life. These findings support the integration of peer support into perinatal mental health care, addressing barriers that women face in seeking help.

Disclosure of Interest: None Declared

EPP0410

Psychological and Pharmacological Interventions to Reduce Alcohol Use Disorder (AUD) in the inpatient units. A General Review.

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Introduction: According to the World Health Organization, around 2 billion people worldwide are estimated to drink. Alcohol intake results in 25% of the 3.8% of worldwide fatalities and 4.6% of global disability-adjusted life years that may be attributed to alcohol.

Objectives: This review seeks to synthesize data on psychological and pharmacological treatments for Alcohol Use Disorder (AUD) available in the inpatient setting.

Methods: A comprehensive and narrative review of studies and research on psychological and pharmacological interventions for patients with alcohol use disorders in inpatient treatment units was performed. Data was extracted from electronic bibliographic databases, including Medline, EMBASE, PsycINFO, Global Health, HealthSTAR, and Cumulative Index for Nursing and Allied Health Literature (CINAHL) via EBSCOhost. This review included both qualitative and quantitative studies.

Results: Overall, after an initial title, abstract screening, and subsequent full-text screening, seven out of 1245 extracted studies met the eligibility criteria and were included in the review. This review

suggests that a combination of pharmacological interventions such as naltrexone, nalmefene, acamprosate and brief psychological interventions were effective in treating AUD.

Conclusions: This review suggests that pharmacological and psychological approaches, when used together, are efficacious in treating AUD. There is a need to adopt both pharmacological and psychological interventions in the treatment of AUD.

Disclosure of Interest: None Declared

EPP0411

Effects of a transition care program on depression, self-efficacy, and self-care behaviors in heart failure patients

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Introduction: Heart failure is a progressive and unpredictable heart disease. How to work with these patients to decrease their psychological distress and promote their self-care behaviors is important. Transition care is the continuity of medical care for heart failure patients returning home from the hospital. Intervention through transition care may improve the continuity of medical care for patients with heart failure but it has not been examined in clinical settings in Taiwan.

Objectives: The aims of this study were to explore the effects of a newly developed transition care program on depression, self-efficacy, and self-care behavior of heart failure patients.

Methods: Using an experimental research design and block randomization, participants were divided into the experimental group (received transition care and routine care) and the control group (received routine care only). The Patient Health Questionnaire-9 (PHQ-9), the General Self-Efficacy Scale (GSES), and the Self-Care of Heart Failure Index (SCHFI version 6.2) were used to collect data before discharge and the first month after discharge.

Results: A total of 20 patients with heart failure were recruited. No significant differences were found between the experimental ($n=10$) and control groups ($n=10$) in the degree of depression ($Z=-.077$, $p=.938$), self-efficacy ($Z=-1.214$, $p=.225$), and three self-care behaviors subscales (self-care maintenance $Z=-1.214$, $p=.225$; self-care management $Z=-.401$, $p=.689$; self-care confidence $Z=-.436$, $p=.663$) at discharge. After the one-month posttest, only self-efficacy ($Z=-2.545$, $p=.011$) and three self-care behaviors subscales (self-care maintenance $Z=-3.097$, $p=.002$; self-care management $Z=-2.595$, $p=.009$; self-care confidence $Z=-3.671$, $p<.001$) reached a statistical difference between the two groups.

Conclusions: Based on the preliminary results, heart failure patients can improve their self-care behavior and self-efficacy but not depression through transitional care intervention.

Disclosure of Interest: None Declared

EPP0413

Latent classes based on clinical symptoms of military recruits with mental health issues and their clinical responses to treatment over 12 months

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Introduction: In South Korea, all men at the age of 18 or older are required to serve at military for a certain period as an obligation. These recruits should be able to withstand psychological stress and pressures of rapid adaptation of the unique and new environment in military. The number of military recruits facing adaptation issues has been on the rise, necessitating an evaluation for active service. In our previous study (Park et al., in press 2023), we classified the military recruits with mental issues according to latent profile analysis (LPA) and examined the treatment response during six months.

Objectives: In this study, we further examined clinical characteristics over the next six months.

Methods: Ninety-two participants were analyzed with LPA using MMPI-2 clinical profiles in the previous study. The three classes were identified: mild maladjustment (Class 1, n=14), neurotic depression and anxiety (Class 2, n=36), high vulnerability and hypervigilance (Class 3, n=42). At 12 months, Clinical Global Impression-Severity and Global Assessment of Functioning were assessed to test their long-term changes.

Results: While Class 1 and 2 significantly improved over 6 months, Class 3 showed little or no improvement even with more medications in our previous study. During the 6-month follow-up period, 50% of Class 1, 38.9% of Class 2, and 41.5% of Class 3 were dropped. It was during this period that their level of military service was decided. Class 1 and 2 which showed marked improvement up to initial 6 months, did not demonstrate substantial further improvement during follow-up period with a considerable portion stopped visiting hospital. Subjects in Class 3, who showed little or no improvement during initial 6 months, demonstrated continued improvement in this study, although their symptoms still appeared relatively severe.

Conclusions: This study suggests clinical implications for treatment plan and intervention of each subgroup classified based on MMPI-2 clinical profiles of military recruits who might show maladjustment to serve. The long-term continuous treatment for Class 3 patients will be needed, even after exemption from active duty.

Disclosure of Interest: None Declared

EPP0414

Older Adults' Knowledge of Geriatric Depression and Its Related Factors

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Introduction: Even though depression is a severe health issue among older adults, few studies have explored their knowledge of geriatric depression.

Objectives: This study aimed to explore older adults' knowledge of geriatric depression and its related factors.

Methods: A cross-sectional survey was conducted. Older adults were recruited by convenience from outpatient clinics of three hospitals in Taiwan.

Results: A total of 327 older adults participated in this study. Their mean score of knowledge was 7.73 (SD=2.12, Range=2-12) on an 18-item knowledge scale, indicating poor knowledge of geriatric depression. Females had significantly higher geriatric depression knowledge scores than males ($t=2.50$, $p=0.01$). Junior and senior high school graduates had significantly higher geriatric depression knowledge scores than illiterate and primary school graduates ($F=10.23$, $p<0.01$). In addition, their geriatric depression knowledge scores also differed by religious belief ($F=4.91$, $p<0.01$), living status ($F=8.64$, $p<0.01$), and perceived health condition ($F=8.81$, $p<0.01$). Buddhists had significantly higher geriatric depression knowledge scores than Taoists. Living with partners and perceiving their health status as fair and good tended to have higher geriatric depression knowledge scores than their counterparts. However, their geriatric depression knowledge scores did not significantly correlate with their mean scores of social distance toward older adults with depression.

Conclusions: Older adults tended to have poor geriatric depression knowledge. Improving their knowledge shall be an urgent task. Our results may serve as references for developing further depression prevention.

Disclosure of Interest: None Declared

Research Methodology

EPP0420

The biology of mental pain: a systematic review to map the different expressions, definitions, hypotheses, experimental paradigms, investigation methods and candidate biomarkers of mental pain in human subjects

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Introduction: Mental pain is a transdiagnostic symptom, predictive of suicide and reported as a critical outcome by patients. A previous systematic review of epidemiological and clinical research has shown a lack of consensual definition of mental pain in clinical research and high heterogeneity across the different measurement instruments of mental pain. Up today there is no systematic review synthesizing all published biological investigations on mental pain.

Objectives: This study aims to map the field of biological investigations of mental pain in human to identify what and how

biomarkers are investigated with a meta-research approach, by providing a critical appraisal of the terms and definitions of mental pain, the studies' hypotheses, the experimental paradigms used to induce or mimic mental pain and the measurement instruments used to measure mental pain.

Methods: We conducted a systematic review (compliant with PRISMA guidelines) of all primary research reporting to investigate candidate biomarkers of mental pain in human subjects as stated by the authors. We searched from inception to June 23rd, 2022, the 3 databases MEDLINE, Web of Science and EMBASE. We extracted the study characteristics (e.g., year of publication, population, etc.), the terms used for meaning mental pain, the definition of mental pain, the method to induce mental pain and its rationale, the hypotheses and aims, the measurement instruments of mental pain, the candidate biomarkers, and their method of investigation. We performed descriptive statistics of the sample's characteristics and the extracted data, a qualitative analysis of the definitions, hypothesis, aims and experimental paradigms, and a data visualization linking candidate biomarkers, experimental paradigms, and their investigation methods.

Results: The search retrieved 5685 papers of which we included 72 primary research publications constituting 78 distinct research studies. Only 37.5% of studies reported a definition of mental pain. 11.5% of studies did not show a measurement instrument of mental pain. The Cyberball (a social exclusion paradigm) was the most frequently used paradigm in experimental studies (62.7%). The cingulate cortex was the most frequently investigated biomarker category (15.3% of all candidate biomarkers), with fMRI as the most frequent investigation method (53.7% of all investigation methods).

Conclusions: The field of biological investigations on mental pain shows a marked heterogeneity of definitions, terms, hypotheses, experimental paradigms, and measurement instruments, with an over-representation of the construct of social pain and the Cyberball. These could compromise the comparison and combination of studies results in evidence synthesis and their translation into clinical practice.

Disclosure of Interest: None Declared

Neuroimaging

EPP0421

Exploring Associations between Grey Matter Volume and Clinical High-Risk for Psychosis: A Transdiagnostic Study Utilizing the NAPLS-2 Risk Calculator in the PRONIA Cohort

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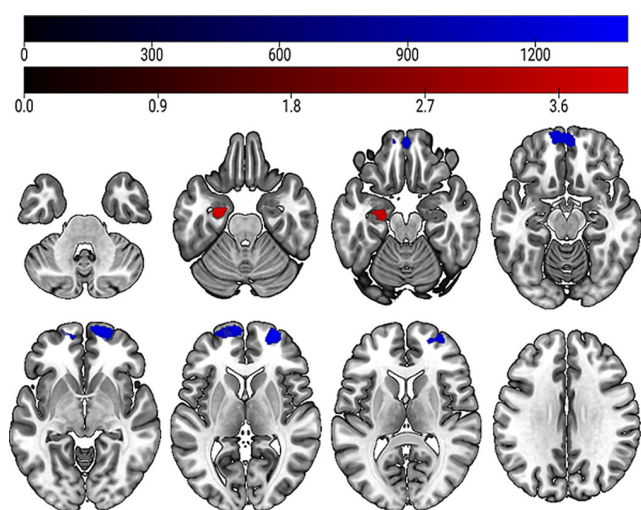
doi: 10.1192/j.eurpsy.2024.572

Introduction: The clinical high-risk state for psychosis (CHR) is associated with alterations in grey matter volume (GMV) in various regions such as the hippocampus (Vissink *et al.* BP:GOS 2022; 2(2) 147-152). Within the scope of the North American Prodrome Longitudinal Study (NAPLS-2; Cannon *et al.* AM J Psychiatry 2016; 173(10), 980-988), a publicly available risk calculator based on clinical variables was developed to assess the likelihood of individuals to transition to psychosis within a 2-year period.

Objectives: In the current study, we aim to examine the association between GMV and NAPLS-2 risk scores calculated for individuals with CHR and recent-onset depression (ROD), taking a transdiagnostic approach on the transition to psychosis.

Methods: The sample consisted of 315 CHR ($M = 23.85$, $SD = \pm 5.64$; female: 164) and 295 ROD ($M = 25.11$, $SD = \pm 6.21$; female: 144) patients from the multi-site Personalised Prognostic Tools for Early Psychosis Management (PRONIA) Study (Koutsouleris *et al.* JAMA Psychiatry 2018; 57(11), 1156-1172). Risk scores were calculated using the six clinical and neurocognitive variables included in the NAPLS-2 risk calculator that were significant for predicting psychosis. Further, we derived smoothed GMV maps from T1-weighted structural magnetic resonance imaging using a full width at half maximum kernel size of 8 mm. We employed a multiple regression design in SPM12 to examine associations between risk scores and GMV. On the whole-brain level, we calculated permutation-based threshold-free cluster enhancement (TFCE) contrasts using the TFCE toolbox. Additionally, we calculated t-contrasts within a region-of-interest (ROI) analysis encompassing the hippocampus. All results were thresholded at $p < 0.05$ with family wise error correction to address multiple comparisons.

Results: Our analysis revealed that linear GMV increases in the right middle and superior frontal gyrus ($k_E = 2726$ voxels) were significantly associated with higher risk for psychosis transition within two years (see figure 1, highlighted in blue). In the ROI analysis, we found a significant negative linear association between GMV decreases in the left hippocampus ($k_E = 353$ voxels) and higher risk for psychosis transition (see figure 1, highlighted in red).

Image:

Conclusions: GMV reductions in the hippocampus have frequently been observed in CHR and psychosis patients (Vissink *et al.* BP:GOS 2022; 2(2) 147-152), therefore our results further highlight the crucial role of this region in the progression of the disease. There is limited evidence on GMV increases in CHR patients. However, the GMV increase we found in the frontal pole may reflect compensatory mechanisms of the brain in the development of psychosis. In addition, we were able to provide biological validation of the NAPLS-2 risk calculator and its assessment of risk for transition to psychosis.

Disclosure of Interest: None Declared

EPP0422

Multivariate associations between psychiatric drug intake and grey matter volume changes in individuals at early stages of psychosis and depression

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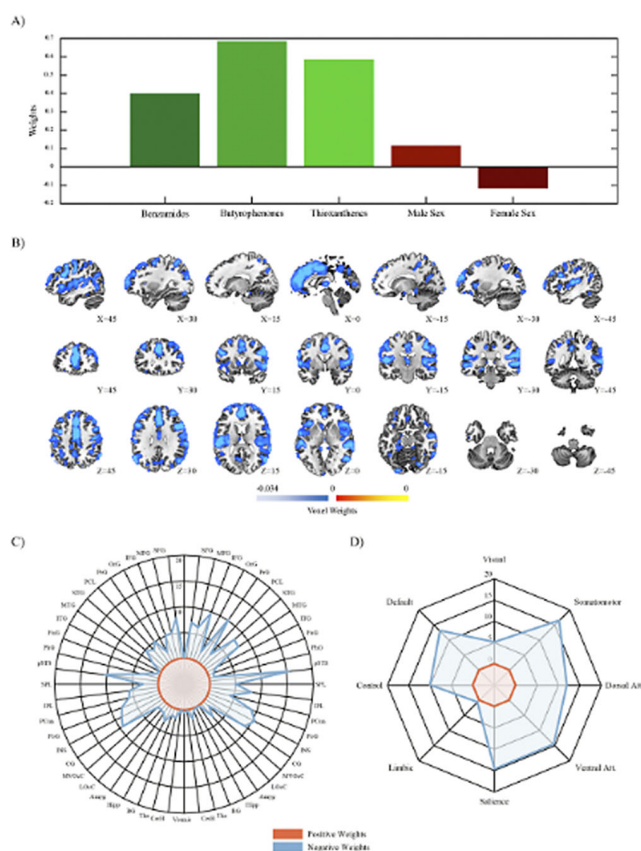
Introduction: Psychiatric drugs, including antipsychotics and antidepressants, are widely prescribed, even in young and adolescent populations at early or subthreshold disease stages. However, their impact on brain structure remains elusive. Elucidating the relationship between psychotropic medication and structural brain changes could enhance the understanding of the potential benefits and risks associated with such treatment.

Objectives: Investigation of the associations between psychiatric drug intake and longitudinal grey matter volume (GMV) changes in a transdiagnostic sample of young individuals at early stages of psychosis or depression using an unbiased data-driven approach.

Methods: The study sample comprised 247 participants (mean [SD] age = 25.06 [6.13] years, 50.61% male), consisting of young, minimally medicated individuals at clinical high-risk states for psychosis, individuals with recent-onset depression or psychosis, and healthy control individuals. Structural magnetic resonance imaging was used to obtain whole-brain voxel-wise GMV for all participants at two timepoints (mean [SD] time between scans = 11.15 [4.93] months). The multivariate sparse partial least squares (SPLS) algorithm (Monteiro *et al.* JNMEDT 2016; 271:182-194) was embedded in a nested cross-validation framework to identify parsimonious associations between the cumulative intake of psychiatric drugs, including commonly prescribed antipsychotics and antidepressants, and change in GMV between both timepoints, while additionally factoring in age, sex, and diagnosis. Furthermore, we correlated the retrieved SPLS results to personality domains (NEO-FFI) and childhood trauma (CTQ).

Results: SPLS analysis revealed significant associations between the antipsychotic classes of benzamides, butyrophenones and thioxanthenes and longitudinal GMV decreases in cortical regions including the insula, posterior superior temporal sulcus as well as cingulate, postcentral, precentral, orbital and frontal gyri (Figure 1A-C). These brain regions corresponded most closely to the dorsal and ventral attention, somatomotor, salience and default network (Figure 1D). Furthermore, the medication signature was negatively associated with the personality domains extraversion, agreeableness and conscientiousness and positively associated with the CTQ domains emotional and physical neglect.

Image:



Conclusions: Psychiatric drug intake over a period of one year was linked to distinct GMV reductions in key cortical hubs. These patterns were already visible in young individuals at early or sub-threshold stages of mental illness and were further linked to childhood neglect and personality traits. Hence, a better and more in-depth understanding of the structural brain implications of medicating young and adolescent individuals might lead to more cautious, sustainable and targeted treatment strategies.

Disclosure of Interest: None Declared

Philosophy and Psychiatry

EPP0423

Humanitarian Love in Values-Based Practice and Health Professionals' Psychosocial Outcomes: Systematic Review

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Introduction: The literature on Values-Based Practice often neglects the significance of love in therapeutic interactions, sometimes treating it as taboo or crossing professional boundaries.

Objectives: This systematic review investigates the role of humanitarian love in the lives of healthcare professionals and its psychosocial impact, aiming to establish it as a core value in values-based practice.

Methods: We conducted a PRISMA 2020-compliant systematic review, searching databases (CINAHL, PubMed, Scopus) from inception to April 3, 2023, using PEO elements: health professionals (P), love (E), psychosocial impact (O). Two independent reviewers conducted screening, data extraction, and bias assessment. A narrative synthesis of the data was applied. The selection process is presented in Figure 1.

Results: Eight articles met the inclusion criteria, comprising 1,948 participants (median age: 28.55). Humanitarian love encompassed compassionate love, self-compassion, and affection. Humanitarian love showed a negative correlation with burnout, compassion fatigue, self-judgment, and secure attachment, while positively correlating with professional well-being, professional commitment, self-care, patience, diversity acceptance, spirituality, self-kindness, and ethical values. Humanitarian love significantly influenced healthcare professionals' psychosocial well-being. The main outcomes are presented in Figure 2.

Image:

Figure 1. PRISMA flowchart of selection process

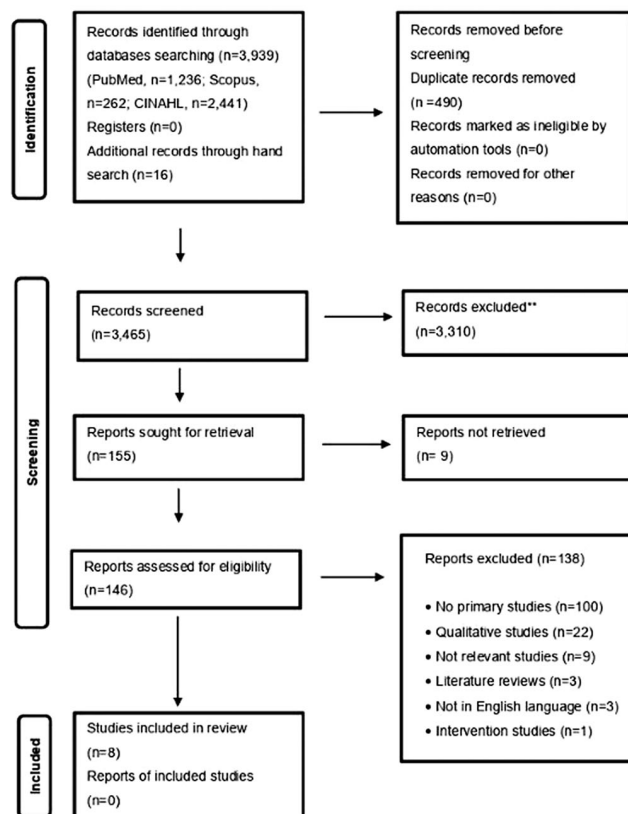
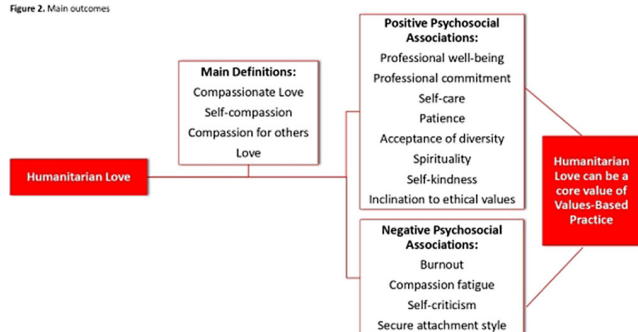


Image 2:

Figure 2. Main outcomes



Conclusions: This review highlights humanitarian love's potential to enhance the psychosocial well-being of healthcare professionals and emphasizes its significance as a core value in values-based practice. Cultivating humanitarian love among healthcare professionals through research and interventions could bolster their resilience, job satisfaction, and overall fulfillment in their roles.

Disclosure of Interest: None Declared

Precision Psychiatry

EPP0424

Treatment adherence across different psychiatric disorders: findings from a large patient cohort

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Introduction: Medication adherence was defined by the WHO as "the extent to which a person's behavior coincides with the medical advice given" (WHO, 2003). Existing literature indicates that approximately 49% of patients with major psychiatric disorders do not fully adhere to their prescribed psychopharmacological therapy (Colom et al, 2002). Non-adherence can lead to partial therapeutic responses or treatment resistance, increased risk of relapse, re-hospitalization, elevated suicide risk, and overall poorer functioning, thereby compromising the patient-doctor therapeutic relationship (Garcia et al, 2016).

Objectives: The aim of the present study was to assess potential differences in terms of clinical features related to adherence to treatment in a large cohort of psychiatric patients of an Italian psychiatric department.

Methods: The study included 307 psychiatric patients, of any gender or age, diagnosed with unipolar depression (UD), bipolar

depression (BD), anxiety disorders (AD), schizophrenic spectrum disorders (SS) or a primary diagnosis of personality disorders (PD), based on DSM-5 criteria. Patients were consecutively recruited from the Department of Psychiatry at Luigi Sacco University Hospital, in Milan. The patient's adherence to treatment was evaluated using the Clinician Rating Scale (CRS), with a cut-off of ≥ 5 defining adherence subgroups (A+: score ≥ 5 ; A-: score < 5). Comparative and predictive analysis were performed for the whole sample and the two adherence subgroups.

Results: Overall, nearly one-third of the whole sample reported suboptimal medication adherence. Specifically, rates were approximately 35.3% and 32.7% for BD and SS, respectively, followed by 30.8% for PD, 28% for AD and, 20.3% for UD (see Figure 1). Patients with A- showed significantly higher current substance abuse (17.8% vs 4.5%, $p < .001$), along with a higher rate of lifetime substance abuse, although with a trend towards significance (31.5% vs 20.5%; $p = .057$). Moreover, the A- group had a significantly higher number of lifetime hospitalizations (1.35 ± 1.8 vs 0.73 ± 1.11 ; $p < .001$) and higher rate of previous psychotropic treatment dropouts compared to the A+ group (90% vs. 36.2%; $p < .001$, see Figure 2).

Image 2:

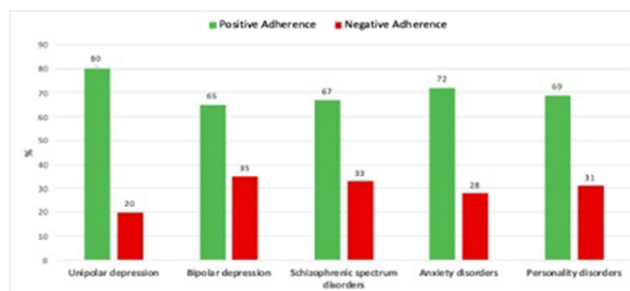


Image 2:



Conclusions: Approximately one-third of the whole sample reported a suboptimal medication adherence, with varying rates across different diagnoses. Current and lifetime substance abuse appears to be an unfavorable transdiagnostic factor. Additionally, severe outcomes such as increased hospitalizations and a more

acute disease presentation are linked to poorer adherence. Recognizing the characteristics of adherence patterns within specific diagnostic categories is crucial for designing precise interventions to enhance patient outcomes and optimize the overall effectiveness of treatment.

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EPP0425

Linking Digital Traits from Facial Expression, Voice, and Head Motion to Montgomery–Åsberg Depression Rating Scale Subscales

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Introduction: The 10-item Montgomery–Åsberg Depression Rating Scale (MADRS) measures different dimensions of depression symptomatology. Digital traits may generate deeper understanding of the MADRS subscales and provide insights about depression symptomatology.

Objectives: To identify digital traits that predict specific MADRS subscales and ascertain which digital traits are important for which MADRS subscales.

Methods: During a Phase II decentralised clinical trial in major depressive disorder (MDD), patients completed the MADRS and used AiCure (LLC, New York, NY, USA), a smartphone application, to complete image description tasks at baseline. Digital measurements identified from the literature as relevant to MDD symptomatology were conducted using audio and video data derived from the image description tasks. Digital measurements included speech (rate, sentiment and first-person singular pronouns), vocal acoustics (intensity, pause fraction and fundamental frequency), facial expressivity (regional facial movement) and head pose (Euclidean and angular head movement). Digital traits analysis involved data pre-processing followed by machine learning (ML) using Elastic Net, Decision Tree, and Random Forest models; model performance was evaluated using 5-fold cross-validation and mean absolute error (MAE). Important digital traits were calculated by percentage change in MAE after permuting a specific variable. Important digital traits for the MADRS Apparent Sadness subscale score were mapped to defined, interpretable domains.

Results: The ML model predictions varied for different MADRS subscales (Table). Overall, Elastic Net and Random Forest models

outperformed Decision Tree across all subscales scores other than suicidal thoughts. Half of the literature-based digital traits contributed to the prediction of ≥ 1 MADRS sadness sub-scale score. The important digital traits for the Apparent Sadness subscale score could be mapped to 4 domains (Figure); this aligned with findings from the literature.

Image:

Table. Machine learning model performance on MADRS Total Score and subscale scores, MAE (standard error)

MADRS Scales (baseline)	Elastic Net	Decision Tree	Random Forest
Apparent Sadness	0.80 (0.10)	1.07 (0.20)	0.83 (0.10)
Concentration Difficulties	0.80 (0.26)	1.01 (0.13)	0.84 (0.10)
Inability to Feel	0.79 (0.16)	1.04 (0.22)	0.81 (0.18)
Inner Tension	0.82 (0.33)	1.05 (0.31)	0.82 (0.33)
Lassitude	0.78 (0.20)	0.92 (0.30)	0.77 (0.16)
Pessimistic Thoughts	0.87 (0.16)	1.03 (0.21)	0.85 (0.22)
Reduced Appetite	0.85 (0.32)	0.75 (0.08)	0.75 (0.26)
Reduced Sleep	0.82 (0.11)	0.81 (0.24)	0.81 (0.13)
Reported Sadness	0.61 (0.24)	0.72 (0.25)	0.60 (0.27)
Suicidal Thoughts	0.97 (0.13)	0.88 (0.22)	0.98 (0.08)
MADRS Total	0.83 (0.14)	0.96 (0.20)	0.85 (0.17)

Green text indicates best performance (MAE [SE]) across the three machine learning methods for each subscale; highlighted text indicates subscales with top three lowest total MAE (SE).

MADRS: Montgomery–Åsberg Depression Rating Scale; MAE, mean absolute error; SE, standard error

Image 2:

Figure. Important traits for MADRS Apparent Sadness subscale score at baseline



Conclusions: Digital traits collected from patients with MDD were able to predict certain MADRS subscales better than others.

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Disclosure of Interest: Z. Zhu Employee of: Boehringer Ingelheim Pharmaceuticals, Inc., Y. Wu Employee of: Boehringer Ingelheim Pharmaceuticals, Inc., J. Seidel Employee of: Boehringer Ingelheim International GmbH, D. Roy Employee of: Boehringer Ingelheim Pharmaceuticals, Inc., E. Salzmänn Employee of: Boehringer Ingelheim International GmbH

Philosophy and Psychiatry

EPP0427

Exploring the Philosophy of Mind and Its Implications for Psychiatry

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Introduction: Philosophy of mind grapples with fundamental questions concerning the Consciousness, the Mind-body problem, the Identity, and Free will (as opposed to Determinism). In the context of psychiatry, this philosophical groundwork provides a conceptual framework for comprehending the intricate workings of the human psyche.

Objectives: We aim to discuss how the philosophical investigation of the mind influence and enhance psychiatrists understanding of psychiatric disorders and patient-centered care.

Methods: Review of the literature.

Results: Philosophy of mind explores what it means to be conscious and the nature of subjective experience. This includes questions about the “hard problem” of consciousness, that refers to the difficulty of explaining why and how physical processes in the brain give rise to subjective, first-person experiences (or qualia). The “hard problem” posits that even if we knew everything about the brain’s physical processes and how they relate to cognitive functions, we would still lack an explanation for why these processes give rise to subjective consciousness. Psychiatry often deals with individuals who experience disturbances in their subjective conscious experiences, so the “hard problem” perspective allows psychiatrists to appreciate the diversity of conscious experiences and to empathize with their patients’ unique mental worlds.

Related with the previous topic is the mind-body problem. The elucidation of this problem highlights the challenge of reconciling mental phenomena with neurobiological processes. Integrating philosophical notions of dualism, materialism, and emergentism into psychiatric practice is essential for addressing the holistic nature of mental health.

Concerning to philosophical perspectives on personal identity, questions about the continuity of identity, selfhood, and the role of narrative in shaping one’s sense of self contribute to a deeper understanding of disorders like dissociative identity disorder, borderline personality disorder and even psychosis.

Furthermore, philosophical discussions on free will and determinism are pertinent to psychiatric ethics and the treatment of individuals with behavioral disorders, informing the ethical considerations surrounding involuntary psychiatric hospitalization, medication administration, and the delicate balance between autonomy and paternalism in psychiatric care.

Conclusions: Philosophy of mind provides psychiatry with a rich conceptual landscape, offering insights into the nature of mental phenomena. As our understanding of the brain and consciousness continues to evolve, the philosophy of mind remains an evolving area of philosophical inquiry.

Disclosure of Interest: None Declared

EPP0429

Teaching clinical phenomenology in a post-graduate medical training program

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Introduction: Patient care suffers when practitioners do not understand the patient’s experience of the illness. This is especially true in psychiatry relative to patients having learned the jargon and studying the diagnostic criteria for various mental disorders using internet search engines, especially Google. Patients more commonly present with a list of symptoms that match the checklist for their self-diagnosis. Their experience may be quite different from the words they use to present their symptoms to medical personnel. More than ever, psychiatric providers need to unpack the words their patients use to discover the actual experience. K. Toombs has written exquisitely about clinical phenomenology in the context of her diagnosis of multiple sclerosis and her negotiation of a medical system that largely ignored her lived experience. This algorithmic, checklist approach to human suffering derives from an understanding of clinical practice in which the practitioner applies scientific knowledge of the bodily processes of diseases, recognizing those diseases by inquiring about the presence of symptoms characterizing those diseases and then rendering treatments based upon statistical studies (preferably randomized, controlled trials) of large groups of individuals. Within this approach, little need exists to encounter the person with the disease as an actual human being, an Other in the sense of Levinas. This approach suffers because even history-taking requires an encounter with an Other in which the internal, private experience of this Other must be heard and made part of the clinical process. This approach can ignore the role of the doctor-patient relationship and the clinical encounter in symptom relief.

Objectives: To describe an educational program in clinical phenomenology that was well received by trainees who rated that it improved their practice.

Methods: In this presentation, we will describe our efforts at teaching clinical phenomenology and psychiatry within a residency training program, in which we encourage trainees to develop deeper listening skills through conducting life story interviews, motivational interviewing techniques, and narrative approaches in which they search for the metaphors underlying the patients’ illness. We will describe factors influencing trainees’ acceptance or rejection of these approaches and the change in the culture of our training program and clinic that have arisen from their implementation.

Results: One hundred and twenty residents have taken this course. Eighty-eight percent reported improved clinical skills and ability to relate to patients.

Conclusions: The practice of medicine does not exist independently from the relationships in which medicine is practiced and a thorough understanding of the lived experience and experience of the patient is necessary for accurate diagnosis, psychiatric or medical, and for discovery of a treatment approach with the patient.

Disclosure of Interest: None Declared

Precision Psychiatry

EPP0430

Antioxidant and metabolic adjunctive treatment in late onset psychosis

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Introduction: Basing on our previous findings of significant additional gain obtained from usage of adjunctive antioxidant medicine added to antipsychotic+antidepressant therapy in late-onset schizophrenia-like psychoses (LOP), the group often suffering of comorbid pathologies and experiencing substantial side-effects of drugs, we spread our approach to try "metabolic" medicines as adjunctives in LOP.

Objectives: To reveal biochemical parameters of the blood cells which might be used for distinguishing subgroups of patients suffering with LOP for whom various adjunctive therapy (antioxidant, metabolic) would be advantageous.

Methods: The study included 59 patients 50-89 years old, with LOP (onset after 40 years), and 38 healthy peoples 51 – 84 years old. The activities of glutamate dehydrogenase (GDH), glutathione reductase (GR), and glutathione S-transferase (GST) were determined spectrophotometrically in erythrocytes and platelets. Scores by PANSS were evaluated twice: before and on the 28-th day of antipsychotic treatment.

Results: Samples from control group were used for determination of the control ranges for levels of studied enzymatic activities. Enzymatic activity levels were analyzed in three groups of patients: group Gr1 (n=16) treated without adjunctive therapy, and two other groups (Gr2 and Gr3) treated with adjunctive medicines: antioxidant 2-ethyl-6-methyl-3-hydroxypyridine succinate (Gr2, n=20), or "metabolic" medicines citicoline/cerebrolysin/cortexin/actovegin/gliatilin (Gr3, n=23).

As compared with controls, activity of erythrocyte GR was decreased at baseline and after the treatment course in all patients' groups ($p < 0.01$); in Gr2 significant decreases in baseline platelet GDH and GST activities were observed ($p = 0.005$). Different significant links between biochemical parameters and scores by clinical scales before treatment were observed: in Gr1, erythrocyte GST activity positively correlated with scores by PANSS-Neg ($R = 0.61$, $p = 0.012$), by PANSS-Psy ($R = 0.54$, $p = 0.032$), and by PANSS ($R = 0.62$, $p = 0.010$), in Gr2, erythrocyte GST activity positively correlated with scores by PANSS-Pos ($R = 0.53$, $p = 0.016$), by PANSS-Psy ($R = 0.52$, $p = 0.015$), and by PANSS ($R = 0.60$, $p = 0.005$), in Gr3, platelet GR activity positively correlated with PANSS-Pos ($R = 0.50$, $p = 0.014$).

Conclusions: We have confirmed the additional favor (decrease in side-effect severity) obtained by distinct patient groups when treated with adjunctive antioxidant or "metabolic" therapy. Moreover, correlations revealed in the patient subgroups between enzymatic activities and scores by psychometric scales enable revealing those biochemical markers measurement of which facilitate

differentiating the patients for whom the adjunctive medicines to antipsychotic+antioxidant treatment can positively influence the treatment outcome.

Disclosure of Interest: None Declared

Psychoneuroimmunology

EPP0431

M2 macrophage-derived soluble factors enhance neuronal density in the frontal cortex of depression-like mice

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Introduction: Chronic inflammation in depression is associated with decreased levels of neurotrophic factors and suppressed neurogenesis. We have previously shown that intranasal therapy with soluble factors from M2 macrophages polarized by interaction with apoptotic cells in serum deprivation conditions (M2(LS); LS - low serum) and characterized by anti-inflammatory and pro-regenerative activity leads to the correction of the behavioral pattern in mice with a depression-like state.

Objectives: The present study focuses on the effect of M2(LS) macrophages on neuronal density in the frontal cortex and hippocampus of depression-like mice.

Methods: Depressive-like state was formed in passive male mice (CBAx57Bl/6J) as a result of repeated experience of defeat in agonistic interactions with aggressive partner during 20 days (the sensory contact model). Depression-like mice were then treated intranasally with M2(LS) macrophages conditioned medium for 7 days. After that, the number of mature neurons in the frontal cortex and hippocampus was assessed using Nissl staining.

Results: The neuronal density in the pyramidal layer of the frontal cortex was significantly lower in depression-like mice than that in the intact control group of mice ($p = 0.047$). At the same time, the number of neurons in the experimental group of mice that received soluble M2(LS) factors, was higher than that in depressive-like untreated control mice ($p = 0.003$) and was comparable to that in the intact group of mice. At the same time the neuronal density in the CA1 and CA3 hippocampal areas did not change in depression-like mice following intranasal treatment with conditioned medium of M2(LS) macrophages.

Conclusions: The data obtained may indicate the neuroprotective effect of M2(LS) macrophages in the stress-induced depression model, which is realized through soluble factors and manifests itself in an increase of the pyramidal neurons density in the frontal cortex.

Disclosure of Interest: None Declared

EPP0432

Plasma concentrations of IL-8, IFN-γ and IL-1β in schizophrenia patients with subgroup analysis of first episode drug naïve patients

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Introduction: Increased plasma concentrations of proinflammatory cytokines are found in chronic schizophrenia patients, patients with first episode and in individuals with high risk for psychosis. The most replicated findings are increased concentrations of IL-6, TNF-α and IL-1β through different phases of the disorder while the results for two important proinflammatory cytokines IL8 and IFN-γ were not consistent.

Objectives: Primary objective of this study was to assess differences in concentrations of IL-8, IFN-γ and IL-1β between schizophrenia patients and healthy controls, Secondary objective was to explore differences in first episode drug naïve patients.

Methods: We measured plasma concentrations of IL-8, IFN-γ and IL-1β in 64 healthy controls and 64 schizophrenia patients during acute exacerbation and remission phase. 25% were drug naïve first episode schizophrenia patients. The patients were matched by age, sex and body mass index and exclusion criteria included obesity class 2 or higher, any concomitant organic mental or neurological disorder, acute or chronic inflammatory disease, and use of immunomodulatory drugs or psychoactive substances.

Results: Levels of IL-8 were significantly lower in patients with schizophrenia in acute phase and remission compared to healthy controls (p=0,009 for acute phase and p=0,020 for remission). There was no significant difference in the levels of INF-γ and IL-β between schizophrenia in acute phase and remission and healthy controls (p>0,05). In schizophrenia patients there was no difference in the levels of INF-γ, IL-β and IL-8 between acute phase, remission and healthy controls (p>0,05). There was no difference in plasma levels of IL-8, IFN-γ and IL-1β between first episode drug naïve and previously treated schizophrenia patients.

Conclusions: Our research did not find disturbance of plasma levels of IFN-γ and IL-1β in schizophrenia patients, although the increase of IL-1β was the most replicated finding up to date. Interestingly and contrary to expected the finding of significantly decreased levels of IL-8 in schizophrenia patients requires further research since IL-8 plays a vital role in the inflammatory pathway and may be implicated in cognitive dysfunction.

Disclosure of Interest: None Declared

EPP0433

Association of anti-thyroid autoantibodies with neuropsychiatric features in patients with affective and schizophrenia spectrum disorders

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Introduction: A growing body of evidence has shown the association between autoimmune thyroiditis and mental illness (Rege *et al.* AUS N J S Psychiatry 2013; 300 141-154). Identifying the neuropsychiatric features associated with thyroid antibody positivity could have significant implications for diagnostic and therapeutic strategies. However, the link between anti-thyroid antibodies and precise underlying pathophysiology requires future research.

Objectives: The aim of the present study was to conduct a retrospective evolution in patients diagnosed with schizophrenia spectrum disorder and affective disorder who were screened for anti-thyroid antibodies at the time of their hospitalization and to investigate neuropsychiatric features of anti-thyroid antibody-positive patients.

Methods: A total of 143 inpatients diagnosed with schizophrenia spectrum disorders and affective disorders between 2021 and 2023 were screened for anti-thyroid antibodies such as thyroid peroxidase (TPO) and thyroglobulin (TG). All patients were women. In order to elucidate the subsequent neuropsychiatric clinical features of individuals with positive anti-thyroid antibodies, the retrospective examination was conducted based on Neuropsychiatric Inventory-Q (NPI-Q) and DSM-V diagnostic criteria utilized at the time of hospitalization.

Results: The main age of the patients was 48.2 (SD 10.4). A total of 143 inpatients with schizophrenia spectrum disorders and affective disorders were screened for anti-thyroid antibodies at the time of their hospitalizations. %23.1 (n=33) tested positive for at least one of the anti-TG or anti-TPO. All patients were euthyroid. The neuropsychiatric diagnoses are shown in Table 1. The most common neuropsychiatric features assessed by NPI-Q are shown in Table 2. 12.1% (n=4) of all patients were treated with IV steroid Pulse therapy.

Table 1. Neuropsychiatric syndrom-level diagnostic patterns according to DSM-V

Patients with positive thyroid autoantibodies (n=33)	
Manic syndrome	10 (30.3%)
Psychotic Syndrome	19 (57.6%)
Depression syndrome	5 (15.2%)
Catatonia	10 (30.3%)
Exited	6 (18.2%)
Stuporus	2 (6.1%)
Fluctuating	2 (6.1%)

Table 2. The most common clusters of Neuropsychiatric features

NPI-Q	Positive Thyroid Autoantibodies (n=33)
Delusion	15 (45.4%)
Agitation/Aggression	14 (42.4%)
Irritability	14 (42.4%)
Motor abnormality	14 (42.4%)
Sleep disorder	15 (45.4%)
Appetite/Eating	14 (42.4%)

Conclusions: In particular, in a subset of schizophrenia spectrum disorder or affective disorder patients with positive anti-thyroid antibodies may indicate autoimmunity, especially in cases where catatonic symptoms dominate the clinical presentation.

Disclosure of Interest: None Declared

EPP0434

Features of the spectrum of immune markers in patients with juvenile depression with clinically high risk of psychosis

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Introduction: Identification of biomarkers associated with the risk of psychosis manifestation in juvenile patients with depression may contribute to a better understanding of the pathogenesis of mental disorders and early diagnosis.

Objectives: To determine the level of pro-inflammatory and anti-inflammatory cytokines and other inflammatory indicators in the plasma of juvenile patients with depression and clinically high risk of psychosis, and to study the correlation of these markers with the severity of psychopathologic symptoms.

Methods: 80 young men aged 16-24 years with the first depressive episode (F32.1-2, F32.38, F32.8) were examined. Based on the severity of attenuated psychotic symptoms (APS) in the structure of depression according to the SOPS scale, all patients were divided into two groups - with clinically high risk of psychosis (n=58) and with depression without APS (n=22). The HDRS-21 and SANS scales were also used for psychometric assessment. Serum level of cytokines TNF- α , IL-6, IL-8, IL-10, TNF- α /IL-6 ratio, TNF- α /IL-10 ratio, leukocyte elastase (LE) and α 1-proteinase inhibitor (α 1-PI) activity, C-reactive protein (CRP) concentration, and the level of autoantibodies to S-100B protein were determined.

Results: Both groups of patients showed a high level of inflammation assessed by LE and α 1-PI activity ($p>0.05$). Significantly higher level of IL-6 ($p=0.03$), CRP concentration ($p=0.026$) and TNF- α /IL-10 ratio ($p=0.032$) were found in patients with clinically high risk of psychosis. This group was also characterised by high level of autoantibodies to the S-100B protein compared to patients with depression without APS ($p=0.048$).

In the high clinical risk group, correlations were found between the SOPS positive subscale score and the level of TNF- α ($R=0.32$, $p=0.017$), IL-8 ($R=-0.3$, $p=0.034$), TNF- α /IL-6 ratio ($R=0.30$, $p=0.021$) and TNF- α /IL-10 ratio ($R=0.32$, $p=0.014$). The SOPS negative subscale score correlated with CRP concentration ($R=0.3$, $p=0.043$). The SOPS total score correlated with TNF- α /IL-10 ratio ($R=0.31$, $p=0.021$). In this group of patients, the level of IL-10 was found to correlate with the duration of the disease ($R=0.48$, $p<0.001$). In patients with depression without APS, the level of IL-6 was correlated with the severity of depression according to the HDRS scale, and the level of TNF- α was associated with the duration of the depressive episode ($R=0.51$, $p=0.029$).

Conclusions: The obtained results confirm the involvement of inflammation in the development of juvenile depression. Qualitative and quantitative characteristics of the spectrum of immune markers and the cytokine profile, and correlations with the severity of psychopathologic symptoms were revealed in patients with clinically high risk of psychosis.

Disclosure of Interest: None Declared

EPP0435

Immunological predictors of rhythmic transcranial magnetic stimulation (rTMS) efficiency in patients with treatment-resistant schizophrenia

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Introduction: Model and clinical studies demonstrate the efficiency of rhythmic transcranial magnetic stimulation (rTMS) in diseases associated with neuroinflammation. The therapeutic potential of rTMS is related to modulation of neuroplasticity in the CNS, activation of neurogenesis and reduction of neuroinflammatory processes. Presumably, one of the factors that determines the efficiency of rTMS can be the features of the immune status of patients.

Objectives: To reveal the features of the spectrum of inflammatory markers in patients with treatment-resistant schizophrenia with different efficiency of rTMS.

Methods: 31 male patients aged 16 to 47 years (mean age 29.9 ± 8.4 years) with treatment-resistant schizophrenia who developed a first psychotic episode in adolescence (19-25 years) were examined. The course of rTMS was conducted for 3 weeks (15 sessions). Depending on the dynamics of clinical and psychometric parameters after the course of rTMS, the patients were divided into three groups: group 1 - with worsening of clinical condition (n=8); group 2 - without therapeutic effect (n=12); group 3 - with good therapeutic response (n=11). Before rTMS, leukocyte elastase (LE) and α 1-proteinase inhibitor (α 1-PI) activity, and the levels of autoantibodies to S-100B protein and myelin basic protein (MBP) in the plasma of patients were determined. The parameters of 18 healthy male donors without clinical signs of psychiatric and somatic pathology were used as controls.

Results: All groups of patients were characterised by moderate and high levels of immune system activation, determined by a complex of inflammatory and autoimmune markers. At the same time, the high level of immune system activation in patients with low MTR efficiency was associated with low LE activity in plasma (within the reference range or below the lower limit - 200.6 (168.5- 220.3) nmol/min·mL), which was not consistent with the overall level of inflammation. This group of patients also showed high levels of antibodies to MBP compared to control values ($p < 0.05$). The low LE activity can be explained by the transmigration of neutrophils from the blood to the brain due to a critical increase in the permeability of the blood-brain barrier, which is largely controlled by LE.

Conclusions: The study confirmed the participation of immune mechanisms in the formation of therapeutic resistance in schizophrenia and revealed the characteristics of the spectrum of immune markers in patients with low efficiency of rTMS.

Disclosure of Interest: None Declared

EPP0436

Connection of molecular and cellular components of the immune system in endogenous psychoses with depressive-delusional symptoms

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Introduction: The data of current research indicate the participation of systemic inflammation in the pathogenesis of endogenous psychoses. Changes in the level of peripheral immune markers are associated with the development of neuroinflammation and correlate with the severity of psychopathological symptoms detected in patients. However, the association between individual components of the immune system involved in the development of endogenous psychosis remains poorly understood.

Objectives: To study the connection between molecular and cellular components of the immune system in women with endogenous psychoses with depressive-delusional symptoms.

Methods: 32 female patients aged 23 [17; 36] years with endogenous psychoses within different nosologies (F20, F21, F31, depressive-delusional conditions) and 17 women without clinical signs of psychiatric pathology were examined. The activity of leukocyte elastase (LE), $\alpha 1$ -proteinase inhibitor ($\alpha 1$ -PI), the proportion of four subpopulations of monocytes (classical CD14+CD16-, intermediate CD14++CD16+, nonclassical CD14+CD16+ and transitional CD14+CD16-) in plasma, activity of cytochrome-c oxidase (COX), glutamate dehydrogenase (GDH), glutathione s-transferase (GST) and glutathione reductase (GR) in platelets and functional activity of complement system (faCS) in serum were determined. The PANSS scale was used to assess the severity of psychopathological symptoms.

Results: Increased activity of the inflammatory markers LE ($p = 0.033$) and $\alpha 1$ -PI ($p = 0.02$) was found in the plasma of the patients. Increased percentage of pro-inflammatory monocytes

(intermediate and transient) in plasma ($p = 0.003$) was confirmed by negative correlations between CD14++CD16- and CD14+CD16+ ($R = -0.685$, $p = 0.00002$), CD14++CD16- and CD14+CD16- ($R = -0.608$, $p = 0.0002$), CD14++CD16- and CD14+CD16+ ($R = -0.424$, $p = 0.002$). A decrease in GDH activity ($p = 0.0079$), GST activity ($p = 0.002$) and GR activity ($p = 0.0006$) was observed in patient platelets, which can reflect changes in the activity of intracellular metabolic pathways. A positive correlation was found between COX activity and $\alpha 1$ -PI ($R = 0.51$, $p = 0.025$). A significant decrease in faCS compared to control ($p = 0.0003$) and a negative correlation between faCS and GST activity ($R = -0.496$, $p = 0.011$) were observed. faCS was positively correlated with the degree of reduction in the PANSS score ($R = 0.416$, $p = 0.038$).

Conclusions: The revealed connection between molecular and cellular components of the immune system in patients with endogenous psychoses reflect activation of the systemic inflammatory response accompanied by changes in the ratio of monocyte subpopulations and impaired regulation of the complement system. The data obtained can be used to develop methods of monitoring patients taking into account their immunological features.

Disclosure of Interest: None Declared

EPP0437

Logistic regression model for the prediction of asthenia development in schizophrenia based on inflammatory blood markers

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Introduction: According to a number of authors, inflammation is involved in the development of asthenic syndrome in different diseases. The results of our own studies indicate that the main feature of the spectrum of inflammatory markers in patients with asthenic syndrome in schizophrenia is low enzymatic activity of leukocyte elastase against the background of high levels of other inflammatory markers. Presumably, the decrease in LE activity may be associated with functional exhaustion of neutrophils and/or their transmigration to the brain through the disrupted blood-brain barrier due to a long-term chronic inflammatory process.

Objectives: To create a logistic regression model for predicting the development of asthenia in schizophrenia based on the analysis of the association between leukocyte elastase (LE) and $\alpha 1$ -proteinase inhibitor ($\alpha 1$ -PI) activity in blood plasma.

Methods: A database including clinical and demographic parameters (ICD-10 diagnosis, duration of the disease, psychometric evaluation according to the PANSS and MFI-20 scales, sex and age) and immunological parameters (enzymatic activity of LE and functional activity of $\alpha 1$ -PI in blood plasma) of 95 patients from 22 to 55 years old with paroxysmal-progressive (F20.x1) and paranoid (F20.00) schizophrenia was used to construct the model. An asthenic symptom complex was diagnosed in 61 patients.

Results: A binary logistic regression model linking the probability of developing asthenia to LE and $\alpha 1$ -PI activity was constructed by analyzing a database of patients with schizophrenia.

$P = 1 / (1 + \exp [-(11.71 - 0.057 \cdot LE + 0.027 \cdot \alpha 1\text{-PI})])$ (2), where

P is the probability of asthenia development; exp is the base of the natural logarithm; 11.71 is the regression constant; 0.057 is the coefficient for LE; 0.027 is the coefficient for α 1-PI.

This model adequately describes the clinical data and has good predictive ability (sensitivity - 93.44%, specificity - 76.47%, AUC - 0.89).

Conclusions: A binary logistic regression model was created to predict the development of asthenia in schizophrenia using immunological parameters LE and α 1-PI. The model is highly effective and can complement clinical examination of patients with schizophrenia, contributing to the objective diagnosis of asthenic syndrome and, consequently, timely therapeutic correction.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP0439

Hungarian adaptation of the Honest Open Proud program

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Introduction: The Honest, Open, Proud (HOP) program is an effective peer-led group program to support people with mental health problems in their disclosure to manage self and public stigma. The HOP program will be integrated into the National Anti-stigma Program in Hungary, which was initiated in 2020.

Objectives: Our goal was to develop the Hungarian version of the HOP program. We conducted the following measures to achieve our aim.

Methods: The adaptation process was conducted using community-based participatory research (CBPR) between September 2022 and January 2023. Over ten sessions, a group of eight individuals, consisting of both males and females with varying mental health conditions (mean age = 39.6 ± 8.5), participated in the online-led CBPR. The adaptation process was systematically documented, and regular supervision was provided.

Results: The program comprises three lessons and a follow-up section. We have translated the text of the manual and workbook into Hungarian and adjusted the tone, language, locations, and examples as per the Hungarian context. Although our adaptation process did not involve changes to the content and implementation strategies, we will perform structural modifications and adjustments to ensure the content is suitable for the predefined number of sessions and Hungarian participants.

Conclusions: The HOP could be feasibly implemented in the National Anti-stigma Program in Hungary; both online and in-person programs are planned. Given the lack of such a program

in Hungary, it will likely be warmly welcomed and strongly supported for the benefit of people with mental health problems.

Disclosure of Interest: D. Őri Grant / Research support from: Fulbright Association supported research, P. Corrigan: None Declared

EPP0440

Gestational age and sex interaction and risk for autism spectrum disorder in extremely preterm newborns: an 18-month follow-up study

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Introduction: Extremely preterm newborns - EPTN (born ≤ 28 weeks gestational age) are at increased risk of developing autism spectrum disorders (ASD). Demographic and perinatal risk factors associated with ASD risk in EPTN are understudied.

Objectives: (i) In EPTN and born at full-term healthy controls (HC), to characterize the emergence of ASD traits and autistic symptom load at age 18 months; (ii) in EPTN, to identify the influence of perinatal characteristics such as sex and gestational age on autistic symptom load at corrected-age 18 months.

Methods: Observational, longitudinal, prospective, 18-month follow-up study. We recruited a cohort of n=113 EPTN and n=47 HC (the PremTEA cohort); n=57 EPTN and n=42 HC successfully completed the 18-month follow-up visit. We assessed autistic symptom load & risk at 18 months using the M-CHAT-R/F questionnaire. For all EPTN and HC, we collected demographic and perinatal data. Using GLMs, we assessed, in EPTN, the association between demographic/perinatal variables and 18-month autistic symptom levels.

Results: At 18 months, EPTN children showed higher autistic symptom levels than HC (M-CHAT-R/F score, mean (SD) [range] = 2.21 (3.23) [0-12] in EPTN vs. 0.33 (0.57) [0-2] in HC; $d=.873$, $p=.001$). In EPTN, we identified differences by gestational age and sex in autistic symptom levels at 18 months ($aR^2=.517$, $p=.006$). In particular, female EPTNs born with lower gestational age showed higher autistic symptom load at age 18 months.

Conclusions: Our findings support the need for early screening of ASD symptomatology in EPTN infants, particularly in higher-risk subgroups, such as female patients born with lower gestational ages.

Disclosure of Interest: None Declared

Quality Management

EPP0441

Comparative Financial Implications of Outpatient and Inpatient Service of the Psychiatric Department in General Hospital during the COVID-19 Pandemic in Taiwan: Case Report

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Introduction: The COVID-19 pandemic has stressed global healthcare systems, with Taiwan's National Health Insurance (NHI) playing a crucial role in prevention and treatment. Like other countries, Taiwan grappled with managing the virus alongside regular healthcare services, resulting in notable financial strain on hospitals after COVID-19 pandemic.

Objectives: This study explores the financial implications of the psychiatric department at a medical center in Taiwan, highlighting the changing dynamics of healthcare costs and revenue during this period.

Methods: Data were collected monthly between January 2020 and September 2022, including the number of outpatient visits, inpatient patient-days, medical revenue, medical costs, and gross medical profit. Multivariate linear regression analysis confirmed the assumptions of the model and validated the findings.

Results: Regression analysis revealed a significant correlation between the number of patients and financial indicators (USD¹). Medical revenue (**Table. 1**), grew by 82 USD for each outpatient visit ($p < 0.001$, 95% CI: 41–122), and grew by 70 USD for each inpatient-days ($p = 0.001$, 95% CI: 31–108). Medical costs (**Table. 2**), increased by 59 USD for every inpatient-days ($p = 0.01$, 95% CI: 15–102). Finally, the gross medical profits (**Table. 3**) increased by 72 USD for each outpatient visit ($p = 0.003$, 95% CI: 27–117).

Table 1. Multiple linear regression analysis of the impact of medical service on medical revenue.

Revenue	Coef.	SE	t	p	[95% Conf. Interval]	
Outpatient (Visits)	82	20	4.136	.000	41	122
Inpatient (Patient Days)	70	19	3.664	.001	31	108

Table 2. Multiple linear regression analysis of the impact of medical service on medical cost.

Cost	Coef.	SE	t	p	[95% Conf. Interval]	
Outpatient (Visits)	9	22	0.422	.676	-36	55
Inpatient (Patient Days)	59	21	2.757	.010	15	102

Table 3. Multiple linear regression analysis of the impact of medical service on medical gross profit.

Gross Profit	Coef.	SE	t	p	[95% Conf. Interval]	
Outpatient (Visits)	72	22	3.261	.003	27	117
Inpatient (Patient Days)	11	21	0.501	.620	-33	54

¹All values were converted from TWD to USD using the rate as of 2023/08/15.

In summary, outpatient visits significantly augmented revenue and gross profit, whereas inpatient days led to heightened revenue and costs.

Conclusions: During the COVID-19 outbreak, healthcare systems, including those in Taiwan, were tested for unparalleled service challenges. This study found that while outpatient services boosted profits, rising inpatient admissions strained finances, given their higher costs and staffing needs. After the pandemic, psychiatric departments should reconsider resource allocation to balance expenses and revenues. Effective management is crucial for patient outcomes, emphasizing the need for quality care and fiscal control. Future research must focus on fortifying healthcare resilience.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP0442

Conduct problems, hyperactivity, and screen time among community youth: Can mindfulness help?

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Introduction: While technology continues to evolve and the prevalence of screen-based activities is rising, limited studies have investigated the effect of various types of screen time on youth behavioural problems. Further, the influence of mindfulness intervention programs on behavioural problems beyond hyperactivity is largely understudied.

Objectives: This study aims to address a research gap by examining the associations between four types of screen time and hyperactivity and conduct problems among community youth during the pandemic. The current study also aimed to investigate the efficacy of a mindfulness-based intervention in reducing hyperactivity and conduct problems.

Methods: Community youth aged 12-25 from Ontario, Canada, were recruited between April 2021 and April 2022 ($n = 117$, mean age = 16.82, male = 22%, non-White = 21%). The Mindfulness Ambassador Program, a structured, 12-week, evidence-based intervention program, was offered live, online and led by two MAP-certified facilitators. We conducted linear regression analyses using pre-intervention data to examine the unique association between the four types of screen time and behavioural problems (hyperactivity and conduct problems). The efficacy of the MAP

on adolescent hyperactivity and conduct problems was examined considering the three survey time points (pre-, post-, and follow-up) using a series of linear regression models utilizing the Generalized Least Squares (GLS) Maximum Likelihood (ML), unstructured model.

Results: The average score for conduct problems was classified within the normal range, while the average score for hyperactivity was considered borderline at baseline. More than 5 hours of playing video games were significantly associated with increased conduct problems [$\beta = -1.75$, 95% CI = -0.20 – 3.30, $p = 0.03$]. Accounting for age, sex, baseline mental health status, and screen time, the mindfulness intervention program significantly contributed to decreased hyperactivity at post-intervention compared to the baseline [$\beta = -0.49$, 95% CI = -0.91 to -0.08, $p = 0.02$]. It was maintained at follow-up [$\beta = -0.64$, 95% CI = -1.26 to -0.03, $p = 0.04$].

Conclusions: Our findings suggest an adverse impact of excessive video gaming on behavioural problems among community youth and confirm that the trend remains the same. Considering the simplicity, brevity, non-invasive nature and other mental health benefits of the mindfulness intervention, we argue that the results are promising and worthy of further study and larger-scale implementation. Clinicians, parents, and educators should work collaboratively to provide developmentally appropriate strategies to moderate screen time spent on video games among youth.

Disclosure of Interest: None Declared

EPP0443

Interventions targeting social determinants of mental disorders and the Sustainable Development Goals: A systematic review of reviews

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Introduction: Globally, mental disorders account for almost 20% of disease burden and there is growing evidence that mental disorders are associated with various social determinants. Tackling the United Nations Sustainable Development Goals (UN SDGs), which address known social determinants of mental disorders, may be an effective way to reduce the global burden of mental disorders.

Objectives: To examine the evidence base for interventions that seek to improve mental health through targeting the social determinants of mental disorders.

Methods: We conducted a systematic review of reviews, using a five-domain conceptual framework which aligns with the UN SDGs (PROSPERO registration: CRD42022361534). PubMed, PsycInfo, and Scopus were searched from 01 January 2012 until 05 October 2022. Citation follow-up and expert consultation were used to identify additional studies. Systematic reviews including interventions seeking to change or improve a social determinant of mental disorders were eligible for inclusion. Study screening, selection, data extraction, and quality appraisal were conducted in accordance with PRISMA guidelines. The AMSTAR-2 was used to assess included reviews and results were narratively synthesised.

Results: Over 20,000 records were screened, and 101 eligible reviews were included. Most reviews were of low, or critically low, quality. Reviews included interventions which targeted socio-cultural ($n = 31$), economic ($n = 24$), environmental ($n = 19$), demographic ($n = 15$), and neighbourhood ($n = 8$) determinants of mental disorders. Interventions demonstrating the greatest promise for improved mental health from high and moderate quality reviews ($n = 37$) included: digital and brief advocacy interventions for female survivors of intimate partner violence; cash transfers for people in low-middle-income countries; improved work schedules, parenting programs, and job clubs in the work environment; psychosocial support programs for vulnerable individuals following environmental events; and social and emotional learning programs for school students. Few effective neighbourhood-level interventions were identified.

Conclusions: This review presents interventions with the strongest evidence base for the prevention of mental disorders and highlights synergies where addressing the UN SDGs can be beneficial for mental health. A range of issues across the literature were identified, including barriers to conducting randomised controlled trials and lack of follow-up limiting the ability to measure long-term mental health outcomes. Interdisciplinary and novel approaches to intervention design, implementation, and evaluation are required to improve the social circumstances and mental health experienced by individuals, communities, and populations.

Disclosure of Interest: None Declared

Quality Management

EPP0444

The nurses' assessment of the psychiatric care quality and the development of measures to improve it

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Introduction: The development of the methodology for the psychiatric care quality managing is associated with the implementation of criteria and standards, systematic evaluation and the continuous improvement of the care quality. Important role in assessing the care quality belongs to the specialists of the psychiatric

services, who are both “providers” and “internal consumers” of care. At the same time, it is especially significant to take into consideration the opinion of nurses, as the largest group of specialists working in psychiatric institutions and directly providing treatment and care for patients.

Objectives: To assess the quality of care by nurses of psychiatric institutions and to develop evaluation criteria and measures to improve the quality of care.

Methods: Questionnaire «Assessing the satisfaction with quality of care by medical staff of psychiatric institution», including 78 questions about the quality of the structure, process and results of activities (Solokhina et al., 2014); adapted questionnaire «Assessment of the burden of psychiatric staff working in psychiatric institution», including 52 questions (WHO, 1994). The study involved 35 nurses of inpatient and outpatient services of Moscow psychiatric hospital № 4 named after P.B. Gannushkin.

Results: It was found that 76,5% of respondents were satisfied with the quality of provided care in general and 78,2% of them were satisfied professional level of medical staff. The lower satisfaction was obtained when the other aspects were assessed. For example, only 58,6% of respondents were satisfied by relations with colleagues, 55,9% – by support from administration correspondingly. Dissatisfaction of nurses was related with working conditions, salary, excessive control by administration, insufficient professional training and lack of participation in the assessment of the institution's activities.

It was revealed that the integral index of professional burden of nurses was at the average level ($1,47 \pm 0,26$). Inverse correlations between burden of staff and satisfaction with quality of care and institution's activities were established. This allows to consider the professional burden as criterion in assessing the quality of care. Using obtained results, a training aimed at improving the communicative competence of medical personnel was developed and implemented in practice (Trushkina, Solokhina, 2019). For today more the 60 nurses have taken part in this training. The results demonstrate the professional growth of the participants and their communication patterns expansion.

Conclusions: Nurses' satisfaction and indicators of professional burden both can be used as criteria of assessment of the psychiatric care quality. It is also necessary to introduce in psychiatric institutions training aimed at continuous professional skills improving.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP0445

Introducing the construct of risky cannabis use: designing and piloting a co-created educational intervention on cannabis health literacy among adolescents and young adults. The CAHLY (CAnabis Health Literacy) study.

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Introduction: Cannabis use poses a significant risk to the psychological wellbeing of youth, affecting academic performance and potentially triggering the onset of mental health issues. Providing young people with comprehensive information about patterns of cannabis use and specific factors that increase an individual's health risks is crucial. The ability to critically assimilate this information is known as health literacy (HL).

Objectives: To design a psychoeducational intervention to increase HL on risky cannabis use among students aged 16-25, and to assess its usability and feasibility.

Methods: We designed a psychoeducational intervention based on the outcomes of a 3-hour co-creation session involving healthcare professionals and students. 29 university students and 25 high-school students completed this intervention and assessed its usability and feasibility with the SUS (System Usability Scale), PSSUQ (Post-Study System Usability Questionnaire) and additional open questions regarding the most and less-liked aspects of the intervention.

Results: The design phase resulted in an informative website (<http://www.cahlyclinic.cat/>) and a 1-hour structured onsite educator-facilitated session, comprising 3 group activities (completed on paper or online) addressing three dimensions of cannabis HL: searching for, interpreting and applying reliable information. Usability of the intervention was rated as excellent (SUS mean score >80). PSSUQ results indicate that students were satisfied with the intervention; found the HL information clear, relevant, and adequate for their needs; found the interface of the digital version pleasant and usable without support; and would recommend it to other students.

Conclusions: We propose an innovative structured and usable intervention, designed using a participatory approach, which aims to disseminate information on risky cannabis use to a key target population, namely young people.

Disclosure of Interest: None Declared

EPP0446

From ADHD to well-being: The Role of Rejection Sensitivity in college life

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Introduction: Rejection-sensitivity is a prevalent yet understudied emotional symptom often associated with adult ADHD. While ADHD research typically focuses on behavioral and cognitive facets, emerging evidence highlights the significance of emotional symptoms. Emotional dysregulation in ADHD impacts psychological well-being and mental health. Our study examines how ADHD symptoms relate to rejection sensitivity, considering factors like resiliency, self-regulation, and overall well-being.

Objectives: Our study seeks to establish a direct connection between ADHD scores and rejection sensitivity among college students. We also investigate the mediating role of well-being, creative executive efficiency, self-regulation, and resilience, while exploring the moderating role of savoring capacity.

Methods: Between February and May of 2023, we conducted a cross-sectional study using an online questionnaire, gathering data from 304 Hungarian higher education students aged 18 to 35. The majority, 78.0%, were female, and 71.4% were full-time students. Most participants were pursuing a bachelor's degree (56.6%), followed by undivided master's (21.7%), doctoral studies (13.8%), and traditional master's degrees (6.9%). We administered the Adult ADHD Self-Report Scale (ASRS-v.1.1.1), The Mental Health Test (MHT), and the Rejection Sensitivity Questionnaire (A-RSQ) for our research.

Results: First, the ADHD scores were significantly associated with each mediator (well-being: $\beta = -.343$, $p < .001$; creative and executive efficiency: $\beta = -.183$, $p < .01$; self-regulation ($\beta = -.230$, $p < .001$; and resilience: $\beta = -.321$, $p < .001$). There was a direct effect of ADHD scores on rejection sensitivity scores ($\beta = .466$, $p < .001$). Finally, we also detected the indirect effects of ADHD scores on rejection sensitivity scores through the four mediators ($\beta = .227$, $p < .001$). Savoring capacity significantly moderated the relationship between ADHD and rejection sensitivity scores ($\beta = -.244$, $p < .001$).

Conclusions: ADHD scores in our study population significantly correlate with well-being, creative and executive efficiency, self-regulation, and resilience. Furthermore, these scores directly influence rejection sensitivity, suggesting a heightened vulnerability to perceived rejection among those with higher ADHD scores. The indirect effects emphasize that the relationship between ADHD and rejection sensitivity is mediated by the aforementioned positive psychological constructs. This underscores the need for holistic interventions in ADHD populations, addressing not just core ADHD symptoms but also enhancing well-being, cognitive efficiency, self-regulation, and resilience to potentially mitigate rejection sensitivity.

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Schizophrenia and other psychotic disorders

EPP0448

The mediating role of social stress sensitivity on the relationship between hostile attribution bias and paranoia: An experience sampling study

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Introduction: Heightened affective responses to daily life stressors, referred to as elevated affective reactivity to stress (or 'stress sensitivity'), have been proposed as a putative mechanism of schizophrenia. Previous studies on stress sensitivity mainly used a case-control design; given that schizophrenia is heterogeneous its relationship with specific symptoms (e.g. paranoia) is yet to be addressed.

In view of the continuum approach of understanding psychotic symptoms, the relationship between stress sensitivity (especially 'social stress sensitivity') and paranoia in the general population is important. Supported by emerging evidence of the relationship between hostile attribution bias (i.e. a tendency to interpret others' actions as hostile and intentional) and paranoia, we hypothesized that social stress sensitivity mediates the relationship between hostile attribution bias and momentary experiences of paranoia.

Objectives: Using experience sampling method, this study aimed to examine the association between social stress sensitivity, hostile attribution bias and momentary paranoia in non-clinical young adults. We also tested the role of social stress sensitivity as mediator of the relationship between hostile attribution bias and momentary paranoia.

Methods: Consented participants free from any past and current psychiatric diagnoses (confirmed with the Structured Clinical Interview for DSM-IV Disorders) completed the measure of hostile attribution bias (i.e. abbreviated Ambiguous Intentions Hostility Questionnaire). Participants then filled in an ESM questionnaire measuring momentary levels of paranoia, social stress (i.e. pleasantness of and preference for being alone or with others) and negative affect on a mobile phone app repeatedly, ten times per day over six days. Social stress reactivity was calculated as the within-moment correlation between social stress and negative affect. The associations between social stress sensitivity, hostile attribution bias and momentary paranoia, and the mediating role of social stress sensitivity, were tested with multilevel modelling.

Results: The final sample consisted of 131 participants (57.3% female, mean age= 20.36 (SD= 2.93)). The mean compliance rate was 71.9% (SD= 0.16). Social stress sensitivity was positively associated with momentary paranoia ($B = 0.03$, $p = .002$). Hostile attribution bias was associated with momentary paranoia ($B = 0.41$, $p < .001$), as well as social stress reactivity ($B = 0.10$, $p = .003$). The mediating effect from hostile attribution bias to momentary paranoia via social stress sensitivity was significant ($ab = 0.05$, 95% CI [0.03-0.07]).

Conclusions: Social stress sensitivity was related to momentary paranoia, as well as hostile attribution bias. Our finding suggests social stress reactivity as a potential mechanism underlying the relationship between hostile attribution bias and paranoia.

Disclosure of Interest: None Declared

EPP0449

Retrospective evaluation of sociodemographic and clinical characteristics of patients with schizophrenia receiving clozapine monotherapy and clozapine combined with different antipsychotics

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Introduction: Schizophrenia is a chronic mental disorder and clozapine is an atypical antipsychotic that can be used in treatment-resistant schizophrenia patients. However, treatment-resistant schizophrenia may also include patients with an inadequate response to clozapine.

Objectives: In our study, we retrospectively analysed the socio-demographic and clinical characteristics of patients receiving clozapine monotherapy and patients receiving clozapine in combination with different antipsychotics. In this way, we aimed to evaluate the factors that influence the response to clozapine.

Methods: Clozapine monotherapy and clozapine in combination with different antipsychotics were identified by retrospective chart review of patients followed up at the Schizophrenia and Other Psychotic Disorders Outpatient Clinic, Department of Psychiatry, Faculty of Medicine, Selçuk University. Sociodemographic and clinical characteristics were recorded and subjected to statistical analysis. The study was approved by the Ethics Committee of Selçuk University.

Results: Of the 143 patients whose data were analysed, 60 (42%) were female. The mean age of the patients was 40.2 ± 12.0 years and the mean duration of training was 10.4 ± 4.3 years. 62 patients (43.4%) used long-acting antipsychotics. 90 patients (62.9%) were using clozapine, 52 (36.4%) were using clozapine as monotherapy, 5 (3.5%) were using clozapine together with another oral antipsychotics drug, and 33 (23.1%) were using clozapine together with a long-acting antipsychotic. No statistically significant difference was found when comparing mean age, age at first antipsychotic initiation, age at clozapine initiation and mean clozapine dose between patients using clozapine monotherapy ($n=52$) and patients using different antipsychotics in combination with clozapine ($n=38$). When the two groups were compared, a significant difference was found in the mean number of antipsychotics used before starting clozapine and the mean number of hospitalisations, with a lower number in the monotherapy group (3.1 ± 1.4 vs 4.1 ± 2.0 , $p=0.01$ and 2.8 ± 2.2 vs 4.5 ± 3.2 , $p=0.006$, respectively).

Conclusions: It is important to assess the concept of treatment resistance appropriately in the treatment of schizophrenia patients. The results of our study suggest that starting clozapine treatment promptly in treatment-resistant patients may increase the likelihood that patients will benefit from clozapine and reduce the need for additional treatments. Although our data and criteria for evaluating response to treatment are limited, it is important to draw attention to the clinical results of proceeding in accordance with the guidelines in the treatment of schizophrenia. Evaluating the response to clozapine treatment needs studies with stronger data and larger sample sizes.

Disclosure of Interest: None Declared

EPP0450

A specialized unit for women with schizophrenia: Results from the healthcare model Observatories-Monitoring Stations and Interventions.

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Introduction: There are many theoretical reasons to implement gender-specific care for schizophrenia. For all these reasons, the Mutua Terrassa-Functional Unit for Women with Schizophrenia was inaugurated in January 2023 in the context of a community mental health service.

Objectives: Our aim today is to describe the health care model applied in this newly initiated unit.

Methods: We created a healthcare model in our new unit consisting of A) Five observatories of Health (somatic morbi-mortality, hyperprolactinemia-HPRL, substance use disorders, social exclusion/discrimination, and drug safety); B) Monitoring stations or vigilance teams (reflecting the 5 observatories); and C) resulting actions (specific interventions). The observatory teams each meet monthly. In this presentation, according to the healthcare model we implemented, we first describe data about the original patient recruitment and then focus on the observatories of somatic morbi-mortality and hyperprolactinemia.

Results: From 265 potentially eligible women, 42 were included in the 5 observatories. (A) of the 11 women in the observatory of somatic morbi-mortality, 10 women had died within the last 24 months. Causes of Death: (1) respiratory tract disease ($n=5$; 45.4%), (2) cancer ($n=3$; 27.3%): lung cancer ($n=1$), pancreatic cancer ($n=1$), kidney cancer ($n=1$), (3) ischemic colitis ($n=1$; 9%), (4) Alzheimer disease ($n=1$; 9%). 2) Morbidity. One woman had an ongoing glioblastoma. (B) Observatory of HPRL. Eight women with moderate/severe HPRL were included. Strategies for lowering prolactin levels were discussed with neuroendocrinologists. Interventions: adjunctive aripiprazole ($n=3$), switch to aripiprazole ($n=2$), lowering antipsychotic doses ($n=2$), and adjunctive cabergoline ($n=1$).

Conclusions: Designating special teams to focus on specific problems of women with schizophrenia will reduce morbidity and improve outcomes in this vulnerable population.

Disclosure of Interest: None Declared

EPP0451

NADPH-dependent peroxidase activity of antibodies in patients with schizophrenia

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Introduction: The development of oxidative stress in patients with schizophrenia is associated with changes in the level of activity of antioxidant enzymes. It is likely that catalytically active antibodies (abzymes) can take on these functions. Abzymes are antibodies with enzymatic activity. Catalase and SOD activity of abzymes was previously detected in patients with schizophrenia. But NADPH-dependent peroxidase activity has not been studied. The present work discusses the protective role of abzymes against reactive oxygen species within the pathogenesis of schizophrenia.

Objectives: The aim of the study was to investigate the NADPH-dependent peroxidase activity of IgG in patients with paranoid

schizophrenia in the exacerbation phase and in the remission phase.

Methods: A total of 124 patients were examined during the work. Of them, 82 patients with paranoid schizophrenia (F20.0) had a mean age of 33.6 ± 5.12 years (52 males, 30 females), disease duration averaged 8.9 ± 4.62 years. Patients with schizophrenia included 42 patients with acute schizophrenia and 40 patients with schizophrenia in therapeutic remission. The control group included 42 sex- and age-matched patients. IgG was purified by affinity chromatography on columns with proteinsepharose on an AKTA purifier chromatograph (GE). The homogeneity of isolated IgG preparations was checked by Lemilly electrophoresis in a gradient of 4-18% PAAG. Gel filtration under pH-shock conditions was performed on a Superdex-200 HR 10/30 column. NADPH-dependent peroxidase activity of IgG was determined on a SPECORD M-40 spectrophotometer (Carl Zeiss) at 340 nm by NADPH oxidation in the conjugated glutathione reductase reaction of tertiary butyl hydroperoxide reduction. Statistical processing of data was performed in Statistica 12.0 program.

Results: It was proved that IgG from patients with schizophrenia had NADPH-dependent peroxidase activity, and this activity is an intrinsic property of the investigated antibodies. The NADPH-dependent peroxidase activity in IgG patients in the exacerbation stage was increased 3-fold ($p=0.0001$) compared to the studied activity in the group of healthy individuals, and it was increased 2-fold ($p=0.017$) in the group of patients in therapeutic remission compared to the activity in healthy individuals. Also NADPH-dependent IgG peroxidase activity in patients in remission was 1.7 times lower than in patients during the exacerbation period ($p=0.012$).

Conclusions: It was established for the first time that abzymes from patients with schizophrenia and healthy individuals have NADPH-dependent peroxidase activity and can decompose lipo and hydroperoxides. We hypothesize that these abzymes help cope with generalized oxidative stress. Under the influence of neuroleptic therapy in patients in remission, the level of oxidative stress and NADPH-dependent peroxidase activity of abzymes decrease.

Disclosure of Interest: None Declared

EPP0452

Cardiovascular Risk Assessment in Psychotic Disorders: A Comparative Analysis of Plasma Atherogenic Index between Remitted Patients and Healthy Control

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Introduction: Psychiatric patients have a higher risk of premature mortality primarily due to cardiovascular diseases (CVD). One significant contributing factor is the presence of dyslipidemias. Current studies are shifting focus towards lipoprotein ratios, believed to better reflect cardiovascular risk. These studies have demonstrated that ratios associated with high-density lipoprotein (HDL) are stronger predictors for CVD compared to traditional

lipid parameters. One of these ratios is the logarithmic transformation of the triglyceride (TG) to HDL ratio, known as the plasma atherogenic index (PAI).

Objectives: Our study aimed to compare the PAI between patients diagnosed with psychotic disorders who presented to our outpatient clinic and healthy control groups.

Methods: Fifty patients diagnosed with psychotic disorders, including 50 residing in a nursing home and 50 outpatient in such facilities, presented to our psychiatric outpatient clinic and were included in our study. Additionally, a healthy control group consisting of 49 individuals was recruited. A socio-demographic data form was administered to all groups. Peripheral blood levels of HDL, Triglycerides (TG), and LDL were recorded for each participant included in the study. Ethical approval for the study was obtained from the local ethics committee.

Results: The patient groups were compared in terms of age and gender. While there was no statistically significant difference in gender between the groups, a significant difference was observed in terms of age ($p=0.099$, $p=0.004$). When examining the age distribution of the groups, it was observed that the care facility group was older compared to the other groups. The age and gender distributions of the groups are shown in Table 1 and Table 2.

Psychotic patients in the outpatient group and the nursing home group were compared in terms of age and atherogenic index. Age was statistically significant, indicating that the nursing home group was significantly older ($p=0.001$, $p=0.478$). In the comparison of the control group with psychotic patients, there was no statistical difference in age, but a significant difference was found in terms of the atherogenic index ($p=0.510$, $p=0.001$). The statistical analysis and data between psychotic patients and the control group are presented in Table 3.

Image:

Table 1. Gender Distribution of Groups

	Female	Male	Total	p
Out Patient Group	20(40.0%)	30(60.0%)	50(100.0%)	0.099*
Nursing Home Group	14(28.0%)	36(72.0%)	50(100.0%)	
Control Group	24(49.0%)	25(51.0%)	49(100.0%)	
Total	58(38.9%)	91(61.1%)	149(100.0%)	

The calculations were performed using the Pearson Chi-Square test

Table 2. Age Distribution of Group

	Patient Age			p
	Minimum	Maksimum	Median	
Out Patient Group	19	64	38.48	0.004*
Nursing Home Group	23	64	46.06	
Control Group	23	64	41.08	

The calculations were performed using the Kruskal-Wallis test.

Table 3. Comparison of Age and Atherogenic Index Between Patients Diagnosed with Psychosis and the Control Group

	Control Group	Psychosis Group	p
Age (Mean, \pm SD)	41.08(\pm 11.4)	0.49 (\pm 0.20)	0.510*
AI (Mean, \pm SD)	42.27(\pm 11.7)	0.63 (\pm 0.24)	0.001*
Number of Patients	49	100	

AI: Aterojenik Index

The calculations were performed using the Mann-Whitney U test

Conclusions: This study, examining the comparison of Plasma Atherogenic Index (PAI) in patients diagnosed with psychosis with healthy controls, represents a significant step in understanding the cardiovascular health profile of this population and developing

appropriate treatment strategies. Future research will further contribute to a deeper understanding of the impact of psychiatric disorders on cardiovascular health and aid in the development of effective interventions to minimize these effects.

Disclosure of Interest: None Declared.

Disclosure of Interest: None Declared

EPP0453

Medication choice and psychosis Hospital readmissions: A two-year comparative study

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Introduction: Hospital readmissions in psychosis are a critical concern, with medication choice playing a vital role. Oral antipsychotics, though common, rely on patient adherence and can lead to relapses if not followed. Long-acting injectable atypical antipsychotics (LAIA) provide an alternative, ensuring consistent medication release and reducing relapse risk due to missed doses. Studies indicate that LAIAs result in fewer readmissions due to improved adherence. Tailoring treatment to individual needs is essential. Medication choice significantly influences hospital readmission prevention in psychosis. LAIAs, which could offer greater adherence to treatment and symptom control, present a promising option. Individualized treatment decisions are a priority for long-term recovery.

Objectives: This study aimed to compare the hospital readmission rates within two years post-discharge among two groups of patients diagnosed with schizophrenia and other psychotic disorders who received either oral antipsychotic treatment or LAIAs.

Methods: We collected sociodemographic and hospitalization data from 155 patients, 90 receiving oral antipsychotics and 65 receiving LAIAs, following their discharge from a psychiatric unit.

Results: There were 90 patients in the oral treatment group, and 65 in the LAIA group, with 67.6% receiving paliperidone and 26.1% receiving aripiprazole. There were no significant differences in age or gender between the two groups. However, patients in the LAIA group had *longer stays in the hospital* ($M=14.7$; $SD=10.2$ vs $M=11.1$; $SD=6.4$; $t_{(153)}=2.67$; $p<.01$) and a higher number of prior admissions ($M=3.2$; $SD=3.7$ vs $M=1.3$; $SD=3.5$; $t_{(153)}=2.41$; $p<.01$) compared to the oral antipsychotic group. Additionally, a higher percentage of patients in the LAIA group were diagnosed with schizophrenia (60%) compared to the oral antipsychotic group (24%) ($X^2_{(1, N = 155)} = 20.4$, $p<.01$). After two years, readmission rates were 66.6% for the oral antipsychotic group and 61.5% for the LAIA group ($X^2_{(1, N = 155)} = 8.5$, $p > .05$). However, the time to readmission was shorter for patients on oral antipsychotics ($M=172.4$; $SD=162.0$) compared to those on LAIAs ($M=326.2$; $SD=211.4$; $t_{(153)}=3.05$; $p<.01$). Notably, 86.6% of patients on oral antipsychotics were readmitted within the first year, while only 52% of those on LAIAs experienced readmission during the same period ($X^2_{(1, N = 155)} = 8.5$, $p = .001$).

Conclusions: Long-acting injectable antipsychotics (LAIAs) appear to reduce hospital readmissions, with a more pronounced

effect in the first few months post-discharge. However, after two years, the readmission rates between LAIAs and oral antipsychotics become comparable. This data suggests that while LAIAs may reduce early readmissions, their long-term effectiveness is on par with oral antipsychotics.

Disclosure of Interest: None Declared

EPP0454

Attention flexibility is associated with retinal cup-to-disk ratio in patients with schizophrenia spectrum disorders

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Introduction: In recent years, there has been increasing interest in the potential use of retinal imaging as a non-invasive and easily accessible tool for investigating the neurobiological underpinnings of schizophrenia. Studies have suggested that patients with schizophrenia spectrum disorders (SSD) have structural abnormalities in the retina, including changes in retinal thickness and the ratio of the retinal cup-to-disk ratio.

Objectives: To investigate the relationship between retinal cup-to-disk ratio and cognitive performance in patients with SSD using a high-definition retinal imaging device – optical coherence tomography (OCT) scanner.

Methods: The sample was comprised of twenty patients with SSD (F20-F29 according to ICD-10 criteria). All diagnoses were confirmed by a researcher using the Mini International Psychiatric Interview. All patients underwent complete ophthalmological examination, excluding any ocular pathology. Retinal thickness was measured in both eyes of all patients with a high-definition spectral-domain OCT device. Examined retinal parameters were: total retinal nerve fiber layer thickness (RNFL); RNFL thickness in all eye quadrants (nasal, temporal, superior, inferior); RNFL symmetry; average macular volume (MV); average macular thickness (MT); ganglion cell layer thickness (GC); average retinal cup-to-disk (C/D) ratio, vertical C/D ratio. Cognitive performance of all patients was tested using the Intra/Extradimensional Set Shift Task (IED). IED is a component of a state-of-the-art computerized battery for cognitive assessment – Cambridge Neuropsychological Automated Test Battery. IED is a measure of maintenance, shifting and flexibility of attention. Associations between retinal variables and IED measures were determined with Pearson correlation analyses.

Results: Mean age of patients was 33 ± 7.5 years. Fifty five percent of the sample was male, illness duration was 6.2 ± 3.9 years. Daily dosage of chlorpromazine was 225.7 ± 108.8 mg. Retinal C/D ratio in the right eye was positively associated with IED total errors ($r=0.50$; $p=0.02$) and negatively with IED stage progression ($r=-0.52$, $p=0.18$). Likewise, vertical C/D ratio was positively associated with IED total errors ($r=0.49$; $p=0.02$) and negatively with IED stage progression ($r=-0.52$, $p=0.18$).

Conclusions: Previous analyses of retinal parameters in patients with schizophrenia point towards enlargement of retinal cup-to-

disk ratio, irrespective of any underlying somatic comorbidities. Our data shows worsening of attention flexibility in association with the increase of cup-to-disk ratio in patients with schizophrenia spectrum disorders. The significance of cup-to-disk retinal disturbance in schizophrenia spectrum disorders and its connection with cognitive performance should be further evaluated and supplemented with measurements of functional adaptation in these patients.

Disclosure of Interest: None Declared

EPP0456

Schizo - obsessive disorder - separate clinical entity or elusive comorbidity? - a systematic review

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Introduction: In some clinical scenarios obsessive and delusive symptoms exhibit several similarities, making it challenging to differentiate between schizophrenia spectrum disorder (SSD) and obsessive-compulsive disorder (OCD). There are numerous reports of patients suffering from those disorders and manifesting both psychotic and obsession-like features, which makes accurate distinction even more complicated. We found several conflicting theories attempting to elucidate this overlap, one being the existence of the separate clinical entity - schizo-obsessive disorder.

Objectives: The aim of this study is to consolidate current knowledge, synthesize existing theories and explore diagnostic implications.

Methods: We conducted a systematic literature review following the PRISMA protocol, we scrutinized studies addressing obsession-like symptoms in SSD, psychotic symptoms in OCD, and comorbidity of those disorders. We included peer-reviewed non-interventional studies published in English and Polish from 2013 onwards. The search was performed in the following medical databases: PubMed, Science Direct, Scopus, and Web of Science. Synthesis utilized a narrative approach due to diverse study designs, outcomes and observational nature of the collected data.

Results: We identified several dozen articles, which revealed a range of diverse findings, often inconclusive, and occasionally conflicting. Although, the collected data indicate the schizo-obsessive spectrum exhibits clinical relevance.

Conclusions: The ambiguity in results emphasizes the necessity for further investigations into pathomechanism of schizophrenia and OCD. Future research, particularly involving children and adolescents, should strive for a comprehensive understanding of the nuanced manifestations of obsessive-like and psychotic symptoms in both disorders, aiding in refining diagnostic criteria and developing effective intervention strategies.

Disclosure of Interest: None Declared

EPP0457

Psychosis following traumatic brain injury: A case study and a brief overview

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Introduction: Psychosis resulting from traumatic brain injury (TBI) is a relatively uncommon but potentially severe and disabling outcome. The complex relationship between TBI and the onset of psychosis is marked by significant scientific uncertainty and differing opinions.

Objectives: To investigate the occurrence of psychosis following traumatic brain injury (TBI) and explore the intricate relationship between TBI and the development of psychosis.

Methods: A comprehensive case report was conducted on a 38-year-old patient who, after a severe TBI at the age of 23, exhibited signs of psychosis. Developmental history, family background, clinical assessments, magnetic resonance imaging (MRI), and electroencephalogram (EEG) results were analyzed.

Results: The patient, at the time of writing aged 38, was born at full term with a regular presentation and uneventful delivery, with no indications of perinatal or obstetric complications. Developmentally, he reached all milestones within the expected range, and there were no significant premorbid characteristics. There was no family history of schizophrenia in a first- or second-degree relative; a paternal cousin had had psychosis-like symptoms, but reportedly remained well without any medication.

At the age of 23, the patient was knocked from his motorcycle by a car and sustained a severe traumatic brain injury (TBI), with initial loss of consciousness and was in a coma state for approximately a month, with later sequelae of cerebellar syndrome and predominant right-sided pyramidal syndrome.

Magnetic resonance imaging (MRI) a year following the TBI showed sequelae of bifrontal and temporal contusion lesions.

An EEG did not indicate any evidence of epilepsy, and a repeat EEG 14 years later revealed no diagnostic abnormality.

A year after the accident, his surroundings have noticed social withdrawal, a turning inward with a religious fervor, and persecutory remarks focused on his brother. At the age of 26, he presented to a psychiatric service having auditory hallucinations. He was deluded, believing himself to be a prophesied redeemer figure who is expected to appear and bring justice and righteousness to the world. He had an inappropriate affect. A diagnosis of schizophrenia was made, and neuroleptics prescribed. His auditory hallucinations faded, but the subsequent course was of repeated episodes of florid psychosis requiring maintenance neuroleptic treatment, eventually haloperidol decanoate (150mg monthly).

Conclusions: Psychosis following TBI is an uncommon yet potentially severe consequence, carrying the risk of significant debilitation. The relationship between TBI and psychosis is complex, but notable distinctions exist in clinical, epidemiological, and neurobiological aspects when compared to primary psychotic disorders.

Disclosure of Interest: None Declared

EPP0458

Examining the effect of family-based intervention programs used in psychosis on the disease: a systematic review

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Introduction: Psychosis is a complex mental health condition that can have a significant impact on individuals and their families. Family-based intervention programs have been developed to provide support and education to both individuals with psychosis and their families. These programs aim to improve clinical and family outcomes, reduce relapse rates, and enhance the overall well-being of individuals and their families. This study examined the effect of family-based intervention programs used in psychosis on the disease by synthesizing evidence from a systematic review of relevant studies. Family interventions have shown promising results in improving clinical and family outcomes in long-standing psychosis (Sadath et al., 2015). These interventions focus on improving relationships through problem-solving and enhancing the understanding of the illness and its treatment (Kuipers et al., 2010).

Objectives: The aim of this study was to evaluate the effect of intervention programs implemented for the families of individuals diagnosed with psychosis on the course of the disease.

Methods: The study was conducted between August and September 2023 in 3 databases (PubMed, Cochrane Library, Science Direct) using the keywords “psychosis”, “family interventions”, “family in psychosis”. These databases were preferred because they contain a significant amount of evidence-based literature in the field of biomedical sciences and psychology. Studies conducted between 2013 and 2023, whose full texts were accessed and written in Turkish and English were included in the study.

Results: As of September 2023, 16 national and international research articles on the subject have been reached and the literature review continues. When the literature review is finalized, all study results will be presented together.

Conclusions: This review provides an overview of the effects of intervention programs implemented for the families of individuals diagnosed with psychosis on the course of the disease and solution suggestions. Family-based intervention programs have shown promise in improving clinical and family outcomes in psychosis. These programs focus on enhancing relationships, providing education, and reducing relapse rates. However, the implementation of family interventions in routine clinical services can be challenging due to various barriers. Peer support programs have emerged as a valuable addition to family interventions, providing a supportive environment for families to share their experiences and support one another. Future research should focus on addressing barriers to implementation and further exploring the benefits of peer-driven family support services in early intervention programs for psychosis.

Disclosure of Interest: None Declared

EPP0460

Evaluating the relationship between blood lipids, cardiac risk index, and suicidal behaviors in first-episode psychosis

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Introduction: Schizophrenia patients have demonstrated a high prevalence of suicidal behavior. There isn't yet a definitive explanation of the neurobiological mechanisms of suicidal behavior (SB) in psychotic patients. While subthreshold indices of dyslipidemia were observed in schizophrenia patients, it has shown that there is a relationship between dyslipidemia and suicidal behavior.

Objectives: The study aimed to investigate possible associations between SB and lipid profile including cardiovascular biomarkers in first-episode psychosis (FEP) as compared with healthy controls (HC).

Methods: The study sample consisted of 173 subjects (111 male, 62 female). The sample included 31 drug-naïve FEP patients with current SB (FEP+S), 66 drug-naïve FEP patients without SB (FEP-S), and 76 mentally and medically HC subjects. Blood samples were collected from all participants to determine total cholesterol (TC), low- and high-density lipoproteins (LDL and HDL), and triglycerides (TG). Castelli Risk Index-I, Castelli Risk Index-II, and atherogenic index were calculated. Symptoms were assessed by using the Positive and Negative Syndrome Scale. Nonparametric Kruskal-Wallis and Mann-Whitney tests were used for pairwise comparisons of account of lipid parameters in three groups. A binomial logistic regression analysis was performed to examine the predictive power of lipid profile in the presence of SB in FEP.

Results: The results of Kruskal-Wallis test revealed that a statistical difference was found in TC and TG between groups. Despite statistical significance was observed in TG between all patient groups (FEP+S and FEP-S) and controls, as well as in TC between FEP-S and controls, there was no significant difference between FEP-S and FEP+S for any lipid parameters or cardiovascular biomarkers. No significant correlation was identified between lipid profile and symptom severity. No significant relationships were able to predict the presence of SB in FEP.

Conclusions: In this study, plasma levels of lipid parameters and biomarkers of cardiovascular risk in all patient groups (FEP+S and FEP-S) and HC were compared. Current results show no linkage between SB and lipid profile, but significantly lower levels of cholesterol in FEP. Therefore, cholesterol might have a protective role in terms of psychosis while CI1, CI2, and AI were not increased in psychosis. Thus, increased cholesterol levels or cardiovascular risk in schizophrenia patients, that several studies found, may ensue after antipsychotic use. Overall, present findings suggest that lipid profile abnormalities are specifically associated with FEP rather than SB. Controversy of results may reveal that research on SB requires an understanding of whether the patient had concomitant psychosis.

Disclosure of Interest: None Declared

EPP0461

Relapse prevention with cariprazine in patients with early-stage schizophrenia

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Introduction: Relapse is defined as the return of psychotic symptoms after a period of improvement/stability. Relapse is often associated with the disruptive re-hospitalization of patients. Importantly, relapse history is a strong predictor of subsequent relapses and poorer outcomes. Therefore, relapse prevention in the beginning of the disorder is especially important. Cariprazine, a novel D₃-D₂ partial agonist, has been effective in preventing relapse compared to placebo in stabilized patients with schizophrenia.

Objectives: To present the efficacy of cariprazine in preventing relapse in patients with early-stage schizophrenia.

Methods: Post-hoc analysis of data from a ~96 weeks, multicentre, randomized, double-blind, placebo-controlled, parallel-group study in adults with schizophrenia. The study was composed of two parts: a 20-week open-label treatment phase and a double-blind treatment phase up to 72 weeks. During the open-label phase, patients were stabilized with cariprazine 3.0-9.0 mg/day. Then, they were randomized to continue cariprazine (fixed dosing: 3.0, 6.0, or 9.0 mg/day) or receive placebo. Relapse was defined as a deterioration of symptom scores as measured by the Positive Negative Syndrome Scale (PANSS), admission to a psychiatric hospital, exhibiting aggressive behaviour, or risk of suicide. In the present analysis, patients with a schizophrenia diagnosis history of 0-5 years were defined as early-stage patients. Baseline characteristics, and risk ratios (after the double-blind phase) with number-needed-to-treat (NNT) were calculated.

Results: Of 200 patients, 71 (35.5%) met the early-stage criteria: 32 patients in the cariprazine (CAR) and 39 in the placebo (PBO) arm. The mean age was 31.6 years in both groups with an average illness duration of 2.51+/-1.03 years in the CAR and 2.75+/-1.24 years in the PBO arm. 47% of patients in the CAR arm and 77% in the PBO arm were men. The average number of previous hospitalisations was comparable in the two groups (CAR: 2.3; PBO: 2.6), as was the severity of illness: mean PANSS Total score: 89.2 (CAR), 90.4 (PBO). Patients in both groups were highly compliant (pill-count: CAR: 98.2%; PBO: 99.5%). The main reported adverse effects were headache (CAR: 11.3%, PBO: 7.0%), insomnia (CAR: 5.6%, PBO: 4.2%), and increased triglycerides (CAR: 5.6%, PBO: 1.4%), discontinuation due to adverse event was 3.1% in the CAR and 2.6% in the PBO group. Altogether, 9.4% of patients relapsed in the cariprazine group compared to 48.7% on placebo (risk ratio=0.19 (95% confidence interval (CI): 6.3-59.2%, p=0.0041; NNT: 2.5 (95%CI: 1.7-5.1)).

Conclusions: In this post-hoc analysis of patients within the first five years of schizophrenia, the relative risk of relapse was 81% reduced with cariprazine with prevention of one additional relapse after each third patient exposed to cariprazine vs placebo. Cariprazine seems to be a good treatment option for early-stage patients for preventing relapse.

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EPP0462

“Neighborhood Vulnerability and Disability in First Episode of Psychosis”.

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Introduction: Neighborhood socioeconomic status seems to be related to functioning in patients with first episode of psychosis (FEP).

Objectives: The present study aimed to assess if neighborhood vulnerability and risk of social exclusion could predict functional outcomes in people with FEP after controlling for other key variables identified in previous literature.

Methods: A total of 137 patients with FEP (DSM-IV-TR criteria) and 90 controls comprised the study sample from February 2013 to May 2019. Functioning was assessed with the WHO Disability Assessment Schedule. Neighborhood vulnerability was measured using a multidimensional socioeconomic deprivation index; data for the index were collected by the Madrid City Council and based on the participant's home address. Multilevel mixed-effects regression analyses were conducted to estimate the effects of neighborhood vulnerability on functioning.

Results: Our results show that FEP patients could be more vulnerable to the effects of neighborhood-level characteristics than healthy controls ($B = 1,570.173$; $z = 3.91$; $P < .001$). In addition, our findings suggest that higher neighborhood vulnerability is related to greater functional disability in people with FEP, after controlling for other relevant confounders ($B = 1,230.332$; $z = 2.59$; $P = .010$). based on the participant's home address. Multilevel mixed-effects regression analyses were conducted to estimate the effects of neighborhood vulnerability on functioning.

Results: Our results show that FEP patients could be more vulnerable to the effects of neighborhood-level characteristics than healthy controls ($B = 1,570.173$; $z = 3.91$; $P < .001$). In addition, our findings suggest that higher neighborhood vulnerability is related to greater functional disability in people with FEP, after controlling for other relevant confounders ($B = 1,280.332$; $z = 2.59$; $P = .010$).

Conclusions: These results highlight the importance of incorporating contextual factors into assessment of patients with FEP, since psychosocial difficulties observed in these patients could be

partially related to the quality of neighborhood social-related resources.

Disclosure of Interest: None Declared

EPP0463

Direct adjusted comparison of expressed emotion towards patients with schizophrenia between halfway houses and family settings

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Introduction: Rates of high expressed emotion (EE) towards patients with schizophrenia have only indirectly been compared between families and community residential facilities, since studies including patients in both settings are unfortunately lacking. High EE rates in staff-patient studies are typically lower than in families, with negligible rates of high emotional overinvolvement (EOI). However, indirect comparisons can suffer from many biases.

Objectives: This study directly compared patients with schizophrenia living in halfway houses or with their families on the EE of their caregivers, adjusting for patient- and caregiver-related confounders.

Methods: We included 40 inpatients with schizophrenia living in halfway houses and 40 outpatients living with their families and recorded the EE of the caring staff (N=22 nurses) or parents (N=56), respectively, through Five Minutes Speech Sample interviews. Each nurse rated 1-12 inpatients and each inpatient was rated by 2-5 nurses, totaling 155 nurse ratings. Each outpatient was rated by one or both parents. Due to the multilevel structure of EE ratings, generalized linear mixed models were fitted. We first adjusted only for differences in patient-related confounders between groups and then added basic caregiver-related demographics.

Results: Compared to outpatients, inpatients were older (p=0.001), less well educated (p=0.002), had a longer disease duration (p=0.047), more hospitalizations (p=0.012), lower severity of psychotic (p=0.027) and, specifically, negative symptoms (p=0.015), and lower perceived criticism (p=0.001). Nurses were younger (p<0.001) and better educated (p=0.001) than parents. After adjusting for patient-related confounders only, EOI was significantly higher in parents (p=0.027) while criticism did not significantly differ between groups. However, after also adjusting for caregiver demographics (age, gender and education), criticism was significantly higher in nurses (p=0.027) while differences in EOI became non-significant.

Conclusions: Differences in EE, when directly compared between parents and professional caregivers, may be explained by differences in patient-related characteristics, caregiver demographics as well as other caregiver characteristics to be investigated in future studies.

Disclosure of Interest: None Declared

EPP0466

Relationship between different PANSS cognitive factors and cognition assessed with MCCB in patients with first psychotic episode of schizophrenia

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Introduction: The Positive and Negative Syndrome Scale (PANSS) has been used as a universal instrument for clinical assessment of psychopathology in schizophrenia. Different studies have analyzed the factorial structure of this scale and have suggested a five-factor model: positive, negative, excited, depressive, and cognitive/disorganized factors. Two of the most used models are the Marder’s solution and the Wallwork’s one.

Objectives: The aim of this work was to study the correlations of the two cognitive factors (Marder and Wallwork) with a cognitive assessment performed with a standard cognitive battery, in a sample of patients with first psychotic episode of schizophrenia.

Methods: Seventy four patients with first psychotic episode of schizophrenia (26.9, SD:7.8 years old; 70.3% male) were included. The cognitive assessment was performed with the MATRICS Consensus Cognitive Battery (MCCB). The MCCB present seven cognitive domains: Speed of processing, Working memory, Attention/Vigilance, Verbal Learning, Visual Learning, Reasoning and Problem Solving, and Social cognition). Pearson correlations were performed between MCCB scores and Marder’s PANSS cognitive factor (P2, N5, G5, G10, G11, G13, G15) and Wallwork’s one (P2, N5, G11).

Results: Correlation between MCCB scores and cognitive factors of Marder and Wallwork can be seen in the table.

	Marder’s cognitive factor	Wallwork’s cognitive factor
Speed of processing	r = -0.461; p<0.001	r = -0.455; p<0.001
Attention/Vigilance	r = -0.414; p<0.001	r = -0.415; p<0.001
Working memory	r = -0.449; p<0.001	r = -0.468; p<0.001
Verbal Learning	r = -0.511; p<0.001	r = -0.405; p<0.001
Visual Learning	r = -0.252; p=0.024	r = -0.254; p=0.029
Reasoning and Problem Solving	r = -0.244; p=0.036	r = -0.272; p=0.019
Social cognition	r = -0.268; p=0.024	r = -0.202; p=0.091

Conclusions: Both PANSS cognition factors show a moderate correlations with Speed of processing, Working memory, Attention/Vigilance and Verbal Learning assessed by MCCB. More discrete correlations were found with Visual Learning, Reasoning and Problem Solving, and with Social cognition (in fact, non-significant correlation with Wallwork's cognitive factor was found).

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Disclosure of Interest: None Declared

EPP0467

The polymorphism ZNF804A rs1344706 is differentially associated with negative symptoms domains in schizophrenia

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Introduction: Negative symptoms (NS) are an important clinical characteristic of schizophrenia. In recent years, clinical research on NS has focused on their clinical heterogeneity. Based on two-factor analysis, it has been proposed to divide NS into abulia-apathy (AA) and expressive deficit (ED) domains. A number of studies have shown that these domains have different effects on the clinical features of schizophrenia, which suggests different pathophysiological mechanisms of their development. Neurobiological differences between AA and DE have been identified in neuroimaging and immunological studies but there is less research on the genetic background of NS.

Objectives: To search for an association between the rs1344706 polymorphism of the zinc finger protein gene (ZNF804A) and the AA and ED subdomains. The rs1344706 polymorphism is one of the best-supported risk variants for schizophrenia. The risk genotype AA has been shown to be associated with clinical presentations of the disease.

Methods: The study included 1116 (741 (66.3% women) patients with schizophrenia. The diagnosis was made according to ICD-10 criteria (item F20). The average age of the patients was 38.4 (13.6) years, age at disease onset was 26.1 (10.6) years. NS were assessed with the PANSS. The PANSS-derived AA domain consisted of Emotional withdrawal (PANSS item N2), Apathetic social withdrawal (N4), Active social avoidance (G16). The DE domain included Blunted affect (N1), Poor rapport (N3), Lack of spontaneity (N6), Mannerism and posturing (G5), Motor retardation (G7), Disturbance of volition (G13). Genotyping of the ZNF804A rs1344706 polymorphism was carried out using HRM-PCR. ANOVA with genotype and sex as independent variables, and age at the time of disease manifestation and its duration as covariates was used. Post hoc tests were performed using Bonferroni correction.

Results: A significant effect of the rs1344706 polymorphism on the severity of symptoms in the AA domain was revealed ($F=5.88$, $df=2$, $p=0.002$). In carriers of the CC genotype, the severity of symptoms

was significantly lower than in carriers of the AA genotype and the AC genotype (8.4(3.5), 9.4(7.4) and 8.8(3.5) points, respectively). This effect was independent of sex and was not mediated by age at onset or duration of disease. There was no effect of the rs1344706 polymorphism on the severity of symptoms in the ED domain.

Conclusions: The association of the ZNF804A rs1344706 (A/C) polymorphism with NS of schizophrenia has not been reported so far though some studies have found the effect of this polymorphism on PANSS positive symptoms and PANSS total score. The finding of the association with NS can be explained by the fact that the NS heterogeneity was taken into account in the present study.

Disclosure of Interest: None Declared

EPP0468

Rates of perinatal environment risk factors in schizophrenia patients with higher and lower schizophrenia polygenic risk scores

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Introduction: Understanding the relations between genetic (G) and environmental (E) factors in the development of schizophrenia is important for psychosis prevention. These relations may vary from G x E correlations to G x E interactions and independent additive effects of genetic load and environment. The G x E interactions mean that genetic variants associated with schizophrenia make an individual vulnerable to specific environmental exposures thus enhancing the risk of disease manifestation in those who possess such genetic variants. In the case of independent effects, environmental exposure might serve as the main cause or an additional to genetic load external trigger which is needed for the illness development. Thus, the rate of independent environmental risk factors is expected to be higher in patients with a lower genetic liability to schizophrenia.

Objectives: The study aimed to confirm this hypothesis by comparing schizophrenia patients with higher and lower polygenic risk scores for schizophrenia (SZ-PRS) on the rate of urbanicity, winter birth and obstetric complications (OC), as previous data suggested their independence from the genetic burden of the disease.

Methods: SZ-PRS were calculated for 861 patients with schizophrenia spectrum diagnoses (ICD-10, F2), predominantly of Slavic decent, based on the latest GWAS. For patients comprising the highest and lowest SZ-PRS deciles, information on the environmental risk factors was extracted from medical records. Each environmental factor was coded as present/absent. The presence were defined as being born in the most urban environment (a city's population > 5 million), in winter months and having at least one OC from a predefined list (Alfimova *et al.* Int J Mol Sci 2022; 23: 12629). In addition, hypoxia/asphyxia, and low birth weight were analyzed separately. Polyenvironmental risk scores (PERS) aggregating the three factors were calculated using natural logarithms of the odds ratios (OR) from an umbrella review (Radua *et al.* World

Psychiatry 2018; 17: 49-66). Logistic regression adjusted for ancestry-related principal components, demographic, and technical variables was applied to compare the SZ-PRS deciles on each factor and PERS.

Results: None of the factors alone or PERS predicted SZ-PRS decile membership.

Conclusions: The results did not support the hypothesis. Future research needs reliable data on the frequency of the studied factors in the general population where the patients come from. The study was supported by the Russian Science Foundation, grant no. 21-15-00124.

Disclosure of Interest: None Declared

EPP0469

Clinical, psychological and brain imaging investigation of first episode psychosis patients treated at Semmelweis University, Department of Psychiatry and Psychotherapy, Budapest, Hungary

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Introduction: First episode psychosis (FEP) is the first manifestation of psychotic disorders lasting at least one week, but not longer than 2 years, causing personal suffering and decreased functional outcome of patients. The early intervention in FEP is crucial. Published results on early intervention programmes indicate that during the first 5-10 years relapse prevention and functional outcomes can be improved and mental health care costs can be reduced, compared to treatment as usual.

Objectives: Our objective was to examine FEP patients at the Department of Psychiatry and Psychotherapy. Our aim was to create a homogeneous sample and identify factors that can help in early differential diagnosis and therapy. Our goal was to compare the neuropsychological performance and MRI results of patients and healthy controls.

Methods: Male and female inpatients hospitalized at our department due to a first psychotic episode and consenting to participate were included, since 2019 October. Cases with drug induced psychosis and organic background in the etiology of the psychotic episode were excluded. Male and female healthy controls were matched by age and education. Including healthy controls is still in progress. The duration of the project is 36 months, 24 months for recruiting patients and healthy controls, 12 month for analyzing data. The investigation includes detailed clinical, neuropsychological examination (baseline, 6th, 12th, 18th, 24th month) and MRI (baseline and in the 24th month).

Results: Forty patients and sixteen healthy controls were included. 60% of the patients were rehospitalized due to relapses. Neuropsychological tests (RBANS, faux pas, Baron-Cohen eyes test) indicate cognitive dysfunction compared to healthy subjects. Using resting state fMRI second level analysis we found alterations in thalamo-cortical connectivity. We found significant differences in the connectivity of the thalamus and frontal lobe, postcentral gyrus, insula and cerebellum.

Conclusions: Our FEP research, although limited by the COVID-19 pandemic, shows promising results that can help in better understanding of the underlying factors of psychotic disorders.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0472

New drugs in the treatment of dual psychosis: use of cariprazine in schizophrenia, other psychotic disorders and use of cocaine. A case series in a specific outpatient psychiatric clinic for substance use disorders.

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Introduction: New drugs in the treatment of dual psychosis: use of cariprazine in schizophrenia, other psychotic disorders and use of cocaine. A case series in a specific outpatient psychiatric clinic for substance use disorders.

Objectives: The main objective of this case series is to observe and describe the tolerability and clinical response to different doses of cariprazine in a series of patients with dual psychosis, specifically cocaine users; with a special attention upon psychotic symptoms, disruptive behaviour, affective symptoms and cocaine use pattern.

Methods: This series consists of an observation of a total of 20 patients treated on an outpatient basis. All of them had a either a diagnosis of Schizophrenia or Other Non Specified Psychotic Disorder meeting the DSM-5 criteria, as well as a Cocaine Use Related Disorder meeting the DSM-5 criteria. All of them received treatment with cariprazine in different doses from 1,5mg to 6mg per day, as a solo treatment or as an adjuvant to another previous antipsychotic treatment when antipsychotic augmentation was justified. We observed patients that had started cariprazine in the past three months and that had active drug use or had had one in the past three months.

We monitored the tolerance to the treatment, the clinical response in terms of positive and negative symptoms of schizophrenia, affective symptoms, disruptive behavior, and the response in terms of substance use; for a period of six months of follow-up, with psychiatric consultation at least every month and nurse consultation every two weeks in our clinic.

Results: 95% of the patients did not present any side effect related to cariprazine. In one patient (5%) the treatment had to be stopped due to akathisia that did not disappear after two weeks and symptomatic treatment with benzodiazepines. 60% of patients either stopped using (50%) or reduced their use frequency (50%). 70% of the patients presented an improvement in positive symptoms and behavior. Also, one third of them presented a slight improvement in negative symptoms. 20% of patients referred a significant improvement in depressive symptoms.

Conclusions: The main conclusion of this case series is that cariprazine at any dosis between 3mg and 6mg per day has a positive outcome, both in the psychotic domain and the substance use disorder. We hope this case series will help our colleagues treat their patients suffering from these pathologies in an optimal way. This could also set a basis to encourage a proper clinical trial to assess if new antipsychotics such as cariprazine could be a new standard for the treatment of Dual Disorders.

Disclosure of Interest: None Declared

EPP0473

Exercise addiction: is it linked to eating disorders? A cross-sectional study in a sample of Tunisian athlete students

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Introduction: Eating disorders and sports addiction are becoming increasingly common among athletes. It's important to be aware of these disorders in order to improve their overall prevention.

Objectives: The aim of our study was to determine the links between exercise addiction (EA) and eating disorders in Tunisian students at the Institute of Physical Education and to examine the factors associated with these disorders.

Methods: An anonymous self-administered questionnaire was distributed to students in the Sfax and Gafsa sports sections during March 2023. The Exercise Addiction Inventory (EAI) was used to study exercise addiction. It is a scale whose purpose is to separate individuals into 3 groups: those at risk of exercise addiction (score ≥ 24), those non-addicts with symptoms (score 13 to 23) and those non-addicts without symptoms (score 0 to 12).

Eating disorders were assessed using the SCOFF-F questionnaire (Sick, Control, One stone, Fat, Food), with a score of 2 or more indicating possible eating disorders.

Results: We collected 240 participants. The mean SCOFF-F and EAI scores were 1.7 ± 1.3 and 16.6 ± 4.1 respectively. Among the participants, 52.9% of students were at risk of developing eating disorders and 2.5% of students were at risk of exercise addiction. In our study, 82.5% of students took part in regular physical activity in a gym. The main reasons for going to the gym were muscle strengthening (57.9%) and preparation for a sporting competition (37%).

Among students exercising outside the institute, the mean SCOFF score was significantly higher for those doing so to prepare for a sports competition ($p=0.001$), for professional obligations ($p=0.005$) or for weight loss ($p=0.001$). Participants at risk of exercise addiction had a higher mean SCOFF score, but the difference was not significant ($p=0.051$).

Conclusions: Our study shows that eating disorders were widespread among Tunisian athlete students, and were higher among students at risk of exercise addiction.

Disclosure of Interest: None Declared

EPP0475

Suicidal behaviour and intravenous drug use in chemsex context

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Introduction: Several studies have called attention to the mental health disorders associated with chemsex --the intentional use of drugs before or during sexual intercourse GBMSM (gay, bisexual and men who have sex with men) population-. Sexualized intravenous drug use is also known as slam or slamsex. There are few studies that analyze the mental health differences between intravenous drug users compared to non-intravenous drug users in chemsex context.

Objectives: To describe the suicidal behaviour in a sample of users with sexualized drug use (chemsex) attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" and to compare the suicidal behaviour between intravenous drug users compared to non-intravenous drug users.

Methods: A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" between 2016-2019 was performed.

Results: We included 217 participants. 37 had attempted suicide at least once. The percentage of chemsex users who have attempted suicide were significantly higher in the intravenous drug use group compared to the non-intravenous drug use group ($p<0.05$).

Conclusions: Possible risk factors for suicidal behaviour among chemsex users include slamsex. Other possible risk factors previously described in other studies include adversities experienced due to one's sexual orientation and an increased risk for HIV and other STI infections. Further studies analyzing the relationship between chemsex, slamsex and suicidal behaviour are needed.

Disclosure of Interest: None Declared

EPP0477

Current Challenges and Future Directions of Research in Cell Phone Addiction

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Introduction: Behavioral addictions (BAs) are intensely explored during the last decades due to their impact on the quality of life, functionality, socio-economical negative consequences, and high risk of mental health negative consequences. BAs are new challenges for clinicians and researchers due to a lack of well-defined diagnostic criteria, very few available epidemiological data, and

scarce information about efficient therapeutic interventions. Cell phone addiction (CPA) has been raising a significant interest for mental health specialists because of its increasing prevalence and potential long-term physical and mental complications. Therefore, an analysis of the available data about the main characteristics of this pathology seems granted.

Objectives: The main objective of this review was represented by the need to find relevant reports about the epidemiological, clinical, and therapeutic interventions in CPA.

Methods: A narrative review focused on the available treatments for food addiction was performed through a search in four electronic databases (PubMed, Cochrane, EMBASE, and Web of Science/Clarivate) using the paradigm “cell phone addiction” or “smartphone dependence” and “treatment” or “epidemiology” or “diagnostic criteria” or “risk factors.” No inferior time limit for published papers was established, and the superior limit was July 2023.

Results: A relatively large number of papers regarding this topic were found (n=772), but after applying the inclusion and exclusion criteria, only 29 articles remained. Female gender and adolescents, but also high anxiety levels, insomnia, excessive Internet use, less physical activity, and a higher level of dependence have been correlated with CPA. Six validated scales have been identified as possible instruments for monitoring the CPA evolution. Different diagnostic criteria have been suggested, but they still lack clinical validation. Cognitive-behavioral therapy could be helpful, and smartphone applications that limit online time could also be efficient. Treatment of previously mentioned vulnerability factors is also recommended to obtain long-term favorable effects.

Conclusions: CPA is an increasingly explored BA, but validated diagnostic criteria are still missing. The treatment is also based on extrapolations from other addictions. Therefore large sample-based therapy trials are needed.

Disclosure of Interest: None Declared

EPP0479

Relationship Between Neutrophil-Lymphocyte Ratio and Treatment Retention in Individuals with Opioid Use Disorder

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Introduction: Inflammatory processes may play a role in the pathophysiology of substance use disorders. Chronic opiate use may lead to inflammation, and elevated inflammation markers have been observed in individuals with opioid use disorder (OUD). The Neutrophil-Lymphocyte Ratio (NLR) serves as an indicator of systemic inflammation. NLR can be employed in both diagnosis and treatment monitoring as an inflammatory marker to gauge the severity of OUD.

Objectives: Our aim was to assess the utility of NLR as a marker of chronic inflammation in diagnosing and monitoring treatment in individuals with OUD.

Methods: A total of 200 patients with OUD and 78 healthy control subjects were enrolled in the study. Patients were initially admitted

to a 28-day abstinence-based inpatient program and subsequently transitioned to outpatient buprenorphine/naloxone (B/N) maintenance treatment after hospitalization at the Alcohol and Substance Addiction Treatment Center in Trakya University School of Medicine (Edirne, Türkiye). NLR was employed as a measure of systemic inflammation. Blood samples were collected the morning following admission for detoxification. Patients were categorized into two groups: the treatment retention group and the dropout/relapse group based on their 3-month and 12-month follow-up results. Clinical data were obtained from patient records.

Results: At the 3-month follow-up, the median NLR with interquartile range was 1.34 (1.05-1.99) in the treatment retention group (n=112) and 1.72 (1.11-2.46) in the dropout/relapse group (n=88). At the 12-month follow-up, the median NLR with interquartile range was 1.28 (0.88-1.85) in the treatment retention group (n=52) and 1.56 (1.07-2.33) in the dropout/relapse group (n=148). The median NLR in the control group (n=78) was 1.36 (1.12-1.74). According to the 3-month and 12-month follow-up data, the difference between the groups concerning NLR was statistically significant ($\chi^2=9.072$, $p=0.011$; $\chi^2=11.165$, $p=0.004$; respectively). Pairwise comparisons indicated that patients in the dropout/relapse group had significantly higher baseline NLR values than those in the treatment retention group and healthy controls according to the 3-month ($p=0.038$ and $p=0.019$, respectively) and 12-month follow-up data ($p=0.012$ and $p=0.040$, respectively). NLR did not differ significantly between the treatment retention and control groups in both follow-ups ($p>0.05$).

Conclusions: Our findings suggest that elevated baseline NLR is associated with dropout/relapse in OUD, indicating its potential as a marker for treatment follow-up in these patients.

Disclosure of Interest: None Declared

EPP0480

Relationship of Interoceptive Accuracy with Craving, Personality Dimensions, and Alexithymia in Alcohol Use Disorder

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Introduction: Interoception encompasses processes that involve receiving, processing, and integrating bodily signals with external stimuli, ultimately influencing ongoing motivated behaviors. Disruptions in these interoceptive processes are believed to contribute to the development and progression of alcohol use disorder (AUD). Interoceptive accuracy (IAC), the objective dimension of interoception, has been shown to be decreased in patients with AUD. Traits linked to substance use vulnerability, such as personality dimensions and alexithymia, may be associated with decreased IAC.

Objectives: Our objective was to compare the heartbeat perception (HBP) scores, as a measure of IAC, between abstinent inpatients with AUD and healthy controls. Additionally, we aimed to investigate potential associations between IAC and variables such as alcohol craving, personality dimensions, and alexithymia.

Methods: The study comprised 48 abstinent inpatients with AUD and 68 healthy control subjects. All participants completed a heart rate tracking task, serving as an objective physiological measure of IAC. In addition to the IAC task, several assessments were administered to the patient group, including the Alcohol Use Disorders Identification Test (AUDIT), the Penn Alcohol Craving Scale (PACS), the Temperament and Character Inventory (TCI), and the Toronto Alexithymia Scale (TAS-20). Patients were recruited for a 28-day abstinence-based inpatient treatment program, and all assessments were conducted during the final week of hospitalization at the Alcohol and Substance Addiction Treatment Center in Trakya University School of Medicine (Edirne, Türkiye).

Results: Patients' HBP scores (mean \pm standard deviation: 0.59 ± 0.21) were significantly lower than those of healthy control subjects (0.74 ± 0.15) ($t = -4.469$, $p < 0.001$). The patients' HBP scores showed significant negative correlations with AUDIT ($r = -0.312$, $p = 0.035$), PACS ($r = -0.361$, $p = 0.019$), and TAS-20 scores ($r = -0.406$, $p = 0.004$). Additionally, there was a significant positive correlation between patients' HBP scores and TCI self-directedness scores ($r = 0.371$, $p = 0.009$), and a near-significant correlation with TCI persistence scores ($r = 0.282$, $p = 0.052$). TCI novelty seeking, harm avoidance, reward dependence, cooperativeness, and self-transcendence scores did not significantly correlate with patients' HBP scores ($p > 0.05$).

Conclusions: Our findings may support the hypothesis that interoceptive processes play a role in AUD, and that certain traits linked to vulnerability to alcohol use are associated with decreased IAC.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP0481

Factors influencing delays in the diagnosis and treatment of bipolar disorder in adolescents and young adults: A systematic scoping review.

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Introduction: Bipolar Disorder (BD) is a complex psychiatric condition that typically manifests during late adolescence and early adulthood. Over the past two decades, international studies have reported that BD often goes unrecognized and untreated for several years, which can lead to negative clinical and functional outcomes. However, the components of delay in the diagnosis and treatment of BD in adolescents and young adults and various factors influencing those components have not been systematically explored.

Objectives: To determine the known factors that contribute to delays in the treatment of BD in adolescents and young adults and identify current knowledge gaps.

Methods: A conceptual framework based on the *Model of Pathways to Treatment* by Scott and colleagues was used as a foundation for

our search and extraction strategy to ensure all components of delay and potential factors influencing each component are explored. We used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guideline (PRISMA-ScR) to systematically search the electronic databases of MEDLINE (OVID), EMBASE, PsycINFO and CINAHL for peer-reviewed original research articles published from January 01, 2000 through March 29, 2023. Inclusion was restricted to studies with quantitative or qualitative data on individuals diagnosed with bipolar spectrum disorders with symptomatic onset or study participation between the ages of 13-24. Grey literature and studies not published in English were excluded due to resource limitations. Two independent reviewers screened the references retrieved by the literature search based on our inclusion criteria. The findings of included studies were summarized in a narrative and tabular form according to component of delay.

Results: Our search yielded 5180 unique citations, of which 44 articles met our inclusion criteria. We present findings on the patient, illness, and healthcare provider/mental health system factors contributing to the delays in illness appraisal, help-seeking, diagnosis, and treatment.

Conclusions: To the best of our knowledge, this is the first systematic scoping review to explore the potential factors that influence delays in the treatment of BD in adolescents and young adults. Findings from this review will inform clinical practice and policy. We also demonstrate the utility of a systematic approach to identifying the components of delay, from symptom recognition through treatment, as a methodology to help identify knowledge gaps to inform future research.

Disclosure of Interest: None Declared

EPP0483

Concentration of HSPA1A and transthyretin proteins in the blood serum of patients with bipolar disorder

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Introduction: Insufficient knowledge about the pathophysiological processes in bipolar disorder (BD) leads to difficulties in differentiating this disorder from other affective disorders. Quantitative analysis of serum protein profiles in BD expands our understanding of the pathophysiology of the disease and may aid in subsequent diagnosis. As a result of a previously conducted comparative mass spectrometric study of serum proteins in patients with depression, bipolar disorder and healthy donors, increased expression of Heat Shock 70kDa Protein1A (HSPA1A) and transthyretin was identified.

Objectives: Determination of HSPA1A and transthyretin concentrations in the blood serum of patients with mental disorders.

Methods: Blood serum of 28 patients with bipolar disorder aged 49 years [33;52], 30 patients with recurrent depressive disorder aged 40 years [31; 51] and 130 patients with schizophrenia aged 38 years [31;49], as well as 20 mentally and somatically healthy individuals aged 35 years [31;40] was studied. The amount of Heat shock protein 1A (HSPA1A) and Transthyretin (thyroxine and retinol transport protein) was determined using a Enzyme-linked Immunosorbent Assay Kit from Homo sapiens (Cloud-Clone Corp). Statistical data processing was carried out in the Statistica 12.0 program.

Results: A statistically significant ($p = 0.016$) increase in the level of HSPA1A was found in patients with BD (0.84 [0.59; 1.09] ng/ml), compared with healthy individuals (0.61 [0.51; 0.77] ng/ml). HSPA1A plays a pivotal role in the protein quality control system, ensuring the correct folding of proteins. It is known that this protein is involved in the embryonic development of the central nervous system, as well as in neuroprotection by preventing the death of neurons due to its anti-apoptotic properties. A statistically significant ($p = 0.047$) increase in the level of transthyretin was found in patients with BD 21.8 pg/ml, compared with healthy individuals 19.4 pg/ml. Transthyretin plays an important role in ensuring the normal state of the central nervous system and is involved in cognitive processes.

Conclusions: Thus, the HSPA1A and transthyretin are probably involved in the pathogenesis of BD and can be proposed as be proposed as an additional paraclinical criterion for differential diagnosis.

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Disclosure of Interest: None Declared

EPP0484

How Many Criteria Should be Required to Define the DSM-5 Mixed Features Specifier in Depressed Patients?

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Introduction: During the past 2 decades there has been intense interest in the clinical significance of the concurrence of manic symptoms in depressed patients. DSM-5 introduced a mixed features specifier for both bipolar depression and major depressive disorder. Studies of the DSM-5 mixed features specifier have generally found a low prevalence of mixed depression. One approach towards increasing the sensitivity of the DSM-5 mixed features criteria is to lower the classification threshold.

Objectives: In the present study we examine the impact of lowering the DSM-5 diagnostic threshold from 3 to 2 criteria on the prevalence and validity of the DSM-5 mixed features specifier for depression.

Methods: Four hundred fifty-nine psychiatric patients in a depressive episode were interviewed by a trained diagnostic rater who administered semi-structured interviews including the DSM-5 Mixed Features Specifier Interview. The patients were rated on clinician rating scales of depression, anxiety and irritability, and measures of psychosocial functioning, suicidality, and family history of bipolar disorder.

Results: If the DSM-5 diagnostic threshold is lowered from 3 to 2 symptoms, then the prevalence of mixed features based on the

DSM-5 majority of episode time frame tripled from 3.9% to 13.1% ($n=60$). Based on a past week time frame prevalence more than doubled from 9.4% to 22.9% ($n=105$) going from the 2 and 3 symptom threshold, respectively. There was no difference between the patients with 2 mixed features and patients with 0 or 1 mixed features on family history of bipolar disorder, psychosocial impairment, presence of comorbid disorders, age of onset, history of suicide attempts or psychiatric hospitalization.

Conclusions: The results of the present study do not support lowering the DSM-5-TR diagnostic threshold for the mixed features specifier in depressed patients from 3 to 2.

Disclosure of Interest: None Declared

EPP0485

Understanding Lithium intoxication in Bipolar Disorder: a comparative analysis and clinical implications

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Introduction: Lithium treatment is a proven method for bipolar disorder management, but its narrow therapeutic range and the risk of severe side effects, including lithium intoxication, pose significant clinical hurdles. Lithium intoxication, a potentially life-threatening complication, can occur during treatment, raising ongoing questions about its clinical factors, risk elements, and best practices for management.

Objectives: Our objective is a comparative analysis between patients who have experienced lithium intoxication and those who have not, aiming to identify influencing factors and enhance clinical care.

Methods: We collected demographic data, age at lithium treatment initiation, treatment duration, therapeutic adherence, Mental Health consultations, and lithium level monitoring from 14 individuals requiring clinical attention due to lithium intoxication and 14 patients with similar gender, age, and diagnosis with lithium treatment but without intoxication during four years of follow-up.

Results: Regarding the results, the age of onset of lithium treatment in patients with lithium intoxication was 30.2 years ($SD=8$), and the duration of lithium treatment averaged 11.1 years ($SD=8.8$), which did not significantly differ from the control group with ages of onset at 38.1 years ($SD=15.1$) and treatment duration of 9.27 years ($SD=8.8$), respectively. Lithium intoxication patients developed severe complications, including hospitalizations in medical-surgical units, the necessity for dialysis, and death, one fatal case. Although therapeutic adherence to lithium, measured through pharmaceutical dispensation, exceeded 90% and was comparable in both groups, patients affected by lithium intoxication exhibited a significantly higher treatment discontinuation rate ($OR\ 32.5$; 95% CI, 3.1 to 337.8) during the follow-up period. Patients who experienced lithium intoxication had an average of psychiatric consultations every 11.2 months ($SD=13.4$), with 35.7% not attending at least once a year, while the control group had an appointment every 5.31 months ($SD=2.7$) ($p > 0.05$). Lastly,

despite both groups having a similar frequency of plasma lithium level monitoring, occurring approximately every 5.5 months (SD=2.6) and 7.8 months (SD=4.8), respectively, in 28.5% of those who suffered from lithium intoxication did not undergo any monitoring for periods exceeding 18 months ($p < 0.05$).

Conclusions: Our research highlights the significance of delivering thorough clinical care and continuous monitoring to patients receiving lithium treatment for bipolar disorder. Ensuring effectiveness therapeutic adherence and maintaining strict monitoring of lithium levels are critical factors that significantly enhance treatment safety. Appropriate management has the potential to improve the quality and safety of care for people with bipolar disorder who are dependent on lithium therapy.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0486

Pharmacogenetic intervention in the Child and Adolescent Autism Day Therapeutic Unit

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Introduction: The ASD Therapeutic Day Unit is a tertiary care unit that consists of 20 beds, designed to facilitate the evaluation and treatment of children and adolescents with ASD who present high psychiatric comorbidity with behavioral problems, communication/language problems, sensory, and/or in the management of their repetitive and restricted interests. In addition to diagnosis and genetic counseling and clinical care, we offer the possibility of performing an individualized pharmacogenetic study in order to offer appropriate pharmacological treatment to patients with ASD and comorbidities.

Objectives: The objective is to promote pharmacological tolerability, avoid unwanted side effects, as well as avoid the use of polypharmacy, in children with a tendency to poor drug metabolism.

Methods: A review of the medical history of the patients included in the Blood Extraction Program of the ASD Day Therapeutic Unit is carried out during the year 2022. The existing medications at admission, the results of the pharmacogenetic analyzes carried out, and the pertinent changes in the pharmacological treatment of these children.

Results: 37 children were included in the program during 2022. The genes CYP1A2, CYP2C19, CYP2D6, CYP3A4 and 5-HTT were analyzed. The variant studied is described, as well as the observed genotype and the expected phenotype.

Of the 37 patients, 11 maintained the same pharmacological treatment as at the beginning of admission, 5 were not taking pharmacological treatment and 25 underwent a treatment modification. The most frequently modified treatment was risperidone with aripiprazole ($n=10$), secondly risperidone with guanfacine ($n=5$), and thirdly fluoxetine with aripiprazole ($n=2$).

Furthermore, the degree of pharmacological polytreatment was reduced. 18 patients switched to a single drug, instead of 14. 11 patients 2 drugs (instead of 14), 3 patients 3 drugs instead of 4 and 5 patients remained without drug treatment.

Conclusions: Patients with ASD have worse tolerability to pharmacological treatments than other patients with severe mental disorders.

The use of pharmacogenetics allows improving the cost/effectiveness of medical prescription, avoiding undesirable side effects or lack of effectiveness in the treatment of patients with ASD.

Promoting the implementation of pharmacogenetics in patients with ASD (among others) would improve the clinical situation of these patients more effectively and would improve the economic expenditure derived from erroneous prescription and/or excessive polypharmacy.

Disclosure of Interest: None Declared

EPP0487

The uncharted territory of female adult ADHD: a comprehensive review

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD), once considered a predominantly childhood condition, has increasingly gained recognition as a prevalent and clinically significant concern among adult women. They often display a distinctive symptom profile characterized by high levels of inattention, emotional dysregulation, and difficulties in executive functioning. Diagnosis of female adult ADHD is frequently complicated by gender bias in traditional diagnostic criteria, which may fail to account for the unique ways in which women manifest the disorder.

Objectives: This comprehensive literature review aims to characterize the unique symptomatology of female adult ADHD, including variations in inattention, hyperactivity, and impulsivity, as well as the presence of emotional dysregulation. It also seeks to explore the diagnostic challenges stemming from gender bias in diagnostic criteria and the role of comorbidity in diagnostic complexity. Additionally, the review assesses the broad spectrum of functional impairments experienced by adult women with ADHD, spanning academic, occupational, interpersonal, and emotional domains.

Methods: This literature review comprises a systematic examination of published research articles, clinical studies, and relevant academic literature addressing female adult ADHD. A comprehensive search strategy involving electronic databases, including PubMed, PsycINFO, and Google Scholar, was employed to identify peer-reviewed articles published between 2000 and 2023. The selected studies underwent critical appraisal for quality and relevance to the review's objectives.

Results: The synthesis of existing literature reveals that female adult ADHD presents a distinctive clinical picture characterized by a higher prevalence of inattention, emotional dysregulation, and comorbid conditions such as mood and anxiety disorders. Diagnostic challenges arise from gender bias in diagnostic criteria and

the absence of overt hyperactivity, often leading to delayed diagnosis or misdiagnosis. Functional impairments extend to academic, occupational, interpersonal, and emotional domains, affecting the overall quality of life for affected individuals. Gender-specific factors, including societal expectations and biases in healthcare evaluation, contribute to diagnostic disparities and hinder timely access to appropriate interventions.

Conclusions: The literature review underscores the critical need for enhanced recognition, understanding, and tailored support for female adults with ADHD. The distinct symptomatology, diagnostic complexities, functional impairments, and gender-specific factors contribute to a multifaceted clinical landscape. Advancing gender-sensitive diagnostic criteria, increasing awareness among healthcare professionals, and developing interventions that address the unique needs of this population are essential steps toward improving the quality of life and outcomes for female adults with ADHD.

Disclosure of Interest: None Declared

EPP0490

Clinical features of suicidal behaviour in youth with borderline personality disorder

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Introduction: Borderline personality disorder (BPD) in youth has the greatest spectrum of psychopathology and is strictly associated with nonsuicidal self-injury (NSSI) and suicidal behaviour [Guile et al. *Adolesc Health Med Ther* 2018; 9 199-210; *Paris Med.* 2019; 55(6):223]. The formation of autoaggressive behaviour and suicidal activity is due to the psychopathological features of BPD, which include affective instability, impulsivity and impaired self-identity.

Objectives: The aim of the study was to investigate the psychopathological features of suicidal behaviour in BPD in youth.

Methods: Clinical and psychopathological examination with assessment of suicidal behaviour at the time of, 6 and 12 months later. For additional psychometric examination of patients we used: SCID-II questionnaires, Barratt Impulsiveness Scale (BIS-11), Toronto Alexithymic Scale (TAS), Columbia Suicide Severity Rating Scale (C-SSRS). Sample: N=62 male and female youth males and females in two equal groups of 31, respectively, with an established diagnosis of BPD and the presence of suicidal behaviour. The mean age of first referral in both groups was 19.1 ±2.2 years.

Results: This study defined 2 variants of suicidal behaviour in patients with BPD in youth: 1) Expansive - with predominance of impulsiveness (BIS-11 70±3), affective instability, associated with psychosocial factors as a trigger of suicidal activity. Suicidal attempts were made at the height of psychoemotional stress. These patients were characterised by moderately high scores of the C-SSRS scale 2±1, in which patients noted the absence of a plan and specific intentions before the attempt, and a lower incidence of repeated attempts after 6 (N=6 (19.4%) and 12 months N=10 (32.2%). 2) Rationalistic variant of suicidal behaviour was found in patients with predominance of self-identification disorders,

dissociative disorders and high level of alexithymia TAS 81±4.2 in the clinical picture. Suicidal ideation was revealed in all patients, often throughout the entire youth period, and attempts were characterised by thoughtfulness and led to severe consequences, including fatal outcome. Patients with rationalistic variant of suicidal activity had higher C-SSRS scale scores of 4±1, with the presence of suicidal intentions and high frequency of attempt recurrence after 6 (N=11 (35.5%) and 12 months (N=17 (54.8%)).

Conclusions: The variant of suicidal behaviour depended on the degree of severity and correlation of the psychopathological structure of BPD in youth. Less favourable prognosis was characteristic of the rationalistic variant due to the high frequency of repeated attempts. The results obtained require further analysis and contribute to the development of differentiated therapeutic strategies.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0491

Weight changes in esketamine nasal spray and quetiapine extended-release treated patients with treatment resistant depression: Results from ESCAPE-TRD study

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Introduction: In ESCAPE-TRD, esketamine nasal spray (ESK-NS) significantly increased the probability of remission at Week (Wk)8 and being relapse-free through Wk32 after remission at Wk8 versus (vs) quetiapine extended-release (QTP-XR), in patients (pts) with treatment resistant depression (TRD). Safety data were consistent with established profiles of each treatment, with no new safety signals identified (Reif et al. *DGPPN* 2022; P-01-04).

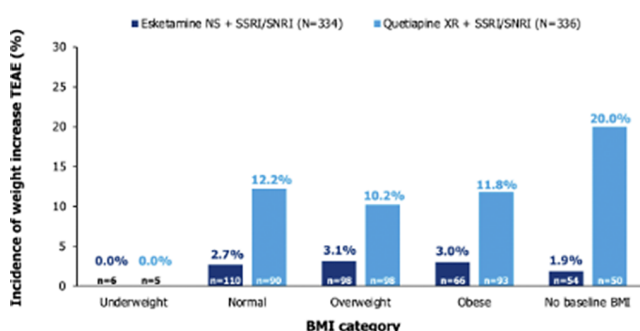
Objectives: To explore weight changes and their impact on treatment discontinuation in ESCAPE-TRD.

Methods: ESCAPE-TRD (NCT04338321) was a randomised, open-label, rater-blinded, phase IIIB trial comparing efficacy and safety of ESK-NS vs QTP-XR in pts with TRD. Safety analyses were conducted on pts who received ≥1 dose of study treatment. Treatment-emergent adverse events (TEAEs) were defined as occurring at or after the first dose of study treatment and within 14 days/30 days (non-serious/serious) of the last dose. A ≥7% increase/decrease in weight from screening was considered for evaluation as a TEAE. Weights were measured and are reported as observed, with no missing data imputation.

Results: 336 and 340 pts were randomised to ESK-NS and QTP-XR; 334 and 336 were included in the safety population. Over the 32-week study, a TEAE of weight increase was reported in fewer pts treated with ESK-NS than QTP-XR (9 [2.7%] vs 42 [12.5%]), leading to treatment discontinuation in 0 vs 6 (1.8%) pts, respectively. Incidences of weight increase TEAEs were balanced across pts categorised as normal, overweight or obese by baseline body mass index (BMI; **Figure**). A weight decrease TEAE was reported in 7 pts (2.1%) in the ESK-NS arm vs 0 pts in the QTP-XR arm. Mean (standard deviation [SD]) weight at baseline was 76.4 (16.2) kg (ESK-NS; n=334) vs 79.1 (16.9) kg (QTP-XR; n=336). At Wk32, mean weight was maintained (76.5 [16.3] kg) in ESK-NS treated pts (n=249; mean [SD] change from baseline: 0.1 [4.0] kg) and increased (80.7 [15.6] kg) in QTP-XR treated pts (n=203; mean [SD] change from baseline: 2.5 [5.1] kg).

Image:

Figure. Incidence of weight increase TEAEs during ESCAPE-TRD by treatment arm and baseline BMI category



Safety set. Patients categorised according to BMI at baseline (underweight: <18.5 kg/m²; normal: 18.5–<25 kg/m²; overweight: 25–<30 kg/m² and obese: ≥30 kg/m²). Weight increase TEAEs were based on weight relative to screening. Data reported as observed; n numbers refer to total numbers of patients in a BMI category at baseline.

Conclusions: Increase in weight was uncommon with ESK-NS; weight increases were more common with QTP-XR and resulted in more treatment discontinuations. Weight increase was independent from baseline BMI.

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Disclosure of Interest: None Declared

EPP0494

A scoping review of the literature on the prevalence and correlates of anxiety and depression among undergraduate health science students

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Introduction: Health science students in post-secondary institutions experience high levels of depression and anxiety due to

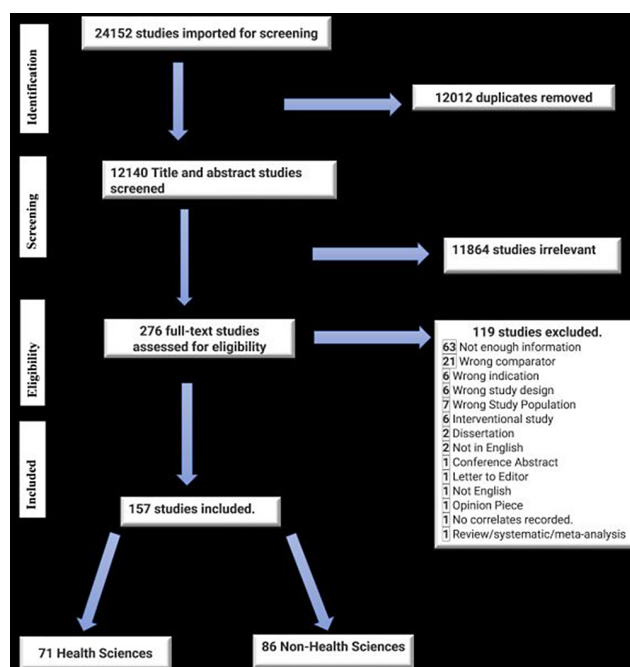
increased stress levels, workload, low socioeconomic status, and history of family mental illness, among other factors. Given the significant negative impact that depression and anxiety can have on undergraduate health science students, it is essential to understand the prevalence and correlation of these conditions in this population.

Objectives: This scoping review aims to identify, document and analyze the literature on the prevalence and determinants of anxiety and depression among undergraduate health sciences students and identify gaps in knowledge for future research.

Methods: The scoping review was planned and executed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for the Scoping Reviews statement. A comprehensive and systematic search was carried out for five databases, namely MEDLINE, Scopus, EMBASE, CINAHL and PubMed.

Results: From the literature identified by our search strategy, the lowest prevalence for anxiety was 5.8%, and the highest was 82.6%, with a median of 44.25%. The prevalence of depression ranged from a high of 88.8% to a low of 2.1%, with a median value of 34.8%. Our analysis revealed that correlates of anxiety and depression among health science students include sociodemographic factors such as age, sex, gender, relationships, ethnicity and family history, personal health conditions, and academic and socioeconomic issues.

Image:



Conclusions: With the high incidence of anxiety and depression among health science students, there is an increasing need to find practical remedies to support these students. It is also essential for policymakers and university authorities to implement interventions such as supportive text messages and other strategies geared toward providing support and improving the psychological well-being of health science students.

Disclosure of Interest: None Declared

EPP0495

Factors associated with anxious distress in major depressive episodes: a cross-sectional study

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Introduction: The comorbidity between depression and anxiety is a common occurrence. The DSM-5 introduced the “anxious distress” (AD) specifier that can be applied to any depressive episode – both in major depressive disorder (MDD) and bipolar disorder (BD) – when symptoms such as feelings of tension, restlessness, difficulty concentrating, and fear that something awful may happen or to lose control are present. Longitudinal data showed that the AD specifier may be an effective predictor of chronicity, time to remission, and functional disability in depressive disorders. In addition, evidence on AD proved its association with increased depressive symptom severity.

Objectives: Available literature seems to suggest that AD occurs in a specific subgroup of patients, thus enabling a peculiar clinical profile to be outlined. To expand knowledge in this field, we performed a cross-sectional study aimed at identifying clinical correlates of AD in people with major depressive episodes.

Methods: Adult people admitted to two psychiatric inpatient units in the northern area of the Metropolitan City of Milan from May 2020 to December 2022 were screened for a major depressive episode and relevant specifiers using the Structured Clinical Interview for DSM-5 (SCID-5). Data on socio-demographic and clinical variables were collected. The severity of depressive and manic symptoms was assessed using the Montgomery-Åsberg Depression Rating Scale (MADRS) and Young Mania Rating Scale (YMRS), respectively. Univariate comparisons between participants with and without AD were conducted, and two multiple logistic regression models were arranged to investigate the association between AD and candidate explanatory variables.

Results: We included 206 inpatients with a major depressive episode (mean age = 48.4 ± 18.6 years; males = 38.8%), of whom 155 diagnosed with MDD and 51 with BD. AD was present in 137 participants (66.5%). Mixed features ($p=0.049$), higher YMRS scores ($p=0.004$), psychotic features ($p<0.05$), and a diagnosis of MDD ($p<0.05$) were found to be associated with AD in the multiple logistic regression analysis.

Conclusions: Notwithstanding some limitations, such as the cross-sectional design and the inclusion of inpatient only, our study highlights the association of AD with mixed and psychotic features, as well as with MDD. Clinical implications of these results include the possible contribution in delineating a specific symptom profile in people with AD during a major depressive episode.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPP0496

The Influence of Depression in the Evolution of Parkinson's Disease: A Psychiatric Perspective

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Introduction: Parkinson's disease (PD) is a neurodegenerative condition that is predominantly characterised by its motor symptoms. Nevertheless, it is important to note that non-motor symptoms, particularly depression often occur concurrently, exerting a substantial influence on the progression of the disease and the overall well-being of individuals affected by it.

Objectives: The objective of this study is to examine the influence of depression on the advancement of Parkinson's disease (PD) from a psychiatric perspective. This analysis will involve an assessment of the common neurobiological pathways involved and the potential implications for clinical treatment and care.

Methods: A comprehensive assessment of the literature was conducted, focusing on clinical observations, neurochemical interactions, and neuroimaging investigations that provide insight into the concurrent presence of depression and Parkinson's disease (PD). This study aimed to investigate the potential impact of depression on the severity of Parkinson's disease symptoms, the course of the disease, and the responsiveness to treatment.

Results: Depression in Parkinson's disease (PD) is not only a reactive occurrence, but rather it may be attributed to common pathophysiological mechanisms, such as changes in dopamine and serotonin pathways. The coexistence of depression among individuals with Parkinson's disease (PD) has been linked to heightened severity of motor and cognitive symptoms, accelerated development of the disease, and diminished effectiveness of therapy interventions. Furthermore, the presence of depression in individuals with Parkinson's disease intensifies the psychosocial difficulties experienced by both patients and their carers.

Conclusions: The recognition and management of depression in individuals with Parkinson's disease (PD) is of utmost importance in order to enhance treatment approaches and enhance the overall well-being of patients. The establishment of interdisciplinary collaboration between neurologists and psychiatrists is necessary in order to guarantee a holistic approach to patient care.

Disclosure of Interest: None Declared

EPP0497

Cannabis use in first episode psychosis in Tunisia

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Introduction: The use of cannabis is associated with developing psychotic disorders, especially for those with a pre-existing vulnerability and elevated familial risk for psychosis.

Objectives: To assess cannabis use during first episode psychosis and its relationship with patients' clinical symptoms and functioning.

Methods: We assessed 50 patients hospitalized for first episode psychosis using three scales: CAST test (Cannabis Abuse Screening Test), Positive and Negative Syndrome Scale (PANSS) and Global Assessment of Functioning (GAF).

Results: The sex ratio of our population was 4 men to 1 woman. The average age was 25.6 ± 6.16 years. About 60% of the patients used cannabis. The average duration of untreated psychosis was 10 months, with extremes ranging from one week to 24 months. Forty-four patients were antipsychotic-naïve (88%). For patients who used cannabis, the mean score of CAST test was 11.3 ± 4.16 , with extremes between 4 and 18. The risk of dependence was high in 81% of cannabis users. The PANSS total scale showed a mean score of 58.29 ± 12.90 with extremes between 35 and 91. The average score at GAF scale was 30 with extremes between 20 and 70. Duration of untreated psychosis was significantly correlated to negative scale of PANSS ($p=0,012$; $r=0,420$), PANSS total score ($p=0,011$; $r=0,424$) and GAF levels ($p=0,012$; $r=-0,420$).

There was no association between age of onset of psychosis and cannabis use ($p=0,181$) nor CAST scores ($p=0,747$). There was no correlation between CAST and GAF scores ($p=0,641$).

However, there was a significant and positive correlation between CAST scores and positive scale of PANSS ($p=0,04$; $r=0,432$).

Conclusions: Cannabis use is neither necessary nor sufficient to cause psychosis on its own. However, it has an influence on the prognosis. Early intervention programs should address cannabis and substance use problems early in the course of illness.

Disclosure of Interest: None Declared

EPP0498

Relevance of sociodemographic characteristics on patients with bipolar disorder and substance use disorder

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Introduction: Substance use disorder is a common comorbidity with bipolar disorder, having implications on its diagnosis, treatment

adherence, and number of hospitalizations. Understanding the particular characteristics of this population is of the utmost importance to improve clinical outcomes.

Objectives: Our aim is to analyze the sociodemographic characteristics of the patients in the inpatient unit of a tertiary hospital and to reflect on its impact on treatment. Our study looks over a 3-year period, and all patients analyzed have a dual diagnosis of both bipolar disorder and substance use disorder.

Methods: We collected, retrospectively, data from the hospital platform and analyzed it on SPSS Statistics 26, along with a literature review.

Results: In the analyzed period of 3 years, there were 2384 hospitalizations in the Coimbra's University Hospital psychiatric ward, and 88 hospitalizations were coded with a dual diagnosis of bipolar disorder and substance use disorder.

Regarding gender distribution, 41% of the patients were female and 49% of the patients were male, with a mean age of 47 years.

There were 12 patients who were re-hospitalized once (7 of them were men) and 6 who were re-hospitalized twice (4 of them were men) during the analyzed period.

At the time of hospitalization, 60.5% of male patients were single, 21.1% were divorced, and only 15.8% were married, while female patients were mainly married (35.7%) and only 28.6% were single. Female patients had more frequent support from social and community institutions (17.9% vs 5.3% in men) while 2.6% of men had no support from family or institutions.

Regarding education, more men accomplished high school education (21.1% vs 17.9% in women) and university education (18.4% vs 14.3%). In our sample, there were 3.6% of women who were illiterate.

During their lifetime, female patients were hospitalized around 5 times and men around 3.7 times, despite the fact that the mean age of female patients on their first hospitalization was 36 years, and in male patients, it was 34 years.

Treatment adherence is more significant in female patients (70.3% vs 69.2% in men), even though women maintain active substance abuse more frequently (42.9 vs 39.5%).

Conclusions: Male and female patients have different backgrounds and different support either in spouses, family, or social institutions. These nuances may play an important role in the number of re-hospitalizations, treatment adherence, and maintenance of abstinence.

Taking these aspects into consideration may help improve clinical outcomes.

Disclosure of Interest: None Declared

EPP0499

Cerebrovascular insult as a consequence of poor health behaviour in patients with schizophrenia and bipolar disorder

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Introduction: Cerebrovascular insult (CVI) in patients with psychiatric diseases is to a large extent more prevalent and is accompanied by a worse prognosis after a incident. Despite the higher mortality, these patients are less frequently subjected to CT angiography and interventional intervention on the blood vessels of the brain.

Objectives: To show the frequency of cerebrovascular insults in patients with schizophrenia (SCH), bipolar affective disorder (BP), and depression, depending on age, gender, socioeconomic characteristics, professional qualifications, and dietary habits.

Methods: A total of 1200 patients with SCH, BD and depression were treated over a period of five years.

Results: 11.1% SCH patients had CVI and 3,7% a cases of bipolar affective diseases. CVI was most often experienced by patients who were married, employed, or retired, and who lived in urban areas. Smoking, elevated blood pressure values, elevated BMI do not have a significant impact on the occurrence of CVI in all groups. Patients with elevated values of glucose, total cholesterol and LDL cholesterol and CRP had a higher incidence of cerebrovascular insult.

Conclusions: It is necessary to work on raising the awareness of people suffering from psychiatric diseases regarding lifestyle and eating habits, and to conduct periodic health examinations. It is important to recognize high-risk patients and educate them about preventive measures.

Disclosure of Interest: None Declared

EPP0500

Sleep disorders and addiction A study of 100 patients

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Introduction: Several studies have demonstrated a high prevalence of sleep-related complaints in subjects with an addiction to psychoactive substances (alcohol, cannabis, nicotine, cocaine) Sleep disorders negatively influence the quality of life of subjects suffering from addiction and increase the risk of relapse

Objectives: To assess the prevalence of sleep disorders in patients with problematic use of psychoactive substances as well as associated factors

Methods: This is a descriptive and analytical cross-sectional study carried out among 100 patients followed at Ar-Razi hospital Salé in Morocco for problematic use of psychoactive substances from June 1 to August 30, 2023

A questionnaire was used assessing the socio-demographic and clinical characteristics of our population

Sleep quality was assessed by the Pittsburgh Scale (PSQI)

Results: There were 100 patients, with ages ranging from 18 to 56 years old and the majority of whom were males.

History of somatic pathology was reported in 36% of patients

The majority of patients had an associated anxiety disorder (60%) The most consumed psychoactive substances were tobacco (95%), followed by cannabis, benzodiazepines and alcohol.

75% of patients reported poor sleep quality

There was a statistically significant difference between the risk of relapse and the reduction in sleep quality

Conclusions: The prevalence of poor sleep quality in patients with disorders linked to psychoactive substance use is high, hence the importance of early detection in order to improve treatment.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP0502

A comparative study of psychological factors in Men who have Sex with Men (MSM) with and without HIV

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Introduction: As a result of the notable progress in HIV / AIDS prevention and treatment globally, the HIV epidemic is considered controlled to the extent that individuals living with HIV manage to have a similar life expectancy to HIV-negative individuals and a good level of health. However, the "epidemic" related to the stigma of HIV-positive individuals, particularly of Men who have Sex with Men (MSM), still remains an issue, while it has been associated with a profound negative impact on individuals' mental health.

Objectives: The present study aimed to compare anxiety, depression, social support, loneliness, and psychological resilience between MSM with and without HIV. Furthermore, the study investigated the correlates of HIV related stigma in MSM with HIV.

Methods: The sample of the study comprised a total of 139 adult MSM. According to their self-report 84 individuals were HIV-negative (age in years: M = 24.58, SD = 5.55), while the remaining 55 individuals were HIV-positive (age in years: M = 38.99, SD = 10.95). Furthermore, the majority of individuals in both groups reported Greek nationality. Participants completed a questionnaire on socio-demographic characteristics, the Hospital Anxiety and Depression Scale to assess anxiety and depression, the UCLA Loneliness Scale to measure loneliness, the Brief Resilience Scale (BRS) to evaluate psychological resilience, and the Multidimensional Scale of Perceived Social Support (MSPSS) to assess social support. HIV-positive individuals additionally completed the HIV Stigma Scale-Brief Version, a brief scale measuring social stigma related to HIV.

Results: According to the findings, MSM with and without HIV did not differ in anxiety ($p = 0.908$), depression ($p = 0.904$), social support ($p = 0.657$), loneliness ($p = 0.086$), and psychological resilience ($p = 0.600$). Furthermore, it emerged that among HIV-positive MSM, stigma was positively associated with anxiety ($r = 0.479, p < 0.001$), depression ($r = 0.479, p < 0.001$), and loneliness ($r = 0.532, p = 0.001$), while the correlation was negative with social support ($r = -0.456, p < 0.001$) and resilience ($r = -0.400, p < 0.003$). No significant association was found between stigma and age in HIV-positive individuals ($r = 0.099, p = 0.474$).

Conclusions: In conclusion, the findings of this study identified possible risk factors as well as protective factors for the mental health of HIV-positive MSM. As long as stigma associated with HIV continues to be a risk factor for the development of psychosocial problems in those living with HIV, it is advisable for both policymakers and the research community to take more proactive steps in order to offer the necessary support and attention to those who are living with HIV and experiencing multiple forms of stigma.

Disclosure of Interest: None Declared

EPP0504

Exploring the Link Between Personality Traits and Self-Care Dimensions in Individuals Affected by Type 2 Diabetes Mellitus: A Comprehensive Systematic Review and Meta-Analysis

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Introduction: Type 2 diabetes mellitus (T2DM) is a prevalent, chronic metabolic disorder that exerts diverse effects on individuals' physical and psychological well-being.

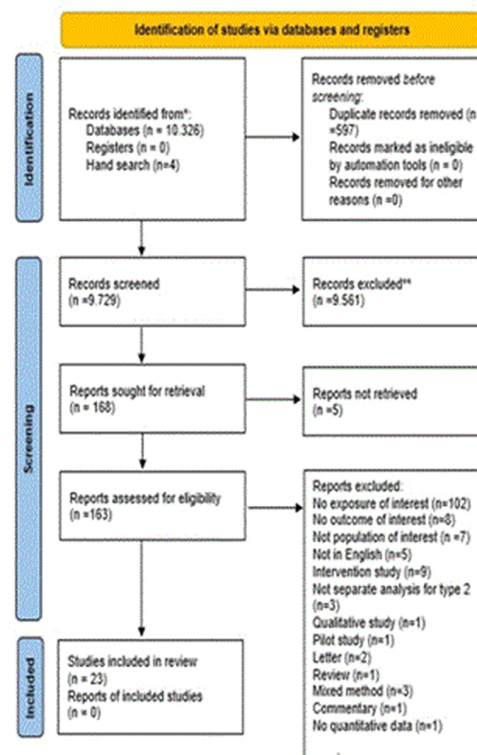
Objectives: Our aim was to investigate the potential correlation between personality traits and self-care aspects among individuals living with T2DM.

Methods: We conducted a thorough search in PsycINFO, CINAHL, and PubMed/Medline for peer-reviewed articles from inception to January 9, 2023. Following PRISMA guidelines, two reviewers independently screened, extracted data, and assessed bias. We used random-effects meta-analysis for pooling estimates

Results: We identified 23 studies meeting our inclusion criteria. Openness, conscientiousness, and agreeableness were linked to better foot care compliance (OR = 2.53, 95% CI = 1.49-4.28; OR = 1.84, 95% CI = 1.10-3.08; and OR = 2.07, 95% CI = 1.23-3.48, respectively). Openness was also associated with improved overall self-care behaviors (OR = 2.00, 95% CI = 1.17-3.41), while conscientiousness reduced smoking likelihood (OR = 0.96, 95% CI = 0.93-0.99), and agreeableness enhanced medication adherence (OR = 1.68, 95% CI = 1.34-2.31). However, extraversion and neuroticism were linked to lower medication adherence (OR = 0.77, 95% CI = 0.61-0.96 and OR = 0.51, 95% CI = 0.40-0.65, respectively). Neuroticism also negatively affected overall self-care behaviors (OR = 0.67, 95% CI: 0.55-0.81).

Image:

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only



Conclusions: Personality traits should be considered when addressing self-care in T2DM patients.

Disclosure of Interest: None Declared

EPP0505

Personality traits and cognition as predictors of long-term quality of life after transplantation for alcoholic liver disease

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Introduction: Liver transplantation (LT) is a crucial treatment for end-stage alcoholic liver disease, the most common liver disease in developed countries. Personality traits and cognition, a relatively stable characteristics, are known to be significantly associated with

quality of life (QoL). However, how they impact QoL in long-term LT survivors is unclear.

Objectives: The study aimed to assess the associations between personality traits and cognition and their impact on the QoL in long-term LT survivors.

Methods: First time LT recipients due to end-stage alcohol liver disease without long-term complications were consecutively included during standard outpatient care. Sociodemographic and clinical data was collected. Personality traits were assessed using 50-item International Personality Item Pool of the Five-factor model (IPIP), cognition using Mini Mental State Examination (MMSE), and QoL using EuroQoL-5D (EQ-5D) questionnaire.

Results: Eighty-three participants were included (mean age 62.9 \pm 7.03y, 90.6% male). Median MMSE score was 27 \pm 2.00, and median years since LT 5 \pm 2.91. Significant positive associations were found between IPIP dimensions Extraversion (B=0.297, p <0.01), Agreeableness (B=0.384, p <0.01), Conscientiousness (B=0.511, p <0.01), and Emotional stability (B=0.432, p <0.01) with EQ-5D visual analogue scale (EQ VAS). IPIP dimension Conscientiousness (B=0.338, p <0.01) and Emotional Stability (B=0.379, p <0.01) were significantly associated with descriptive dimension of EQ-5D (EQ-5D-3L). MMSE score was significantly associated with QoL (EQ-VAS B=0.291, p <0.01; EQ-5D-3L B=0.283, p <0.05, respectively). However, MMSE score was not shown to be a statistically significant predictor of QoL, whereas Conscientiousness was a significant predictor of EQ-VAS (β 1.404, t 3.125), and Emotional stability of EQ-5D-3L (β 0.011, t 2.132).

Conclusions: Some personality traits predicted QoL in long-term LT survivors. Therefore, assessment of personality traits should be considered as a part of pre-LT evaluation within a regular psychiatric clearance evaluation.

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Post-Traumatic Stress Disorder

EPP0509

Prevalence and predictors of PTSD and resilience among Adolescents and Young Adults: Findings from the MoreGoodDays Support Program in Alberta, Canada

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Introduction: Adolescents and young adults have particularly been impacted by the COVID-19 pandemic, leading to a rise in the incidence of mental health issues. Increased exposure to traumatic

events may lead to decreased resilience and subsequently increased likely PTSD.

Objectives: This study sets out to examine the predictors and prevalence of likely PTSD and determine the level of resilience among adolescents and young adults.

Methods: A cross-sectional study using an online survey questionnaire was adopted to collect sociodemographic and clinical information from the subscribers of MoreGoodDays. The PTSD Checklist Civilian (PCL-C) and the Brief Resilience Scale (BRS) was respectively used to assess likely PTSD and resilience Data was analyzed with SPSS version 25 using chi-squared tests and multivariate logistic regression analysis.

Results: 343 of MoreGoodDays subscribers who participated in the survey were about 343. Most were female (79.0%), and 13.7% were male. Overall, 95 (45.7%) of respondents had likely PTSD and 109 (51.7%) had likely low resilience. Approximately 176 (51.3%) respondents had received mental health counselling, and 64 (35.4%) expressed the desire to receive mental health counselling. When all other variables are controlled in the regression model, respondents who have received mental health counselling in the past year were 13.7 times more likely to experience likely PTSD (OR = 13.70; 95% CI: 1.23- 142.86) and 15.15 times more likely to experience low resilience than those who did not (OR = 15.15; 95% CI: 1.46- 166.67). Again, those who would like to receive mental health counselling were 20.8 times more likely to experience PTSD than those who did not (OR = 20.76; 95% CI: 2.61- 165.401) and 29.4 times more likely to experience low resilience than those who did not (OR = 29.42; 95% CI: 3.31- 261.445). Finally, those with four or more ACE scores were 6.2 times more likely to experience likely PTSD than those who had zero scores (OR = 6.24; 95% CI: 1.46- 26.67).

Conclusions: MoreGoodDays subscribers were disproportionately affected by likely PTSD and low resilience, reflecting the devastating effect of the COVID-19 pandemic. Increased ACE has been linked to low resilience, which may also lead to a rise in mental health issues. Strategies to promote resilience may reduce the incidence of likely PTSD. Educational institutions may adopt innovative mental health interventions, including psychological interventions such as mobile text technology, to support the mental health of this cohort. Policymakers and government agencies are encouraged to give the mental health of young adults and youth more prominence on their agenda.

Disclosure of Interest: None Declared

EPP0510

PTSD, dissociative experiences, and depressive symptoms in a clinical sample of women who featured in pornographic productions

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Introduction: The mental health of the people who featured in Pornographic Productions (PP) is underexamined. However, PP frequently involve unsimulated violent acts mostly experienced by

women. Furthermore, some women participating in PP also report being coerced into unwanted sexual acts. Therefore, featuring in a PP could be experienced as a traumatic event, and could be associated with negative mental health disorders.

Objectives: Our study examines mental health indicators among Women who have participated in at least one PP (WPP), and who consulted clinical psychologists, after referral by WPP support groups.

Methods: Thirty-six women were recruited by two clinical psychologists during an individual consultation. Participants completed the French versions of the post-traumatic stress disorder (PTSD) Checklist for DSM-5 (PCL-5), the Dissociative Experiences Scale (DES), as well as the 13-item Beck Depression Inventory (BDI-13). Data on socio-demographic characteristics, lifetime experience of sexual violence prior to participating in a PP, as well as the perceived effect of participating in a PP were also measured.

Results: The mean age of participants was 31.2 (std=7), and the average age at first participation in a PP was 23.4 (std=6). The majority (78%) of participants reported lifetime experience of sexual violence prior to participation in a PP. Thirty women (83%) had a PCL5 score over 33 indicative of probable PTSD, and 28 women (78%) had a DES score of 30 or more indicating high levels of dissociation. Further, 16 participants (44%) reported a BDI-13 score over 16 indicating severe depression.

Conclusions: This study highlights the high prevalence of PTSD, dissociative experiences, and depressive symptoms in a clinical population of women who featured in at least one PP. Further studies are needed to better understand the scale of the problem and optimize care interventions.

Disclosure of Interest: None Declared

EPP0511

Randomized Controlled Trials to Treat Obesity in Military Populations: A Systematic Review and Meta-Analysis

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Introduction: In recent years, overweight and obesity have reached an alarmingly high incidence and prevalence worldwide; they have also been steadily increasing in military populations. Military personnel as an occupational group are often exposed to stressful and harmful environments that represent a risk factor for disordered eating with major repercussions on both physical and mental health.

Objectives: This study aims to explore the effectiveness of weight loss interventions and to assess the significance of current obesity treatments for military populations.

Methods: Three online databases (PubMed, PsycInfo, and Web of Science) were screened to identify randomized controlled trials (RCTs) aiming to treat obesity in active-duty military personnel and veterans. Random-effects meta-analyses were conducted for body weight (BW) and body mass index (BMI) values, both longitudinally comparing treatment group from pre-to-post intervention, and cross-sectionally comparing the treatment group to controls at the end of the intervention.

Results: A total of 21 studies were included: 16 cross-sectional (BW: n=15; BMI: n=12) and 16 longitudinal (BW: n=15; BMI: n=12) were meta-analyzed, and 5 studies were narratively synthesized. A significant small overall BW and BMI reduction from baseline to post-intervention was observed (BW: $g = -0.10$; $p = 0.015$; BMI: $g = -0.32$; $p < 0.001$), together with a decreased BMI ($g = -0.16$; $p = 0.001$) and nominally lower BW ($g = -0.08$; $p = 0.178$) in the intervention group compared to controls at post-intervention time-point. When conducting additional meta-analyses dividing by sample type, a significant decrease in both BMI ($g = -0.35$; $p < 0.001$) and BW ($g = -0.12$; $p = 0.041$) from pre-to-post intervention was observed in active-duty military personnel but not for veterans. Recommendations for clinical practice have been outlined from the findings of this study and summarized in Figure 1.

Image:

Topic	Clinical recommendations	Practical implications	Level of evidence	RCTs (n)
Short-term weight loss intervention for obesity (up to 6-12 months).	Individual group-based or comprehensive lifestyle intervention	Physical activity (aerobics, resistance or high intensity); no sufficient evidence from RCTs regarding a superior effectiveness of one type, frequency, or intensity of physical activity.	High	18
		Dietary and nutritional interventions such as meal replacements promoting low caloric balance intake and healthy meal plans provided by a registered dietitian (when available) and individualized to each patient.	High	12
		Cognitive behavioral therapy, psychoeducational strategies, and motivational techniques for cognitive, emotional, and social factors that influence weight management.	High	12
		Structured outcome monitoring over time (clinical or self-monitoring): body weight, BMI, fat percentage, waist-to-hip ratio, abdominal circumference.	High	12
		Internet-based intervention when in-person programs are not available.	Good	5
		Behavioral therapy plus use of technology (e.g., pedometer).	Weak	2
		Pharmacological intervention (e.g., Orlistat).	Weak	1

Conclusions: Despite limitations, such as the heterogeneity across the included interventions and the follow-up duration, our findings highlight how current weight loss interventions are effective in term of BW and BMI reductions in military populations, and how a

comprehensive approach with multiple therapeutic goals should be taken during the intervention.

Disclosure of Interest: None Declared

EPP0512

From guided self-help to comprehensive ED treatment

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Introduction: The incidence of eating disorders is increasing in Hungary and Central-Eastern Europe. The number of complex/severe cases is also increasing. Accordingly, several new unmet needs of the users and their relatives appear in the clinical care.

Objectives: As a possible response to these unmet needs, we have introduced a multifaceted care model for eating disorders. To facilitate easily accessible yet effective care close to home, a support programme with an online guided self-help tool and regular consultations with first responder psychiatrists or clinical psychologists has been introduced. For non (or partial) responders, a multifaceted modular treatment programme has been developed with an individualised combination of different therapeutic approaches, including family therapy, dialectical behaviour therapy (DBT) specific to binge eating disorder and bulimia, CBT and the use of virtual reality as an adjunct treatment. The most severe cases are referred for (also multifaceted) inpatient treatment. In terms of research, we want to focus on the key issues for rapid, cost-effective treatment. Firstly, we want to develop an individual profiling system at the start of therapy to assess which individual combination of modules can produce a rapid therapeutic response. Secondly, we want to identify the active gamechanger elements of therapy that are associated with the greatest change in symptoms.

Methods: Patients complete the following questionnaires:

- in the guided self-help group: Eating disorder inventory, (EDI-I), McMaster Family Assessment Device (FAD), Eating Disorder Diagnostic Scale (EDDS), Eating Behavioral Severity Scale, Eating Disorders Symptom Impact Scale (EDSIS-S)

- in DBT groups: Eating Disorder Examination Questionnaire (EDE-Q), Three Factor Eating Questionnaire-R21, Rosenberg Self-Esteem Scale, Patient Health Questionnaire-(PHQ-9), Cognitive Emotion Regulation Questionnaire (CERQ)

- in individual therapies: Mini International Neuropsychiatric Interview (MINI) and Structured Clinical Interview for DSM 5- Alternative Model for Personality Disorders (SCIP-5-AMPD), EDI-I, Mentalization Questionnaire (MZQ), Dissociation Questionnaire (DIS-Q), Symptom Checklist-90 (SCL-90), (PHQ-9), Childhood Trauma Questionnaire (CTQ) and Young Parenting Inventory (YPI).

Results: Patient recruitment and therapies are currently underway, the first preliminary results are expected in the spring period.

Conclusions: In order to provide individualized care more effectively, it is important to identify the factors that determine which therapeutic modalities work best for the patient.

Disclosure of Interest: None Declared

EPP0513

Association between childhood maltreatment and cortical folding in women with eating disorders

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Introduction: Childhood maltreatment (CM) is associated with distinct clinical and biological characteristics in people with eating disorders (EDs). The measurement of local gyrification index (LGI) may help to better characterize the impact of CM on cortical structure.

Objectives: The objective of this study was to investigate the association of CM with LGI in women with EDs.

Methods: Twenty-six women with anorexia nervosa (AN) and 24 with bulimia nervosa (BN) underwent a 3T MRI scan. All participants filled in the Childhood Trauma Questionnaire. All neuroimaging data were processed by FreeSurfer. LGI maps underwent a general linear model to evaluate differences between groups with or without CM. People with AN and BN were merged together.

Results: Based on the Childhood Trauma Questionnaire cut-off scores, 24 participants were identified as maltreated and 26 as non-maltreated. Maltreated people with EDs showed a significantly lower LGI in the left middle temporal gyrus compared with non-maltreated people, whereas no differences emerged in the right hemisphere between groups.

Conclusions: The present study showed that in people with EDs, CM is associated with reduced cortical folding in the left middle temporal gyrus, an area that could be involved in ED psychopathology. This finding corroborates the hypothesis of a 'maltreated ecophenotype', which argues that CM may allow to biologically, other than clinically, distinguish individuals with the same psychiatric disorder.

Disclosure of Interest: None Declared

EPP0514

The Portuguese version of the Screen for Disordered Eating: Validity and reliability in the perinatal period

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Introduction: Despite the increased knowledge about the prevalence and consequences of eating disorders (ED), they continue to be underdiagnosed and undertreated. Being more common in women of childbearing age, the perinatal period may play a decisive role in the incidence and course of these pathologies. The Screen for Disordered Eating (SDE) was developed for the screen of ED in primary care.

Objectives: Our aim was to analyze the psychometric properties of the Portuguese Version of SDE in women during the perinatal period.

Methods: Participants were 346 women with a mean age of 31.68 of years old (± 4.061 ; range: 18-42). 160 were pregnant (second or third trimester) and 186 were in the post-partum (mean baby's age=4.37 months (± 2.87 ; range: 1-12). They answered an online survey including the Portuguese version of the SDE and of the Eating Disorder Examination – Questionnaire (EDE-Q-7).

Results: Confirmatory Factor Analysis showed that the unidimensional model presented good fit indexes in pregnancy ($\chi^2/df=2.0335$; RMSEA=.0547, $p<.001$; CFI=0.9976 TLI=0.9939, GFI=0.9906). The Cronbach's alfa were $\geq .65$. All the items contributed to the internal consistency and presented high internal validity. Pearson correlations between SDE and EDE-Q-7 total scores were significant ($p<.001$) positive and high in pregnancy (.639), postpartum (.583) and the perinatal period (.617).

Conclusions: The Portuguese version of SDE has shown good validity (construct and concurrent) and internal consistency. As such, SDE might be a useful tool to screen ED in women during the perinatal period.

Disclosure of Interest: None Declared

EPP0515

Clinical and psychopathological features of parents of patients with anorexia nervosa.

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Introduction: Anorexia nervosa (AN) is a widespread chronic mental disorder with severe negative medical and social consequences. Treating patients with AN is a complex and time-consuming process, as persistent forms are often encountered. The studies' results indicate a possible influence of psychoemotional state and/or existing psychopathological manifestations in parents on AN development.

Objectives: To investigate the clinical and psychopathological characteristics of parents of patients with AN based on the study of emotional regulation, alexithymia, depression, and anxiety.

Methods: The study population (N=110) consisted of fathers (N=47 (42.7%)) and mothers (N=63 (57.3%)) of patients with AN. The mean age was M=44.90 (SD=5.9; SE=0.567). All participants completed the emotional regulation scale (DERS), Toronto Alexithymia Scale (TAS-26), Hospital Anxiety and Depression Scale (HADS).

Results: According to DERS: "rejection" - 21.86 (SD=5.675; SE=0.541); "goals" - 19.13 (SD=2.028; SE=0.193); "impulse" - 24.17 (SD=4.908; SE=0.468); "awareness" - 21.93 (SD=1.999; SE=0.191); "strategies" - 30.75 (SD=2.173; SE=0.207); "clarity" - 18.58 (SD=1.486; SE=0.142). The sum was 136.42 (SD=8.119; SE=0.774). The TAS results of the study group were 80.45 (SD=13.699), which characterizes the average personality type as alexithymic. According to HADS, the average values were distributed: the anxiety scale M=7.96 (SD=1.347) the depression scale

M=7.95 (SD=1.442). These indicators can be considered as the extreme limit of the norm or subclinically expressed anxiety and depression. The next step was to find statistically significant relationships between the DERS methodology and the HADS and TAS for the study group. According to Spearman's correlation coefficient, there is a direct stable relationship between the variables "anxiety" and "impulse" ($r=0.257$), awareness ($r=0.255$), and the total score of emotional regulation according to "DERS" ($r=0.246$); A direct correlation was found between the indicators "depression" and "rejection" ($r=0.151$), "goals" ($r=0.233$), "awareness" ($r=0.138$); Alexithymia, in turn, has a direct correlation with the "goals" scale and an inverse correlation with the "strategies" scale ($r=-0.141$)

Conclusions: Parents of patients with AN have various manifestations of psychoemotional disturbances, namely subclinical levels of depression and anxiety, high levels of alexithymia, and emotional regulation problems. The correlation analysis showed that the anxiety score for parents of patients with AN is higher if difficulties with impulse control, emotional awareness, and general emotional regulation are problematic. Depressive tendencies are also associated with the subjects' rejection of emotional reactions and problems with goal-directed behavior. The inverse correlation indicates that the higher the index of alexithymia, the less limited access to emotion regulation strategies, and vice versa.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP0516

Exploring the associations between involuntary treatment and gender in a portuguese acute psychiatric unit

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Introduction: Involuntary admission rates differ between gender across various countries. In several European Union countries, men are more frequently involuntarily admitted, while an opposite trend, associating women with involuntary care, has been observed in countries like Switzerland, Brazil, and China.

Objectives: Considering the contradictory evidence about gender and involuntary care in the literature, we aim to analyze the gender patterns of involuntary care in Centro Hospitalar Médio Tejo's Psychiatric Acute Unit, exploring the gender differences in diagnosis among involuntary patients.

Methods: We stored and analyzed the data using Microsoft Excel and IBM SPSS Statistics. We studied psychiatry admissions at Centro Hospitalar Médio Tejo, Portugal over 2 years. The Acute Psychiatric Unit, located within a general hospital, has 24 beds, and offers acute mental healthcare services to adults aged 18 and above, serving a coverage area of approximately 251,000 residents. As part of our data collection process for all admissions to the Acute Psychiatry Unit, we recorded information such as gender, age, diagnosis at discharge, treatment type (voluntary or involuntary), and length of stay.

Results: From January 1, 2021, to December 31, 2022, there were 686 psychiatry admissions at Centro Hospitalar Médio Tejo, of which 125 (18,2%) were involuntary. The admission rates were approximately 136.6 per 100,000 people annually, with 24.9 being involuntary admissions per 100,000 people annually. In our analysis of involuntary admissions, women had a lower rate of such admissions, making up 6.4%, while men had a higher rate at 11.8%. No other gender identity was mentioned. Schizophrenia-related disorders were the primary cause for involuntary admissions for both genders, with 67.9% for men and 50% for women. Mood disorders were the second most common reason for involuntary admission, accounting for around 40.9% of cases for women and a significantly lower 16% for men. Involuntarily hospitalized patients exhibited longer lengths of stay independently of the gender. Men hospitalized involuntarily tended to be younger, whereas for women, involuntary hospitalizations were associated with older ages.

Conclusions: In conclusion, our study reveals gender differences in psychiatric involuntary admissions, with more men being involuntarily admitted than women. Schizophrenia group disorders were the most common diagnoses among male and female involuntary patients. Furthermore, all hospitalized women exhibited a higher prevalence of mood disorders, a trend that was more pronounced among those admitted involuntarily. These gender trends match the overall patterns seen in the epidemiology of schizophrenia and mood disorders. Additionally, women with schizophrenia generally exhibit better social functioning than men, which may explain the lower needs of involuntary hospitalization.

Disclosure of Interest: None Declared

EPP0518

Association between social distancing and incident microvascular events among individuals with diabetes mellitus: a population-based cohort study

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Introduction: Social isolation and loneliness have been rising social determinants of cardiometabolic health.

Objectives: To investigate the associations of social isolation and loneliness with diabetic microvascular complications (DMC) among individuals with type 2 diabetes mellitus (T2DM) and assess the extent to which intermediate risk factors explained the associations.

Methods: Data for individuals with T2DM (n=24,297, 62.2% male; mean age=60.0 years) were taken from the UK Biobank. Social isolation and loneliness were assessed using self-reported questionnaires. DMC, mainly including diabetic kidney disease, diabetic retinopathy, and diabetic neuropathy, were identified by linking hospital records and death registries.

Results: In the multivariate-adjusted model, social isolation was associated with an increased risk for incidence of any DMC

(most vs. least: HR: 1.13; 95% CI: 1.05-1.22), especially diabetic kidney disease and neuropathy; loneliness was also associated with any DMC (yes vs. no: HR: 1.12; 95% CI: 1.02-1.23) and diabetic kidney disease. Social isolation and loneliness ranked similarly in relative strength for predicting DMC as other conventional risk factors, such as smoking, high blood pressure, and physical activity. The association between social isolation and DMC was mainly attributed to health behaviors, while the association between loneliness and DMC was primarily explained by health behaviors, psychological factors, and diabetes-related factors.

Conclusions: Social isolation and loneliness were independently associated with a higher risk for incident DMC among individuals with T2DM, which were largely explained by subsequent unhealthy lifestyles, psychosocial stress, and diabetes-related factors. These findings underscore social isolation and loneliness as novel modifiable risk factors for predicting DMC.

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Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP0521

Prenatal psychological distress, access to mental health care and pathways between risk/protective factors and maternal postnatal depressive symptoms in the E.L.F.E. french birth cohort

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Introduction: Mental health of pregnant and post-partum women is sensitive to environmental factors. However, access to mental healthcare remains difficult, while little is known about protective factors nor about interactions between different exposures.

Objectives: To explore on a large sample of women from the general population (i) the environmental and pregnancy characteristics independently associated with prenatal psychological distress and access to mental health care during pregnancy (ii) pathways between maternal, infant and parenthood

vulnerabilities or risk/protective factors and postnatal depressive symptoms (PNDS) at 2 months post-partum (PP)

Methods: The data from the French ELFE birth cohort were used. Available information about prenatal psychological status, access to mental health care and vulnerabilities-risk/protective factors for PNDS were collected during the maternity ward stay and at 2 months PP. PNDS were evaluated with the Edinburgh Postnatal Depression Scale (EPDS) at 2 months. Maternal/pregnancy characteristics independently associated with prenatal psychological distress and access to mental health care were explored using multivariate analyses. Pathways between risk/protective factors and PNDS at 2 months were investigated through Structural Equation Modeling.

Results: Of the 15,143 mothers explored in the prenatal part of the study, 12.6% reported psychological distress (PPD), 25% had a prenatal consultation with a mental health specialist, 11% used psychotropic drugs of which 4% had no specialist follow-up. Decreased likelihood to consult a mental health specialist was found in young women, with intermediate educational level and born abroad. PPD was more frequent in women with very low economic status, alcohol/tobacco use, unplanned pregnancy, late pregnancy declaration, multiple and complicated pregnancy. In the postnatal part of the study (n=11,583) partner's perceived antenatal emotional support, consultation with a mental health specialist before pregnancy, financial difficulties, prenatal psychological distress and experience of pregnancy were directly associated with the severity of maternal PNDS at 2 months PP, as well as perceived postnatal support, infant's self-regulation skills, maternal ability to understand infant crying and infant hospitalisation.

Conclusions: Perinatal professional support should begin antenatally and target the couple's prenatal functioning, with particular attention to women presenting history of psychiatric disorders, especially when of low socioeconomic status. After delivery, addressing infant and parenthood characteristics is recommended.

Disclosure of Interest: None Declared

EPP0523

The biological modifications of milk are linked to mental health of mothers of infants affected by bronchiolitis

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Introduction: Breast milk is a dynamic type of nourishment that changes based on the needs of the child. An increasing amount of data suggests that mental health may be an important factor in such modulation. In addition, breast milk contains extracellular vesicles (EVs), which are currently considered an important dynamic system of communication between cells, even of different individuals.

Objectives: Purpose of this article is to investigate whether changes in breast milk in terms of EVs concentrations are related to maternal mental health.

Methods: This is a case-control study for which we enrolled mothers of infants with bronchiolitis (N=33) and mothers of healthy infants (N=13). Breast milk samples were taken and EVs concentrations were quantified. Maternal mental health was assessed by administration of five different psychometric scales: Edinburgh Postnatal Depression Scale (EPDS), State Trait Anxiety Inventory (STAI-S, STAI-T), Barkin Index of Maternal Functioning (BIMF), The Connor-Davidson Resilience Scale 10 items (CD-RISC). Subsequently, scale scores were related to evs concentrations by negative binomial regressions adjusted for case-control.

Results: As maternal resilience increases, the EVs of neutrophilic origin (p=0.0447) and those of endothelial origin (p=0.0078) decrease¹. In contrast, an increased EPDS score is associated with higher levels of B-lymphocyte EVs (p=0.0376). Scores on the STAI-S scale impact many more populations of EVs²: we observed an increased Incidence Rate Ratio (IRR) of neutrophil-derived EVs (p<0.0001), T-lymphocyte- derived EVs (p=0.0214), NK-cell-derived EVs (p=0.0202), T-reg CD4+ CD25+ (p=0.0141) and endothelial marked EVs (p=0.0180). An increase in STAI-T scale scores also was associated with a significant increase in CD177+ neutrophil-derived EVs (p=0.0028) and endothelial-derived EVs (p=0.0111)³.

Image:

CD-RISC			
FENOTIPO	IRR (Incidence Rate Ratio)	95% IC	P-VALUE
VESCICOLARE			
CD3+	0.950	0.900 1.003	0.0628
CD14+	1.022	0.967 1.079	0.4427
CD177+	0.933	0.873 0.998	0.0447
CD62E+	0.918	0.863 0.978	0.0078
CD4+	0.961	0.908 1.016	0.1573
CD4+ CD25+	0.953	0.898 1.012	0.1141
CD20+	0.951	0.883 1.025	0.1911
HERV+ HLAG+	0.955	0.893 1.022	0.1825
LPS+	0.979	0.924 1.036	0.4624

Image 2:

STAI-S			
FENOTIPO VESICOLARE	IRR (Incidence Rate Ratio)	95% IC	P-VALUE
CD3+	1.022	1.003 1.042	0.0202
CD14+	1.010	0.992 1.028	0.2666
CD177+	1.048	1.030 1.067	<0.0001
CD62E+	1.023	1.004 1.042	0.0180
CD4+	1.020	1.003 1.038	0.0214
CD4+ CD25+	1.024	1.005 1.044	0.0141
CD20+	1.012	0.985 1.040	0.3746
HERV+ HLAG+	1.012	0.987 1.037	0.3510
LPS+	1.016	0.988 1.044	0.2716

Image 3:

STAI-T			
FENOTIPO VESICOLARE	IRR (Incidence Rate Ratio)	95% IC	P-VALUE
CD3+	1.013	0.977 1.050	0.4759
CD14+	0.986	0.963 1.010	0.2458
CD177+	1.062	1.021 1.105	0.0028
CD62E+	1.040	1.009 1.072	0.0111
CD4+	1.018	0.990 1.048	0.2114
CD4+ CD25+	1.027	0.996 1.060	0.0873
CD20+	1.012	0.954 1.074	0.6905
HERV+ HLAG+	1.028	0.982 1.076	0.2371
LPS+	1.006	0.961 1.052	0.8105

Conclusions: EVs concentrations in breast milk are associated with maternal mental health. Specifically, stress and related severity of anxiety is able to increase the concentrations of EVs derived from inflammatory cells, which suggests an increase in their number and activity. Further research is needed to confirm these preliminary findings.

Disclosure of Interest: None Declared

EPP0524

Women's emotional dependence on men and its relationship to intimate partner violence

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Introduction: A woman's emotional dependence on a man refers to a marked need for care, protection, and support, even in situations where the woman is able to function autonomously. This dependence fosters a fusional bond that makes it difficult for the woman to leave the relationship, however unhealthy it may be. This puts the victim at greater risk of suffering and tolerating violence, in particular intimate partner violence (IPV).

Objectives: To study the emotional dependence of women who are victims of IPV, and to determine the factors associated with this dependence.

Methods: We conducted a descriptive and analytical cross-sectional observational study, carried out over a 10-month period from March 2021 to December 2021, among female victims of IPV consulting psychiatric emergencies at UHC Hedi Chaker, Sfax, Tunisia for medical expertise at the request of the court.

Emotional dependence was assessed using the Emotional Dependence Questionnaire (EDQ) which contains 20 items. Responses are given on a seven-point Likert-type scale which is recoded so that a high score reflects a high level of emotional dependence in relationships.

Results: The total number of participants was 120 with an average age of 37.27 years. The majority had secondary education or less (62.5%), were professionally active (53.3%), and were financially dependent on their partners (26.7%). As for the women's clinical characteristics, 19.2% were under psychiatric care, 15% had attempted suicide and 10% had a history of childhood abuse. Tobacco was the only psychoactive substance consumed by 12.5% of the women. The average length of marriage was 12.34 years, exceeding 10 years in 44.2% of cases. Marital conflicts had existed since the very beginning of the relationship in 91.7% of cases.

The mean total score of the EDQ was 79.38, indicating a slight emotional dependence of these women on their spouses. It was correlated with childhood violence ($p=0.028$), smoking ($p=0.049$), early conflict ($p<10^{-3}$), and personal psychiatric history ($p=0.02$).

Conclusions: A link, probably bidirectional, may occur between emotional dependence and IPV, particularly a link with maintaining the relationship in an IPV context. However, the slight emotional dependence of our victims may explain why they seek help from the police and report the violence.

Disclosure of Interest: None Declared

Mental Health Policies

EPP0525

Comparing the characteristics of hospitalized patients admitted in involuntary or voluntary treatment after first episode psychosis

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Introduction: Individuals experiencing psychotic symptoms often lack insight into their conditions, especially in first psychotic episodes. According to the Portuguese Mental Health Law, involuntary hospitalization may be necessary in cases of severe mental disorder, involving a threat to the patient or his/her legal assets, when there is a refusal of the necessary treatment.

Objectives: The aim of our study was to characterize patients admitted involuntarily for first psychotic episode and to compare them with the patients undergoing inpatient voluntary treatment.

Methods: Out of a total of 87 patients diagnosed with first psychotic episode, hospitalized between 2020 and 2022 in our service, at *Hospital Magalhães Lemos*, 65 were included in the study. Exclusion criteria included patients from other residential areas. 40 patients were admitted under involuntary treatment, whereas 25 were hospitalized voluntarily. For both groups, we calculated the duration of untreated psychosis, the prevalence of psychoactive substance abuse, the type of treatment provided and the number of re-hospitalizations.

Results: Patients in involuntary treatment had longer duration of untreated psychosis (71 vs 38 weeks). Among these patients, 53% had comorbid psychoactive substance abuse, in contrast with only 36% of voluntarily treated patients. Upon discharge, 58% of patients in involuntary treatment were prescribed depot anti-psychotic medication, whereas only 12% of the ones in voluntary treatment. Out of 40 patients admitted involuntarily, 11 were re-hospitalized, but only 4 of the 25 patients in voluntary treatment (28 vs 16%).

Conclusions: Patients in involuntary treatment probably suffered from more severe disease, as seen for the higher duration of untreated psychosis and frequent comorbid substance abuse. Injectable medication was the preferred choice at the time of discharge for this group. Additionally, they experienced higher rates of re-hospitalizations. Recent changes in Portuguese Mental Health Law, that aims to safeguard the rights and responsibilities of individuals with mental health care needs, motivated this study.

Disclosure of Interest: None Declared

EPP0526

Comorbidity costs for the healthcare of mental patients

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Introduction: Most patients with mental disorders exhibit multiple comorbidities. Without doubt the presence of multiple co-occurring somatic and mental disorders is associated with a higher insurance spending for the psychiatric patients. The details of this association need to be elucidated.

Objectives: The aim of current study was 1) to delineate the typical nonmental comorbidities that occur among mental patients, and 2) to investigate social health insurance spending on comorbidities compared to the direct mental care costs of the same population. The analysis offers unique insight into the health care spending, since it focuses not only the costs of psychiatric care but reflects the whole range of treatments delivered to this group.

Methods: A database with the claim records of the Hungarian NHIF was created including direct healthcare costs for mental diagnosis. Patients were recorded either in primary or in specialist care with at least one mental health diagnosis in the last pre-pandemic year (2019). Adopting a case-control design, spending and comorbidities were compared to the control group, which comprised patients who did not have any mental diagnosis. Cases and controls were matched on demographic characteristics like age, gender, place of residence with deprivation index and marital status..

Results: Mental problems affected in 2019 more than 1,5 million persons in Hungary. Half of them did not access specialist care but were only seen with the mental diagnosis by a GP. Direct insurance spending for mental care is around 156 million EUR/year with 4% of the total direct health spending. Besides these costs another 665 million EUR (+17% of all health spending) were reimbursed for the same patient group for the treatment of other diseases. With regards to affected patient numbers, the three most important comorbidities were cardio-vascular conditions (34% of mental patients with 14% of all spending of the group); diseases of the digestive system (29% vs 14%); and musco-skeletal conditions (28% / 9%) In terms of spending three other disease groups also have to be considered as of high significance: carcinomas (4% patients vs 13% of spending); neurological disorders (13% /vs 7%); and diseases of the endocrine, nutritional and metabolic system (24% vs 6%).

Conclusions: The analysis aims to raise awareness for the complex issues of comorbidities of mental patients. We see that this patient group suffers heavily from other conditions the costs of which is much higher than the direct mental care costs. A better understanding of the coexistence of somatic and mental disorders and a holistic approach of treatment (care integration, reimbursement across different types of care, etc.) would be desirable.

Disclosure of Interest: None Declared

EPP0527

Deinstitutionalization in Georgia-why it is so slowN. Zavrashvili^{1*} and G. Matiasvili¹¹School of health sciences, The University of Georgia, Tbilisi, Georgia

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Introduction: Mental health reform represents one of the most transformative changes in the field of healthcare, as it not only changes the forms of services but also the nature of services offered. While many countries have successfully implemented such reforms, others, including Georgia, have struggled with a protracted and inconsistent process. Despite decades of advocacy by professionals for deinstitutionalization and the development of community-based services, psychiatric hospital treatment continues to dominate in Georgia.

Objectives: The purpose of the review is to explore the concept of deinstitutionalization within the mental health landscape and assess its status in the context of Georgia. It aims to study the lessons learned from successful deinstitutionalization and illuminate achievements and challenges surrounding deinstitutionalization in Georgia's reality.

Methods: A qualitative analysis including desk review, in-depth interviews and focus group discussions was conducted. Proceeding from the research objectives we analyzed the existing legislation, strategic documents and clinical practices concerning individuals with mental disorders; Interviews were also conducted with key informants on the shortcomings and problems in deinstitutionalization practices

Results: The review findings reveal, that despite recent progress such as the development of community mobile teams and increased funding allocated for community services within mental health budget, several issues persist: there is no agreement among stakeholders on how to restructure existing hospital beds and financial provisions remain unresolved. The field of mental health in Georgia suffers from a lack of human resources. Attracting new personnel, ensuring regional distribution, and enhancing qualifications are necessary components of deinstitutionalization that require the involvement of all stakeholders, coordinated and time-planned action. The current mental healthcare system in Georgia is characterized by a lack of coordination and collaboration among its various components. Establishing patient care pathways with clear referral criteria is crucial for improving the efficiency of mental health services. This research highlights that successful deinstitutionalization requires additional funds, time, and trained people. Institutions should have a long-term (3-5) year development plan, detailing the source of funding, activities to be implemented, and expected outcomes. In the absence of such a plan, progress remains sporadic, intermittent, uncoordinated, and less effective.

Conclusions: In conclusion, the protracted nature of deinstitutionalization in Georgia requires a multifaceted approach involving various stakeholders. By addressing identified challenges and promoting coordination among mental health components, Georgia can guide a more effective course toward a community-based, patient-centered mental healthcare system.

Disclosure of Interest: None Declared

EPP0528

A Cost-Effectiveness Analysis of a Ketamine-assisted Psychotherapy Program Compared to Online Group Psychotherapy in British Columbia, Canada

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Introduction: Depression continues to present significant economic burdens to the Canadian healthcare system. Novel therapies, including those that incorporate psychoactive substances such as ketamine, present an opportunity to evaluate both clinical and economic effectiveness against current standards of care, which may be repeatedly proving ineffective in treating depression for some individuals.

Objectives: This paper evaluates the cost-effectiveness of the Roots to Thrive ketamine program compared to group psychotherapy covered through the medical services plan in British Columbia, Canada.

Methods: A discrete-time Markov-model is used to estimate depressive states over five cycles for a treatment cohort and a synthetic control cohort. The transition probabilities for the treatment cohort are calculated from Roots to Thrive program data (n = 62) over the past 3 years, with the control cohort using published values from the literature. Both cohorts use the same starting state distribution, excess healthcare utilization rates for each severity level of depression, and utility outcomes based on depression state severity.

Results: Compared to the control cohort, the Roots to Thrive program was less expensive and produced better outcomes as measured by PHQ-9 scores and Quality-Adjusted life years over 5 treatment cycles. On average, the Roots to Thrive program would save \$14,481 and produce 0.94 additional QALY's per individual compared to group psychotherapy of three patients per provider in the current standard of care.

Conclusions: From an economic perspective, incorporating the Roots to Thrive program - or a program like it - into care in British Columbia would provide both an improvement in health outcomes and reduce expenditure by the ministry of health. These funds could be reinvested into other areas of the healthcare system to improve the lives of all British Columbians, even those that do not engage in psychedelic-assisted psychotherapy.

Disclosure of Interest: None Declared

Neuroscience in Psychiatry

EPP0530

Gamma activity in Autism Spectrum Disorder: Enhanced response to visual inputB. Kakuszi^{1*}, B. Szuromi², M. Tóth¹, I. Bitter¹ and P. Czobor¹¹Psychiatry and Psychotherapy, Semmelweis University and ²OMI-Újgyula Hospital, Budapest, Hungary

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Introduction: Autism spectrum disorder (ASD) is a childhood onset neurodevelopmental condition, that leads to permanent disability in a high proportion of cases. ASD is associated with a heterogeneous symptom presentation, which - besides social interaction and communication difficulties - encompasses altered sensory reactivity, including excessive hyper-sensitivity to stimuli, especially in the visual domain. Meta-analyses of fMRI studies revealed increased reactivity in visual task conditions in the temporal and occipital brain regions. Neural oscillations in the EEG gamma band are viewed as a candidate neurobiological marker for higher order sensory and perceptual processes, and social interactions.

Objectives: We investigated changes in gamma activity in the EEG in the eyes open (EO) vs. eyes closed (EC) condition in order to identify the neurobiological underpinning of the enhanced sensitivity to visual input in ASD as compared to typically developing (TD) subjects.

Methods: EEGs were obtained in EC and EO condition in ASD (N=23) and TD subjects (N=24) in an ongoing study. For EEG recording we used a high-density 128-channel BioSemi system, with 0.5 Hz frequency resolution. The spectral power in the gamma band (30-100Hz) was quantified by the power spectral density. To investigate whether changes in the gamma band were linked to changes in arousal instead of enhanced visual processing, we also examined alterations in the alpha band (8-13Hz) in the EO condition. Spectral power changes were determined for each EEG channel by computing the difference between the EC and EO conditions (EO-EC).

Results: Spectral power in the gamma band showed changes in the opposite direction in the two study groups: ASD subjects manifested significant ($p < 0.05$) increase, while TD subjects had a decrease in the EO vs. EC condition in the temporal and occipital brain regions. By contrast, the changes in the alpha band were similar, with both groups exhibiting a spectral power decrease in the EO compared to the EC condition.

Conclusions: In ASD, an enhancement of gamma activity is present in the EO as compared to the EC condition in the posterior brain areas. These brain areas are involved in the processing of visual information, and gamma activity is considered as a measure of perceptual processes. Thus, the gamma alterations in the EO vs. EC condition may underlie the hyper-sensitivity symptoms to visual stimuli in ASD, and EEG can offer a simple to use tool to delineate the neurobiological foundation of the symptom presentation.

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Disclosure of Interest: None Declared

Old Age Psychiatry

EPP0531

Enhancing Quality of Life in the Elderly: The Impact of Psychosomatic Exercises on Healthy Aging

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Introduction: Older individuals constitute a significant portion of the population, and concerted efforts are underway to enhance the quality of this life stage by minimizing health issues and maximizing opportunities.

Objectives: This study aims to investigate the impact of psychosomatic exercises, including practices like yoga, meditation, and tai chi, as an alternative approach to promoting healthy aging and ultimately enhancing the quality of life among elderly individuals.

Methods: The study comprised 84 participants, with 51 individuals engaging in various forms of psychosomatic exercises and 33 serving as the control group, having no prior exposure to such practices. Data collection was carried out electronically, with the initial section gathering socio-demographic information and health-related details about the participants. The second part consisted of the WHOQOL-BREF quality of life scale, consisting of 26 questions, which assessed six domains: Overall Quality of Life and General Health, Physical Health, Psychological Health, Social Relationships, and Environment. Statistical analysis was performed with SPSS 26.

Results: The average age of the participants was 66.7 years. A statistically significant positive correlation was identified within the first subscale of the tool, "Overall Quality of Life and General Health," with scores of 74.3/100 for those engaging in psychosomatic exercises and 66.7/100 for those who did not ($t(82) = -2.513$, $p = 0.014$). However, no statistically significant differences were observed in the remaining subscales.

Conclusions: Psychosomatic exercises, including yoga, meditation, and tai chi, hold promise as a means to improve the overall quality of life and general health of elderly individuals. These practices could serve as valuable components of strategies aimed at promoting healthy aging. Further research is needed to explore their effects in greater detail and across various dimensions of well-being.

Disclosure of Interest: None Declared

Neuroscience in Psychiatry

EPP0532

Pursuing Sleep Architecture Remodeling: Effects of Psychopharmaceuticals on Sleep Structure

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Introduction: Sleep plays a pivotal role in overall physical and mental health, exerting a profound influence on general well-being and quality of life. The influence of psychopharmaceuticals on sleep structure is a critical research area, given their widespread use in the treatment of psychiatric disorders, yet their precise effects on sleep remain inadequately understood.

Objectives: This study aims to investigate how psychopharmaceuticals affect sleep architecture by identifying commonalities and disparities among different classes of psychotropic medications.

Methods: Systematic review of the literature encompassing studies assessing the effects of psychopharmaceuticals on sleep structure. Electronic databases such as PubMed were employed to identify pertinent studies published within the last decade.

Results: Diverse classes of psychopharmaceuticals have varying effects on sleep architecture. Additionally, prolonged use of specific psychopharmaceuticals was correlated with sleep disturbances,

such as insomnia. These findings hold significant implications for clinical practice, emphasizing the necessity of an individualized approach in treating patients with psychiatric disorders.

Conclusions: Psychopharmaceuticals exert a substantial impact on sleep architecture, with effects contingent on drug class and duration of use. Understanding these alterations is crucial for optimizing the treatment of patients with psychiatric disorders, striking a balance between therapeutic benefits and potential sleep-related adverse effects. Furthermore, these discoveries underscore the importance of closely monitoring the sleep of patients undergoing psychopharmacological treatment and tailoring therapeutic approaches in accordance with individual needs.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPP0533

The possible role of platelet APP processing in the pathophysiology of Alzheimer's Disease

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Introduction: Alzheimer's disease (AD) stands as the most prevalent form of dementia. Alzheimer's Disease is acknowledged to have a complex origin, a gradual neurodegenerative progression, and a wide-ranging clinical profile marked primarily by progressive memory loss, cognitive decline, and various functional impairments that significantly diminish the quality of life: Key characteristics of AD encompass the presence of amyloid plaques, which are characterized by the pathological accumulation of insoluble β -amyloid ($A\beta$) aggregates within the brain tissue and blood vessel walls. Several reports have indicated the existence of cerebral abnormalities within platelets in individuals afflicted by AD.

Objectives: The objective of this investigation was to review studies investigating the metabolism of APP in platelets among individuals with AD to identify potential dependable peripheral indicators leading to novel approaches to its management and treatment.

Methods: A systematic review according to the PRISMA guidelines was carried out, by accessing the PubMed database up to June 2023. The authors screened the titles and the abstracts of all the potentially relevant papers on the basis of a strict list of exclusion and inclusion criteria.

Results: A total of thirty-two studies were included. The evidence points towards the observation that AD individuals exhibit various modifications in platelet APP processing when compared to matched healthy controls, that are frequently associated with the severity of cognitive impairment and functional independence. The majority of the evidence supports changes in platelet ADAM-10 activity, β -secretase activity, APP ratio, a state of heightened platelet

activation or hyper-responsiveness, and a potential release of platelet APP via vesicular mechanisms, which may ultimately contribute to $A\beta$ production.

Conclusions: Platelets offer a promising peripheral model for detecting and evaluating molecular changes associated with AD, as they hold the potential to provide vital insights into the development of an effective diagnostic tool and open doors to innovative therapeutic approaches.

Disclosure of Interest: None Declared

Oncology and Psychiatry

EPP0534

The European Portuguese version of the Reproductive Concerns After Cancer Scale for male cancer survivors: A preliminary psychometric validation study

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Introduction: Cancer treatments can affect male fertility. However, the reproductive concerns of this population remain little explored. There is a need to invest in understanding how concerns related to fertility and parenting affect psychosocial adjustment, in order to improve counseling in this context. To this end, it is a priority to provide reliable and valid measures for assessing this construct.

Objectives: This study aimed to translate, adapt and preliminarily explore the psychometric properties of the Portuguese version of the Reproductive Concerns After Cancer Scale - Male Version (RCAC-M).

Methods: Translation and back-translation were carried out by two independent translators. A reconciled version was obtained and evaluated by a panel of experts who ensured its cultural adaptation. Before studying the psychometric properties, a pre-test was carried out involving a focus group of 5 male cancer survivors who assessed the adequacy of the measure. The preliminary validation included 32 male cancer survivors aged between 18 and 55. Recruitment was carried out by providing an online questionnaire. A principal component analysis was carried out to explore the factor structure of the measure and to analyze the reliability and convergent validity of the measure.

Results: The results showed good internal consistency of a version consisting of 17 items, grouped into four factors: fertility potential,

child health and future life, personal health and future life, and acceptance. Significant moderate associations were found between reported concerns and other constructs that are consistently related to this variable in the literature, namely the importance of parenting and symptoms of anxiety and depression.

Conclusions: The original structure of the scale was not corroborated. However, this study suggests the promising character of the Portuguese version of the RCAC-M as a reliable and valid tool for assessing the reproductive concerns of male cancer survivors.

Disclosure of Interest: None Declared

EPP0535

A case of steroid induced psychosis in a patient with mediastinal lymphoma

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Introduction: Corticosteroids are a key part of many cancer treatment regimens and neuropsychiatric side effects have long been recognised. Steroid-induced psychosis is a disorder classified under substance or medication-induced psychosis in the *Diagnostic and Statistical Manual of Mental Disorder, 5th edition*. Management strategies include treatment with antipsychotic medication and reducing corticosteroid dosage.

Objectives: To describe the case of steroid induced psychosis in a patient with mediastinal lymphoma and provide a concise literature review.

Methods: Clinical case report and brief literature review.

Results: 27-year-old male with a diagnosis of Stage IV Primary Mediastinal Lymphoma according to the Ann Arbor classification was admitted to the Haematology ward for chemotherapy treatment (R-DA EPOCH). Two days after admission the patient developed acute psychotic symptoms consisting of thought block, kinaesthetic hallucinations, and delusions. Prior to admission, the patient had been on corticosteroid treatment for two months (up to 8mg/day of dexamethasone), with a significant dose increase (up to 200mg/day of prednisone) at the beginning of chemotherapy treatment two days prior to symptom development. The patient had no personal or family history of mental health issues, no substance misuse and had not received any psychopharmacological treatment prior to admission.

Medical evaluations including a cranial CT scan, an MRI, EEG, blood tests and lumbar puncture were all within normal parameters, discounting organic or metastatic causes for the symptoms. Considering a potential episode of steroid-induced psychosis, the patient was started on olanzapine at a dosage of 10mg per day. The patient exhibited a positive response, with symptoms alleviating within 24 hours of the initial dose. In terms of corticosteroid therapy, haematologists adjusted the prednisone regimen to 100mg per day, and due to the encouraging progress, the olanzapine dosage was subsequently reduced to 5mg per day.

Conclusions: This case underscores the importance of considering the possibility of steroid induced psychosis as a differential

diagnosis specially in patients on high dose steroids presenting with psychotic symptoms. A multidisciplinary approach is crucial to ensure optimum treatment and care.

Disclosure of Interest: None Declared

EPP0536

I smell something weird - Ictal olfactory hallucinations in patients with primary brain tumors

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Introduction: Ictal olfactory hallucinations (the experience of a smell due to a focal seizure in the absence of an environmental stimulus for the sensation) are rare. They often appear in a context of a brain tumor located in the orbitofrontal or mesotemporal region. However, their accurate prevalence, etiology and anatomical origin remains unclear, as few studies focused on this type of seizures specifically.

Objectives: To evaluate the clinical, neurophysiological and imaging characteristics of patients with brain tumors and olfactory seizures.

Methods: We present a 3-year retrospective patient record study carried out at the Portuguese Institute of Oncology in Lisbon. Clinical records of 572 patients admitted due to a primary Central Nervous System (CNS) tumor, for their first neuro-oncology appointment, between July 2020 and July 2023, were reviewed.

Results: 8 patients with olfactory seizures were identified. Five were men. The mean age was 57.75 (ages between 15 and 70 years old). In seven patients, olfactory seizures constituted the initial clinical presentation of the tumor. In two patients, focal olfactory seizures had progression to bilateral tonic clonic. Most seizures were perceived as unpleasant (smells of metal, ammonia, "hot blood", "dead bodies" were described). Tumors involved the temporal lobe in all patients, the insula in two of them and, for the majority, the lesion was right-sided. Six patients were diagnosed with Glioblastoma IDH wildtype (Grade 4, WHO), one patient with Oligodendroglioma, IDH-mutated and 1p/19q-codeleted (Grade 2, WHO) and the pediatric patient with a diffuse pediatric type high-grade glioma, H3 and IDH wildtype. The average follow-up time was 6.8 months, two patients died.

Conclusions: This is the first retrospective study carried out in Portugal that documents the prevalence of olfactory seizures in patients with primary CNS tumors. Given the scarce literary evidence, we consider that olfactory seizures may be more frequent than documented, particularly in the presentation of brain tumors. As so, active semiological investigation may contribute to an earlier diagnosis.

Disclosure of Interest: None Declared

EPP0537

Differences in clinical variables of cervical cancer in women with schizophrenia

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Introduction: Schizophrenia is associated with a reduced life expectancy, not only because of suicide, but also medical causes such as cancer. Standardized mortality for cancer is higher in patients with schizophrenia, specially for lung, breast and colorectal locations (Ni et al, 2019). Other less frequent tumor locations have not been deeply studied.

Thir mortality gap could be related to a delayed diagnosis due to several reasons, such as lower inclusion in screening programs (Solmi et al, 2019). Since cervical cancer has a very efficient screening technique, women with schizophrenia and cervical cancer could have a worse prognosis because of a delayed diagnosis. However, there is a lack of research in this tumor location.

Objectives: To analyze clinical differences in women with cervical cancer with and without a diagnosis of schizophrenia.

Methods: We carried out a retrospective cohort analysis with adult patients from the cancer registry of Hospital del Mar diagnosed between 1997 and 2021. The information was crossed with the Minimum Basic Data Set (MBDS) to identify those cancer patients with a diagnosis of schizophrenia using International Classification of Diseases (ICD) 9 codes 295*. The socio-demographic variables were age and sex. The clinical oncological variables included tumor location, place of first consultation, stage, first treatment intention, vital status and place of decease. We used t-student for continuous data and Chi-squared test for categorical variables. We performed a post-hoc analysis using Bonferroni correction for multiple comparisons to identify specifically which categories were significantly different between groups.

Results: We identified 13 women with schizophrenia and cervical cancer, and 1354 women with cervical cancer without schizophrenia. The proportion of this location was higher in the schizophrenia group (8% of all cancers vs. 4.4%; p=0.03). The proportion of diagnoses through screening program was significantly lower (7.7% vs 14.6%; p=0.04). There was a trend of fewer diagnoses in situ in patients with schizophrenia (30.8% vs 55.6%) and less radical intention as first treatment option (15.4% vs 3.5%) but without statistical significance in both cases. There was a higher proportion of deceased patients in the group with schizophrenia (46.2% vs 15% p=0.002), and also a higher proportion of deaths outside hospital facilities (30.8% vs 6.6%; p=0.003).

Image:

		Schizophrenia		Non-schizophrenia		Ux2	p value
		n (13)	%	n (1354)	%		
Age (mean; SD)		47 (11)		42 (15)		1.19	0.23
Age	49 or less	8	61.5%	1024	75.6%	8.03	0.091
	50 to 59	2	15.4%	137	10.1%		
	60 to 69	3	23.1%	80	5.9%		
	70 to 79	0	0%	61	4.5%		
	80 or more	0	0%	52	3.8%		
First consultation	Emergencies	5	38.5%	189	14.0%	6.43	0.04
	Outpatient clinics	7	53.8%	967	71.4%		
	Screening programs	1	7.7%	198	14.6%		
Stage	In situ	4	30.8%	753	55.6%	6.64	0.157
	I	2	15.4%	70	5.2%		
	II	1	7.7%	67	4.9%		
	III	1	7.7%	29	2.1%		
	IV	1	7.7%	55	4.1%		
	Unknown	4	30.8%	380	28.1%		
Treatment	Radical	11	84.6%	1220	90.1%	5.98	0.113
	Oncologic not radical	0	0	36	2.7%		
	Palliative/Symptomatic	2	15.4%	47	3.5%		
	Unknown	0	0	51	3.8%		
Vital status at last contact	Alive	7	53.8%	1151	85.0%	9.65	0.002
	Deceased	6	46.2%	203	15.0%		
Place of death	Palliative care	1	7.7%	35	2.6%	13.91	0.003
	Out-of-hospital	4	30.8%	89	6.6%		
	In-hospital	1	7.7%	79	5.8%		

Table 1. Characteristics of cervical cancer cases with and without schizophrenia (1997-2021)

Conclusions: Women with schizophrenia receive less diagnoses of cervical cancer through screening programs and more in emergency facilities, which could lead to more advanced stages and fewer indication of radical treatments. This ultimately leads to a higher proportion of deaths, and more frequently outside of hospital facilities.

Our data supports the idea that the increased mortality for cancer is related to a delayed diagnosis. Women with schizophrenia need special care to ensure their inclusion in early detection programs for cancer.

Disclosure of Interest: None Declared

EPP0538

Family caregivers of patients with Head and Neck Cancer seen at an oncologic outpatient service of a Brazilian public university: A qualitative study on reports regarding interpersonal emotional handling

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Introduction: Humanistic studies applied to the health-illness clinic go beyond explaining cause-effect relationships among disease phenomena, treatments, and preventions. Qualitative research aims to understand symbolic relationships built in life experiences among the manifestations and the people. How to act in front of a person whose physical appearance and odour can be unpleasant, such as in the HNC - Head Neck Cancer? Or whose life history may have been marked by deviant behaviours and negligence in self-care?

Objectives: To interpret emotional meanings attributed through open interviews conducted with relatives about the domestic care of patients with HNC under clinical treatment.

Methods: Sample composed of family caregivers of patients with HNC, sent sequentially by colleagues from the clinical service who were informed of the research. The study used the Clinical-Qualitative Method (Turato. Portuguese Psychos. J, 2000 2(1): 93-108). Semi-Directed Interview with Open-ended Questions In-Depth and Field Notes was used for data collection. The employ of the Seven Steps of the Clinical-Qualitative Content Analysis (Faria-Schützer et al. Cien Saude Colet. 2021; 26(1): 265-274) has permitted the understanding of the topics. Sample closed with 12 persons according to the information saturation strategy (Fontanella et al. Cad Saude Publica. 2008; 24(1): 17-27), conducted by the first author, a female psychologist. To interpret the empirical material, we use Medical/Health Psychology, the psychodynamics of relationships of the Balintian framework, disease and illness while modes of un-health, psychic defence mechanisms against anguish. Validation by peers from the Lab of Clinical-Qualitative Research Laboratory, at the State University of Campinas.

Results: For this presentation, we listed three categories from the free-floating re-readings: (1) Certain need to recognize the care provided as a handling strategy with effort, putting in this 'validation' their relief regarding natural suffering of the care process; (2) Caregiver's psychological fantasies of omnipotence in the care process, frequently perceiving the reality a phenomenologically and necessarily distorted by the caregiver. (3) Moments of impotence feeling in front of the finitude reality that it knows will arrive.

Conclusions: The family caregivers can present certain emotional defences, such as subtle magical thinking, in which they distort the reality experienced as a management strategy and validation of their care. They act so to alleviate their psychological and existential suffering. Group meetings with family members to talk openly about the difficulties on the psychological management of patients with HNC, coordinated by a psychotherapist, are effective as a space for creativity in daily management at home and a space for catharsis.

Disclosure of Interest: None Declared

Others

EPP0539

Severe Hyperhidrosis Secondary to Bupropion Use and Treatment. A case report.

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Introduction: Hyperhidrosis, the excessive and uncontrollable sweating, is a well-documented side effect of various medications. Among these, bupropion, a commonly prescribed antidepressant and smoking cessation aid, has been associated with the development of severe hyperhidrosis in a subset of patients. This clinical report aims to shed light on a compelling case of severe hyperhidrosis induced by bupropion use and the subsequent treatment strategies employed.

The patient under discussion is a 42-year-old female with a history of recurrent major depressive disorder and a previous favorable response to selective serotonin reuptake inhibitors (SSRIs). Due to side effect concerns and a desire to quit smoking, she was transitioned to bupropion, a norepinephrine-dopamine reuptake inhibitor (NDRI), at a standard therapeutic dose of 150 mg daily.

Approximately four weeks after initiating bupropion therapy, the patient began experiencing debilitating symptoms of excessive sweating, particularly affecting her palms, soles, and axillae. The profuse sweating episodes occurred throughout the day and night, significantly impairing her quality of life, social interactions, and occupational functioning. No previous history of hyperhidrosis was reported, and physical examinations revealed no underlying medical conditions or dermatological issues.

Objectives: To acknowledge the importance of recognizing and addressing medication-induced side effects within the realm of psychiatry and an early implementation of patient-centered treatment.

Methods: Clinical case report and a brief literature review.

Results: The treatment of hyperhidrosis secondary to bupropion use presents a challenging clinical scenario that requires a delicate balance between managing the distressing side effect and ensuring the continued efficacy of psychiatric therapy. Given the rarity of severe hyperhidrosis as a side effect of bupropion, there is a limited body of evidence guiding treatment strategies. Gradual withdrawal in the dose of bupropion was initiated, with careful monitoring of depressive symptoms to prevent relapse, switching to Duloxetine 90mg daily, with adequate effectiveness. In this particular case, the combination of medication adjustment and psychological support led to a significant reduction in hyperhidrosis symptoms. The patient reported improved social interactions, enhanced self-esteem, and restored occupational functioning. Importantly, her depressive symptoms remained well-managed, underscoring the success of the treatment strategy.

Conclusions: This clinical report highlights the importance of a patient-centered approach when addressing rare medication-induced side effects within the field of psychiatry. Bupropion withdrawal and regular follow-up showed effective in the treatment of the symptoms. Future research may provide additional insights and treatment options for cases like this, further enhancing patient care and outcomes.

Disclosure of Interest: None Declared

EPP0540

Fecal Microbiota Transplantation in the treatment of mood disorders : A literature review

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Introduction: Many researchers have turned their attention to studying the relation between the gut microbiota to mood disorders. In fact, studies in the last 5 years have shown that the change in microbiota in animals can cause anxiety a depression –like behaviors.

In humans, considering the fact that there was a difference between in human gut microbiota between depressed persons and healthy controls, many clinicians suggest different treatment ways to compensate the microbiome imbalance such as Fecal microbiota transplantation (FMT).

FMT is an ancient tool that used to treat food poisoning and severe diarrhea. Recent studies have shown its efficacy in autism spectrum disorders but not enough studies have shown its contribution in treating mood disorders.

Objectives: The aim is to explore and understand the use of fecal microbiota transplantaion in the mood disorder treatment

Methods: We conducted a literature search for English articles on PubMed using the keywords : mood disorder, Fecal microbiota transplantation, treatment.

Results: 13 results were initially found on the pubmed database. we identified 4 eligible studies.

02 case studies reported that patients diagnosed with bipolar disorder type 2 improved after repetitive FMT treatment, 01 randomised controlled trial concluded good tolerability and feasibility of FMT in major depression disorder but was not designed to measure clinical outcomes. Finally, 01 study protocol is still conducting on the efficacy and safety of FMT n in a population with bipolar disorder during depressive episodes.

Conclusions: No results have shown the efficacy of FMT in treating mood disorders yet. However, it is considered well tolerated and safe. Further studies are needed to conclude its efficacy.

Disclosure of Interest: None Declared

EPP0542

A spark of genius and a flash of madness: Nikola Tesla and his struggles with mental illness

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Introduction: An example of the unification of the contrast between artistic creativity and discipline of science, Nikola Tesla engineer and physicist, was also a prolific inventor that contributed to the transformation of modern society. Having resurfaced in the mainstream culture as a mythical figure, he appears to be enjoying a renaissance of posthumous recognition and praise. Through accounts available directly from his autobiography and descriptions offered by those who worked with him, the existence of the inventor's *eccentricities* appear to reveal the existence of mental health disorder.

Objectives: The authors explore Tesla and the psychopathology that accompanied him throughout his periods of brilliance and as well as hardship.

Methods: The authors conducted a brief non-structured narrative literature review. The keywords used during the research, alone or in combination, included: Nikola Tesla, psychopathology and mental illness. The works consulted included: news articles, autobiographies and biographies. Of these, those that were written in the English language and deemed most pertinent to the explored theme were chosen for review in this work.

Results: The popular image of the *mad scientist*, which describes a brilliant but solitary and eccentric individual focused on their work is one that could be applied to Tesla. Documents reveal that he suffered a nervous breakdown, as well as having symptoms that point to a probably presence of obsessive-compulsive disorder, of which included counting and cleanliness rituals, exacerbated by chronic insomnia.

Conclusions: There appears to be anecdotal evidence pointing to an eventual relationship between creative genius and mental pathology. Although not formally evidenced through the scientific literature, exploring the life and accomplishments of Tesla serve as a significant example of a spark of genius perhaps ignited by mental illness. Tesla demonstrated suffering associated with his symptoms especially when considering the end of his life. At the time, adequate mental health interventions and treatments were not widely available, with his diagnosis probably being considered the quirks of genius and not the symptoms of disease.

Disclosure of Interest: None Declared

EPP0543

Health Outcomes and Health Services Utilization Evaluation Protocol: Assessing the Impact of the Nova Scotia Rapid Access and Stabilization Program

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Introduction: Emergency psychiatric care, unplanned hospital admissions, and inpatient health care are the costliest forms of mental health care. According to Statistics Canada (2018), almost 18% (5.3 million) of Canadians reported needing mental health support. However, just above half of this figure (56.2%) have reported their needs were fully met. To further expand capacity and access to mental health care in the province, Nova Scotia Health has launched a novel mental health initiative, the Rapid Access, and Stabilization Program (RASP).

Objectives: This study evaluates the effectiveness and impact of the RASP on high-cost health services utilization (e.g. ED visits, mobile crisis visits, and inpatient treatments) and related costs. It also assesses healthcare partners' (e.g. healthcare providers, policy-makers, community leaders) perceptions and patient experiences and satisfaction with the program and identifies sociodemographic characteristics, psychological conditions, recovery, well-being, and risk measures in the assisted population.

Methods: This is a hypothesis-driven program evaluation study that employs a mixed methods approach. A within-subject comparison will examine health services utilization data from patients attending RASP, one year before and one year after their psychiatry assessment at the program. A controlled between-subject comparison will use historical data from a control population will examine whether possible changes in high-cost health services utilization are associated with the intervention (RASP). The primary analysis involves extracting secondary data from provincial information systems, electronic medical records, and regular self-reported clinical assessments. Additionally, a qualitative sub-study will examine patient experience and satisfaction, and examine health care partners' impressions.

Results: The results for the primary, secondary, and qualitative outcome measures to be available within 6 months of study completion. We expect that RASP evaluation findings will demonstrate a minimum 10% reduction in high-cost health services utilization and corresponding 10% cost savings, and also a reduction in the wait times for patient consultations with psychiatrists to less than 30 calendar days. In addition, we anticipate that patients, healthcare providers, and healthcare partners would express high levels of satisfaction with the new service.

Conclusions: This study will demonstrate the results of the Mental Health and Addictions Program (MHAP) efforts to provide stepped-care, particularly community-based support, to individuals with mental illnesses. Results will provide new insights into a novel community-based approach to mental health service delivery and contribute to knowledge on how to implement mental health programs across varying contexts.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0544

Is gaming disorder related to psychological trauma? A scoping review

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Introduction: Gaming disorder has become a global concern and it could have a variety of health and social consequences. The trauma model has been applied to the understanding of different types of addictions as behavioral addictions can sometimes be conceptualized

as self-soothing strategies to avoid trauma-related stressors or triggers. However, much less is known about the relationship between trauma exposure and gaming disorder.

Objectives: To inform prevention and intervention strategies and to facilitate further research, we conducted the first scoping review to explore and summarize the literature on the relationship between trauma and gaming disorder.

Methods: A systematic search was conducted on the Web of Science, Scopus and ProQuest. We looked for original studies published in English that included a measure of trauma exposure and a measure of gaming disorder symptoms, as well as quantitative data regarding the relationship between trauma exposure and gaming disorder.

Results: The initial search generated 412 articles, of which 15 met the inclusion criteria. All of them were cross-sectional studies, recruiting participants from both clinical and non-clinical populations. Twelve of them (80%) reported significant correlations between trauma exposure and the severity of gaming disorder symptoms ($r = 0.18$ to 0.46 , $p < 0.010$). Several potential mediators, including depressive symptoms and dissociative experiences, have been identified. One study found that parental monitoring moderated the relationship between trauma and gaming disorder symptoms. No studies reported the prevalence of trauma or trauma-related symptoms among people with gaming disorder.

Conclusions: There is some evidence supporting the association between trauma and gaming disorder, at small to medium effect sizes. Future studies should investigate the mediators and moderators underlying the relationship between trauma and gaming disorder. The longitudinal relationship between trauma exposure and the development of gaming disorder should be clarified. A trauma-informed approach may be a helpful strategy to alleviate gaming disorder symptoms.

Disclosure of Interest: None Declared

EPP0547

Similar cognitive characteristics between gaming disorder and other psychiatric disorders

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Introduction: Cognitive characteristics that differentiate normal from problematic gaming need to be identified, owing to the growing popularity of internet games and the rapid rise in mental health problems. Gaming disorder (GD) involves playing games despite their negative effects and is often related to unsuccessful attempts to reduce gaming. GD frequently results in adverse outcomes related to education, employment, and social responsibilities, thereby significantly influencing daily life.

Objectives: We aimed to elucidate the neurocognitive features underlying GD development and preservation, and possible overlapping features between GD and other psychiatric disorders.

Methods: We performed a literature search to identify GD-related studies. We focused on two key aspects: (a) altered executive functions

(EFs) and (b) gaming urge. We mainly searched the PubMed and Web of Science databases using relevant keywords. All retrieved literature were assessed for eligibility to reduce selection biases.

Results: Our preliminary review identified that GD features prominent deficits in EFs, including cognitive inflexibility, poor response inhibition, altered decision-making, and intensified susceptibility to game-related stimuli. These deficits were found to be associated with abnormal neural activity in brain regions subserving EFs and reward-based learning. Hence, excessive gaming may maladaptively suppress controlled and conscious processing, which can amplify automatic and implicit processes to develop gaming urges. In addition, many of these neuropsychological deficits have been observed in other addictions and seemingly unrelated disorders such as autism spectrum disorder (ASD). Similar EF deficits have been identified in ASD, which involve reduced cognitive flexibility and related dysfunction, including excessive attention focus, restricted interest, maladaptive reward processing, and reduced self-control. However, there is considerable variation among individuals and study methods, which requires more comprehensive research strategies.

Conclusions: We elucidated comparable cognitive features among individuals with GD, addiction disorders, and ASD. These similarities provide clues regarding GD etiology, ideas for improving preventative therapies, and markers for risk evaluation. Additional investigations on how GD and other disorders possess similar and distinctive cognitive functions are worth pursuing. It is also crucial to further examine the extent of shared cognitive features in the general population, wherein the peripheral pathological characteristics lie on a continuum with typical and atypical populations.

Disclosure of Interest: None Declared

EPP0548

Depressive disorders and intravenous drug use in chemsex context

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Introduction: Several studies have called attention to the mental health disorders associated with chemsex -the intentional use of drugs before or during sexual intercourse GBMSM (gay, bisexual and men who have sex with men) population-. Sexualized intravenous drug use is also known as slam or slamsex. There are few studies that analyze the mental health differences between intravenous drug users compared to non-intravenous drug users in chemsex context.

Objectives: We aim to describe the mental health outcomes including current and past depressive disorders diagnosis in a sample of users with sexualized drug use (chemsex) attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" and to compare the differences of current and previous diagnosis of depressive disorders between intravenous drug users compared to non-intravenous drug users.

Methods: A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" between 2016-2019 was performed.

Results: We included 217 participants. Current or past diagnosis of depression was found in 137 participants. Depressive disorders were significantly higher in the intravenous drug use group compared to the non-intravenous drug use group ($p < 0.05$).

Conclusions: Our study reports high levels of depression in chemsex users. The participants in our sample who engaged in intravenous drug use presented a higher frequency of depressive disorders than non intravenous drug use participants. Further studies analyzing the relationship between chemsex, slamsex and depression are needed. A multidisciplinary team is necessary to address chemsex and provide care and mental health treatment to chemsex users.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP0549

Prevalence of Generalized Anxiety Disorder Among Five European Countries Before and During COVID

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Introduction: Globally, there is a mental health crisis, and anxiety is the most prevalent mental health condition. However, the impact of the COVID-19 pandemic (COVID) on generalized anxiety disorder (GAD) prevalence has not been quantified across European countries, and such impact could establish a new baseline of GAD estimates in European countries.

Objectives: To assess GAD by severity level before and during COVID in 5 European countries, using the 7-Item GAD Questionnaire (GAD-7).

Methods: Adults (age 18+) in France, Germany, UK, Italy, and Spain completed a short survey in May 2020 to assess the impact of COVID on their mental health. All respondents had previously participated in the National Health and Wellness Survey, a nationally representative survey of the adult general population in each country, before COVID (December 2019–March 2020). In both surveys, respondents completed the GAD-7. GAD symptoms were defined by GAD-7 score as mild (5-9), moderate (10-14), and severe GAD (≥ 15). Positive screen was defined as GAD-7 score ≥ 10 . Positive screen and GAD symptom severity prevalence were reported for the pooled European sample and by country, both before and during COVID. Chi-square and McNemar's tests were used to evaluate the difference in GAD severity across countries and changes over baseline in GAD positive screen during COVID. P-values were reported for both tests.

Results: In total, 2401 adults were included in analysis (France, $n=482$; Germany, $n=487$; UK, $n=487$; Italy, $n=474$; Spain, $n=471$). Prior to COVID, 311 (13%) screened positive for GAD, with 208 (9%) moderate and 103 (4%) severe in the pooled European sample. During COVID, the distribution of GAD symptoms almost

doubled, as 576 (24%) screened positive for GAD, and shifted towards greater severity with 337 (14%) moderate and 239 (10%) severe in the pooled European sample (**Figure 1**). Before COVID, the prevalence of positive screen ranged from 11% (France, Germany, Spain) to 16% (UK). Statistically significant increases in positive screen over baseline levels were observed across all countries ($p < 0.01$), except Germany. Spain was the most impacted by COVID (increase: 16%), followed by Italy, France, and UK (increase: 14%, 12%, and 9%, respectively). Germany was the least affected, overall (increase: 4%) (**Figure 2**).

Image:

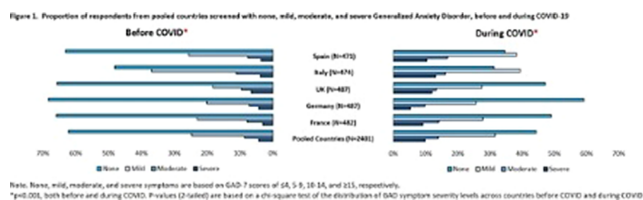
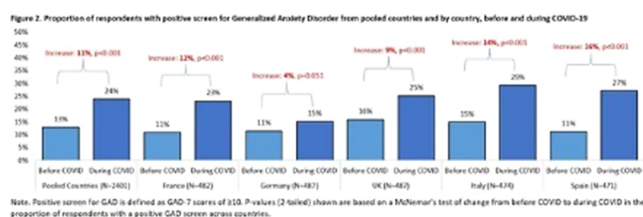


Image 2:



Conclusions: During COVID, estimates of positive screen for GAD increased substantially to 24% across 5 European countries. Surges in positive screen and GAD symptom severity were observed in all 5 countries, with more profound impact in Spain, Italy, France, and UK. With new baseline GAD estimates, the country-specific data of COVID impact on GAD could help to inform appropriate allocation of mental health resources.

Disclosure of Interest: D. Karlin Employee of: MindMed, S. Suponcic Shareholder of: Eli Lilly, Stryker, Abbott, Amgen, Consultant of: MindMed, Becton Dickinson Company, CSL Behring, N. Chen Consultant of: MindMed, C. Steinhart Employee of: MindMed, P. Duong Employee of: MindMed

EPP0551

Sociodemographic factors as a predictor for pregnancy-related anxiety

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Introduction: Pregnant women are particularly vulnerable to a wide variety of psychiatric symptoms, including anxiety related to pregnancy and childbirth.

Objectives: The purpose of our study was to determine the socio-demographic characteristics of pregnant women and investigate their relationship with pregnancy-related anxiety.

Methods: The study was conducted from February to July 2023 among pregnant women in their 3rd-trimester consulting at the Gynecology-obstetrics department of the Hedi Chaker University Hospital of Sfax, Tunisia. Women with obstetric conditions favorable to vaginal delivery (cephalic presentation and eutrophic fetus) were interviewed using a questionnaire including their sociodemographic characteristics and the brief version of the pregnancy-related anxiety questionnaire PRAQ-R2.

Results: A total of 350 women were included in our study. The mean age of the participants was 28 years [16-41 years] with the majority being married (95.7%). One hundred and eighty-eight women (53.7%) did not graduate from high school and 213 (60.9%) were housewives. Half of the participants (52.9%) lived in the city, and 38.9% reported low income. Almost half of them (46.28%) were multiparous.

The mean score of the PRAQ-R2 was 31.24 ± 7.53 .

We found a positive correlation between the PRAQ-R2 scale score and age younger than 30 years ($p < 0.001$), low educational level ($p = 0.006$), and low income ($p = 0.031$).

Conclusions: Our findings suggest that demographic factors seem to predict anxiety related to pregnancy and are worth examining in future studies for a better understanding of this symptom in pregnant women.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP0554

Drug repurposing as add-on treatment strategy for mania and bipolar depression: systematic synthesis and qualitative appraisal of the existing meta-analytic evidence

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Introduction: In the complex pathophysiology of bipolar disorder (BD), increasing evidence supports the involvement of neurobiological abnormalities beyond the classical ones, suggesting them as potential alternative therapeutic targets. Several drugs approved for different indications have thus been repurposed for the treatment of BD, all of them supported by a plausible biological rationale. Some recent reviews have provided an update on these possible additional treatment options for mania and bipolar depression, but no systematic synthesis and qualitative evaluation of meta-analytic findings has been made.

Objectives: To provide a guidance on the available evidence on these treatments and their potential role in clinical practice, we

conducted an umbrella review of meta-analyses of randomized placebo-controlled trials investigating drugs repurposed as add-on treatments for mania and bipolar depression.

Methods: We performed a systematic search and screening of the existing literature looking for the most up-to-date or comprehensive meta-analyses of randomized controlled trials (RCTs) on adults suffering from BD during an acute mood episode (mania or depression) which compared a repurposed drug and placebo as adjunctive treatments. We performed a critical appraisal according to "A MeaSurement Tool to Assess systematic Reviews" Version 2 (AMSTAR 2). We synthesized meta-analytic findings regarding efficacy, tolerability, and safety, also assessing the quality of evidence using the "Grading of Recommendations, Assessment, Development and Evaluations" (GRADE) approach.

Results: In nine eligible meta-analyses investigating 12 drugs (four for mania and eight for bipolar depression) we observed a heterogeneous quality of reporting was according to AMSTAR 2.

In mania, allopurinol (for symptoms reduction and remission at 4-8 weeks) and tamoxifen (for response and symptoms reduction at 4-6 weeks) showed higher efficacy than placebo, with evidence of low and very low quality, respectively.

In bipolar depression, modafinil/armodafinil (for response, remission, and symptoms reduction at 6-8 weeks) and pramipexole (for response and symptoms reduction at 6 weeks) were superior to placebo, with low-quality evidence. Results on celecoxib and N-acetylcysteine were of low quality and limited to certain outcomes.

Conclusions: Overall, the lack of evidence of high and moderate quality does not allow firm conclusions on the clinical utility of repurposed drugs as adjunctive treatments for mania and bipolar depression, limiting recommendations for their use in clinical practice. However, since some lines of evidence seem to hold some potential, and standard treatments for mania and bipolar depression remain not entirely satisfactory, the search for novel therapeutic targets and strategies for the management of BD warrants further research in the field.

Disclosure of Interest: None Declared

EPP0555

Cognitive reserve in Older Adults with Bipolar Disorder and its relationship with cognitive performance and psychosocial functioning

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Introduction: Cognitive reserve (CR) refers to the ability of the brain to cope with damage or pathology. In bipolar disorder (BD), it has been seen that the effects of the disease may potentially reduce

CR, thus compromising cognitive outcomes. This concept takes on special relevance in late life in BD, due to the increased risk of cognitive decline because of the accumulative effects of the disease and the potential effects of aging. Therefore, we believe that CR may be a protective factor against cognitive decline in older adults with bipolar disorder (OABD).

Objectives: The aim of this study was to study the CR in OABD compared with healthy controls (HC) and to analyze its association with psychosocial functioning and cognitive performance.

Methods: A sample of euthymic OABD, defined as patients over 50 years old, and HC were included. CR was assessed using the CRASH scale. Differences in demographic, clinical, and cognitive variables between patients and HC were analyzed by t-test or X2 as appropriated. Lineal simple and multiple regressions analyses were used to study the association of CR and several clinical variables with functional and cognitive performance.

Results: A total of 83 participants (42 OABD and 41 HC) were included. Compared to HC, OABD exhibited poorer cognitive performance ($p < 0.001$), psychosocial functioning ($p < 0.001$) and lower CR ($p < 0.001$). Within the patient's group, the linear simple regression analysis revealed that CR was associated with psychosocial functioning ($\beta = -2.16$; $p = 0.037$), attention ($\beta = 3.03$; $p = 0.005$) and working memory ($\beta = 2.98$; $p = 0.005$) while no clinical factors were associated. Age and CR were associated with processing speed and verbal memory, but after applying multiple regression model, only the effect of age remained significant ($\beta = -2.26$; $p = 0.030$, and $\beta = -2.23$; $p = 0.032$ respectively). CR, age, and number of episodes were related to visual memory, but the multiple regression showed that only age ($\beta = -2.37$; $p = 0.023$) and CR ($\beta = 3.99$; $p < 0.001$) were associated. Regarding executive functions only the number of manic episodes were significant. CR and age at onset were associated with visuospatial ability, but multiple regression only showed association of CR ($\beta = 2.23$; $p = 0.032$). Other clinical factors such as number of depressive or hypomanic episodes, illness duration, admissions, type of BD, and psychotic symptoms were not associated.

Conclusions: To the best of our knowledge, this is the first report that studies the CR in a sample of OABD. We demonstrated that OABD had lower CR than HC. Importantly, we observed that CR was associated with cognitive and psychosocial functioning in OABD, even more than disease-related factors. These results suggest the potential protector effect of CR against cognitive impairment, supporting that improving modifiable factors associated with the enhancement of CR can prevent cognitive decline.

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EPP0556

Lithium management around delivery: a retrospective observational cohort study

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Introduction: During the perinatal period lithium is proven effective as maintenance therapy and to prevent postpartum psychosis. Pregnancy affects all aspects of kidney physiology altering the pharmacokinetics of lithium. To minimize the risk of both maternal and neonatal complications around delivery, several authors have provided clinical advice on lithium dosing around delivery: decreasing dose by 30-50%, suspend lithium therapy 24-48 hours before scheduled cesarean section or induced delivery or even discontinuing lithium after first signs of labour.

Objectives: To evaluate the validity of these recommendations by investigating 1) maternal lithium serum concentrations changes around delivery, 2) the lithium transplacental passage at delivery and 3) the association between neonatal lithium serum concentration at delivery and neonatal outcomes.

Methods: Psychopathologically stable women with a singleton pregnancy (n=66) who used lithium around delivery, were included in this retrospective observational cohort study (HCB/2020/1305). All women were advised to suspend lithium administration at the onset of labour in the event spontaneous deliveries. Study date: demographic, psychiatric, obstetric and neonatal outcomes for each mother-infant pair obtained from the hospital medical records. Lithium serum concentrations were determined by means of an AVL 9180 electrolyte analyzer based on the ion-selective electrode (ISE) measurement principle. Limit of quantification (LoQ) was 0.20 mEq/L.

Results: The most common psychiatric diagnosis was a bipolar disorder type I (n=54, 90%). Forty mothers (61%) were on lithium monotherapy. Mean (SD) umbilical cord and intrapartum maternal lithium serum concentration was 0.59 (0.13) mEq/L and 0.55 (0.13) mEq/L respectively. There was a strong positive correlation

between umbilical cord and maternal lithium serum concentrations (Pearson correlation coefficient 0.95 (95%IC: 0.91,0.97). In a subsample (N=22) a paired t test indicates that the maternal serum lithium concentrations at delivery were significantly lower (mean difference=0.19 mEq/L, 95%CI=0.13-0.25) than those during obtained the day before delivery hospitalization, after a mean (SD) of 31.29 (\pm 11.92) hours (SD=11.92) have elapsed since the taking the last dose of lithium prior to delivery. Four women (6%) relapsed early postpartum. There were no significant differences between lithium monotherapy (N=18/40) and polytherapy (N=11/26) groups with regard to acute neonatal complications (p>0.05). The only acute neonatal complication associated to umbilical cord lithium serum concentration was hypotonia [0.712 (0.298) vs. 0.534 (0.214) (F=5.065; df=1,60; p=0.028)].

Conclusions: When lithium is used around delivery, maternal and neonatal well-being can be maximized by maintaining maternal serum lithium concentrations at the minimal effective level and discontinuing briefly when presenting to hospital for delivery.

Disclosure of Interest: None Declared

EPP0557

Cortisol awakening response in bipolar patients with comorbid type 2 diabetes mellitus

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Introduction: Bipolar Disorder (BD) is a severely debilitating psychiatric disorder with high rates of morbidity and mortality, and patients with BD have a 10-year reduction in their life expectancy. Bipolar disorder (BD) is frequently associated with type 2 diabetes mellitus (T2DM). BD patients with comorbid T2DM have been shown to have three times higher odds of a chronic course and rapid cycling and are more likely to present worse outcomes to treatment with lithium and/or other mood stabilisers when compared to BD patients without IGM (impaired glucose metabolism).

Objectives: The functioning of the hypothalamic-pituitary-adrenal (HPA) axis has been never investigated in BD with respect to the glucose metabolic status. Therefore, we assessed the cortisol awakening response (CAR) in bipolar patients with or without comorbid T2DM.

Methods: Twenty euglycemic bipolar patients [12 males and eight females; mean age (\pm SD): 47.4 \pm 14.4 years; mean (\pm SD) duration of illness: 18.3 \pm 12.1 years], 16 BD patients with T2DM [11 males and five females; mean age (\pm SD): 63.6 \pm 12.8 years; mean (\pm SD) duration of bipolar illness: 17.1 \pm 10.8 years; mean (\pm SD) duration of T2DM: 5.2 \pm 5.3 years], 18 healthy subjects [seven males and 11 females; mean age (\pm SD): 45.0 \pm 12.1 years] and 12 non-psychiatric subjects with T2DM [eight males and four females; mean age (\pm SD): 56.7 \pm 11.2 years; mean (\pm SD) duration of

T2DM: 5.2 ± 3.5 years] were recruited. Saliva cortisol was measured at awakening and after 15, 30, and 60 min.

Results: With respect to both healthy controls and controls with T2DM, euglycemic and diabetic BD patients exhibited a CAR occurring at significantly lower levels. No significant difference emerged in the CAR between the two groups of bipolar patients. Controls with T2DM had an overall post-awakening cortisol production significantly higher than healthy controls.

Conclusions: Our results show that the CAR of patients with BD is reduced in terms of overall cortisol production but normal in terms of cortisol reactivity independently from the occurrence of comorbid T2DM. The dampened CAR points to a tuning down of the functioning of the HPA axis in both euglycemic and diabetic BD patients, which may be a factor of vulnerability, since a preserved HPA axis functioning is essential to deal with stressors, which may precipitate affective episodes

Disclosure of Interest: None Declared

EPP0558

Endogenous phenotype of diagnostic transition from major depressive disorder to bipolar disorder: a prospective cohort study

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Introduction: This study investigated sensor-level electroencephalography (EEG) power and related source-level cortical activity using resting-state EEG in patients with MDD and BD.

Objectives: This study aims to comparing bipolar disorder (BD) and major depressive disorder (MDD) to understand neuropathology of these disorders.

Methods: A total of 68 patients with MDD were enrolled and recorded EEG. Among patients with MDD, 17 patients with MDD converted to BD during the study periods. Clinical symptoms and EEG measures were compared between two groups. This study applied machine learning to differentiate the two groups using sensor and source-level features

Results: At the sensor level, patients with BD showed higher power of AF3 channel in the theta beta band ($p=0.011$) and FC5 channel in the low alpha band ($p=0.014$), compared to MDD. At the source-level, compared to MDD, patients with BD showed higher activity in the right anterior cingulate ($p=0.011$) and left parahippocampal gyrus ($p=0.035$). The best classification performance for MDD and BD showed an accuracy of 80.88%, a sensitivity of 76.47%, and a specificity of 82.35% based on theta and low alpha band power and activity features.

Conclusions: Our findings might suggest different theta and low alpha band activity between patients with BD and MDD might serve clinically as a candidate neuromarker for differentiating two distinct mood disorders.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0560

Assessing the dimensions of psychological (in) flexibility in adolescence: Validation of the Portuguese Version of the Multidimensional Psychological Flexibility Inventory - short form

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Introduction: Psychological Flexibility (PF) is a complex and extensively studied concept within the Acceptance and Commitment Therapy (ACT) framework. PF denotes one's capacity to effectively navigate psychological distress and challenges while aligning one's actions with deeply held values. Given its association with mental health and overall well-being, it is crucial to develop assessment tools able to capture the various facets of flexible behaviour and design strategies for its enhancement.

Objectives: To adapt the Portuguese version of the Multidimensional Psychological Flexibility Inventory (MPFI-24; Grégoire et al., 2020) for the adolescent population.

Methods: The study involved 269 adolescents aged 12 to 18 years old. Participants completed a set of self-report instruments, including the MPFI24-A, the Depression, Anxiety, and Stress Scales-21 (DASS-21), Mental Health Continuum - Short Form (MHC-SF), and the PsyFlex-A, which also assesses PF. A subsample also completed the MPFI24-A four weeks later to assess test-retest reliability.

Results: Two models, specifically the six-factor correlated model and the bifactor model, emerged as presenting the best fit when analysing data separately for the Flexibility and Inflexibility indices. The MPFI24-A demonstrated good reliability for both overall scores ($\alpha = .90$ and $\alpha = .85$, respectively) and good test-retest reliability. The PF index showed significant positive associations with PsyFlex-A scores, perceived mental health, and a moderate negative association with depression and anxiety. Conversely, the Psychological Inflexibility (PI) index presented the opposite association pattern with these variables and showed no significant correlation with PF as measured by the PsyFlex-A. The two indices of the MPFI24-A demonstrated a weak positive correlation. Significant differences between boys and girls were found for the PF index, with boys showing higher scores. No significant differences were found between boys and girls concerning the PI index.

Conclusions: Results suggest that the MPFI24-A is a reliable and valid instrument for assessing adolescents' psychological flexibility and inflexibility competencies. Although further clarification of the MPFI24-A factor structure and the utility of different factors is warranted, the findings support its overall applicability.

Disclosure of Interest: None Declared

EPP0561

Who Is Right? Behavioral Problems from the Perspectives of Parents and Children with ADHD symptoms

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Introduction: Diagnosing behavioral problems in children and adolescents, which include conduct symptoms, anxiety, or somatic complaints, is frequently based on subjective perceptions and interviews with family or caregivers. However, current theoreticians and practitioners of systemic theory are increasingly emphasizing that there are multiple subjective narratives about oneself, the world, and one's symptoms. The question is whether these narratives are equivalent, and if not, under what circumstances do they diverge?

Objectives: The study aimed to investigate whether the perception of behavioral problems among young adolescents with ADHD aligns with their parents' perspective, and whether family bonding is a factor in this association.

Methods: The analytic sample comprised about 200 children, aged 10-14 years, and their parents, mostly coming from well-situated families. The data were collected as a part of the NeuroSmog project. The variables were measured by the Child Behaviour Checklist (CBCL), the Youth Self Report (YSR), the Family Adaptation and Cohesion Evaluation Scales (FACES-IV). The structural equation modelling (SEM) to analyse data was used. The models were also stratified by age, sex, and social status.

Results: There is a significant difference between the perspectives of parents and children regarding the level of behavioral problems. Family bonding is associated with behavioral problems among children, but this relationship is only evident from their perspective.

Conclusions: The perception referring to family narratives has the most significant impact on individual functioning.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0564

Long-term safety and frequency of repeat zuranolone treatment in patients with major depressive disorder rolling over from the randomised CORAL Study into the open-label SHORELINE Study

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Introduction: Zuranolone (ZRN) is a positive allosteric modulator of both synaptic and extrasynaptic gamma-aminobutyric acid type A receptors and a neuroactive steroid approved as an oral, once-daily, 14-day treatment course for adults with postpartum depression in the US and under investigation for adults with major depressive disorder (MDD). The randomised, double-blind, placebo-controlled, Phase 3 CORAL Study assessed the efficacy and safety of ZRN 50 mg vs placebo, each co-initiated with an open-label standard-of-care antidepressant (ADT). Patients who completed CORAL could roll over into open-label SHORELINE, which assessed the safety and tolerability of ZRN 50 mg and need for repeat treatment courses in adults with MDD.

Objectives: To assess the safety and tolerability (primary endpoint) and need for repeat ZRN 50 mg treatment courses (secondary endpoint) in adults with MDD who previously enrolled in CORAL.

Methods: CORAL enrolled adults (18–64 years) with MDD and 17-item Hamilton Rating Scale for Depression (HAM-D-17) total score ≥ 24 . After completing the 6-week CORAL Study, patients who enrolled in SHORELINE could enter a 46-week observation period to assess the safety and need for 14-day repeat ZRN treatment course(s), with a total of ≤ 4 repeat treatment courses permitted. Patients were screened every 2 weeks with the 9-item Patient Health Questionnaire, and scores ≥ 10 prompted a HAM-D-17 assessment within 1 week. Patients with HAM-D-17 total score ≥ 20 were eligible for repeat ZRN course(s) ≥ 8 weeks after completing the prior ZRN treatment course.

Results: Among the 190 patients from CORAL who rolled over into SHORELINE and received ≥ 1 ZRN treatment course in either study, 133 (70.0%) had received ZRN+ADT and 57 (30.0%) received placebo+ADT in CORAL. Overall, 118 rollover patients received ≥ 1 open-label ZRN treatment course in SHORELINE. For patients who received ≥ 1 ZRN treatment course in either study, 76.8% received 1 (54.2%; 103/190) or 2 (22.6%; 43/190) total ZRN treatment courses across both studies in up to 1 year in study. The most common ($>5\%$) treatment-emergent adverse events (TEAEs) during treatment and 14 days following the last ZRN dose were somnolence (16.1% of patients), dizziness (8.5%), headache (8.5%), fatigue (7.6%), sedation (5.9%), and nausea (5.1%); study-period TEAEs (73.7%; 87/118) for the majority of patients were mild/moderate (69.5%; 82/118) in severity and occurred primarily during the treatment period (58.5%; 69/118). No signals for increased suicidal ideation/behaviour were observed.

Conclusions: Safety and tolerability among rollover patients were consistent with previous studies; most of the TEAEs reported by adults with MDD who received ZRN were mild/moderate in severity. Most patients who rolled over from CORAL to SHORELINE received ≤ 2 total treatment courses in up to 1 year in study.

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EPP0567

Exploring the impact of religiosity and spirituality on depressive symptoms in homeless people

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Introduction: Depression is a major concern among homeless individuals. Studies link religiosity and spirituality (RS) with lesser depressive symptoms, but evidence is scarce among the homeless.

Objectives: This study aims to assess the association between RS and depressive symptoms in homeless individuals in Brazil.

Methods: This cross-sectional study involved 456 homeless individuals in São Paulo, Brazil. It received approval from the Ethics and Research Committee of the Faculty of Medicine of Itajubá, Brazil. We used adjusted linear regression models to analyze the association between RS and participants' depressive symptoms. Depressive symptoms were assessed with the Patient Health Questionnaire-9 (PHQ-9). We used the P-DUREL to measure religiosity, FACIT-Sp12 for spirituality, and the Brief-RCOPE scale for religious-spiritual coping strategies.

Results: Out of 482 invited participants, 456 (94.6%) completed all questionnaires, mostly males (75%) with an average age of 44.53 (SD 12.62) years. About 49.6% had depressive symptoms (PHQ-9 ≥ 10 points). After controlling for sociodemographic and health variables, factors such as temple/church attendance (≥ 3 times

per month), increased religiousness (both organizational and intrinsic), positive religious/spiritual coping, and peace, faith and meaning were inversely related to depressive symptoms. Conversely, dysfunctional use of RS, such as in negative spiritual-religious coping strategies, correlated with heightened depressive symptoms.

Conclusions: High depressive symptom prevalence was found among Brazilian homeless individuals. Functional use of RS was negatively linked to depressive symptoms, while dysfunctional RS, like negative spiritual-religious coping strategies, correlated with higher depressive symptoms. These findings can aid healthcare professionals, particularly psychologists and psychiatrists, in addressing RS in the homeless population.

Disclosure of Interest: None Declared

EPP0568

Efficacy and acceptability of S-adenosyl-L-methionine (SAME) for depressed patients: a systematic review and meta-analysis of randomized controlled trials

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Introduction: Current treatment options for depression remain unsatisfactory. SAME, a naturally occurring body chemical available as a dietary supplement, was discovered in the 1950s. SAME deficiency is associated with depression.

Objectives: This systematic review and meta-analysis aimed to investigate the efficacy and acceptability of SAME in treating patients with depression. The primary efficacy outcome was measured through the reduction in depression severity scores. All-cause dropout rates were assessed as indicators of treatment acceptability.

Methods: To include the randomized trials comparing SAME with other agents, we conducted a search on PubMed, Embase, and the Cochrane Library from their inception until April 27, 2023. The quality of trials was assessed using version 2 of the Cochrane risk-of-bias tool for randomized trials (RoB 2). Depression severity and overall dropout rates were synthesized using a random-effect model for frequentist pairwise meta-analysis.

Results: We categorized 23 trials (N = 2,234) into 11 trials comparing SAME vs. placebo, 5 trials comparing SAME + antidepressant vs. placebo + antidepressants, and 7 trials comparing SAME vs. antidepressants. SAME demonstrated a significantly greater reduction in depressive symptoms compared to placebo (SMD = -0.58, 95%CI [-0.93; -0.23], I² = 68%), as can be seen in Figure 1. A trend was observed wherein SAME showed a lesser reduction in depressive symptoms compared to antidepressants (SMD = 0.06, 95%CI [-0.06; 0.18], I² = 49%). When administered alongside ongoing antidepressant treatment, SAME did not significantly differ from placebo in reducing depressive symptoms (SMD = -0.16, 95%CI [-0.44; 0.13], I² = 57%). In the subgroup analysis of 11 trials comparing SAME and placebo, it was found that while the intramuscular (SMD = -0.92, 95%CI [-1.39; -0.44]) and oral routes

(SMD = -0.66, 95%CI [-1.24; -0.08]) revealed the efficacy of SAME, the intravenous route did not exhibit the same efficacy (SMD = -0.16, 95%CI [-0.47; 0.14]). The efficacy of SAME was not influenced by factors such as physical illness, history of antidepressant nonresponse, proportion of females, age, duration and dosage of SAME supplementation, publication year, and baseline depression severity. There was no significant difference in dropout rates between SAME and controls.

Image:

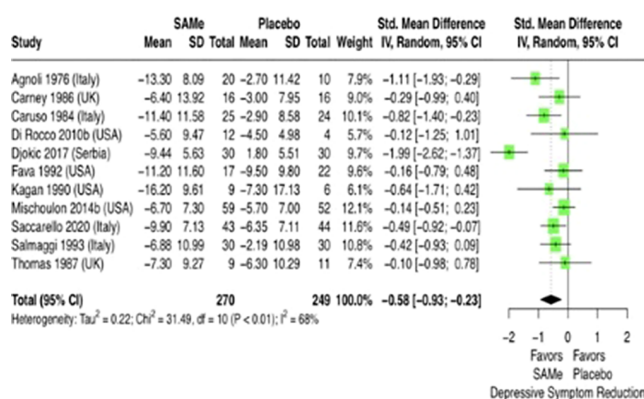


Figure 1. SAME vs. Placebo

Conclusions: Limited evidence suggests that SAME is well accepted and effective in reducing depressive symptoms. However, its antidepressant effect may not be as strong as that of traditional antidepressants. Randomized-controlled trials comparing SAME to antidepressants in depressed patients, both with and without ongoing antidepressant use, are still necessary.

Disclosure of Interest: None Declared

COVID-19 and related topics

EPP0569

Surveillance and monitoring program of child neurodevelopment in population born during social confinement due to covid contingency: monteria-colombia experience

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Introduction: The American Academy of Pediatrics reports an incidence of 1 in every 54 children (Council on Children with Disabilities, 2021). The unique circumstances surrounding children born in 2020, who have experienced the COVID-19 pandemic since birth, present a distinct set of challenges for their neurodevelopmental well-being. The pandemic has led to reduced opportunities for learning and social interaction, masking mandates, decreased social support for research, and the potential misattribution of Autism Spectrum Disorders ASD symptoms to the effects of social isolation.

Objectives: This study aims to develop such a program for children born during the COVID-19 pandemic (2020-2022).

Methods: All children born in March 2020 were included in the study. The initial assessment involved administering the ASQ-3 to evaluate their development across the specified domains. Diagnostic Evaluation: Among the population, 6% (4 children) displayed concerning signs on the ASQ-3, warranting further diagnostic evaluation by specialized health professionals for possible ASD.

Results: Early Intervention and School Monitoring: Of the remaining 72% (46 children), who did not require diagnostic evaluation, intervention guidelines were provided, both within the school environment and at home. These children were reevaluated after a three-month period. Follow-up in the School Environment: Those children who underwent reevaluation were categorized into three groups: Nine children fell into the “gray” category on the ASQ-3 and were subsequently referred for diagnostic evaluation. Thirty-seven children progressed to the “white” category on the ASQ-3 after receiving intervention guidelines in both school and home settings. The findings of this research underscore the potential impact of the COVID-19 pandemic on the neurodevelopment of children born in 2020. 6% of the evaluated population were referred for diagnostic evaluation due to signs of ASD, suggesting a potential association between the pandemic and an increased risk of ASD within this cohort. 72% of children who received intervention guidelines demonstrated significant improvements in their neurodevelopment, highlighting the critical role of early intervention and school-based monitoring.

Conclusions: Implementing support strategies within educational settings was linked to positive developments in neurodevelopmental outcomes. Consequently, school-based neurodevelopmental monitoring, complemented by cohesive curricular guidelines, emerges as a beneficial approach for enhancing child development outcomes. The ASQ-3, as a structured instrument, proves invaluable in facilitating neurodevelopmental surveillance within educational settings, particularly in contexts with high demand and limited access to specialized care.

Disclosure of Interest: None Declared

EPP0570

Psychological distress and coping strategies of hospital nurses during covid-19 pandemic in Greece

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Introduction: Hospital nurses have played a crucial role during the covid-19 pandemic. Research demonstrates the extent to which nurses were experiencing acute stress and psychological distress during the waves of the pandemic.

Objectives: The purpose of this study was to assess the psychological distress (stress, depression, and anxiety) of nurses working in public hospitals in Greece during the covid-19 pandemic, to identify their coping strategies, and to explore the eventual

sociodemographic and work environmental influence on distress and the coping strategies.

Methods: Sample consisted of 317 nurses working in public hospitals. A self-report online questionnaire was used for data collection. The first part of the questionnaire comprised the Depression, Anxiety, and Stress Scale (DASS-21), the second part included the Greek version of the Ways of Coping questionnaire (WAYS), the third part the Oslo Social Support Scale (OSSS-3), and the fourth part included participants' sociodemographic data. Analyses were conducted using SPSS statistical software (version 26.0).

Results: 18.4% of participants presented severe depression, 39.9% very severe anxiety, and 22.5% very severe stress. Significantly lower levels of depression, anxiety, and stress were experienced by those who slept more than 5 hours a day, compared to those who slept up to 5 hours. Participants who were infected with the coronavirus had significantly higher levels of depression, anxiety, and stress. Additionally, participants who received moderate/high social support experienced overall less anxiety, stress, and depression than those who received low social support. Finally, the more they sought social support to deal with their problems and the more they avoided stressful situations, the higher the levels of depression, anxiety, and stress.

Conclusions: A staff care protocol must be applied by every hospital, including rest breaks and night-shift naps, psychosocial support for those who get infected by SARS-CoV-2 and their families, peer support (groups and mentoring), and coping skills trainings.

Disclosure of Interest: None Declared

EPP0571

Covid-19 pandemic and mental health among adolescents and young adults: results from two studies conducted in North of Italy

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Introduction: The northern region of Italy had been the epicenter of the first wave of Covid-19. The youth population residing in this area experienced an extended period of restrictive measures implemented to curb the spread of the virus. Given the adverse effects of social distancing and lockdown measures, there is a concern regarding the mental health of young individuals in this region. However, there remains a notable scarcity of studies exploring the long-term impact of the pandemic on the mental health of this vulnerable population.

Objectives: To assess psychopathological symptoms among adolescents and young adults in order to evaluate the extent of their impact in the context of the Covid-19 pandemic. To explore potential risk factors and resilience factors in youth who have experienced the effects of the pandemic.

Methods: Two studies are performed. *Study n1* has observational design and includes 7,146 adolescents and young adults (age range 14–25) evaluated during the fourth wave of the COVID-19 through standardized measures for depression, anxiety, anger, somatic symptoms, resilience, loneliness and post-traumatic growth. *Study*

n2 has prospective design and includes 153 students (mean age 16.1 ±0.49), evaluated before the Covid-19 pandemic (November 2019–January 2020) and 1 year later (April–May 2021) to measure anxiety, depression, stress, emotional dysregulation, maladaptive behaviours.

Results: Study 1. Clustering methods identified two groups of students with different psychological features, that we further defined as “poor mental health” and “good mental health”. Those with poor mental health were characterized by higher scores of loneliness and self-harm, followed by being of female gender, presenting binge eating behaviors and, finally, having unsatisfying family relationships.

Study 2. Over the course of one year, significant changes in various psychological parameters were observed: an increase in anxiety, stress for future uncertainty, and higher frequency of maladaptive behaviours. Stress related to social domains (i.e., school attendance, romantic relationships, peer pressure) decreased over the year. Cluster analysis identified three distinct groups of youths based on their changes in psychopathological symptoms over time: those who worsened (N=23; 15%), improved (N=55; 34%), or remained stable (N=75; 46%). Furthermore, adolescents who reported an increase in self-harm (OR=2.61; p<0.001), binge-drinking (OR=3.0; p=0.007), aggressiveness (OR 1.92; p=0.004), and binge-eating (OR 2.55; p=0.003) were more likely to be associated with a worsened mental health condition.

Conclusions: The findings from these studies substantiated the significant psychological distress caused by the COVID-19 pandemic. Furthermore, they yielded valuable further insights regarding into the factors linked to distinct patterns of mental health outcomes.

Disclosure of Interest: None Declared

EPP0572

Impact of the COVID-19 pandemic on the manifestation and course of mental illness in elderly

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Introduction: COVID-19 is a multisystem disease affecting not only the respiratory, gastroenterstitial and vascular systems, but also the central nervous system, which leads to a wide range of neurological and mental complications. 3 years of experience in combating the pandemic has shown that elderly people burdened with chronic somatic diseases are the most vulnerable risk group for the development of severe course and complications of COVID-19.

Objectives: To study the impact of COVID-19 on the onset and course of mental illness in elderly inpatients

Methods: We examined 67 inpatients aged 50 to 95 years with various mental pathologies, who underwent COVID-19 from February 2020 to December 2021. 46 people had previous history of mental disease (PHMD), in 21 cases the disease developed for the first time. Statistical analysis was performed.

Results: In the manifest group of patients, depressive episodes predominated (42.9%), including psychotic episodes (9.5%). In 28.6% of cases, organic disorders were diagnosed in the form of

emotional lability, organic depression, mild cognitive impairment and delirium. In 23.8% of patients, neurotic disorders were observed in the form of depressive reactions, panic and generalized anxiety disorder. In one case (4.8%), acute polymorphic psychosis with symptoms of schizophrenia was diagnosed. The PHMD group includes affective disorders - 45.7%; organic disorders, including dementia 26.1%; schizophrenic spectrum disorders - 19.6% and neurotic somatoform disorders - 8.7%. In the acute and subacute periods of COVID-19, acute psychotic states (APS) developed in both groups of patients (in 23.3% and 30.4%, respectively) in the form of delirium, psychotic depression, or polymorphic psychosis. APS were more common in PHMD patients with organic (50%) and schizophrenic spectrum disorders (33.3%) with a predominance of delirium. In the long-term period of COVID-19, PHMD patients more often than non-PHMD (60.9% and 38.1%) developed cognitive impairment (CI), especially in schizophrenia-like (77.8%) and organic (83.3%) disorders. CI developed twice as often after APS (89.5% and 39.6%, $p < 0.001$), reaching the degree of dementia in 15.8% of cases. APS were significantly associated ($p < 0.05$) with the development of CI (0.567733), the age of patients (0.410696) and the presence of previous cerebrovascular insufficiency (0.404916).

Conclusions: The age-related features of the mental consequences of COVID-19 are the occurrence of APS in the acute period of infection and the deterioration of cognitive activity at a remote stage. The PHMD patients, especially with disorders of organic and schizophrenic spectrum, were found to be more vulnerable to the effects of COVID-19. In them, the occurrence of APS was a risk factor for the development of dementia, while in primary diseased, and patients with affective and neurotic disorders, CI was reversible or had the character of a mild cognitive disorder.

Disclosure of Interest: None Declared

EPP0573

Youth mental health resilience during the COVID-19 pandemic: A critical review

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Introduction: The COVID-19 pandemic has had a profound impact on mental health worldwide because of complex societal disruptions and neuropsychiatric consequences stemming from SARS-CoV-2 infection. All age groups have been affected by this pandemic, with particular focus on the vulnerabilities faced by children and adolescents who have experienced multiple stressors. These stressors involve various emotional, physiological, and behavioral challenges stemming from different factors, such as mandatory social distancing due to school closures, increased parental stress caused by the incessant spread of the pandemic, severe trauma from losing family members, a surge in cyberbullying linked to higher online activity, and a worrying rise in unreported incidents of child abuse. Empirical reports document an increase in

suicidal tendencies and suicide attempts among adolescents during this crisis.

Objectives: This study conducted a comprehensive review of existing literature focused on the mental health of individuals aged 0-24 years in both pre-pandemic and pandemic eras. This study conducted comparative analyses to identify significant changes.

Methods: Adhering strictly to the PRISMA guidelines, we conducted comprehensive searches on Google Scholar and PubMed to identify peer-reviewed articles published in English.

Results: Most studies revealed deteriorating mental health conditions among adolescents and young adults following pandemic onset. These conditions were characterized by high rates of depression, anxiety, and psychological distress. Furthermore, several studies have identified a notable increase in negative emotions and heightened feelings of loneliness. Primary school children experienced a decline in attention span, emotional regulation, hyperactivity, and enthusiasm for academic engagement.

Conclusions: Based on the analysis of data from both the pre-pandemic and pandemic periods, it is evident that the COVID-19 pandemic had a detrimental impact on the mental well-being of children and young individuals. Therefore, it is crucial to identify the risk factors and protective measures linked with pandemics to enhance mental health resilience and better equip societies to cope with future health emergencies and other crises.

Disclosure of Interest: None Declared

Emergency Psychiatry

EPP0574

Comparing IM Lorazepam and IM Clothiapine for Agitated Psychosis in Hospitalized Patients

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Introduction: When patients in a closed hospital ward experience acute psychosis and become highly agitated or pose a risk to themselves and others, it's often crucial to provide immediate sedative treatment. However, there is currently no consensus on whether the preferred medication for these situations should be antipsychotic drugs or benzodiazepines.

Objectives: This study aimed to compare how well a single intramuscular dose of 2-4 mg Lorazepam performs against 40 mg Clothiapine in terms of effectiveness and side effects. These treatments were administered as immediate emergency measures to patients experiencing psychosis with severe agitation or behaviors that posed a risk to themselves or their surroundings.

Methods: We conducted a retrospective clinical study involving 100 patients experiencing aggressive psychosis. These patients were divided into two groups. The first group comprised 50 patients who received a single intramuscular (IM) dose of up to 40 mg Clothiapine. The second group consisted of 50 patients who received IM treatment with 2-4 mg Lorazepam. We assessed the patients'

outcomes around 8 hours after treatment or upon receiving any additional treatment.

Results: There were no significant statistical differences in the demographic and clinical characteristics (e.g., age, gender, number of hospitalizations, duration of illnesses, psychiatric diagnosis, comorbidity) of the patients between the two groups ($p > 0.05$).

Before treatment, there were no statistical differences in the severity of clinical symptoms (CGI-S) between the two groups [CGI-S (Mean \pm SD): 5.32 ± 1.09 vs. 5.38 ± 1.4 , $p = 0.8$].

However, in the Clothiapine group, a statistically significant clinical improvement (CGI-I) was observed after treatment [CGI-I (Mean \pm SD): 2.42 ± 0.9 vs. 1.96 ± 1.16 , $p = 0.029^*$].

There were no significant differences in the need for physical restraint or additional medication following the initial treatment between the two groups ($p > 0.05$).

Furthermore, there were no statistically significant differences in the major side effects of the drugs, the necessity for referral to the general emergency room, or incidents of falls ($p > 0.05$).

Conclusions: When dealing with a psychotic state marked by severe agitation or threats to oneself and others, the use of IM Clothiapine as a treatment option may offer certain advantages over IM Lorazepam. Importantly, these advantages come without significant exposure to side effects or potential risks associated with Clothiapine.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPP0575

Euthanasia - A Novel Intricacy for Psychiatry's Purview?

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Introduction: Numerous countries, notably within Europe, have sanctioned the practice of euthanasia. Extant legal frameworks meticulously define the extent, essence, and application of euthanasia, encompassing divergent characterizations, explications of entitlements, procedural modalities, and provisions for access. Nonetheless, the precise function of psychiatrists within these legislative contours remains conspicuously nebulous.

Objectives: The present inquiry undertakes a comprehensive evaluative review of the euthanasia phenomenon vis-à-vis the intricate tapestry of European legislative paradigms, with an emphasis on elucidating the multifaceted involvement of psychiatry within this evolving landscape.

Methods: A nuanced narrative review is undertaken, encapsulating the contemporary state-of-affairs, fundamental conceptual architectures, the tenets of the Spanish Organic Law 03/2021, and the pharmaceutical armamentarium deployed in the orchestration of euthanasic practices. Additionally, the methodological blueprint

employed within a prominent tertiary healthcare institution situated in Madrid is meticulously expounded.

Results: To date, euthanasia has garnered legal imprimatur across diverse jurisdictions including, but not limited to, the Netherlands, Belgium, Colombia, Canada, Spain, and New Zealand. The ambit of assisted death and its application to the domain of mental infirmities is meticulously deconstructed. Within the overarching realm of foundational concepts, a rigorous delineation is rendered between euthanasia, medical succor in the throes of mortality, assisted self-termination, facilitated demise, provision of mortal release, judicious calibration of therapeutic enterprise, and the contours of palliative sedation. Distinction between the principal executor and the advisory consultant is rendered salient. The rubric of conscientious objection emerges as an inviolable entitlement of healthcare practitioners enmeshed in the provisionary matrix.

The enduring incumbency of the psychiatrist as a pivotal appraiser of cognitive and volitional faculties holds firm. The conspicuous influence of psychopathological constellations upon the contours of euthanasia eligibility precipitates cogent deliberation.

Conclusions: As the frontiers of euthanasia expand to encompass an augmented array of legal jurisdictions, this study underscores the increasingly intricate role inhabited by psychiatrists in the matrix of evaluative assessments. The proclivity of mental maladies to exert a substantial gravitational pull upon determinations of eligibility for euthanasia accentuates the exigency for refined explication of roles and responsibilities within this evolving sphere, a clarion call resonant not only within the precincts of psychiatry but reverberating across the broader firmament of medical praxis.

Disclosure of Interest: None Declared

Emergency Psychiatry

EPP0576

Mental health assessment during the full-scale invasion within the general Ukrainian population: state, beliefs and behaviors, query to change (cross-sectional study)

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Introduction: The Russian invasion in Ukraine has significantly affected the mental health (MH) of the local population while access to mental health support remains limited due to multiple reasons coming from both the provider and acceptor sides. The war obviously negatively impacts MH but has also paradoxically given an "open window" for shifting current practices both in the healthcare system and within society. Investigation of current people's attitudes on this matter should be the primary step to address the issue and initiate any change.

Objectives: 5 main objectives identified to analyze within the convenience sample were: MH state and self-care behaviors during

the full-scale invasion, MH stigma and self-stigma, intention to use professional MH support, beliefs on access to professional MH support, query to change current MH attitudes and practices.

Methods: This research was conducted using primary data collection. The online questionnaire consisted of 5 blocks and was designed based on PHQ-9, DASS-21, PCL-5, Brief-COPE and CAMI. 332 civilians underwent the survey in March-April 2023 and were divided by age, gender, location and situation; inclusion criteria were to be >16 y.o. being affected by war and capable of completing the survey in Ukrainian. Relevant ethical measures were applied. Descriptive and correlational analysis was used to analyze the data.

Results: The majority of respondents rated their mental health as good. Anxiety was the most prevalent emotion, particularly among younger age groups. Different genders and age groups exhibited varying combinations of emotions, such as fatigue, peace, anger, sadness etc. Many participants felt self-reproach for not doing enough; coping strategies varied among age groups. Females were 8.14 times more likely to seek mental health support, and those inside Ukraine were 0.32 times less inclined. 66.2% never seek any MH services, with older men leading; only 8.7% consult specialists during crises, showing gender differences. Distrust in specialist qualifications is one of the barriers on access in people's beliefs and is more prevalent among older generations. The absence of self-mental health stigma makes individuals 1.91 times more open to accessing support. Location affects openness to change, with Ukraine-based individuals being less open. Lastly, 29.5% consider alternative stress-coping methods, with 40% open to future psychological help.

Conclusions: Our findings show differences in populational attitudes towards MH in Ukraine during the war and therefore the importance of any potential intervention to precisely tailor certain subgroups, beliefs behaviors and needs within them to have a higher chance of being accepted and increase MH support utilization in the population overall.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPP0578

Stigmatizing attitudes of doctors, practicing psychiatry in Slovenia; Eustigma study results

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Introduction: The perception that individuals afflicted with mental disorders may exhibit potential harm or unpredictability is common in the general population and, as studies have shown, mental health-related stigma is not confined to the broader public but is progressively emerging as a concern within professional circles as

well, adding additional burden to patients in psychiatric settings who already encounter an array of impediments stemming from societal prejudice.

Objectives: In this cross-sectional study, we aimed to investigate the attitudes of adult and child psychiatrists towards people with mental health problems in Slovenia.

Methods: The stigmatizing attitudes were measured by an internet-based, anonymous survey using the Opening Minds Stigma Scale for Health Care Providers (total score and three subscales are the following: attitude, disclosure and help-seeking, social distance).

Results: Altogether, n=90 practitioners (n=18 males, n=72 females) completed the survey. The bifactor ESEM model showed the best model fit (RMSEA=0.060, CFI=0.970, TLI=0.939); however, exploratory factor analysis results indicated the weakness of items 1 and 11. Those participants who have a possibility to attend case discussion groups are more willing to disclose their own mental health issues or seek help (8 (7-9) vs 9 (8-11.5)); however, they prefer more social distance from their patients (9(7.5-10) vs 7(6-9)). Gender differences were found as well, women seem to keep more social distance (p=0.031). Interestingly, those practitioners who reported spending 75% of their working hours with patients kept less social distance compared to those who engage in other activities (p=0.028).

Conclusions: This study is the first to describe the stigmatizing attitude of psychiatric practitioners in Slovenia from their perspective, and it provides directions for anti-stigma interventions.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP0579

Adverse childhood experiences and 8-year trajectories of depressive symptoms in community-dwelling older adults: Results from the English Longitudinal Study of Ageing

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Introduction: The negative impact of adverse childhood experiences (ACEs) on mental health has been well documented. While most of the evidence comes from samples of adolescents and young adults, few studies have investigated whether ACEs contribute to poorer mental health among older adults. In particular, depressive symptoms are common in old age, and they display heterogeneous patterns of development across individuals. Therefore, it is important to examine if ACEs are predictive of distinct trajectories of depressive symptoms among older adults.

Objectives: Using longitudinal data from the English Longitudinal Study of Ageing (ELSA), we aimed to examine if ACEs could

differentiate between distinct trajectories of depressive symptoms over eight years in community-dwelling older adults.

Methods: Participants from ELSA aged 60 or above who reported no psychiatric diagnoses and completed the items of ACEs at baseline (wave 3) were included in the current study. Nine items of ACEs were subject to a principal component analysis to identify the underlying subtypes. Data of depressive symptoms from waves 3 to 7 (2-year apart), assessed with the 8-item Centre for Epidemiological Studies Depression Scale, were extracted for modelling the distinct trajectories using latent class growth analysis. The trajectories were predicted by subtypes of ACEs using multinomial logistic regression, adjusting for childhood socioeconomic status, sex, age and ethnicity.

Results: The final sample consisted of 4057 participants (54.4% female, mean age= 71.34 (SD= 8.14)). We identified five trajectories of depressive symptoms (Figure 1): 'low stable' (73.4%), 'increasing then decreasing' (9.9%), 'high decreasing' (7.1%), 'high stable' (5.7%) and 'moderate increasing' (4.0%). Four subtypes of ACEs (i.e., sexual abuse, separation from natural parents, family dysfunction and physical assault) were evident. Compared to the 'low stable' group, higher levels of family dysfunction were reported in the 'increasing then decreasing' (aOR = 1.35, 95% CI [1.10 - 1.66], $p = .012$), 'high stable' (aOR = 1.59, 95% CI [1.30 - 1.96], $p < .001$) and 'moderate increasing' (aOR = 1.55, 95% CI [1.18 - 2.04], $p = .011$) groups. The 'high stable' group also reported a higher level of separation from natural parents than the 'low stable' group (aOR = 1.34, 95% CI [1.04 - 1.72], $p = .047$). Sexual abuse and physical assault did not predict any group differences.

Image:

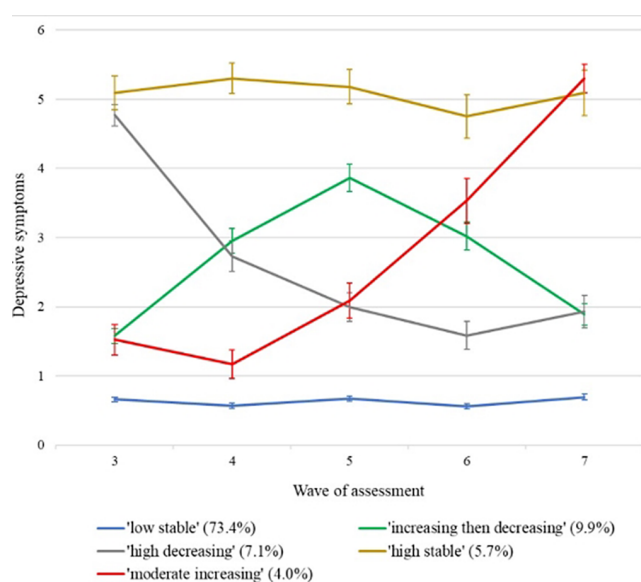


Figure 1. Latent classes of trajectories of depressive symptoms among older adults. Means of depressive symptoms and 95% confidence intervals across waves of assessment per trajectories are plotted in the figure.

Conclusions: Distinct trajectories of depressive symptoms among older adults were predicted by family dysfunction in childhood. Our findings suggested that the negative impact of ACEs on mental health may extend beyond adolescence and young adulthood into the old age.

Disclosure of Interest: None Declared

EPP0580

Chronic and transient loneliness in western countries: risk factors and association with depression. A follow-up study.

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Introduction: While transient loneliness refers to feelings that last for a short time (less than two years), chronic loneliness alludes to feelings that last more than two years. Transient loneliness can appear after stressful life events such as retirement and loss of close social connections whereas chronic loneliness is more strongly related to maladaptive social cognition, poor social support, and lack of intimate relationships. In comparison to transient loneliness, chronic loneliness is more strongly linked to mental health problems, particularly the incidence and recurrence of depression. Therefore, understanding the specific risk factors for both types of loneliness would be of great utility in mitigating their impact on mental health.

Objectives: Our aim was to test distinct measures and risk factors for chronic and transient loneliness as well as cross-sectional and longitudinal associations of transient and chronic loneliness with depression.

Methods: Responses from participants in Wave 5 (T1, 2013) and Wave 6 (T2, 2015) of The Survey of Health, Ageing and Retirement in Europe (SHARE) (N=45,490) were analyzed. The existence of clinically significant symptoms of depression was defined as reporting a value ≥ 4 on the Euro-D scale. Loneliness was measured through 3-item loneliness scale and a single question. Both measures were tested in separate logistic regression models to identify risk factors for transient (loneliness at T1 but not at T2) and chronic loneliness (loneliness at both time points) as well as their impact on depression.

Results: Between 47% and 40% of the cases of loneliness became chronic, according to the UCLA scale and the single question, respectively. Risk factors for both loneliness courses were being female, not being married, having a low educational level, having a poor physical health, having a poor social network and living in a culturally individualistic country. Risk factor for chronic loneliness were stronger, particularly those related to health status and social networks. Chronic loneliness showed also a strong association with depression both cross-sectionally and longitudinally, while transient loneliness showed a weaker cross-sectional association and markedly lower probabilities in the longitudinal association.

Conclusions: Risk factors for chronic loneliness and measures of the temporal dimension of loneliness should be considered in psychosocial interventions designed to prevent mental disorders.

Disclosure of Interest: None Declared

EPP0582

Social determinants of involuntary psychiatric hospital admissions in Ontario, CanadaK. P. Fung^{1*} and S. Kim²¹University of Toronto, Toronto and ²McMaster University, Hamilton, Canada

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Introduction: In Ontario, Canada, patients may be admitted to the hospital involuntarily if they are deemed to be suffering from symptoms of a mental disorder that may result in imminent serious bodily harm to themselves or others, or that may cause serious physical impairment to themselves (e.g., inability to keep themselves safe and warm in the winter). This measure can be life-saving. However, in addition to ethical and human rights considerations, resorting to coercive admissions may be an indication that those who are suffering from mental illness are not able to access or receive timely and appropriate intervention. While recent studies have suggested that the rate of involuntary hospital admission may be increasing, data on social determinants of involuntary hospital admissions are limited.

Objectives: We examined social factors associated with involuntary admissions using a Canadian provincial database.

Methods: Binary logistic regression models were conducted to examine the associations between social factors (low income, indigeneity, rurality, housing type) and involuntary admissions, controlling for age, sex, and psychiatric diagnoses. Data from March 2019 to March 2021 was extracted from the Ontario Mental Health Reporting System admission dataset, comprising of a sample of 9,848 patients admitted to eight psychiatric hospitals in Ontario. Odds ratios and 95% confidence intervals are reported.

Results: In 2021, the proportion of involuntary patients increased significantly by 6.8 percentage points to 55.7% compared to the previous year (48.9%). Indigenous status (First Nations, Metis, Inuit) [1.75 (1.38-2.21) **], living in rural areas [2.78 (2.48-3.12)], living in assisted residence [1.41 (1.21-1.64) **], homelessness [1.63 (1.38-1.91) **], male sex [1.21 (1.10-1.33) **] and younger age [0.99 (0.98-0.99) **] were associated with involuntary admissions, while income was not a significant factor. Compared to a diagnosis of a psychotic disorder, substance use disorders [0.11 (0.10-0.13) **] and mood and anxiety disorders [0.32 (0.29-0.36) **] showed decreased odds of involuntary admission, while neurocognitive disorders increased the odds of involuntary admission [3.86 (2.91-5.11) **].

Conclusions: Consistent with other findings, involuntary psychiatric hospital admissions in ON, Canada, have increased recently, which may in part be related to the pandemic. Rurality, indigenous status, and unstable housing have been found to be associated with involuntary admissions. The study findings support the need for better preventive and intervention strategies to serve vulnerable psychiatric patients, including addressing the social determinants of health such as housing, and increasing access to culturally competent and safe community-based mental health supports and services.

Disclosure of Interest: None Declared

Genetics and Molecular Neurobiology

EPP0584

Comparison of Val66met Polymorphism of BDNF gene in patients of bipolar disorder and healthy controls.M. Srikantamurthy^{1*}, S. Moirangthem², B. Viswanath², M. Purushottam³ and S. Jain²¹Department of psychiatry, Orygen youth health, Melbourne, Australia;²Department of psychiatry and ³Department of molecular genetics, National Institute of Mental Health and Neurosciences, Bangalore, India

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Introduction: The study aims to explore the utility of BDNF Val66Met polymorphism as a potential biomarker in Indian bipolar disorder patients and its correlation with clinical characteristics.

Objectives: Genotyping Val66Met in BDNF gene Exploring its association with bipolar disorder (BD).

Methods: 150 consenting BD patients and matched controls were recruited using a case-control study design. BD severity was assessed using Young's mania rating scale and the Clinical Global Impression - Severity (CGI-S) scale. BDNF Val66Met polymorphism was identified through real-time PCR after DNA extraction. Data was tested for normal distribution. Genotype frequencies between two groups were compared and the Hardy-Weinberg equilibrium assumptions were tested using Chi-Square tests. Clinical-genotypic associations were explored using the Kruskal-Wallis test and confirmed using hierarchical regression.

Results: Our sample had more males (60%) than females (40%) with mean age of 35.05 years. Most patients had established bipolar disorder and were severely ill (CGI: 38.75, YMRS). Val66Met SNP genotype frequency differed significantly between cases and controls. Val66Val genotype and Val allele were higher in cases. Results consistent with Hardy-Weinberg equilibrium.

Table 1. Genotype frequencies of BDNF (rs6265) in cases and controls

	GENOTYPE		
	CC	CT	TT
CASES	94(62.6%)	47(31.3%)	9(6%)
CONTROL	71(47.3%)	69(46%)	10(6.6%)
CHI-SQUARE- 7.431	DF(Degree of freedom) - 2	p-value- 0.024	

Table 2. Dominant genotype frequencies in cases and controls

	DOMINANT GENOTYPE	
	CC	CT+TT
CASES	94(62.6%)	56(37.3%)
CONTROLS	71(47.3%)	79(52.6)
CHI-SQUARE-7.125	DF(Degree of freedom)-1	p-value-0.007

Table 3. Allelic frequencies of BDNF (rs6265) in BD cases and healthy controls

	ALLELIC VARIATION	
	C	T
CASES	235(78.3%)	65(21.6%)
CONTROLS	211(70.3%)	89(29.6%)
CHI-SQUARE-5.032	DF(Degree of freedom)-1	p-value- 0.024

Conclusions: Our study found that Val66Val genotype and Val allele were higher in cases and could be a potential biomarker for bipolar disorder (BD), which is consistent with previous research conducted on the European population. However, further investigations are required to gain a more comprehensive understanding of its impact on BD, including its association with serum BDNF levels, treatment outcomes, and a more diverse study population.

Disclosure of Interest: None Declared

EPP0585

Pharmacogenomics in Psychiatry: An Asian Perspective

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Introduction: Pharmacogenomic testing in psychiatry is an emerging area with the potential clinical application of guiding medication choice and dosing. However, this has not been adopted widely due to a combination of barriers that include a varying evidence base, clinician and patient familiarity and acceptance, uncertainty about cost-effectiveness, and regulatory requirements.

Objectives: This review aims to examine recent updates in this field and provide a contextualised summary and recommendations for Asian populations. The recommendations serve to guide healthcare professionals in the utility of pharmacogenomic testing in psychiatric practice.

Methods: A review of recent literature about current evidence and guidelines surrounding pharmacogenomics in psychiatric practice was carried out with particular attention paid to literature evaluating Asian populations. Literature was reviewed for the different classes of psychotropics with supplementary information about Asian populations included where available. Existing evidence about combinatorial pharmacogenomic panels was also reviewed.

Results: In line with the available body of evidence, we recommend that pharmacogenomic testing should be employed as an augmenting tool to guide medication selection and dosing in certain clinical situations, and not as part of standard or routine clinical practice. Pharmacogenomic testing should also be mainly limited to the known drug-gene pairs such as the anti-depressants and CYP2C19 or CYP2D6. Clinicians should also be aware that many of the gene-drug associations have not been evaluated for clinical outcomes. Combinatorial pharmacogenomic panels are not presently recommended as there is limited and inconclusive available evidence on clinical outcomes.

Conclusions: Pharmacogenomic testing in psychiatry is not recommended as standard or routine clinical practice. Exceptions may include concerns about drug concentrations (due to

metaboliser status) or potential severe adverse drug reactions/ Pharmacogenomic testing should be mainly limited to the known drug-gene pairs such as the anti-depressants and CYP2C19 or CYP2D6.

Disclosure of Interest: None Declared

EPP0586

GWAS in interaction with childhood traumas implicates novel variants and genes previously associated with suicide-related factors in the background of suicidal ideation

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Introduction: Although suicide claims more lives than war and homicide, we still have no sufficient and effective methods either for its prediction or for its prevention. Our screening methods are laborous and subjective both on the side of the patient and on the side of the clinician. Understanding the genetic background of suicidal behaviour would help identify biomarkers for screening as well as pathways as potential targets for novel intervention and prevention approaches. However, in spite of a number of GWAS studies, results are few and rarely replicate, and generally accurate phenotyping and sufficient consideration of environmental stressors is also missing.

Objectives: In our present study we performed a genome-wide analysis study for suicidal ideation in interaction with early childhood traumas in a deep-phenotyped general population sample.

Methods: Our analysis used data from 1800 volunteers in the NewMood project. As outcome phenotype the suicidal ideation item of the Brief Symptom Inventory was used. A modified version of the Childhood Trauma Questionnaire was used to assess early adverse experiences. A genome-wide association analysis was performed with Plink 1.9, including a total of 3,474,641 variants after quality control steps, followed by genome-wide by environment interaction analyses. Our models included control variables for sex, age, and the top 10 genomic principal components. Functional annotation of SNPs was carried out using FUMA v1.5.6, gene-based tests were performed using MAGMA v1.08.

Results: 7 SNPs met suggestive significance in main effect analyses, of which 2 reached genome-wide significance including *rs79912020* (p=3.21E-10, β=0.746) and *rs10236520* (p=1.71E-08, β=0.484), with no significant findings in gene-based tests. Interaction analyses with childhood adversities yielded 31 SNPs that met genome-wide significance, including *rs7983955* (p=2.28E-11, β=0.182), *rs141039461* (p=3.90E-11, β=0.0541), *rs12692827* (p=3.69E-10, β=0.0612) as the top SNPs. In interaction with childhood adversities, 31 genes showed a significant association in gene-based tests, including *RBFOX1* (p=1.09E-10), *GRM7* (p=1.20E-10), *MTCH1* (p=5.59E-09), and *CDH13* (p=6.60E-09) as the most significant findings.

Conclusions: Our results indicate several important novel SNPs associated with suicidal ideation when considered in interaction with the effect of childhood adversities. Furthermore, gene-based analyses replicate several genes playing a key role in central nervous system function such as *GRM7* (encoding metabotropic glutamate receptor 7) or previously implicated in association with suicide (*CDH13*) or suicide-related factors such as aggression (*RBFOX1*). Funding: NAP2022-I-4/2022, K143391, 2019-2.1.7-ERA-NET-2020-00005, TKP2021-EGA-25

Disclosure of Interest: None Declared

EPP0587

Can compassion impact us on a cellular level? Preliminary findings on the effects of a compassion focused intervention on immunological markers and CTRA gene expression

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Introduction: Addressing mental and physical health problems and promoting wellbeing in educational settings is a global priority. Teachers present a high risk of stress and burnout, which negatively impacts their professional performance as well as their mental and physical health. Compassion-based interventions have been found effective in promoting psychosocial and physiological wellbeing.

Objectives: The current paper presents preliminary findings of the impact of a 6-module Compassionate Mind Training intervention for Teachers (CMT-T) on immunological markers and the Conserved Transcriptional Response to Adversity (CTRA; a gene expression signature that involves a group of 53 genes: pro-inflammatory genes, type I interferon response and genes related to antibody synthesis).

Methods: A pilot non-controlled study was conducted in a sample of public-school teachers in Portugal ($n=36$). Participants were assessed at 4 time-points: 1) Extended Baseline Control_M0, in order to establish a within-subjects psychological and biophysiological baseline (8 weeks before the start of the CMT-T); 2) Pre-intervention_M1 (8-weeks after M0); 3) Post-intervention_M2 (8-weeks after M1); and 4) Follow-up_M3

(3 months after the CMT-T end). In all assessment moments, participants completed a set of psychological self-report measures and were assessed in immunological and epigenetic biological markers through the collection of blood. After M1, teachers completed the 8-week group CMT-T intervention and given access to its resources and materials. They were instructed to practice daily and incorporate the teachings in their personal and professional lives. All assessments and the CMT-T intervention took place at the schools.

Results: Preliminary data on the impact of CMT-T on Immune Response Profiling revealed that teachers' Natural Killer (i.e., NK) cells were decreased after the CMT-T intervention. In regard to the CTRA gene expression, results showed that type one interferon response genes (e.g., IFI16, IFI27L2, IFITM2, IFITM3, IFITM4P) were decreased after the intervention. In addition, we observed that the gene c-Jun, a pro-inflammatory gene, had a decreased expression after the CMT-T intervention.

Conclusions: These preliminary findings seem to corroborate previous studies involving the type one interferon response, the pro-inflammatory genes and antibody synthesis genes in a signature involving 53 genes previously described as the CTRA gene signature. Furthermore, our results suggest that cultivating compassion using a compassion focused intervention may have a positive impact on markers of the immune system response, associated with how our bodies respond to stress, infection and cancer, as well as, on reducing the expression of genes related to our bodies' response to stress and inflammation.

Disclosure of Interest: None Declared

EPP0588

ASCL1 dysfunction contributes to the pathogenesis of schizophrenia by regulating genes associated with neuronal signature formation and neuroplasticity

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Introduction: ASCL1 (Achaete-scute homolog 1) is a neuron-specific transcription factor involved in CNS maturation in the mammalian brain. It has been shown to be associated with schizophrenia (SZ), Parkinson's disease, and the development of brain tumors. ASCL1 is expressed in the neuroblastoma cell line SH-SY5Y, which is a widely used model for the study of neurodevelopmental diseases, including SZ.

Objectives: The aim of this work was to study the effect of functional ASCL1 knockout on the transcriptional landscape of SH-SY5Y cells in undifferentiated and neuron-like phenotypes.

Methods: For ASCL1 deletion, SH-SY5Y was sequentially transduced with two lentiviral vectors. One pLV-rTA-Cas9-(nls)-pCMV-eGFP-PuroR-T2A-rTetR (derived from pCW-Cas9 and pEGFP-Puro) construct encoded Cas9. Stably transduced lines were selected for 3-5 days on puromycin (2 g/L). The inducibility of Cas9 expression was checked after adding the inducer oxytetracycline to the culture medium. The second construct (based on pLK05-tagRFP) encoded, a pair of guide RNAs targeting the start

and end of the ASCL1 gene. The sgRNA construct was transduced into the SH-SY5Y-Cas9 cell line in parallel with a nontemplate control (NTC gRNA) as a negative control. Cas9 expression was induced with oxytetracycline for 2 days. Individual clones were obtained by serial dilutions. ASCL1 partial deletion in the clones was confirmed by PCR followed by Sanger sequencing. Disruption of ASCL1 protein synthesis was confirmed by western blot analysis. SH-SY5Y differentiation was induced by retinoic acid (RA). The transcriptomes of mutant clones and NTC controls before and after RA-induced differentiation were sequenced using Illumina technology.

Results: RNAseq data show that a wide range of genes are differentially expressed between control NTC gRNA and wild-type SH-SY5Y. This can be explained by insertional mutagenesis of lentiviral vectors and/or cellular response to the presence of lentiviral constructs. Therefore, we compared the transcriptomes of the ASCL1-del line with NTC control. Differentially expressed genes (DEGs) are predominantly associated with the pathogenesis of SZ, bipolar and depressive disorders. DEGs in ASCL1-del are involved in cell mitosis, neuronal projection, neuropeptide signaling, and formation of intercellular contacts including the synapse. During RA-induced differentiation, ASCL1 activity is restricted to the regulation of a small subset of genes involved in neuroplasticity.

Conclusions: We have established a valid cellular model to study ASCL1-mediated mechanisms associated with SZ. ASCL1 dysfunction promotes SZ development predominantly before neuronal differentiation begins, slowing cell proliferation and preventing the formation of neuronal signatures.

Disclosure of Interest: None Declared

Mental Health Care

EPP0589

A Randomized Clinical Trial Comparing the Effects of Mindfulness-Based and Cognitive Behavioral Therapy-Based Stress Reduction in Medical Students

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Introduction: Medical students face an enormous amount of stress (Dyrbye LN *et al. Ann Intern Med* 2008; **149**: 334-41). They suffer from higher rates of depression, anxiety, and suicide compared to the general population. Despite experiencing more mental health problems, there is a lack of research exploring ways to improve their mental health. Although there are a few small sample studies investigating the effectiveness of Mindfulness-Based Stress Reduction (MBSR) on medical students, there is no study comparing its effectiveness against an active intervention group in the literature (van Dijk I *et al. Acad Med* 2017; **92**: 1012-1021)

Objectives: We aimed to compare the effects of the Mindfulness-Based Stress Reduction (MBSR) and the Cognitive Behavioural

Based Stress Reduction (CBSR) group interventions on depressive and anxious symptoms and perceived stress of medical students.

Methods: 323 medical students applied to participate in one of the group interventions and were assessed with the Mini International Neuropsychiatric Interview. Of these, 253 (77% female, mean age=21.9 ± 2.9 years) were allocated into online MBSR (n=127) and online CBSR (n=126) groups after randomization. Their anxiety and depressive symptoms and perceived stress levels were assessed at baseline and after 8 weeks of interventions. 33,2% of participants (MBSR: n=39; CBSR: n=45) completed the protocol by attending five or more sessions. Both intention-to-treat (ITT) analysis and per-protocol (PP) analysis were used to assess outcomes. In the ITT analysis, we used multiple imputation to address missing values. All assessments and group interventions were done online.

Results: In the ITT analysis, both MBSR and CBSR were found to be slight to moderately effective in reducing symptoms of depression (MBSR: d=.50; CBSR: d=.40), anxiety (MBSR:d=.73; CBSR: d=.52), and perceived stress (MBSR: d=.48; CBSR: d=.42), but they were no superior to each other. In the PP analysis, both interventions moderately to strongly improved the symptoms of depression (MBSR: d=1.03; CBSR: d=.74), anxiety (MBSR: r=-.74; CBSR: r=-.72), and perceived stress (MBSR: r=-.80; CBSR: r=-.68). While there was no statistically significant difference between them in reducing depressive symptoms and perceived stress, MBSR was found to be significantly more effective than CBSR in reducing anxiety symptoms (u=469, z=-2.756, p=0.006).

Conclusions: Both MBSR and CBSR improve symptoms of depression and anxiety in medical students after 8 weeks of interventions. Completing the protocol or attending more sessions may increase the effectiveness of the interventions. While the interventions did not show superiority to each other in terms of effectiveness in reducing depressive symptoms and perceived stress, MBSR appears to be more effective in reducing anxiety symptoms compared to CBSR in the group that completed the protocol.

Disclosure of Interest: None Declared

EPP0590

Validating and Adapting the Brief Resilient Coping Scale for Greek Humanitarian Workers

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Introduction: Humanitarian workers (HWs) face significant challenges while providing aid to those in need, often leading to psychological exhaustion and the risk of primary or secondary trauma.

Objectives: Our study aimed to validate and adapt the Greek version of the Brief Resilient Coping Scale (BRCS) for HWs in Greece.

Methods: We conducted a cross-sectional study between September and December 2022. Participants were recruited through a self-administered questionnaire distributed via social media to humanitarian groups. Additionally, the questionnaire was sent via email to these groups' members, who then forwarded it to their respective networks. The questionnaire included the BRCS, a 4-item measure designed to capture tendencies to cope with stress in a highly adaptive manner. A score of 4-13 points indicates low resilient copers, 14-16 points medium resilient copers and 17-20 points high resilient copers. Cronbach's alpha was used to assess internal consistency. Confirmatory Factor Analysis (CFA) was employed to evaluate model fit. Adequate or good fit criteria included a χ^2 test p -value ≥ 0.05 , Root Mean Square Error Approximation (RMSEA) ≤ 0.08 , Standardized Root Mean Squared Residual (SRMR) ≤ 0.05 , and a Comparative Fit Index (CFI) or Tucker-Lewis Index (TLI) ≤ 0.90 . Statistical analyses were performed using STATA and SPSS software.

Results: A total of 151 humanitarian workers (76% females), with a mean age of 39.3 ± 10.6 years participated in the study. The mean BRCS score was 65.6/100. Participants were categorized as follows: 34.6% as low resilient copers, 38.6% as medium resilient copers, and 26.8% as high resilient copers. Cronbach's alpha for the BRCS was 0.84, indicating good internal consistency. CFA results supported the one-factor solution proposed by the original researchers, with acceptable global fit indices: Chi-square p -value = 0.303, SRMR = 0.028, RMSEA = 0.036, CFI = 0.991, TLI = 0.974.

Conclusions: The findings of our study show that the Greek version of BRCS is a valid and reliable tool that can be used to evaluate resilient coping among humanitarian workers in Greece.

Disclosure of Interest: None Declared

EPP0591

Artificial intelligence, Internet addiction, and palliative care

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Introduction: Recent advances in artificial intelligence (AI) have recaptured and revised the essential roles of death in life and mind. However, their prospects and risks require further study. Because of the development of digital technologies (for example, AI-based chatbots), the process of bereavement may have become complex, immersive, and even addictive. Furthermore, AI-enabled generation of medical notes can ease the administrative burden for healthcare professionals; however, the clinical application of generative AI remains largely speculative.

Objectives: This study aimed to illuminate the emerging concept and experience of death, bereavement, and addiction associated with cybernetics, thereby expanding their cognitive and ethical aspects.

Methods: In this preliminary review, we performed a literature search to identify the current state-of-the-art literature on AI and Internet addiction. We also inspected the possible adaptations to

pursue mental well-being with the modified death concept. We mainly searched the PubMed and Web of Science databases using relevant keywords. All retrieved studies were assessed for eligibility to reduce the selection bias.

Results: Current cybernetics have meaningfully recontextualized death that allows interaction with deceased individuals (for example, scholars and artists) to establish their virtual, besides biological, existence using AI-based chatbots. Furthermore, AI consistently provides evidence-based answers to public health inquiries; nevertheless, it may offer unsuitable advice rather than referrals that can sometimes facilitate suicide or harm (instead of help) people in grief, thus requiring more fine-tuned governance. Accordingly, the maladaptive use of existing AI-related communication (such as metaverse characters) can increase Internet addiction prevalence and further complicate autonomy and self-motivation. In addition, excessive internet access is frequently associated with reduced self-control, cognitive flexibility, and exaggerated automatic processing.

Conclusions: We are challenged to acknowledge the tradeoffs of AI and consider ways to compromise by employing flexible perspectives. The emerging concept of death affects or improves the conventional one. The potential advantages and pitfalls of AI-related technology must be carefully weighed against the profound effects they may have on people's identities, relationships, and mental health. These issues require continued monitoring and assessment in light of the AI/cybernetic-related studies. We hope these results will inspire further research into the appropriate use of AI and palliative care, including suicide prevention, euthanasia, and grief management.

Disclosure of Interest: None Declared

EPP0592

Assessing Changes in Quality of Life Measures, Resilience, and Personal Recovery, Pre- and Post-Discharge from Inpatient Mental Health Units in Alberta: Analysis of Control Group Data from a Randomized Trial.

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Introduction: The transition from hospital to community settings for most mental health service users is often hindered by challenges that affect community adjustment and continuity of care. The first few weeks and days after discharge from mental health inpatient units represent a critical phase for many service users.

Objectives: This paper aims to evaluate the changes in quality of Life status, resilience, and personal recovery of individuals with mental health challenges recently discharged from acute mental health care into the community.

Methods: Data for this study were collected as part of a pragmatic stepped-wedge cluster-randomized, longitudinal approach in

Alberta. A paired sample t-test and Chi-squared/Fisher test were deployed to assess changes from baseline to six weeks in the recovery assessment scale (RAS), brief resilience scale (BRS), and EuroQol-5d (EQ-5D), using an online questionnaire.

Results: A total of 306 service users were recruited, and 88 completed both baseline and six weeks, giving a response rate of 28.8%. There was no statistically significant change in the level of resilience, recovery and quality of life as measured with the brief resilience scale, recovery assessment scale and EQ-5D from baseline to six weeks ($p > 0.05$).

Conclusions: The study showed that there was neither an improvement nor deterioration in resilience, recovery, or quality of life status of service users six weeks post-discharge from inpatient mental health care. The lack of further progress calls into question whether the support available in the community when patients leave inpatient care is adequate to promote full recovery.

Disclosure of Interest: None Declared

EPP0593

Exploring Burnout: A Study on Psychiatric Nurses in Tunisia

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Introduction: Burnout, marked by persistent workplace stress without effective management, is particularly pertinent for psychiatry nurses, considering the nature of their work environment and its potential impact on the quality of care they deliver.

Objectives: To assess the prevalence of burnout among psychiatric nurses and to identify the socio-demographic and clinical factors associated with it.

Methods: Cross-sectional, descriptive, and analytical study conducted over the course of one month from October 11th to November 8th 2023. Participants included were psychiatric nurses working in Razi Hospital, Tunisia. We collected data using pre-established questionnaire which included socio-demographic and clinical data of the participants. The assessment of Burnout was conducted using the Maslach Burnout Inventory (MBI), validated in Arabic. Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS) in its 25th version.

Results: We collected data from 55 nurses working in Razi psychiatry hospital during the time of the study. Among them, 80% (n=44) were female. Their median age was 35 (Min=25, Max=62). Most of participants were married (81.8%, n=45) and 70.9 (n=39) had kids. In our sample, 5.5% (n=3) and 23.6% (n=13) had respectively personal psychiatric and somatic history. Some addictive behaviors were identified among our participants, especially smoking (14.5%, n=379) and alcohol use (3.6%, n=2).

Regarding working conditions, 81.8% (n=45) were assigned shift work. They worked in the men's ward (43.6%, n=24), the women's ward (34.5%, n=19), or in both (21.8%, n=12). Furthermore, 45.5% (n=25) reported witnessing a suicide attempt during their work, and 74.5% (n=41) were victims of aggression, primarily by patients

(82.5%, n=33). Sixty percent (n=33) said expressed a desire to transfer.

According to the MBI, 49.1% (n=27) had high emotional exhaustion, 27.3% (n=15) had high depersonalization and 67.3% (n=37) had low personal accomplishment.

A significant association was found between low personal accomplishment and the desire to transfer to another department ($p=0.026$). No further links were found with other clinical data.

Conclusions: Our findings provide a thorough examination of burnout among psychiatric nursing professionals, underscoring the critical need for specific interventions tailored to their unique challenges.

Disclosure of Interest: None Declared

EPP0594

A Systematic Review of the Impact of Intergenerational Learning on the Psychosocial Well-being of Primary School Children and Older Adults.

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Introduction: In recent times, there has been a growing emphasis on the significance of fostering intergenerational learning and interaction. This involves individuals from diverse age groups engaging in purposeful and mutually beneficial activities aimed at enhancing their knowledge, skills, and values.

Objectives: This systematic review was undertaken to explore the psychosocial consequences of intergenerational learning experiences among primary school-age children and older adults.

Methods: In accordance with the PRISMA guidelines, a comprehensive review of both quantitative and qualitative data was conducted. Electronic databases such as PubMed, Scopus, and ERIC were meticulously searched up to July 26, 2022, using the following Population (P) - Exposure (E) - Outcome (O) criteria: primary school-age children and older adults (P), participation in intergenerational learning (E), and psychosocial effects (O). Additionally, we extensively scrutinized the reference lists of included datasets and pertinent review articles (Figure 1). To evaluate the quality of the eligible studies, we employed the Mixed Methods Appraisal Tool (MMAT). Data analysis was structured around a narrative synthesis approach.

Results: A total of seventeen studies were deemed eligible for inclusion in this review. The findings regarding the psychosocial consequences of engaging in intergenerational activities for both children and older adults predominantly underscored positive improvements in their attitudes, well-being, happiness, and various other aspects of their social and psychological well-being, although certain methodological limitations were identified (Figure 2).

Image:

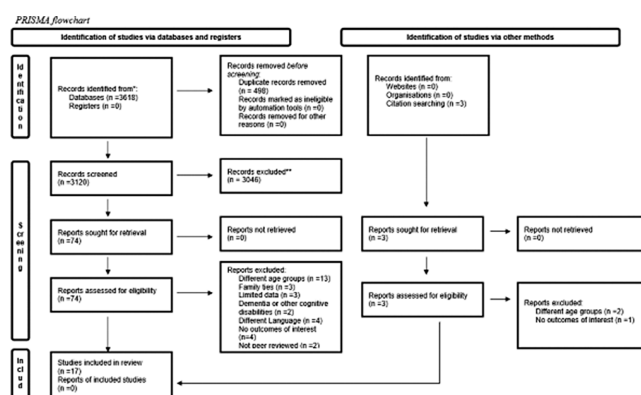
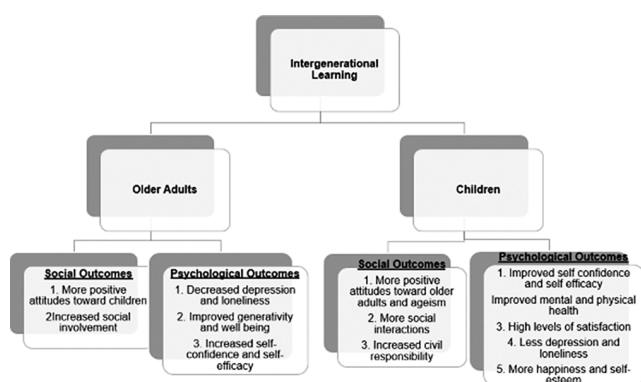


Image 2:



Conclusions: Promoting intergenerational interactions and learning experiences holds promise as a means to enhance the overall quality of life and well-being for both younger and older members of our communities.

Disclosure of Interest: None Declared

EPP0595

Manifestations of antisocial behavior in older adults: A review of current literature

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Introduction: Antisocial behavior in older adults is a problem for their relatives and health care providers. Antisocial behavior may present differently in the older population which makes it more difficult to diagnose adequately and apply therapeutic

interventions. This literature review provides an overview of diverse conceptualizations of antisocial behavior in older adults and the way it affects recognizability of diagnostic categories and the applicability of interventions.

Objectives: To gain insight into the various manifestations of antisocial behavior in older adults.

Methods: A systematic review design was performed. In this review, an extensive manual and electronic literature search was conducted for papers published from 1980 to 2023. For this purpose we used the electronic databases PubMed and Embase. The review will include empirical and quantitative studies of older adults with antisocial behavior.

Results: The results from the literature indicate that antisocial behavior does probably not decrease with age nor the burden on their social environment. Rather, the manifestations of antisocial behavior change as this population ages. Personality disorders are determined by several dimensional trait domains. The domains which are highly predictive for antisocial behavior include antagonism and disinhibition.

Conclusions: These findings challenge the notion of antisocial behavior decreasing with age. This review underscores the need to shift from traditional personality disorder categories to a dimensional trait perspective. Therefore, specific interventions are needed for older adults.

Disclosure of Interest: None Declared

EPP0596

Clinical and psychopathological features of very late onset of schizophrenia-like psychosis

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Introduction: Very late onset schizophrenia-like psychosis takes the 3rd place among late-life psychosis, after dementia and affective disorders associated psychosis. It's still unknown the real place of this psychosis.

Objectives: to investigate the clinical and psychopathological features and short-terms outcomes of late-onset schizophrenia and schizophrenia-like psychosis

Methods: 45 patients, mean age 70,6 ± 8,70 years, median age of manifestation psychosis - 68 [61; 75] years with late-onset schizophrenia (n=19, 42,2%), late-onset schizoaffective disorder (n=9, 20%), late-onset delusional disorder (n=7, 15,5%) and late-onset organic schizophrenia-like disorder (n=10, 22,3%) underwent clinical examination. Psychopathological, psychometric (PANSS, HAM-D, CDSS, MoCA) and statistical methods were applied.

Results: 3 clinical groups were allocated. The 1st group included 15 patients (33%) and was characterized with severe polymorphic psychotic symptoms, included catatonic and paraphrenic signs with mental disorganization. They had the highest score of PANSS (105,46±17,99, p=0,002) and the lowest score of MoCA (14,2±2,16, p=0,05) in compare with 2nd and 3rd groups. They also had symptoms of depression (CDSS 6,28±5,29), compared with the 3rd group (HAM-D 21,00±5,92, p=0,05). In short-terms outcomes was formed negative symptoms and cognitive impairment with

decreasing social and daily activity. The 2nd group (22 cases, 49%) included patients with prevalence of delusions of persecution, more rare auditory hallucinations and more often acoasms. They had medium score PANSS (90,22±16,79), with minimal cognitive decline (MoCA average score 20,33±4,27). The short-term outcomes were characterized with formation of residual positive and negative symptoms, that impact on daily and social activity. The 3rd group included 8 patients (8%) with prevalence of delusion symptoms, such as misidentification, persecutory and reference delusions, which were mood-congruent. They had medium PANSS score (89,75±18,90) with more severe depressive symptoms by HAMD scale in compare with 2nd group (22,00±10,00, $p=0,07$) and minimal cognitive decline (MoCA average score 25,00±1,00, $p=0,05$) in compare with 1st group. This group was characterized with high level of reduction of productive symptoms and restoration of premorbid social and daily activity in short-term outcomes. **Conclusions:** features of clinical characteristics, including the nature and severity of cognitive impairment at the onset of disease, are significant for prognosis and outcomes of disease. The data obtained could be served for the development of personalized therapeutic approaches that take into account the syndromic features and course of late-onset psychosis.

Disclosure of Interest: None Declared

EPP0597

Examining Sexual Well-being across the Lifespan: Assessing the Relationship between Sexual Satisfaction and Adjustment to Aging

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Introduction: Sexual satisfaction is relevant to aging well, throughout the lifespan.

Objectives: This study aims to compare the perspectives of sexual satisfaction and adjustment to aging in three age cohorts, across the life span; and to analyze whether sexual satisfaction influences the perceptions of AtA.

Methods: This cross-sectional study comprised participants from three different age cohorts (18-44; 45-64; and 65+ years). Four measures were used to meet the defined objectives: (a) Adjustment to Aging Scale (ATAS); (b) New Sexual Satisfaction Scale (NISS-S); and (c) sociodemographic, health and lifestyle questionnaire. Data were subject to One-way ANOVAs and hierarchical regression analyses.

Results: Social support emerged as the most relevant dimension in the multifactorial nature of AtA. Generational differences were found in sense of purpose and ambitions [$F(2, 616) = 14.203, p = .000$], social support [$F(2, 616) = 10.65, p = .000$] and body and health [$F(2, 616) = 8.73, p = .000$]. Participants aged 65 and older showed significantly lower levels of sense of purpose and ambition, body and health, and social support. Younger participants showed the highest score for body and health. Age-related decreases in

sexual satisfaction were also found, as younger participants showed statistically higher levels of sexual satisfaction, followed by middle-aged and older participants. Sexual satisfaction predicts all the dimensions of AtA, exception made for aging in place and stability, where age is the main predictor. Ego-centered sexual satisfaction positively predicted sense of purpose and ambitions ($\beta = .212, p < .05$) and social support ($\beta = .311, p < .001$); while partner/sexual activity centered sexual satisfaction was a positive predictor of zest and spirituality ($\beta = .255, p < .01$), body and health ($\beta = .239, p < .001$), and social support ($\beta = .168, p < .05$).

Conclusions: Sexual satisfaction decreases with age and is positively related to all dimensions of AtA, hence gerontological interventions and program policies with older people would strongly benefit of including sexual satisfaction as a relevant variable for aging well.

Keywords: sexual well-being; sexual satisfaction; adjustment to aging; generational groups; lifespan.

Disclosure of Interest: None Declared

EPP0598

Subgroups of patients with late onset schizophrenia-like psychoses revealed by the analysis of glutathione-dependent enzymes and inflammation markers

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Introduction: While chronic inflammation and enhanced imbalance of pro- and antioxidant, including glutathione-dependent, systems contribute substantially to pathogenesis of mental disorders in old age, extent of oxidative stress and degree of inflammatory processes severity are varying among patients with late onset schizophrenia.

Objectives: Revealing various phenotypes in patients with late onset schizophrenia basing on measurement of activity levels for blood glutathione-dependent enzymes and inflammation markers and analysis of their links with clinical features of the patients.

Methods: Of 59 studied women patients 34 were with late onset (after 40 years) and 25 with very late onset (after 60 years) schizophrenia or schizophrenia-like psychoses (F20; F22.8; F25; F23; F06.2 by ICD-10). 34 mentally healthy women elder than 50 years comprised controls. Glutathione reductase (GR), glutathione-S-transferase (GST), neutrophil elastase (NE), and $\alpha 1$ -routinase inhibitor ($\alpha 1$ -PI) activities were measured in blood. PANSS, CDSS and CGI-S were used to assess the severity of psychotic symptoms, depression and treatment effectiveness.

Results: In the whole group of patients, GR was lower ($p < 0.05$), and $\alpha 1$ -PI was higher ($p < 0.0001$) than in control group. Clustering the patients by their biochemical and immunological signs revealed two clusters (C1, $n=34$, and C2, $n=25$) significantly differing by GST ($p < 0.0001$), NE ($p < 0.0001$), and $\alpha 1$ -PI ($p < 0.001$) activities. As compared with controls, GST and $\alpha 1$ -PI were higher ($p < 0.05$ and $p < 0.0001$), and NE was lower ($p < 0.05$) in C1. As compared with controls, GR activity was lower ($p < 0.05$), NE activity was higher

($p < 0.001$), and $\alpha 1$ -PI activity was much higher ($p < 0.001$) in C2. Patients of C1 and C2 did not differ in age, diagnosis, severity of the disease, but differed in clinical features of the course of the disease: significantly more patients with very late onset schizophrenia (76%) were met in C1 ($\chi^2 = 13.41$, $p < 0.001$). Also, different clinical-biological correlations were found in these clusters. Particularly, negative correlations of baseline NE activity with PANSS general psychopathology subscale scores ($R = -0.39$, $p < 0.05$) and with total PANSS scores ($R = -0.39$, $p < 0.05$) were found in C1. Positive correlation of GST activity with PANSS positive subscale score was found in C2 ($R = 0.43$, $p < 0.05$).

Conclusions: The revealed clusters differ in the extent of the glutathione antioxidant system impairment and in levels of the immune response markers. The revealing of the patient subgroups on the basis of biological markers reflecting impairments in metabolic and immune systems can represent interest in the search for individual treatment approaches.

Disclosure of Interest: None Declared

Others

EPP0600

Prevalence of ADHD in Adults: An Umbrella Review of International Studies

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Introduction: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder commonly diagnosed in school-age children. However, it can affect individuals of all age groups. This study aimed to provide a comprehensive analysis of the prevalence of ADHD in adults by conducting an umbrella review of systematic reviews and meta-analyses.

Objectives: To provide a comprehensive synthesis of published evidence on the prevalence of Attention Deficit Hyperactivity Disorder (ADHD) in adults through an umbrella review of systematic reviews and meta-analyses, with the aim of highlighting the significance of addressing and managing ADHD in the adult population.

Methods: To conduct this study, we adhered to the guidelines outlined in the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA). We systematically searched databases such as PsychINFO, Web of Science, PubMed, and Scopus to identify relevant studies. Our review protocol was registered with PROSPERO (registration number: CRD42023389704). The quality of the studies included in our analysis was assessed using the A Measurement Tool to Assess Systematic Reviews (AMSTAR). For the purpose of conducting a meta-analysis, we employed a random-effects model.

Results: Our umbrella review examined findings from five systematic reviews that encompassed data from 57 unique international

primary studies undertaken between 2009 and 2021. These studies involved a total of 21,142,129 adult participants. The meta-analysis, employing an inverse variance-weighted random effect model, yielded a pooled prevalence estimate for ADHD in adults of 3.10% (95% confidence interval: 2.60%–3.60%). Regarding ADHD subtypes, our analysis revealed that ADHD-I (inattentive type) remained the most prevalent among adults, followed by ADHD-HI (hyperactive type) and ADHD-C (combined type).

Conclusions: Our results underscore the relatively high prevalence of ADHD among adults, with ADHD-I emerging as the most common subtype. These findings emphasize the need for proactive measures to prevent, mitigate, identify, and effectively manage ADHD in the adult population.

Disclosure of Interest: None Declared

EPP0601

Investigation of the Effect of Curcumin on Metabolic Dysfunction Caused by Clozapine in Rats

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Introduction: Antipsychotics disrupt intracellular cholesterol traffic and prevent the exit of low-density lipoprotein (LDL)-derived cholesterol from the endosome/lysosome compartment. It was showed that curcumin accelerated the release of cholesterol-containing exosomes from cells with impaired intracellular cholesterol traffic due to antipsychotic treatment and suggested that curcumin may help minimize the negative metabolic effects associated with chronic antipsychotic treatment.

Objectives: This study aimed to investigate the effectiveness of orally administered curcumin to rats in preventing and treating metabolic syndrome-related side effects such as weight gain and dyslipidemia caused by clozapine.

Methods: In our research, a total of 32 male rats (Wistar Albino), 12 weeks old, produced at Selçuk University Experimental Research and Application Center, were used. All animals divided into 4 groups. Venous blood collection and weight measurements were taken from all groups at the beginning. 32 rats were randomly divided into 4 separate groups: control, only oral clozapine, oral clozapine + 50 mg/kg curcumin, and the oral clozapine + 100 mg/kg curcumin group. Groups II-III-IV were given 15 mg/kg clozapine orally daily for 3 weeks. AST, ALT, glucose, total cholesterol, Triglyceride, HDL, LDL and insulin were studied from the blood samples taken at the beginning and at the end of the experiment.

Results: There was no statistically significant difference in comparisons of weight and insulin measurements between the groups at the end of the experiment ($p > 0.05$). In glucose measurements at the end of the experiment, the control group was found to have significantly higher glucose values compared to the other groups ($p < 0.001$). As a result of posthoc analyses, LDL measurements in the control group were found to be lower than those in the CLZ and CLZ + 50 c groups ($p < 0.05$). AST value of the control group was significantly higher than the CLZ+100c group ($p = 0.011$). Measurements of the control group for ALT were found to be higher than those of the CLZ+50c and CLZ+100c groups ($p < 0.05$). There was

no statistically significant difference between the groups in HDL, TG, Cholesterol comparisons ($p > 0.05$).

In the control group, the average weight at the end of the experiment was significantly higher than at the beginning ($p = 0.045$). In the CLZ group, the mean glucose at the end of the experiment was significantly lower than at the beginning ($p < 0.001$).

Conclusions: Metabolic problems due to antipsychotics negatively affect treatment compliance. Treatment support methods that can solve or help this problem may be useful. Our study ended in conflicting results. Needs for new experiments...

Disclosure of Interest: None Declared

EPP0602

Prevalence of *Toxoplasma gondii* IgG Antibodies in Psychiatric Patients from Western Romania

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Introduction: *Toxoplasma gondii*, a ubiquitous protozoan parasite, has been previously associated with psychiatric disorders.

Objectives: To assess the prevalence of IgG antibodies against *T. gondii* in psychiatric patients from Western Romania.

Methods: We included 464 psychiatric patients admitted to the Psychiatric Clinic, County Emergency Hospital of Arad, Western Romania. Clinical evaluation and laboratory tests were conducted in these patients, including serological tests to determine the presence of *T. gondii* IgG antibodies.

Results: Of the 464 psychiatric patients, 258 (55.5%) were residing in rural areas and 245 (52.7%) were female. *T. gondii* IgG antibodies were demonstrated in 325 (70.04%) of 464 study participants and the seroprevalence tended to increase with age.

A significant higher *T. gondii* IgG seroprevalence was found in psychiatric patients aged between 40 to 59 years ($p < 0.001$) and in patients aged ≥ 60 years ($p = 0.001$) compared to patients aged 19 to 39 years. A higher *T. gondii* IgG seroprevalence was determined in psychiatric patients residing in rural areas compared to those residing in urban areas ($p = 0.04$). *T. gondii* IgG seroprevalence was higher in females compared to males ($p = 0.04$).

Assessment of seroprevalence by diagnostic revealed that *T. gondii* IgG antibodies were identified in 23 (85.19%) of 27 patients with delusional disorders, 24 (82.76%) of 29 with dementia, 51 (70.83%) of 72 with organic disorders, 75 (70.75%) of 106 with schizophrenia, 81 (70.43%) of 115 patients with depression, 17 (62.96%) of 27 with bipolar disorders, 27 (58.7%) of 46 with mood disorders and 7 (53.85%) of 13 with impulsive-control disorders.

Conclusions: The presence of *T. gondii* antibodies was demonstrated in a significant number of patients who attended the Psychiatric Clinic in Arad County, Western Romania. Results of this study suggest that *T. gondii* may be associated with several psychiatric disorders.

Disclosure of Interest: None Declared

EPP0603

Examining the Incidence and Predictors of Low Resilience and Potential PTSD Among Residents in Two Canadian Provinces Amidst the 2023 Wildfires

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Introduction: The recent wildfires in Canada provide a clear illustration of the significant and lasting damage they inflict on the well-being of individuals and communities. Evaluating the occurrence and factors associated with post-traumatic stress disorder (PTSD) and low resilience is valuable for policymakers in public health.

Objectives: The study aimed to assess the prevalence and predictors of low resilience and likely PTSD among subscribers of Text4Hope, an e-mental health program that delivered daily supportive messages to residents of Nova Scotia (NS) and Alberta (AB) during the recent wildfires.

Methods: Data collection was through a self-administered online survey completed by residents of the affected regions of NS and AB from May 14 to June 23, 2023. Data were analyzed using Statistical Package for the Social Sciences.

Results: Out of 298 respondents, the prevalence of low resilience and likely PTSD in our sample were 52.0% and 39.3% respectively. Unemployed respondents were about 3 times more likely to experience both low resilience and PTSD symptoms compared to those employed. Respondents with a history of mental health diagnosis were about 4 times more likely to experience likely PTSD compared to those with no history of mental health diagnosis.

Conclusions: This research demonstrated that the likelihood of PTSD was predicted by both unemployment and a history of mental health diagnosis, with unemployment also being linked to low resilience during the wildfire. These results provide valuable insights for designing clinical interventions and developing psychosocial support programs tailored for vulnerable populations.

Disclosure of Interest: None Declared

Promotion of Mental Health

EPP0604

Postgraduate students' mental health, it is the time to be aware and act.

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Introduction: Education is markedly associated with well-being, leading to the acquisition of healthy behaviors while at the same increasing hiring and salary. However, stress among academics is worrying, especially in younger researchers who experience significant levels of job insecurity, the imbalances between life and job,

stressful relationships with supervisors and funding difficulties. Several studies have indicated that most graduate students spent over 40 hours per week on their postgraduate program, more than 70 % were not able to complete their programs within the set timeframe, and had uncertainty related to their job

Objectives: In this review, we discuss the mental health of postgraduate students focusing on depression, anxiety, stress, and smartphone addiction.

Methods: a review presentation of the mental health of postgraduate

Results: According to meta-analysis, depression prevalence among postgraduate participants ranges from 6.2% to 85.4% in 36 studies. The pooled prevalence was 34% (26,579 individuals; 95% CI: 28–40). A study using the GAD-7 scale to evaluate the prevalence of anxiety concluded that 41% of postgraduate students suffered moderate to severe GAD, which is about six times the prevalence of GAD among the general population. A Study demonstrated 51.0% of the participants had smartphone addiction. A significant association was also observed between extensive smartphone use and depression ($P = 0.001$). Of the smokers in this study, 41.5% were addicted to smartphones ($P = 0.039$). Smartphone addicts had approximately two times the chance of having insomnia ($OR = 2.113$) ($P = 0.013$). In addition, they showcased more ADHD symptoms ($OR = 2.712$) ($P < 0.001$).

Conclusions: Studies identified a higher prevalence of mental illnesses among postgraduate students than in the general population. Although students affected are highly educated, their awareness of mental health is not sufficient to know their mental symptoms and seek help. Therefore, we suggest launching wellness programs to enhance their mental health.

Disclosure of Interest: None Declared

EPP0606

Impact of Ageism on Civic Engagement and Mental Health Among Older Adults: A Qualitative Study

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Introduction: Ageist beliefs and attitudes may restrict the opportunities for older adults to participate actively in their communities, resulting in strong effects on mental health.

Objectives: This study has three objectives: 1) To investigate the effect of ageism on older adults' civic activities; 2) To analyze the influence of ageism on mental health; and 3) To explore the impact of civic participation on older adults' mental health.

Methods: This qualitative study included 391 older people from three different nationalities (Portuguese, Brazilian and English) ranging in age from 65 to 88 years old. All the interviews went through the process of content analysis.

Results: For the first objective, findings encompass four major themes: (1) Social disapproval (86%); (2) Perceived Ineptitude (84%); (3) Anticipated Failure (83%); and (4) Inability to Contribute (77%). For the second objective, findings indicated six categories: (1) Helplessness and Despair (89%); (2) Rage (81%); (3) Self-Perceived Inability (77%); (4) Sense of Unimportance (71%); (5) Anxiety (68%); and (6) Outbursts of Emotion (63%). For the

third objective, the following five major subjects emerged: (1) Meaningfulness (81%); (2) Embracing Social Belonging (80%); (3) Cognitive Abilities (71%); (4) Personal Empowerment (67%); (5) Emotional Expression (54%). Additionally, findings indicated that the most verbalized themes for the three objectives were the same across the three nationalities.

Conclusions: The results of this study offered insight into how ageism, mental health, and civic engagement are related. Ageism seems to have a negative impact on mental health. Ageism also made it difficult for people to participate in civic life, which has been linked to better mental health. These findings emphasize the need to identify ageism and encourage inclusive civic involvement to improve older individuals' mental health.

Keywords: Mental health; ageism; civic participation; older adults.

Disclosure of Interest: None Declared

EPP0607

Adolescents' mental health and well-being in light of their substance use and the presence of special education needs

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Introduction: Promoting mental health during adolescence is an essential health education objective and a crucial time for the formation of healthy mindset and behaviors. During this period, individuals are more likely to engage in health risk behaviors that can contribute to mental health problems that manifest in later adulthood. It has been demonstrated that optimal psychological health and the quality and application of students' emotional and social skills may prevent and reduce the onset of risky health behaviors, such as substance abuse. Students with specific learning difficulty (SpLD) are at higher risk to develop problem behaviors and they require special attention for promoting their mental health.

Objectives: The aim of the present study is to investigate mental health and well-being, and health behaviors as well as substance use in a sample of adolescents including those with SpLD, using the SDQ 'Strengths and Difficulties Questionnaire', a widely utilized instrument for the multidimensional assessment of mental health in children and adolescents.

Methods: Our study included 276 school-aged children (mean age: 13.57 years; SD: 1.81; boys: 54.7%), 143 of whom had SpLD. We utilized a self-administered, anonymous questionnaire that included the Adolescent Psychological Well-Being Questionnaire, the Life Satisfaction Scale, and the WHO Well-Being Questionnaire. Peer support, individual internal psychological resources, and health risk behaviors were also assessed.

Results: The statistical analyses revealed a number of noteworthy differences. First, the SDQ scores of smoking and drinking adolescents were substantially different from those of their peers on the dimensions of emotional symptoms, conduct problems, and hyperactivity in the case of smoking ($p < .05$), and on the dimensions of hyperactivity and prosocial behavior in the case of drinking ($p < .05$). On the other hand, significant differences were found between boys and girls, particularly in the domains of prosocial and affective symptoms ($p < .05$). Individuals with SpLD exhibited distinct

patterns, particularly in the domains of emotional symptoms and peer relationship problems ($p < .05$). Furthermore, all of the investigated components of mental well-being had significant negative correlations with the SDQ dimensions of emotional symptoms, conduct problems, hyperactivity, and peer relationship problems, whereas the dimension of prosocial behavior showed a significant positive correlation ($p < .05$).

Conclusions: Our findings support differences in mental health domains according to the adolescents' substance using status or the presence of SpLD. The results of this study may contribute to the development of health promotion programs and intervention strategies as well as draw attention to the unique challenges faced by children with special education needs.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP0610

Analysis of drug-drug interactions in spontaneous adverse drug reaction reports from EudraVigilance focusing on psychiatric drugs and somatic medication

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Introduction: Patients with severe mental illnesses (SMI) are often exposed to polymedication. Additionally, the risk of somatic diseases is twice as high in patients with SMI as in individuals without a psychiatric disorder. Furthermore, drug-drug interactions (DDI) between psychiatric drugs and somatic medications are a well-known cause of adverse drug reactions (ADR).

Objectives: The aim of this study was to analyse whether already known DDI related to psychiatric drugs and somatic medication still occur in everyday clinical practice.

Methods: Therefore we identified all spontaneous ADR reports contained in the European ADR database EudraVigilance from Germany received between 01/2017 and 12/2021 reported for patients older than 17 years in which antidepressants, antipsychotics and mood stabilizers were reported as suspected/interacting ($n = 9,665$). ADR reports referring to intentional overdoses and suicide attempts were excluded ($n = 9,276$ left). We used the ABDA drug information system in order to identify all potential DDI (pDDI). The identified reports with pDDI were then assessed individually to determine whether the respective DDI occurred.

Results: 1,271 reports with 728 potentially interacting drugs pairs related to psychiatric drugs and somatic medications with 2,655 pDDI were found. Restricted to potentially interacting drug pairs with more than 10 reports, (i) hyponatremias related to antidepressants and diuretics ($n = 362$, 32.6%), (ii) bleeding events related to selective serotonin reuptake inhibitors (SSRI) and platelet aggregation inhibitors, anticoagulants or non-steroidal antiinflammatory drugs (NSAID) ($n = 295$, 17.5%), and (iii) increased beta-blocker effects related to SSRIs and beta-blockers ($n = 126$, 11.3%) were the most frequently identified pDDI. After individual case assessment, in

33.3% (14/42), 23.7% (45/190) and 17.4% (8/46) of the reports bleeding events related to SSRIs and anticoagulants, SSRIs and platelet aggregation inhibitors and SSRIs and NSAIDs were reported. Hyponatremia was reported in 7.6% (22/289) of the reports related to antidepressants and diuretics and increased beta-blocker effects in 6.9% (8/116) of the reports related to SSRIs and beta-blockers.

Conclusions: According to our analysis, well-known DDI still occur in the treatment of psychiatric patients with psychiatric drugs and somatic medication. Whenever possible, alternative drug combinations with a lower potential of DDIs may be considered or appropriate monitoring measures should be conducted.

Disclosure of Interest: None Declared

EPP0611

Antipsychotic use and associating factors among persons with substance-induced psychosis and first-episode psychotic disorders. A nationwide register-linkage study

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Introduction: Far less is known about the preceding factors of antipsychotic use among persons with substance-induced psychosis (SIP) and first-episode psychosis (FEP). There is no prevention research on how persons with SIP differ from persons with other psychosis episodes like FEP. Antipsychotic medication is the general essential and necessary element in the treatment of SIP and FEP. Antipsychotics are used as first-line therapy, commencing with a low dose and titrating upwards. There are no exciting treatment guidelines for treating Substance-induced psychosis in the long term. (A review of some studies published by the Oxford Journals Schizophrenic Bulletin indicated that drug-induced psychosis lasted longer than a month in individuals between 1 and 15% of the time.)

The aim of the study was to investigate antipsychotic use and associated factors in persons with SIP and compare it with persons with other FEP

Objectives: 1 To study the antipsychotic use among persons with SIP compared with FEP from 3 years before until three years after their first diagnosis first incident of psychosis)

2. To study associating background factors with antipsychotic use among patients with SIP

Methods: Incident Swedish SIP cases ($n = 7320$) during 2006-2016 were identified from health care registers and matched 1: with persons with FEP ($n = 7320$) by age, gender, and calendar year of diagnosis. Prevalence of antipsychotic use was assessed as point prevalence every six months, from 3 years before until 3 years after the first diagnosis. Factors associating with antipsychotic use among SIP were analyzed with multivariable logistic regression, including information on sociodemographic and work-related background, including disability pension and sickness absence, SIP types, and psychiatric diagnoses.

Results: Among SIP and FEP, the prevalence of antipsychotic use was low before the first diagnosis (3-7% in SIP, 8-16% in FEP), peaked 6 months after the first diagnosis (23% in SIP, 54% in FEP) and stabilized after that. After 3 years of first diagnosis, 19% of persons with SIP and 45% of persons with FEP used antipsychotics. Antipsychotic use one year after diagnosis among SIP was associated with previous substance use disorder, depression, anxiety, and personality disorder diagnoses, being on disability pension or on long-term sickness absence (>90 days), and cannabis- or multi-substance-induced psychosis.

Image:

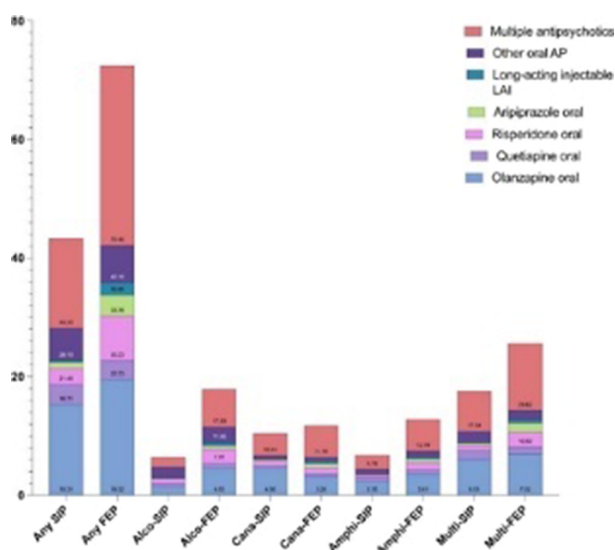
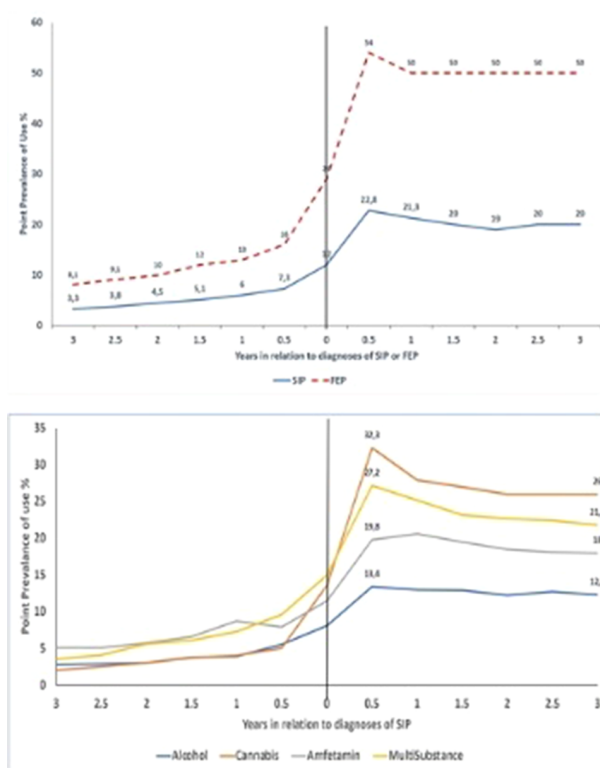


Image 2:



Conclusions: As expected, patients with FEP were using more frequently antipsychotics compared to SIP except for long-acting antipsychotics.

Although SIP is considered short-lived, antipsychotic use after an incident SIP episode is relatively common, especially among those with cannabis SIP with the highest prevalence of antipsychotic use. Previous substance use disorder and cannabis SIP were highly associated with patients who use antipsychotics frequently.

Disclosure of Interest: None Declared

EPP0612

Half a Decade of Intravenous Ketamine Administration: Our Observation Results and Insights regarding its safety

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Introduction: Ketamine, originally an anesthetic, has emerged as a potent tool in the fight against treatment-resistant depression and suicide. Clinical trials have demonstrated its ability to induce remission of severe depressive symptoms, with effects that can extend over several weeks. Furthermore, research highlights Ketamine's potential to rapidly reduce suicidal ideation. This suggests Ketamine's role as an intervention in suicide prevention, especially when conventional treatments prove ineffective. While isolated cases report severe respiratory depression, primarily when combined with other medications, most incidents involve temporary apneic episodes following high-dose intravenous administration. Understanding Ketamine's safety profile is vital for its clinical optimization and ensuring patient well-being during use

Objectives: This presentation serves to describe, and evaluate our clinic's safety protocol implemented for intravenous (IV) Ketamine infusions at the General Hospital of Corfu. Our primary goal is to rigorously assess the safety and tolerability of IV Ketamine in a clinical setting

Methods:

Patients must meet stringent criteria:

- Exclude those over 70.
- MMSE score above 25.
- Controlled blood pressure.
- No cardiac insufficiency, myocardial ischemia, or high intraocular/intracranial pressure.
- Absence of thyrotoxicosis, psychosis, or seizures.

Pre-infusion comprehensive evaluation:

- Includes ECG, blood biochemistry studies, and frequent blood pressure checks.
- Requires a 2-hour fast.

Ketamine infusion:

- IV Ketamine administered at 0.5mg/kg in 100ml N/S.
- Continuous monitoring of oxygen saturation (PO2) and cardiac rhythm.
- Blood pressure checks every 15 minutes.

Treatment typically involves 7 sessions over a span of a month, with an initial test dose of 0.25 mg/kg.

Results: Ketamine infusions were administered to a total of 208 patients. The majority of participants experienced a slight increase in blood pressure, while there were no significant changes in cardiac rhythm. Additionally, almost all patients reported experiencing dizziness or headaches during the infusion. Notably, nearly half of the patients reported an alteration in taste perception as a side effect. It's important to highlight that all observed side effects, spontaneously resolved within an hour after the conclusion of the infusion. However, in a small subset of cases (six instances), the side effects were severe enough to necessitate the premature termination of the ketamine infusion

Conclusions: Although ketamine demonstrates a favorable safety profile with minimal major side effects when administered following our established safety protocol. However, we want to underscore the critical importance of vigilant patient monitoring during ketamine administration and the prompt addressing of any adverse effects. This proactive approach is paramount to ensure the safety and overall well-being of patients receiving ketamine treatment

Disclosure of Interest: None Declared

EPP0613

Exponential increase in the number of prescriptions for ADHD medication between 2012 and 2022 for in Poland.

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Introduction: ADHD medication prescribing trends are increasing in North America and both Northern and Western Europe (Raman, Sudha R *et al. Lancet Psychiatry*. 2018;5(10):824-835). Methylphenidate and atomoxetine are two substances available for use in ADHD in children and adolescents in Poland. To our knowledge, there is the lack of data on prescription trends for Poland and Middle-Eastern Europe.

Objectives: The aim of the study is to estimate the increase in the total number of prescriptions for methylphenidate and atomoxetine and factors influencing it, like the impact of the proportion of prescriptions for women and for people aged 18-24 on.

Methods: Methylphenidate and atomoxetine prescription data for the period between 2012-2022 and for patients aged 5-59 were obtained from e-Health Centre, which contains data on prescribed medications in Poland. We conducted a series of linear regression models to explore the relationship between the number of prescriptions as the dependent variable and calendar year as the independent variable. Additionally, we considered two more variables: Percentage of prescriptions for women and percentage of prescriptions people aged 18 – 24. Further, we decided to run a mediation analysis to see whether the effect of calendar year was mediated by percentage of women.

Results: We analyzed data on 925,536 prescriptions for methylphenidate and atomoxetine.

The model demonstrates a robust and statistically significant ability to explain the variance in the log-transformed dependent variable ($R^2 = 0.98$, $F(2, 8) = 201.14$, $p < 0.001$). The model's intercept, corresponding to calendar year = 0 and percentage of prescriptions for women = 0, is estimated at -93.95, with a 95% confidence interval of [-152.74, -35.15]. The t-statistic for the intercept is -3.68, and the associated p-value is 0.006, demonstrating its statistical significance.

Within this model, the effects of the independent variables are as follows:

1. Calendar year ($\beta=0.05$, $t=4.07$, IC95%: (0.02, 0.08), $p<0,004$)
2. Percentage of prescriptions for women ($\beta=0.06$, $t=4.18$, IC95%: (0.02, 0.09), $p<0,003$)

The inclusion of the percentage of prescription for people aged 18-24 doesn't improve the model's ability to explain the variation in the number of prescriptions.

Mediation analysis showed that the indirect effect of percentage of prescriptions for women were significant.

Conclusions: These results provide robust evidence for the predictive power of the model, with both calendar year and percentage of women emerging as statistically significant and positively associated with the log- transformed dependent variable.

Between 2012 and 2022, the number of prescriptions for methylphenidate and atomoxetine increased exponentially in Poland. The percentage of prescriptions for women significantly contributed to the increase in the total number of prescriptions for methylphenidate and atomoxetine in Poland.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

EPP0614

Improving prediction of 12-months suicidal attempts in bipolar disorder: a machine learning study

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Introduction: Bipolar disorder (BD) is a recurrent disorder, causing functional impairment and **raised mortality, particularly due to suicide**. However, the difficulty in predicting suicidal behaviors relies in the **lack of clear biomarkers**.

Machine learning (ML) has emerged as a promising tool to enhance suicidal prediction. However, most **ML studies focused on lifetime attempts**, without having a predictive time window, and **did not employ time-dependent variables**. Moreover, most studies lie on cross-sectional databases, without including more than one time-point.

Objectives: First, we aimed to predict 12-months **suicide attempts** in a naturalistic sample of BD patients, using clinical and demographic data.

Second, we aimed to improve the prediction by including information from intermediate visits (1, 3, and 6 months), mimicking more closely the clinician's way of thinking and the multiple observations a patient receives.

Methods: A sample of 163 BD patients (53% females, mean age 44.7, SD 15.3) were recruited.

Based on EHR, **56 clinical and demographic features were extracted, including hospitalizations, suicidal behaviors lifetime and in the last 12 months**, along with comorbidity, family history, work, and therapies. **Patients were followed up for 12 months.**

Support Vector Machine (SVM) was used to differentiate subjects who attempted suicide versus those who did not **in a 12-month time window**, within a repeated nested Cross-Validation. The SVM was optimized weighting the hyperplane for uneven group sizes. Then, **we repeated the analysis including information from intermediate visits** (1, 3, 6 months after the first contact). **For each visit, we created a composite score** based on current therapy, new admissions, and ER presentations. To avoid circularity, all the information (ER, admission etc.) related to a suicide attempt were not included.

Results: During the 12-months follow-up, **9.8% of patients attempted suicide.** The results from the 12-months suicide prediction model obtained an Area Under the Curve of 0.71 (with a Balanced Accuracy (BAC) of 68%).

After incorporating the composite scores based on intermediate visits in the model, the prediction raised to an Area Under the Curve of 0.78 (BAC 73%), suggesting that including intermediate visits is a valid method to improve prediction.

The features that contributed the most to the prediction were **the composite score at 6-month visit, lifetime number of suicide attempts, suicide attempts in the last 12 months, substance of abuse** (other than cannabis), and antipsychotics.

Conclusions: ML proved a good prediction accuracy for suicide in a 12-months time window, and the prediction was improved by including data from intermediate visits. **The model showed the importance of time-dependent features, such as attempts in the last 12 months.** Our analysis might help in identifying early clinical risk factors and underlies **the importance of multiple evaluations in populations at risk.**

Disclosure of Interest: None Declared

EPP0615

Suicidal behavior in homeless population and its relationship with experienced aggressions: A seven-year longitudinal study.

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Introduction: Suicide is a serious and complex public health issue that affects millions of people worldwide. Among the most

vulnerable populations are homeless individuals (HIs), whose suicide rate is significantly higher than that of the general population.

Objectives: The aim of this study was to analyze mortality and suicidal behavior in a cohort of HIs during a seven-year follow-up. Additionally, the study sought to identify variables linked to mortality in this population.

Methods: The study was conducted in the province of Girona, Spain, and included 154 HIs who were literally experiencing homelessness. Self-report questionnaires were used to gather sociodemographic data, assess suicide risk, and measure the severity of substance dependence. The follow-up was carried out between 2015 and 2022, collecting data on mortality, suicide attempts, episodes of overdose, and violence experienced from public health services (psychiatric and primary health care services).

Results: During the seven-year follow-up, 23 individuals (14.3% of the sample) passed away, with an average age at the time of death of 52.6 years. The main causes of death were cancer, suicide (excluding overdose), and accidental overdose. Methods used for suicide included drug overdose, jumping, and vein slashing. All deceased individuals had scores above the threshold on the Plutchik Suicide Risk Scale and had reported previous suicide attempts.

Individuals who experienced violence during the follow-up period exhibited more severe suicidal ideation, more suicide attempts, and more non-lethal overdose episodes. Substance dependence, particularly cocaine dependence and dual pathology, was significantly associated with higher mortality.

Conclusions: This study reveals a high mortality rate among HIs, especially due to suicide and accidental overdose. The most significant variables related to mortality were suicidal ideation, the number of previous non-lethal overdoses, and substance use disorders, with cocaine dependence being prominent. The results underscore the need for specific prevention and treatment programs to address suicide risk factors and improve the mental health of homeless individuals. The importance of conducting interventions in specialized centers that detect and address suicide risk in this vulnerable population is also emphasized.

Disclosure of Interest: None Declared

EPP0616

Certain immune parameters may have a significant impact on suicidal behaviour - a naturalistic study among psychiatric in-patients

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Introduction: Several research already proved the role of certain immunological factors (neutrophil-lymphocyte (NLR), monocyte-lymphocyte (MLR) and platelet-lymphocyte (PLR) ratio, and C-reactive protein (CRP)) in the background of suicidal behaviour.

Objectives: The aim of this research was to study the association between routinely measurable low-grade inflammation parameters

and suicidal behaviour among patients in the acute psychiatric care setting.

Methods: The study population included psychiatric in-patients (N=100) consecutively treated with depressive disorders and/or suicidal behaviour in a University Clinic between December 1, 2020 and December 31, 2021. Three different patient-groups were generated based on their suicidal behaviour: suicide attempters (N=55) including *recent attempters* (N=36) and *past attempters* (N=19) and *non-suicidal patients* (N=45), who never had a suicide attempt. Basic socio-demographic data, the severity of depression and immunological parameters (white blood cell count: lymphocytes, monocytes, neutrophil, eosinophil, basophil granulocytes; thrombocytes; C-reactive protein) were recorded. Descriptive analyses and multivariate regression model were performed with RStudio version 4.2.3.

Results: CRP was significantly higher (2.00 vs. 1.00; $p=0.007$) in suicidal patients (N=55), however other immunological parameters did not differ significantly between the suicidal and the non-suicidal groups (NLR: 2.02 vs. 2.19; MLR: 0.22 vs. 0.11; PLR: 118 vs. 130). NLR and MLR showed significantly higher values (NLR: 2.83 vs. 1.93, $p=0.021$; MLR: 0.28 vs. 0.11, $p=0.01$) for those who currently attempted suicide (N=36) compared to the patients with no or past suicide attempt (N=64). In the regression analysis, the NLR and MLR showed significantly higher values in current suicide attempters even when gender, age, suicidal risk and severity of depression were included in the model. However, no significant differences were found when comparing current and past suicide attempters with the non-suicidal patients.

Conclusions: Despite the small number of cases in the samples, our results confirmed the association of certain immunological parameters (NLR, MLR) and acute suicidal behaviour. This relationship was found to be independent of depression and its severity. Our data suggest that, unlike the NLR and MLR parameters, the higher CRP value may not be related to acute suicide attempt, but rather to suicidal vulnerability, as a trait-marker. Markers of chronic systemic inflammation may help in the prediction of suicidal behaviour and in the development of new therapeutic options, however, further prospective studies are needed to identify the specific role of immunological factors in suicidal behaviour more precisely.

Disclosure of Interest: None Declared

EPP0617

Self-harm among Brazilian teenagers: scoping review

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Introduction: Non-suicidal self-injury among adolescents has grown in recent years, becoming a significant public health issue. The high social and psychological impacts related to it are often characterized by substance abuse and the development of anxiety and depression. Furthermore, emotional dysregulation and heightened reactivity are associated psychological characteristics.

Objectives: The aim of this paper was to do a scoping review, mapping the existing literature on self-harming behaviors among

Brazilian adolescents, considering their sociodemographic and clinical characteristics.

Methods: We followed the adapted PRISMA checklist for scoping reviews. We searched eight databases: APA PsycNet, LILACS, MEDLINE, PubMed, Embase, Web of Science, The Cochrane Library, and Scopus. The selection of studies was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement, where three independent researchers examined all titles and abstracts, applying the eligibility criteria. Accordingly, six studies were selected for descriptive analysis due to the variety of study types.

Results: A total of 2,032 youngsters were studied in the age range of 10 to 19 years-old, among over 15,000 reported cases of self-harming behaviors. Females accounted for 51.3% of the cases and had higher scores of impulsivity and loneliness to self-harming behavior ($P \leq 0.05$). Alcohol use was evident across both genders but showed higher measures for males in both age groups (10 to 14 and 15 to 19 years, $p < 0.001$).

Image:

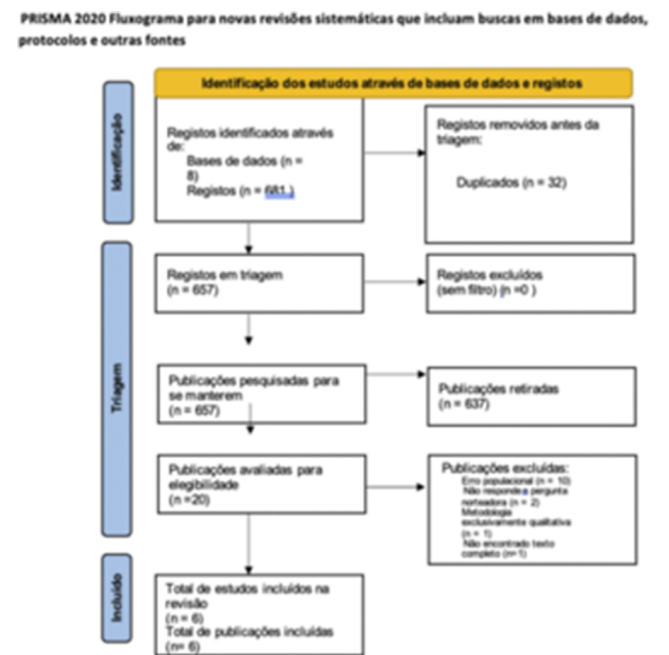


Image 2:

ARTIGO	LOCAL	PERÍODO	OBJETIVO	BANCO DADOS	PERÍODO
(Pattani, Lefrançois, 2008)	(2) registros administrativos de DF	2002	Investigar o papel dos fatores psicossociais, comportamentais e emocionais nos lesões autoinfligidas em adolescentes.	Síntese, Síntese estatística, Resumos, Classificação social, Métodos de lesão autoinfligida utilizados.	Injury, Int. J. Care Injured
(Ferreira, Silva, Araújo, 2018)	Divinópolis, MG	2016	Analisar a frequência de autolesões entre escolares de 10 a 14 anos de idade, e as características sociodemográficas, a saber: o nível de gravidade da autolesão, as variáveis psicossociais, e as famílias ou motivos que levam a tal comportamento.	Síntese, Síntese estatística, Síntese estatística, Prevalência de casos em mais de uma autolesão no último ano, Síntese na primeira autolesão, Autolesão com intenção suicida, Motivos para o comportamento de autolesão.	Arquivos Brasileiros de Psicologia
(Santos, Breda, DeFátima, 2022)	(1) registro metropolitano de sul do Brasil	Jan/2016-Jun/2019	Investigar o perfil de adolescentes com comportamento autoinfligido e variáveis de risco e proteção relacionadas à intenção suicida relatada em um Centro de Atenção Psicossocial Independente de uma região metropolitana do sul do Brasil.	Síntese, Síntese estatística, Síntese estatística, Características, Orientação sexual, Autolesão com intenção suicida.	Dados L2SE
(Costa et al., 2021)	Maracá, AL	2017	Analisar o perfil e a prevalência de autolesões não suicidas em adolescentes no último ano, considerando a intenção suicida, impulsividade e solidão.	Síntese, Síntese estatística, Síntese estatística, Características, Resumos, Prevalência de casos em mais de uma autolesão no último ano, Quantidade de autolesões de lesão autoinfligida, Motivos para a autolesão, Motivos para a autolesão, Motivos para a autolesão.	Journal de Pediatria
(Silva, 2020)	Brasil	2011-2014	Descrever o suicídio envolvendo adolescentes no Brasil mediante dados de sete aspectos: (i) as notificações recebidas no período de 2011 a 2014; (ii) as intervenções hospitalares por suicídio; (iii) as intervenções hospitalares por suicídio; (iv) as intervenções hospitalares por suicídio; (v) as intervenções hospitalares por suicídio; (vi) as intervenções hospitalares por suicídio; (vii) as intervenções hospitalares por suicídio.	% de notificação de lesão autoinfligida por adolescentes, Síntese, Fatores estatísticos, Resumos, Presença de autolesão, Uso de álcool, Orientação sexual, Motivos para a autolesão, Motivos para a autolesão, Motivos para a autolesão.	Epidemiol. Serv. Saúde
(Araújo, Maciel, 2022)	Brasil	2011-2018	Analisar a incidência de notificações de lesão autoinfligida em adolescentes no ambiente escolar no Brasil, entre 2011 e 2018.	% de notificação de lesão autoinfligida por adolescentes, Síntese, Fatores estatísticos, Resumos, Zona de residência.	Epidemiol. Serv. Saúde

Quadro 1 - Fichamento dos artigos incluídos na revisão

Quadra 1 - Fichamento dos artigos incluídos no resumo					
ARTIGO	LOCAL	PERÍODO	OBJETIVO	DADOS EXTRAÍDOS	PERIÓDICO
(Pattani, Lallou, Simeoni, 2008)	(C) regilões administrativos de DF	2002	Investigar o perfil dos fatores psicossociais, comportamentos e atitudes de adolescentes em adições.	Sexo, idade média, Raça/Cor, classe social, Médias de todos indicadores utilizados em adições.	Isis, pp. 1-11 e 12
(Fonseca, Silva, Assump, Berti, 2018)	Distrito Federal	2016	Analisar a frequência de atendimentos em consultório de 1ª a 3ª série da cidade, e as características morais, éticas, culturais, psicológicas e sociais dos adolescentes no último ano, idade na primeira adição, Motivação para o consumo de álcool, Motivação para o consumo de drogas, Motivação para o comportamento.	Sexo, Idade média, faixa etária, escolaridade, Percepção de risco, Motivação para o consumo de álcool, Motivação para o consumo de drogas, Motivação para o comportamento.	Arquivos Brasileiros de Psicologia
(Souza, Badoa, Delf, Aguiar, 2022)	(C) regilões metropolitanos do sul do Brasil	Jan 2016-Jun 2017	Investigar o perfil de adolescentes com comportamento suicida e variáveis de risco e proteção associadas à suicida, realizada em um Centro de Atenção Psicossocial, implementado de uma regilões metropolitanas do sul do Brasil.	Sexo, Idade média, faixa etária, escolaridade, Ocorrência de suicídio com intenção suicida.	Psico-USF
(Costa et al., 2021)	Maricá, RJ	2017	Analisar o perfil e a prevalência de uso de álcool em adolescentes e sua associação com impulsividade e atitudes.	Sexo, Idade média, Faixa etária, Escolaridade, Raça/Cor, Percepção de risco em mais adolescentes no último ano, Quantidade de substâncias ingeridas, Motivação para a adição, Motivação para a abstinência.	Journal de Psicologia
(Silva, Ayumi, Pires, Menezes, 2020)	Brasil	2013-2014	Descobrir o nacional adolescente no Brasil mediante dados de seus aspectos: (i) % de notificação de incidência no período 2013 a 2014; (ii) % de notificação de incidência no período 2013 a 2014; (iii) e (iv) internações hospitalares por suicídio, de 2007 a 2016.	% de notificação de todos adolescentes por adição, Sexo, Faixa etária, Raça/Cor, Presença de delirium, Uso de álcool, Ocorrência anterior, Mais dados, Dados de internação.	Enfermagem, Sem Saúde
(Angeles, Macarenzini, 2022)	Brasil	2013-2018	Analisar a incidência de notificação de todos adolescentes no sistema nacional de saúde, entre 2013 e 2018.	% de notificação de todos adolescentes por adição, Sexo, Faixa etária, Raça/Cor, Étnia de residência.	Enfermagem, Sem Saúde

Conclusions: Among patients with sciatic pain, there is a high prevalence of psychiatric disorders, including anxiety and depression. Regular screening for these disorders should be conducted by health-care providers.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0620

Impulsivity, suicide risk and cannabis consumption

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Introduction: Cannabis is the most widely consumed illegal drug in the world and one of the easiest to access. This drug provides a feeling of well-being and euphoria. However, frequent consumption is associated with several complications including increased impulsivity and an increased risk of suicidal behaviour.

Objectives: Our objective was to study the link between cannabis consumption, impulsivity and suicide intentionality.

Methods: We conducted a cross-sectional study, during the period from September 2020 to October 2021, among cannabis users consulting the Sfax Detoxification Center in Tunisia. Impulsivity was studied using the Barrat Impulsivity Scale (BIS 15) and suicide intentionality was assessed using the Suicide intent scale Beck; Pierce (SIS) in subjects with history of a suicide attempt.

Results: We included 38 consumers. The average age is 26 years old and the sex ratio was 8.5 with an over-representation of men. The average BIS15 score was 38.2 ranging between 19 and 45. We have demonstrated that the higher the level of cannabis dependence, the higher the level of impulsivity. A high level of impulsivity was found in younger subjects ($p=0.04$) and with a low socio-economic level and unemployment ($p=0.021$). Suicidal intentionality, assessed in 10 patients with a history of suicide attempt, was low and intermediate in 40% and 60% of users respectively, which means a low to intermediate risk of subsequent completed suicide.

Conclusions: Impulsivity is associated with aggressive behaviour, various accidents including motor vehicle accidents, more self-mutilation and a much greater risk of dying by suicide than the general population. Frequent cannabis use is also associated with increased risk of developing all types of suicidal behaviours independently of the existence of depressive symptomatology. Overall, it is important to take into account the issues of impulsivity and substance abuse in daily clinical work as they influence the level of dangerousness.

Disclosure of Interest: None Declared

EPP0622

Maternal substance used during labor and neonatal outcome

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Introduction: Substance use during pregnancy has become challenging clinical issue. Substance affects the brain, causing an addictive lifestyle. In pregnant women could lead more harm to neonatal life.

Objectives: This study investigates the neonatal outcome of substance use and associated factors.

Methods: A cross-sectional study was designed. Data were collected from pregnant women who used substance during labor and refer to rehabilitative consultation between 2017-2020. Neonate data were collected from perinatal care. Chi-square test and Fisher exact test were performed to analyze associated factors. A p-value less than 0.05 is considered significantly.

Results: 162 participants were included in this study. Mean age was 27.37 ± 6.46 years. Mean age at first substance used was 21.93 ± 6.52 years. No antenatal care was found 45.7%. Methamphetamine was the most used during the first use (67.9%) and latest used (72.2%). Average birth weight was $2,734.97 \pm 617.51$ gram. Gestational age at birth was 36.75 ± 2.83 week. Average head circumference was 32.81 ± 1.39 centimeters. Average femur length was 47.77 ± 2.17 centimeters. Apgar score ≥ 7 at 1 minute and 5 minute was found 94.4% and 97.2%. Neonatal complications were preterm labor (34.6%), low birth weight (25.3%), small for gestational age (19.8%), premature rupture of membranes (4.9%), and stillbirth (3.7%). No antenatal care ($p=0.048$), no antenatal care and birth before admission ($p=0.023$), a cesarean delivery ($p=0.024$), and gestational age more than 37 weeks ($p<0.001$) were associated with neonatal outcome in maternal with substance used during labor. Using amphetamine as the first substance related to neonatal complication ($p=0.028$).

Conclusions: Preterm labor, low birth weight and small gestational age are the most found as neonatal complications in maternal substance used during labor. No antenatal care was related with neonatal complications in this group.

Therefore, an integrated system for the assessment of substances used in a pregnant woman and the system to reach out women who used substance and pregnant access to antenatal care should be established. Evaluation and rehabilitation are the interventions that should be done as soon as possible as primary, secondary intervention.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP0623

Functional Neurologic Disorders: The Role of Limbic System

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Introduction: Functional Neurological Disorders (FND), also called hysteria or conversion disorder, have represented a challenge over the centuries in terms of comprehension of the mechanisms responsible for symptoms which mimic neurological diseases without organic damage. Charcot considered hysteria primarily a hereditary disorder, but also considered that environmental factors including physical and emotional stress served as provoking

factors. The prevailing etiologic theories of FND are psychosocial and still strongly dominated by the Freudian concept of conversion – a psychological symptom is converted into a somatic symptom as a way of dealing with the distress of the symptom. However, physiologic studies with fMRI are necessary to understand the neurological mechanisms involved in FND symptoms. Convergent neuroimaging findings have implicated abnormal limbic-motor interactions in response to emotional stimuli in FND patients, demonstrated a possible role of the limbic system (LS) in FND neurophysiology.

Objectives: Understand the role of LS in the neurophysiologic mechanisms involve in FND.

Methods: Systematic review of the literature published in PubMed, using the terms “Functional Neurological Disorders”, “Limbic System”, “Emotions”.

Results: Physiologic studies of functional weakness and sensory loss reveal normal functioning of primary motor and sensory cortex, but abnormalities of premotor cortex and association cortices. This suggests a top-down influence creating the dysfunction during the action control. Indeed, fMRI studies with FND motor patients show a hypoactivation of cortical and subcortical motor pathways, and a hyperactivity in limbic areas related with an abnormal limbic regulation with increased amygdala activity. In fact, studies have found a dysfunction in the medial prefrontal areas in FND patients suggesting that they might have an abnormal affective representation (AR) of self-relevant information encoded in this region, which can later induce specific behavioral patterns of thought interaction with sensorimotor circuits. The abnormal AR could be influenced by a dysfunction in LS regulation. Indeed, emotions are one of the major factors influencing movement choice. Moreover, limbic structures, such as the amygdala, can be influenced by genetic factors and/or early life stress. Thus, abnormal functioning of LS could lead to functional disorders by deranged top-down control.

Conclusions: In conclusion, FND patients may have an abnormal AR and/or emotion regulation mechanisms possibly due to prior experience or partly genetically determined which interact with lower-order functions leading to the production of the functional symptoms, where LS have an important role. However, much further empiric research is needed to better understand this fascinating and debilitating condition, as well as to derive new perspectives for more efficient therapeutic interventions in these patients.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0624

Relationship between the practice of chemsex and taking PrEP

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Introduction: Chemsex refers to the use of drugs, typically stimulants and/or psychoactive substances, in a sexual context, often in

the context of casual or group sex encounters. Currently, the practice of chemsex focuses on men who have sex with men (MSM). On the other hand, Pre-exposure prophylaxis (PrEP) is a biomedical method that has proven effective in preventing HIV transmission, particularly among individuals at a heightened risk, including those who engage in chemsex. MSM account for two thirds of new HIV cases in the US. It is estimated that in 70% of cases seroconversion occurs through “condomless anal sex” (CAS). According to the CDC, one in six MSM will be infected with HIV during their lifetime. The consumption of methamphetamine (MA) has been identified as the main driver of the practice of CAS, alteration of rectal immunological function and faster seroconversion. One in three new HIV infections have been associated with MA consumption. (Groß C *et al.* JAIDS 2020; 85 272-279).

Objectives: The primary goal of this study is to describe the prevalence of chemsex engagement among PrEP users, delineate user characteristics and requirements, gain deeper insights into this phenomenon within the Barcelona region, and formulate customized strategies accordingly.

Methods: This study conducts a literature review to explore the current correlation between engaging in chemsex and the utilization of PrEP. We identified research articles published between January 2020 and December 2022, that discussed the utilization of chemsex drugs prior to or during sexual activities. The findings were synthesised using a narrative approach and conceptualised using a behavioural analysis framework.

Results: According to a recent cross-sectional study performed at Hospital Clínic de Barcelona, SUD among patients who are being followed-up in the outpatient clinic of PrEP was higher (89%) compared with other European regions such as England (38.5%) or Amsterdam (41%). Moreover, according to data collected in the EMIS 2017 survey, Barcelona is the city with the highest prevalence of chemsex in Spain. (De La Mora L *et al.* AIDS Beh. 2022; 26: 4055-4062).

Conclusions: The frequency of chemsex practice among individuals using PrEP in Barcelona surpasses what has been observed in other groups. Nearly 25% of the participants express worries and a requirement for assistance regarding the management of drug use, matters associated with their sexuality, and sexually transmitted infections (STIs). MSM who suffers from substance use disorder may experience difficulty achieving effective daily oral PrEP adherence prevention levels that may serve as early indicators of increased risk of disengagement from PrEP care and discontinuation the PrEP. These results highlight the importance of adopting an interdisciplinary approach that incorporates education about substances and the implementation of risk mitigation strategies within the context of riskier sexual behaviors.

Disclosure of Interest: None Declared

EPP0625

Reasons for Individuals not Enrolling for Yoga trial in Addiction

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Introduction: Yoga has been demonstrated to have a range of beneficial effects on individuals with substance use disorders, including opioid use disorders. We initiated a randomized clinical trial to find out the efficacy of add-on yoga among patients with opioid dependence stabilized on treatment to find out whether it led to improvement in sleep and quality of life. However, the rate of enrolment into the study was quite low.

Objectives: In this interim analysis, we present the preliminary data on the reasons for non-enrolment in the yoga trial.

Methods: The single-centre trial involved 1:1 randomization of patients with opioid dependence stabilized on medications (naltrexone or buprenorphine) for a period of at least 4 weeks into two groups (add-on yoga or wait-list control). The yoga included *asanas* and *panchakosha* meditation, taught for a period of 7 days and to be practiced by the participants for a period of 12 weeks. We recorded the reasons for non-participation among those who did not participate and asked them questions about their views on yoga.

Results: Of the 310 patients recruited between August 2022 and July 2023 (99.7% male, mean age 34 years, 56.5% married), 255 (82.3%) could not be enrolled in the trial. The most common reasons for non-enrolment were not having time for training (n = 206, 80.8%), not having time for doing yoga (n = 180, 70.6%), not having a smartphone for continued training or contact (n = 31, 12.2%), distance from the center (n = 17, 5.5%) do not feel the need for yoga (n = 16, 5.2%), injury or disability (n = 9, 3.5%), old age or medical condition (n = 7, 2.7%), already doing gym exercises (n = 7, 2.7%), nature of job (n = 5, 2.0%), do not have knowledge of yoga (n = 5, 2.0%), and do not think yoga would be useful (n = 4, 1.6%). Among those who could not be enrolled, 35.1% reported doing yoga sometime in the past, and 21.6% reported that at least one of the family members did yoga. When asked whether they would be interested if yoga was available online, 16 (5.2%) responded 'yes' and 45 (14.5%) responded 'maybe'.

Conclusions: Expressed time constraints may be an important factor deterring patients with opioid dependence from engaging in yoga as an add-on yoga. There are other reasons as well that may deter patients from such an intervention. The findings should be seen in the light of the limitation of a single medically oriented center, and patients already stabilized on treatment.

Disclosure of Interest: None Declared

EPP0626

Anxiety disorders and intravenous drug use in chemsex context

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Introduction: Several studies have called attention to the mental health disorders associated with chemsex -the intentional use of drugs before or during sexual intercourse GBMSM (gay, bisexual and men who have sex with men) population-. Sexualized intravenous drug use is also known as slam or slamsex. There are few

studies that analyze the mental health differences between intravenous drug users compared to non-intravenous drug users in chemsex context.

Objectives: We aim to describe the mental health outcomes including current and past anxiety disorders diagnosis in a sample of users with sexualized drug use (chemsex) attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" and to compare the differences of current and previous diagnosis of anxiety disorders between intravenous drug users compared to non-intravenous drug users.

Methods: A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" between 2016-2019 was performed.

Results: We included 217 participants. Current or past diagnosis of anxiety disorders was found in 142 participants. Anxiety disorders were significantly higher in the intravenous drug use group compared to the non-intravenous drug use group (p<0.05).

Conclusions: Previous studies have reported that MSM who practiced chemsex were more likely to experience from anxiety. In our study, anxiety disorders were higher in participants who engaged in intravenous drug use. A multidisciplinary team is necessary to address chemsex and provide care and treatment for mental health problems such as anxiety, depression, suicidal behaviour or drug-induced psychosis.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP0627

Evaluation of anxiety and depression in patients with knee osteoarthritis

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Introduction: Knee osteoarthritis is one of the most common causes of functional impairment, significantly impacting patients' quality of life and leading to severe mood disorders. Our objective is to assess the prevalence of depression and anxiety in knee osteoarthritis patients.

Objectives: Evaluate the prevalence of depression and anxiety in patients with knee osteoarthritis.

Methods: This was a cross-sectional study conducted over a three-month period from February to April 2022, including consecutive patients who consulted in a Rheumatology department. We assessed each patient using a validated version of the HAD (Hospital Anxiety and Depression) scale, which includes 14 items, each rated from 0 to 3, measuring two components: depression and anxiety.

Results: We enrolled 82 patients (67 women and 15 men) with an average age of 60.4 years [44-89 years]. The average disease duration was 10 years [2-30]. Knee osteoarthritis was bilateral in 79% of cases. Knee deformities were observed in 74.4% of cases (40.2% had

genu valgum, and 29.3% had genu varum). Radiological assessment showed that most of our patients were at Kellgren-Lawrence (KL) stage 3 (50%). All patients received analgesics, with 92.7% receiving NSAIDs, 67.1% local corticosteroid infiltrations, and 18.3% hyaluronic acid injections. The mean visual analog scale (VAS) score was 6.9 out of 10 [1-10]. The mean anxiety score was 7.5 [4-16], with 25.4% of patients exhibiting no anxiety symptoms (score ≤ 7), 40.3% displaying doubtful anxiety symptomatology (score between 8 and 10), and 34.3% having certain anxiety symptomatology (score ≥ 11). The mean depression score was 9.6 ± 4 [0-19]. 40% of patients had no depressive symptoms (score ≤ 7), 53.3% had doubtful depressive symptoms (score between 8 and 10), and 6.7% had certain depressive symptoms (score ≥ 11). The statistical analysis revealed a significant association between anxiety scores and KL stage, but no association with age, sex, mobility limitation, or VAS. Regarding depression, there was no significant association with epidemiological, clinical, or radiological parameters of knee osteoarthritis.

Conclusions: Although knee osteoarthritis may appear to be a benign pathology, its impact can be severe, including depression and anxiety. These mood disorders are primarily influenced by the disease stage. Therefore, psychological care is sometimes necessary in the management of these chronic degenerative diseases.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPP0630

Obsessive-compulsive symptoms in professional tennis players

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Introduction: Engaging in moderate physical activity holds a vital role in our daily lives, serving as both a means of social recreation and a fundamental contributor to physical and mental wellbeing. It is also worth noting that such activity can potentially produce mood-enhancing effects by promoting neurogenesis and neuronal adaptability. Intriguingly, certain individual psychological traits such as rituals, compulsions, obsessional thinking, and superstitious beliefs, as well as inflexibility in daily routines, appear to serve a purpose in competitive athletic endeavors.

Objectives: The aim of our study was to investigate the possible presence of obsessive-compulsive symptoms or disorders, as well as of superstitions or magical thinking, in a group of professional tennis players, by means of standardized assessment scales, as compared with healthy subjects who did not professionally perform any kind of sport activity.

Methods: Twenty-five current or former professional tennis were recruited within the Italian Tennis Federation during an

international competition and during a master meeting of coaches. All of them underwent a psychiatric interview with a structured scale and a psychopathological assessment carried out with the Mini-International Neuropsychiatric Interview (MINI) and the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). Data were analyzed and compared. analysis was performed by means of contingency tables, χ^2 tests, group statistics, paired, independent and Mann Whitney's tests.

Results: The Y-BOCS total score was significantly higher in both current and retired athletes than control subjects (5.96 ± 5.76 versus 1.24 ± 2.65 , $p = 0.001$, $t = 3.72$). Current athletes showed more frequently current aggressive obsessions ($\chi^2 = 0.041$, $r = 5.24$) and current miscellaneous compulsions ($\chi^2 = 0.030$, $r = 5.94$) than past athletes. The Y-BOCS ($t = 3.4$, $p = 0.002$) obsessions ($t = 3.48$, $p = 0.002$), and compulsions subscale ($t = 3.11$, $p = 0.005$) scores were higher in current players than in the other group.

Conclusions: Our results support the hypothesis that high-level competitive sports activities, which suppose compliance with strict daily routines and extensive training, could constitute a risk factor for the onset of full-blown obsessive-compulsive disorder in more vulnerable subjects. Similarly, there is a growing demand for sport psychological support experts in order to prevent high stress in training and competitions.

Disclosure of Interest: None Declared

EPP0631

Does duration of untreated illness impact long-term outcome in obsessive-compulsive disorder?

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Introduction: The time period between the onset of a mental disorder and its first adequate treatment (duration of untreated illness - DUI) influence long-term prognosis and outcome in patients with severe mental disorders. The relationship between DUI and outcome was originally found in people affected by schizophrenia spectrum disorders, however in patients with Obsessive-Compulsive Disorder (OCD) DUI is significantly longer compared with that of patients with other severe mental disorders, such as schizophrenia and bipolar disorder.

Objectives: Aims of the present study is to assess the impact of DUI on long-term outcomes in OCD patients across published studies.

Methods: A systematic review was carried out by selecting relevant articles on the topic present in three common on-line databases, such as PubMed, APA PsycInfo, and Scopus, up to June 2023.

Results: Among included studies, DUI ranged from 7.0 ± 8.5 to 20.9 ± 11.2 years. Patients reporting a longer DUI have a poor long-term outcome, in terms of greater symptom severity and lower level of treatment response, whether pharmacological treatment or psychotherapy or a combination of these two. This is particularly true

when the onset of the disease is insidious and subthreshold. However, there are severe early-onset forms of OCD in which the request for help is anticipated due to the severity of the symptoms, the DUI is shorter, but the prognosis is still negative.

Conclusions: The present review confirms that longer DUI has a negative impact on the long-term outcome of patients with OCD. Furthermore, it is reasonable to hypothesize that cultural factors, such as the perception of the disease and the ability to access treatment, may result in a prolongation of the DUI. All these elements cannot be evaluated in our review due to the paucity of studies on the topic. Future studies could be useful to better understand the causes of a longer DUI, to guide and to promote the dissemination of early interventions with a specific focus on OCD symptoms.

Disclosure of Interest: None Declared

EPP0632

Habit Learning in OCD: Preliminary Data from a Spanish Sample

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Introduction: Instrumental learning involves goal-directed and habitual systems. The Slips-of-Action Task (SOAT) is extensively used to measure habit tendencies and the likelihood of making erroneous responses for devalued outcomes. The SOAT provides a Devaluation Sensitivity Index (DSI), a measure of the balance between relative goal-directed and habitual learning. Individuals with Obsessive-Compulsive Disorder (OCD) often engage in repetitive actions, suggesting a potential deficit in goal-directed control and an increased reliance on habitual learning. Previous literature has shown that medicated OCD adults performed worse on the SOAT task than healthy controls.

Objectives: To compare habit learning performance in an unmedicated sample:

- **Goal 1:** Between OCD and Healthy Controls (HC)
- **Goal 2:** Across four groups: adult OCD, adult HC, children OCD, and children HC

Methods: Participants: Eighty-three participants (44 OCD patients and 38 healthy controls) completed the study with usable task data. The 44 OCD patients comprised 17 adults (mean age: 26.76 years, SD: 8.61 years) and 27 children/adolescents (mean age: 12.84 years, SD: 2.59 years). The 38 healthy controls included 17 adults (mean age: 30 years, SD: 7.49 years) and 21 children/adolescents (mean age: 14.1 years, SD: 2.19 years). All participants were unmedicated. **Measures:** Participants completed an adapted version of the "Fabulous Fruit Game", which included an instrumental training phase to learn Stimulus-Response-Outcomes (S-R-O) associations and a SOAT

to assess the strength of learned S-R-O associations. DSI was calculated by subtracting the percentage of responses made toward devalued outcomes from the percentage of responses made toward still valuable outcomes. **Behavioral Analyses:** Student's t-test comparing individuals with OCD to HC and a ONEWAY ANOVA to examine group differences across multiple categories.

Results: Goal 1: DSI comparison between individuals with OCD and HC revealed a significant difference, with HC demonstrating superior performance ($t(60.9) = 2.60, p = .012$, Cohen's $d = .546$).

Goal 2: The overall DSI comparison across adult OCD, adult HC, children OCD, and children HC showed a non-significant difference ($F(3) = 3.407, p = 0.22$). However, post hoc analysis revealed significant differences between Adult HC and Youth OCD (I-J Scheffe = 28.82, $p = .033$), indicating superior performance in adult HC.

Conclusions: This study highlights altered Habit Learning in unmedicated OCD individuals, supported by significant DSI differences compared to HC. Age-related distinctions were observed, emphasizing the need for age-sensitive interventions in understanding and addressing habit-related challenges in OCD.

Disclosure of Interest: None Declared

EPP0633

Acute obsessive symptoms: case report of a PANDAS-like syndrome in an adult patient.

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Introduction: Neuropsychiatric disorders can develop following a group A β -hemolytic streptococcal infection, through autoimmune inflammation of the nervous system. Sydenham's chorea and PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection) are the two most well-known syndromes, primarily affecting children but rarely observed in adults.

Objectives: Our aims are to contribute to the scientific understanding of adult PANDAS-like syndrome and provide a comprehensive literature review on the subject.

Methods: Case report using clinical records and a non-systematic literature review.

Results: A 24-year-old female presented to the emergency department with profound emotional distress triggered by intrusive thoughts of existential dread, accompanied by compulsive praying. She reported that these symptoms had commenced five days earlier. Two days prior to the onset of her obsessions, she had experienced a high fever, odynophagia, cough, and chills and received an empirical diagnosis of tonsillitis following a physical examination. She was prescribed antibiotics with good response. She revealed that she had experienced two prior episodes of similar anxiety and obsessions when she was approximately seven years old.

She developed acute obsessive thoughts, including doubts about the meaning of her life, and engaged in compulsive prayer and seeking reassurance from relatives. Notably, there were no signs of affective, dissociative, or psychotic disorders during her admission to the ED or in the preceding months. She reported suffering from anxiety, insomnia, and loss of appetite in the past five days but did not express any suicidal ideation.

Physical examination indicated mild laryngeal erythema, and laboratory tests showed non-specific signs of infection with no further significant findings. Symptoms were alleviated within a week, aided by treatment with benzodiazepines (lorazepam 1 mg/8h), and she did not require further psychiatric counselling.

Conclusions: It is worth noting that adult patients can experience a PANDAS-like reaction after a streptococcal infection and may also undergo symptom relapse following new immunological challenges upon reinfection. The existence of a PANDAS spectrum has been postulated, encompassing various manifestations. Thus, when presented with acute obsessive symptoms, healthcare providers should consider this diagnosis, inquire about previous episodes, and conduct a comprehensive medical history and etiological assessment.

Disclosure of Interest: None Declared

EPP0634

Avoidance of Negative Emotional Contrasts as a Diagnostic Feature of OCD: A Receiver-Operator Characteristic Curve Analysis of the Contrast Avoidance Questionnaires

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Introduction: The Contrast Avoidance Model (CAM) was developed to explain pathological worry in generalized anxiety disorder (GAD). The CAM posits that those with GAD are sensitive to sharp increases in emotions, and use worry to maintain heightened states of negative arousal to avoid these emotional shifts. Research has widely supported the CAM in the conceptualization of GAD, and has extended these findings to other disorders, including major depressive disorder (MDD) and social anxiety disorder (SAD). Despite the utility of the CAM model in informing the etiology of these conditions, research has yet to expand these findings beyond GAD, MDD, and SAD. Specifically, obsessive-compulsive disorder (OCD), which co-occurs with GAD, MDD, and SAD in adults at a rate of 15.0%, 40.7%, and 14.7%, respectively, and shares many of their etiological features, has yet to be examined in the context of the CAM. Thus, examining CA as a relevant mechanism and therapeutic target for OCD is an unstudied conceptual framework that may offer meaningful clinical utility.

Objectives: The present study used receiver operator curve (ROC) analyses to examine the predictive utility of the CAQ-W and CAQ-

GE in detecting probable OCD in a large undergraduate sample. We hypothesized that the CAQ-W and CAQ-GE would be higher in participants with probable OCD and would offer sufficient sensitivity and specificity in predicting probable OCD.

Methods: 1259 undergraduates were recruited for a mass University screening. Participants were included in the OCD group (N = 291) if they met diagnostic criteria for OCD (DOCS total score > 20). Participants were included in the nondisordered group (n = 249) if they did not meet diagnostic criteria for any of the screened disorders (SAD, MDD, GAD, OCD, panic disorder, post-traumatic stress disorder, OCD, borderline personality disorder), denied suicidality, and denied receiving mental health treatment in the last 12 months. ROC analyses were used to examine the accuracy of the CAQ-W and the CAQ-GE in detecting probable OCD.

Results: Results of ROC analyses are reported in Table 1. AUC values for the CAQ-W and CAQ-GE were significantly different from the null hypothesis (AUC = .50, $p < .001$), and demonstrated excellent (.89) to outstanding (.91) accuracy in predicting probable OCD (Figure 1), respectively. Optimal sensitivity and specificity to detect probable OCD (Table 2) was achieved at a cut off score of 67.5 for the CAQ-W (Sensitivity = 81.4%; Specificity = 82.3%) and a cutoff score of 43.5 for the CAQ-GE (Sensitivity = 84.9%; Specificity = 85.5%).

Image:

Table 1
ROC analyses of the CAQ-W and CAQ-GE in detecting probable OCD

	AUC (SE)	AUC [95% CI]	Optimal cut-off score	Sensitivity %	Specificity %
CAQ-W	.89 (.01)	[.87, .92]	67.5	81.44%	82.33%
CAQ-GE	.91 (.01)	[.89, .94]	43.5	84.88%	85.54%

Note. CAQ-W = Contrast Avoidance Questionnaire – Worry;
CAQ-GE = Contrast Avoidance Questionnaire – General Emotion;
AUC = Area Under the Curve

Image 2:

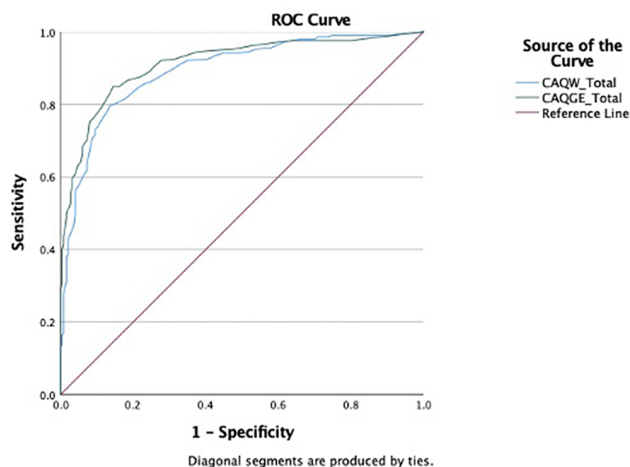
Table 2
Sensitivity, Specificity, and Cutoff Scores of the CAQ-W and CAQ-GE

	Cutoff Score	Sensitivity %	Specificity %
CAQ-W	63.5	85.57	77.11
	64.5	84.54	78.71
	65.5	83.85	79.52
	66.5	82.13	81.53
	67.5	81.44	82.33
	68.5	81.10	83.13
CAQ-GE	69.5	80.07	85.14
	39.5	89.00	75.50
	40.5	87.63	77.91
	41.5	86.60	81.53
	42.5	84.88	83.94
	43.5	84.88	85.54
	44.5	83.16	86.35
	45.5	80.41	87.95

Note. CAQ-W = Contrast Avoidance Questionnaire – Worry;
CAQ-GE = Contrast Avoidance Questionnaire – General Emotion

Image 3:

Figure 1
ROC curves for CAQ-W and CAQ-GE to detect probable OCD



Note. CAQ-W = Contrast Avoidance Questionnaire – Worry;
CAQ-GE = Contrast Avoidance Questionnaire – General Emotion

Conclusions: Results suggest that OCD can be accurately characterized by CA. Findings also highlight the utility of examining CA as a relevant maintenance factor for OCD symptoms. Future research should examine the impact of CA on OCD symptoms in-laboratory and ecological settings.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0635

Through the Parent's Eyes: Exploring the Relationship Between Parental Perceptions of Difficulties and SDQ Scale Results in Children and Adolescents

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Introduction: The Strengths and Difficulties Questionnaire (SDQ) is a widely used assessment tool for measuring the psychological well-being of children and adolescents. It consists of 25 items that assess emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship difficulties, and prosocial behavior.

Objectives: The present study aimed to investigate the relationship between parental perceptions of difficulties and the results obtained from the SDQ.

Methods: Participants were recruited from the initial consultation of Child and Adolescent Psychiatry (N=132). Parents completed a questionnaire assessing their subjective perceptions of their child's

difficulties in various domains (home, school, learning activities, relations with friends) on a 4-point scale ranging from "no notion of difficulties" to "very severe difficulties". They also completed the SDQ scale. Data were analyzed using SPSS software.

Results: In this study, 74% of participants had scores on the SDQ indicating potential psychological difficulties. Additionally, 17.4% of participants had scores on the borderline between normal and abnormal results. 47% of patients scored above the cut-line for problems on the hyperactivity/inattention subscale, indicating higher levels of difficulties in this area. Conversely, only 3% of participants scored problematic scores on the peer relationship difficulties subscale. There was no statistical difference between sexes in terms of SDQ scores. A correlation analysis revealed a significant positive correlation ($p < 0.01$) between parental perceptions of difficulties and higher SDQ scores and the mean score on the SDQ scale was found to be significantly higher in patients who were rescheduled for another consultation following the evaluation by doctors, compared to those patients who received clinical discharge from the initial consultation (p -value 0,040).

Conclusions: This study provides valuable insights into the concordance between parental perceptions and objective assessments of difficulties in children and adolescents. Parents who perceived their child to have more difficulties also reported higher levels of psychological difficulties on the SDQ. This study highlights the importance of using tools like the SDQ to assess psychological well-being in children and adolescents. It also emphasizes the practical utility of the SDQ as a time-efficient assessment tool for use during initial consultations in child and adolescent psychiatry.

Disclosure of Interest: None Declared

EPP0636

Maternal awareness and practices in managing screen-time for children

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Introduction: The issue of screen time usage among children has become a contentious topic for parents in contemporary society. While electronic devices offer undeniable benefits, their inappropriate use can lead to substantial mental and physical health challenges for children. Parents are tasked with the responsibility of equipping themselves and their children with the knowledge and skills necessary for mindful electronic device use.

Objectives: This study aims to assess the awareness levels of mothers regarding their children's screen time usage and to promote mindful screen usage. It also aims to understand the reasons behind parents' decisions to allow their children access to electronic devices.

Methods: An adapted short online screen-time questionnaire (Vizcaino et al 2019), was distributed through online Google forms, primarily to mothers residing in India. The questionnaire comprised of ten questions encompassing topics related to the child's background, mothers' awareness and patterns of screen-time usage.

Results: 213 mothers with children aged one year to 17 years responded. 157 mothers (73.7%) were in employment (104 were working in an office, 32 were working from home and 18 were freelancing). 121 mothers had >one child. Majority of the mothers ($n=170$, 79.81%), believed that children should have <one hour screen-time. However, they also admitted that majority of their children spent >one hour per day screen-time. The usage was more during weekends (>one hour= 161 , 75.58%) than weekdays (>one hour = 145 , 68%)($p=0.021$). Weekend screen-time was more in children whose mothers were employed ($p=0.006$). There is a significant increase in weekday ($p=0.044$) and weekend ($p=0.006$) screen-time usage as the child's age increased. Children predominantly watched television, followed by mobile phones and tablets. Except for 29 children, the rest enjoyed interacting with other people (54 with everyone, 73 with only family members and 57 only for some time). The primary context in which children engaged with electronic devices was while they were being fed/ meals-time ($n = 114$, 54%) or when the mothers were busy with household chores ($n = 85$, 40%).

Conclusions: Despite maternal awareness about healthy screen-time, majority of the children were allowed to use higher screen-time. Efficient strategies should be imparted to parents to change the current practices of using digital-media as pacifier or distractor to mindful screen-time including usage for educational purposes.

Disclosure of Interest: H. Atturu Consultant of: Advisor to CognitiveBotics, AI based software., S. Gujju: None Declared

EPP0638

The relationship between children's rumination and parental rumination, worry and depressive symptoms

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Introduction: Rumination is a transdiagnostic phenomenon that is linked to psychological and physical symptoms not only in adulthood but also in childhood. Several distal and proximal factors are believed to underlie the development of ruminative tendencies, with parental characteristics and modelling being among those with a potential association with the increased levels of children's rumination.

Objectives: The primary aim of the study was to investigate the link between rumination in children and parental functioning, including rumination, worry and depressive symptoms. Additionally, we aimed to test the association between rumination and psychological and somatic health in a sample of healthy children and early adolescents.

Methods: 153 children (87 girls, mean age = 10.74; SD = 0.91 years) and their parents (130 females, mean age = 42.65; SD = 4.08 years) participated in the study. For children, Kid Rumination Interview (KRI; Baiocco et al., 2017) was used, alongside the assessment of nine subjective health complaints. KRI employs 4 images to

measure the frequency of rumination. Self-reported questionnaires were also completed by parents to report on worry, rumination, and depressive symptoms.

Results: Contrary to our expectations, there was no significant association between children's rumination and parental rumination ($r = .06$, $p = .506$), worry ($r = -.02$, $p = .850$) and depressive symptoms ($r = -.01$, $p = .979$). Psychosomatic complaints in children exhibited a positive albeit weak association with parental depressive symptoms ($r = .17$, $p = .046$). Regression analysis revealed that the frequency of rumination occurring in the four situations associated significantly with psychosomatic symptoms ($\beta = .266$; $t = 3.321$; $p = .001$) after controlling for sex and age.

Conclusions: Our findings are in line with previous studies demonstrating the relationship between rumination and psychosomatic symptoms in older adolescent samples. However, parental perseverative cognitions and depression were unrelated to ruminative tendencies in children. Nevertheless, the modest sample size and the employment of a different assessment approach compared to self-report questionnaires may have influenced our findings.

Disclosure of Interest: None Declared

EPP0640

Long-term prognosis of chronic depression in adolescence

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Introduction: juvenile chronic depression is characterized by high prevalence, difficulties in diagnosis, nosological qualification and prognostic assessment. According to epidemiological data, the frequency of these conditions ranges from 1.5% to 3% in the general population (Gutiérrez-Rojas et al. Braz. J. Psychiatr 2020; 42 657-672), and among all depressions in adolescence, a chronic course develops in about 20% of cases (Blanco C., 2010 et al. The J clinical psychiatry 2010; 71(12) 6501). Due to the polymorphism of the clinical picture and the peculiarities of juvenile ontogenesis, difficulties arise in nosological and prognostic assessment.

Objectives: to study the long-term prognosis of chronic depression, depending on the variant of its course.

Methods: Catamnestic examination was performed on 64 patients of adolescent age (16-25 years), for chronic depressive state lasting more than two years (F31.3, F31.4, F32 (except F32.3), F33 (except F33.3), F34, F34.1, F21, F20 according to ICD-10). The duration of the catamnesis is more than 10 years. The PSP scale was used for psychometric assessment.

Results: when analyzing the ten-year course of juvenile chronic depression, three variants were identified: regredient (23.4%), monotonous (35.9%) and progredient (40.6%). The regredient course was characterized by a marked reduction or disappearance of psychopathological disorders with the formation of further remission with a high level of functioning in all spheres of life and complete social and labor adaptation (81-100 points on the PSP scale). The monotonous course was characterized by low variability

and insignificant dynamics of individual manifestations throughout the disease with the preservation or some decrease in the level of educational and labor adaptation with the restoration of previous social contacts and a fairly high quality of life (scores 61-80 on the PSP scale). The progressive course was characterized by the gradual addition of new psychopathological disorders, or the aggravation of existing ones, patients had a distinct decrease in educational, labor and social adaptation (scores 50-31 on the PSP scale) or complete maladaptation of all spheres of life (scores <40 on the PSP scale).

Conclusions: The high incidence of progressive and monotonous course in juvenile chronic depression, contributing to a decrease in the level of functioning of patients, indicates the importance of timely detection of these conditions and the need for careful selection of therapy.

Disclosure of Interest: None Declared

EPP0641

Predictors of change in emotional regulation from 6 to 30 months of age in infants born after a threatened preterm labour.

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Introduction: Emotional dysregulation are considered early manifestations of neuropsychiatric disorders. Recent research has shown that a threatened preterm labour (TPL) represents an adverse prenatal event that involves temperament disturbances, even in absence of prematurity. Thus, full-term TPL infants at 6 months of age are characterized by lower positive affect, higher negative affect, and worse emotional regulation relative to a full-term non-TPL control group.

Objectives: The aim of this study is to explore the predictors of change of emotional infant competences.

Methods: This prospective cohort study recruited mothers who suffered from a TPL. Infants' temperament assessment was performed at 6 and 30 months of age using the Rothbart Behaviour Questionnaires, examining positive affectivity/surgency, negative emotionality, and orienting and emotional regulatory capacity. A regression model was carried out, including gestational age at birth, maternal anxiety trait, maternal history of psychological traumas, prenatal and postnatal maternal depression, anxiety, and cortisol as well as parenting stress as predictors.

Results: Increased positive affectivity was related with lower paternal stress ($p = .044$). Maternal history of trauma and parenting stress was associated with increased negative emotionality ($p = .037$ and $p = .045$, respectively). Increased emotional regulation disturbance was linked to low gestational age at birth ($p < .001$), higher postnatal depression ($p = .002$), higher prenatal anxiety at TPL diagnosis ($p = .039$) and higher postnatal anxiety ($p = .008$).

Conclusions: Therefore, maternal previous traumas, maternal psychopathology from pregnancy to postpartum as well as parenting

stress should be considered in psychological treatment to improve infant's emotional competences and prevent subsequent neuro-psychiatric disorders.

Disclosure of Interest: None Declared

EPP0642

The Friendship Gap: Investigating gender differences in adolescent friendships and mental health

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Introduction: Friendships are vital relationships throughout the lifespan, but become especially meaningful during adolescence. Adolescents between the ages of 10 and 18 name a friend as one of the most important people in their lives (Kiesner et al., 2004). Authentic social groups, defined as mutual social relationships that adolescents voluntarily engage in, are sources of support and companionship for adolescents, more than parents (Furman & Buhrmester, 1992). Past research shows adolescents turn to their friends most for mental health support in a crisis, yet less than half report finding the support helpful (Geulayov et al., 2022). Thus, it's crucial to understand friendship dynamics of adolescents in order to address an appropriate intervention. Past literature has demonstrated gender differences in how adolescents approach friendships and social relationships (Lempers & Clark- Lempers, 1993).

Objectives: I aim to investigate whether girls, boys, and gender non-binary individuals differ in their perceptions of friendship quality and friendship dynamics (i.e. social support seeking) and whether these differences have implications for their mental health outcomes. By studying gender differences in friendship quality and mental health, I hope to shed light on potential avenues for promoting inclusivity and positive mental health outcomes for both gender binary and gender non-binary adolescents.

Methods: A cross-sectional survey (OxWell) was administered online to students across secondary schools and further education colleges in England to assess their self-reported friendship quality. The RCADS and WEMWBS scales were used to assess depression and anxiety symptomology, and well-being, respectively. The results from the survey were analysed in R.

Results: Gender-binary and gender non-binary adolescents differed in friendship quality, friendship dynamics, mental health scores, and help-seeking behaviours. Gender non-binary adolescents had the worst mental health scores and reported lowest friendship quality compared to girls and boys. Boys had the best mental health when compared to girls and gender non-binary adolescents, and were more likely to perceive support provided by their friends as helpful. Surprisingly, gender non-binary adolescents reached out to their friends the most (when compared to girls and boys) for mental health support, despite having proportionally lower quality friendships, and were the least likely to find support received from friends helpful.

Conclusions: This data presents evidence for the difference in social relationships across adolescents of all genders. It highlights the need for specialized and inclusive mental health support being made available for gender non-binary youth in England—a

minoritized group in need of intervention. This data hopes to inform school-based friendship interventions targeted to improve friendships and mental health of gender non-binary youth.

Disclosure of Interest: None Declared

EPP0643

The quality of life of Hungarian adolescents in the light of their emotions

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Introduction: Mental health professionals pay particular attention to adolescents, as many psychiatric disorders begin at this age, and the mental state of adolescents has been deteriorating worldwide in the last decade. Based on previous international research, the ability to regulate negative emotions and mentalizing - that is, the ability to identify the thoughts and emotions behind one's own and others' behaviour - mediate the negative effects of attachment difficulties experienced in close relationships on the quality of life. This relationship has not yet been investigated among Hungarian adolescents. Adolescent events can have a long-term effect on a person's mental health, so it is very important to examine the factors that influence the quality of life.

Objectives: This research aimed to examine the relationship between attachment, mentalizing, emotion regulation and quality of life among adolescents between 14 and 18 years of age.

Methods: In our non-clinical cross-sectional research, 141 adolescents filled out the Experiences in Close Relationships questionnaire, the Difficulties in Emotion Regulation Scale, the Reflective Functioning Questionnaire and the Quality of Life Scale after informed consent. We tested two mediator models, in which emotion regulation and mentalizing were the mediating variables in the relationship between attachment difficulty and quality of life.

Results: In our analyses, attachment difficulties ($c' = -1.87, p < .001, \beta = -0.41$) and emotion regulation problems ($b = -0.08, p < .001, \beta = -0.39$) also predicted a reduced quality of life. Attachment problems also reduce the quality of life of young people through emotional regulation difficulties ($\sum ab = -0.81 [-1.21 - -0.45], \beta = -0.17$). However, mentalizing was not significantly related to the adolescents' quality of life ($b = -0.05, p = .10, \beta = -0.11$). Mentalizing also did not mediate the relationship between attachment and quality of life ($\sum ab = -0.09 [-0.27 - -0.02], \beta = -0.02$).

Conclusions: Our results suggest that adolescents' emotion regulation has a prominent role in their quality of life in addition to attachment styles. To improve the quality of life among adolescents, we recommend using techniques that develop emotion regulation.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0644

Alexithymia in population with depressive disorders and suicidal ideation: results of an observational study

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Introduction: In clinical practice, significant delays in requesting help are observed in patients with depressive symptoms and suicidal ideation.

Objectives: The objective of this study was to determine factors associated with the time of untreated illness in a population with depressive disorder attending mental health for the first time in the area of Hospital Clínico Universitario de Valladolid (HCUV).

Methods: Methods: This is an observational study including adult patients of both sexes, referred to their first mental health consultation from their Primary Care Physician, with a picture of depressive symptomatology associated with an identifiable stressor. Informed consent was obtained from the patients and authorized by the Ethics Committee of the HCUV. R Studio ® statistical analysis.

The degree of emotional confusion was quantified with item 1 ("I am often confused about the emotions I feel") of the Toronto Alexithymia Scale (TAS). This item is scored (1-5) from most severe (1) to least (5). On the other hand, the time in weeks between symptom onset to referral, age and symptom severity according to the Montgomery Scale (MADRS) were recorded.

Results: Results: We present data collected in an initial sample of 278 treated patients, with a female predominance (68%), a MADRS severity score (18.05 ± 5.01) and a calculated time without treatment of 59.66 ± 62.26 weeks (Tables 1,2,3).

A subsample of 72 patients with death ideation was studied, with a female predominance (75%) compared to the overall sample ($X^2 = 1.99, p = 0.1585$) (Table 4).

It was also observed that death ideation was higher in younger patients ($t = 3.18, p = 0.001907$) and with a severe MADRS depression score ($t = -7.92, p < 0.0001$), however they took a similar length of time to receive mental health treatment (T student $t = -1.6605, p = 0.099$); (Table 5).

There is no previous published evidence that considers the timing of untreated symptoms. According to test statistics, there are differences in untreated symptom time considering gender and TAS score (Table 6).

Conclusions: Death ideation is a current health problem that deserves attention. In multivariate analysis models, an association with clinical and demographic factors has been found; however, there is up to 20% of the variation in prevalence that is not explained by the aforementioned factors. The factors that determine the time delay in seeking help (treatment delays) have not been studied so far.

In this study we observe how a single variable doesn't explain the delay in the first visit. The interaction between age, gender, alexithymia and hypoprosexia explains the delay in seeking help, although symptom severity doesn't seem to be related. These data suggest that unexplained causality in multivariate studies may be related to the interaction between clinical and neuropsychological factors.

Disclosure of Interest: None Declared

Climate change

EPP0645

Psychiatry on fire: Climate change and the role of mental healthcare

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Introduction: What is the psychiatrist's role on a burning planet? As our world faces the existential ramifications of irreversible climate change, clinicians are contending with what purpose a normalizing institution like psychiatry can have in increasingly abnormal times.

Objectives: This presentation investigates the role of the modern mental health clinician by examining psychiatry's current impotence in the face of climate crisis. It will be shown that current approaches are often complicit in psychiatry's historical depoliticization of mental health and subsequent individualization of social concerns. It will be argued that the only way psychiatry can maintain its ethical obligations to its patients is by taking a courageous sociopolitical stance.

Methods: Emerging from a multidisciplinary literature review on the relationship between psychiatry and social crises, this work examines our field's response to climate change in particular. A focus is made on literature that explores psychiatry's political obligations, current trends in climate psychiatry, and proposed social psychiatric approaches to the climate crisis.

Results: It is shown that while ecological collapse tangibly affects our patients, psychiatry often fails to engage socio-politically with the crisis' root causes. Framing intense reactions to climate change as trauma responses and developing neo-diagnoses such as "ecoanxiety" both risk individualizing inherently social experiences. However, Psychiatrists are also uniquely positioned to speak with authority about social crises and to articulate what a more comprehensive medical response to climate change might look like.

Conclusions: Given climate change's disproportionate effects on disenfranchised populations, it is increasingly clear that health is inextricable from social circumstances. As a result, political inaction is incompatible with our ethical duty to serve patients' health, both in the clinic and beyond it.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0647

Functional connectivity subtypes of MDD and their associations with gene expression profile, neurotransmitter, and cognition

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Introduction: There's large heterogeneity present in major depressive disorder (MDD) and controversial evidence on alterations of brain functional connectivity (FC), making it hard to elucidate the neurobiological basis of MDD. Subtyping is one promising solution to characterize this heterogeneity.

Objectives: To identify neurophysiological subtypes of MDD based on FC derived from resting-state functional magnetic resonance imaging using large multisite data and investigate the differences in genetic mechanisms and neurotransmitter basis of FC alterations, and the differences of FC-related cognition between each subtype.

Methods: Consensus clustering of FC patterns was applied to a population of 829 MDD patients from REST-Meta-MDD database after data cleaning and image quality control. Gene transcriptomic data derived from Allen Human Brain Atlas and neurotransmitter receptor/transporter density data acquired by using neuromap toolbox were used to characterize the molecular mechanism underlying each FC-based subtype by identifying the gene set and neurotransmitters/transporters showing high spatial similarity with the profiles of FC alterations between each subtype and 770 healthy controls. The FC-related cognition in each subtype was also selected by lasso regression.

Results: Two stable neurophysiological MDD subtypes were found and labeled as hypoconnectivity (n=527) and hyperconnectivity (n=299) characterized by the FC differences in each subtype relative to controls, respectively. The two subtypes did not differ in age, sex, and scores of Hamilton Depression/Anxiety Scale.

The genes related to FC alterations were enriched in ion transmembrane transport, synaptic transmission/organization, axon development, and regulation of neurotransmitter level for both subtypes, but specifically enriched in glial cell differentiation for hypoconnectivity subtype, while enriched in regulation of presynaptic membrane and regulation of neuron differentiation for hyperconnectivity subtype.

FC alterations were associated with the density of 5-HT_{2a} receptor in both subtypes. For hyperconnectivity subtype, FC alterations were also correlated with the density of norepinephrine transporter, glutamate receptor, GABA receptor, 5-HT_{1b} receptor, and cannabinoid receptor.

Both subtypes showed correlations between FC and categorization, motor inhibition, and localization. The FC in hypoconnectivity subtype correlated with response inhibition, selective attention, face recognition, sleep, empathy, expertise, uncertainty, and anticipation, while that was related to inference, speech perception, and reward anticipation in hyperconnectivity subtype.

Conclusions: Our findings suggested the presence of two neuroimaging subtypes of MDD characterized by hypo or hyperconnectivity. The two subtypes had both shared and distinct genetic mechanisms, neurotransmitter receptor/transporter profiles, and cognition types.

Disclosure of Interest: None Declared

EPP0648

Ultrastructural analysis of synapses and mitochondria in the hippocampus of depressed patients

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Introduction: Major depressive disorder (MDD) is a common multifactorial disorder, but the exact pathophysiology is still unknown. *in vivo* and post-mortem studies document volumetric and cellular changes in the hippocampus of depressed patients. Chemical synapses are key functional units of the central nervous system and earlier studies found reduced number of synapses in the prefrontal cortex of depressed patients (Kang HJ *et al.* Nature Medicine 2012;18(9):1413-1417). Mitochondria are intracellular powerhouses generating chemical energy for cellular biochemical reactions. Recent findings suggest that individuals with impaired mitochondrial function may be vulnerable to develop psychopathologies.

Objectives: We investigated synapses and mitochondria in post-mortem hippocampal samples from psychiatric patients.

Methods: The three study groups were: 1) MDD patients (n=11); 2) patients with alcohol dependence (n=8) and 3) controls (n=10). Controls were individuals who accidentally deceased and had no neuropsychiatric disorders. Three sub-regions of the hippocampus (dentate gyrus, CA3 and CA1 areas) were investigated. Ultrathin sections were examined, and photomicrographs were taken for further analysis using a JEOL JEM 1400 FLASH transmission electron microscope. Systematic quantitative analysis was conducted with the Neurolucida system using unbiased counting principles.

Results: We could not detect any differences in synapse and mitochondria densities between the patients and controls subjects.

Conclusions: Our preliminary data suggest that despite our expectations hippocampal synapse and mitochondrial densities are rather constant parameters which are not easily affected by psychopathology or alcohol consumption. Potential methodical limitations may also explain this negative finding.

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Disclosure of Interest: None Declared

EPP0649

The association between depressive symptoms and medication adherence among polypharmacy older adults

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Introduction: Among many polypharmacy term definitions, the most common definition refers to the concurrent use of five or

more medications. Multiple medication administration is highly prevalent in older populations with multimorbidity. Apart from polypharmacy impacts on physical health, it might be detrimental to mental health.

Objectives: The present study aims to evaluate the association between depression and poor adherence in multimorbidity Iraqi older population using five or more medications.

Methods: This cross-sectional study was conducted in Iraq during July and August 2023, involving a sample of 196 older adults recruited from private clinics and hospital clinical medicine wards, all of whom had polypharmacy regimens. The questionnaire includes age, gender, medication regimen adherence and Patient Health Questionnaire-8 (PHQ-8) using a cutoff score of 10. Chi-square and binary logistic regression were performed to determine the association between poor adherence and the presence of depressive symptoms.

Results: A total of 196 respondents, mean age = (61±11.4), 49 (25%) male and 147 (75%) female, 178 (90.8%) good adherence and 18 (9.2%) poor compliance, 81 (41.3%) participants have PHQ-8 score was equal or less than ten while 115 (58.7%) have PHQ-8 score was more than 10. Depressive symptoms and patient adherence showed a significant association ($p = 0.02$). Moreover, poor adherence polypharmacy participants were more likely to have depression odd ratio (OR) = 3.9, 95% confidence interval (CI = 1.09 – 13.9; $p = 0.036$).

Conclusions: Our findings suggest that depressive symptoms are associated with poor adherence polypharmacy older adults and, highlighting the importance of addressing medication management and mental health in this population.

Disclosure of Interest: None Declared

EPP0650

Esketamine nasal spray shows greater improvement in health-related quality of life over 32 weeks versus quetiapine extended release in patients with treatment resistant depression

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Introduction: In ESCAPE-TRD esketamine nasal spray (ESK-NS) significantly increased the probability of achieving remission at Week (Wk) 8 and being relapse-free through Wk32 after remission at Wk8 versus (vs) quetiapine extended release (Q-XR) in patients (pts) with treatment resistant depression (TRD) (Reif *et al.* DGPPN 2022; P-01-04). We report ESK-NS vs Q-XR effects on pt-reported health-related quality of life (HRQoL) over 32 wks.

Objectives: Evaluate pt-reported HRQoL using the generic 36-item Short-Form Health Survey version 2 (SF-36v2, 4-wk recall, 2009 US population norms) in ESCAPE-TRD.

Methods: ESCAPE-TRD (NCT04338321) was a randomised phase IIb trial comparing the efficacy of ESK-NS vs Q-XR, both alongside an ongoing selective serotonin/serotonin-norepinephrine reuptake inhibitor, in pts with TRD. SF-36v2 was assessed every 4 wks (on-treatment and retrieved dropout visits). Domain scores and change from baseline (CfB) were analysed using a mixed model for repeated measures (MMRM; observed cases) adjusted for age, prior treatment failures, baseline score. Higher scores indicate better HRQoL. P values were not adjusted for multiple testing.

Results: 336 and 340 pts were randomised to ESK-NS and Q-XR. Baseline domain scores were below general population norms and lowest in Role Emotional, Mental Health and Social Functioning (Figure 1A). All scores improved to Wk32 in both arms (Figure 1B). At Wk4, CfB was significantly higher (better HRQoL) with ESK-NS vs Q-XR across domains (all $p < 0.01$). At Wk8, CfB was significantly higher with ESK-NS vs Q-XR across all domains ($p < 0.05$) except Bodily Pain and Role Physical. At Wk32, CfB was significantly higher with ESK-NS vs Q-XR for Mental Health ($p = 0.014$), Role Emotional ($p = 0.001$), Role Physical ($p = 0.046$) and Social Functioning ($p = 0.006$); a trend of numerical advantage was seen for all other domains (Figure 2).

Image:

Figure 1. Mean baseline SF-36v2 domain scores

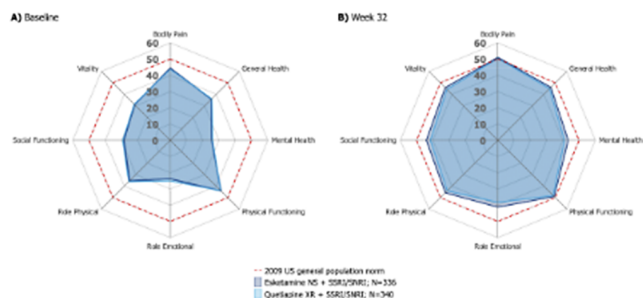
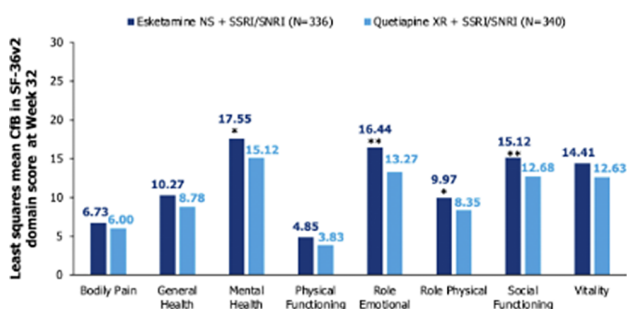


Image 2:

Figure 2. Least squares mean change from baseline in SF-36 score at Week 32 by treatment group (MMRM)



Full analysis set. Tested at a two-sided 0.05 significance level without adjustment for multiple testing. * $p < 0.05$; ** $p < 0.01$.

Conclusions: In addition to the superior clinical benefits provided by ESK-NS vs Q-XR in ESCAPE-TRD, pts receiving ESK-NS experienced significantly greater improvements in HRQoL vs Q-XR over 32 wks.

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Comorbidity/Dual Pathologies

EPP0654

Dual diagnosis of bipolar disorder and substance use disorder – type of substance used and its impact on treatment adherence and maintenance of abstinence

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Introduction: Substance use disorder is a common comorbidity with bipolar disorder, delaying its diagnosis and making treatment of both disorders more complex and challenging.

Objectives: We aim to analyze the types of substances used by patients with bipolar disorder and to find if there's a relationship between the substance used both with treatment adherence and maintenance of abstinence.

Methods: We collected, retrospectively, data from the hospital platform and analyzed it on SPSS Statistics 26, along with a literature review. Our study looks over 3 years, and all patients analyzed have a dual diagnosis of both bipolar disorder and substance use disorder and were hospitalized in the psychiatric ward of a tertiary university hospital.

Results: There were 2384 hospitalizations in the Coimbra's University Hospital psychiatric ward, and 88 hospitalizations were coded with a dual diagnosis of bipolar disorder and substance use disorder. Tobacco was the substance more consumed by the patients (53.4%), followed by alcohol (46.6%) and cannabinoids (30.7%). In 18.2% of the patients was identified consumption of cocaine and in 6.8% there was an abuse of opioids. It is important to highlight that 20.5% of the patients used 2 or more substances at the same time.

Regarding adherence to treatment for both their bipolar disorder and substance use disorder, in 25% of the patients, there wasn't a satisfactory compliance with the treatment prescribed.

In the group of patients with polydrug use, half of them didn't comply with the treatment. In the patients consuming only one substance, we found out that 30% of patients who use alcohol didn't adhere to the treatment, while around 13% of the patients using cannabinoids didn't comply with the suggested treatment.

The relationship between the type of substance used and treatment adherence was statistically significant with a $p=0.004$ (considering $p<0.05$).

Regarding abstinence from consumption, around 42% of the patients keep using at least one substance. In the group with polydrug use, around 65% of the patients were not abstinent in the last appointments, while in the cannabinoids users' group around 50% of them were still using the drug. In the group with patients using alcohol, around 43% of them are not abstinent.

The relationship between the type of substance used and maintenance of abstinence was found to be statistically significant with a $p=0.037$ (considering $p<0.05$).

Conclusions: Substance use disorder can have a huge impact on adherence to treatment, worsening the prognosis of the comorbid bipolar disorder. On the other hand, this dual diagnosis can impact the maintenance of abstinence.

Early detection of both diagnosis and simultaneous treatment from an early phase are essential to improve the prognosis of both diseases.

Disclosure of Interest: None Declared

EPP0655

EFFICIENCY OF VORTIOXETINE IN DEPRESSIVE SYMPTOMS IN PARKINSON'S DISEASE.

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Introduction: Parkinson's disease (PD) is the most common serious movement disorder in the world, affecting about 1% of adults older than 60 years. The disease is attributed to selective loss of neurons in the substantia nigra, and its cause is enigmatic in most individuals. Patients with PD display both motor and non-motor symptoms. For some patients, the non-motor symptoms are more bothersome than the motor symptoms. One of the most common non-motor symptoms of PD is depression.

Objectives: Treatment of depression with antidepressant drugs is well established. In the last 20 years use of antidepressant has risen mainly due to the introduction of the selective serotonin reuptake inhibitors (SSRIs). Our primary aim was to demonstrate an improvement in depressive symptoms in patients who started treatment with vortioxetine. A secondary aim was to show those who was successfully treated with vortioxetine but was unresponsive to paroxetine and escitalopram without worsening the extrapyramidal symptoms of PD.

Methods: In collaboration with the Department of Neurology, we included patients who are being treated for Parkinson's disease and who meet the criteria for depressive disorder after a psychiatric examination. We divided the patients into two groups: those who had not previously taken any antidepressant drugs and those who were already on therapy with paroxetine and escitalopram but without the expected therapeutic response. All patients were prescribed vortioxetine in their treatment, and the Hamilton Depression Rating Scale (HDRS) was determined during their first meeting with the psychiatrist, and then again after 6 weeks of taking the medication. Also, we used Mini mental state examination (MMSE) to measure cognitive impairment. Our primary outcome measure was the number of patients in each treatment group who responded to treatment. Response was defined as the proportion of patients who had a reduction of at least 50% from the baseline score on the Hamilton Depression Rating Scale (HDRS)

Results: Our primary outcome measure was the number of patients in each treatment group who responded to treatment. Response was defined as the proportion of patients who had a reduction of at least 50% from the baseline score on the Hamilton Depression Rating Scale (HDRS)

Conclusions: In our research, vortioxetine has proven to be effective in treating depressive symptoms without worsening Parkinson's disease, unlike paroxetine and escitalopram, which resulted in partial effects.

Disclosure of Interest: None Declared

EPP0657

Emotional disorders in the structure of psychoorganic pathology in tumors of the diencephalon

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Introduction: The tumors of the diencephalon region (thalamic-hypothalamic-pituitary system) include a large group: pituitary adenomas, craniopharyngiomas, gliomas, and others. Tumors differ in the histological structure, and manifestations of the clinical symptoms; by hormonal data; by approaches and methods in treatment.

Psychic symptoms are revealed in disease in addition to cerebral, neuroendocrine symptoms, neurological disorders. Psychoorganic syndrome is represented by emotional, motivational, personal, cognitive impairments, inversion of the sleep-wake cycle, seizures. Disorders of mental activity are detected in all tumors of this localization in varying degrees, according to the different authors from 20 to 100%; affective pathology varies from 2 to 80% by the literature.

Objectives: To study the emotional disorders in the structure of psychoorganic pathology in tumors of diencephalon region

Methods: 290 patients (18-78 years old, mean age 38±2): pituitary adenomas (PA), as the most common – 170 (58,6%), craniopharyngiomas (CG), as with the most varied manifestation of mental symptoms – 120 (41,4%). Methods: psychopathological, data from endocrinological, neurological, neuroimaging methods.

Results: Emotional disorders were detected in patients from 30 to 68% of cases, depending on the histology of the tumours: PA with excessive secretion of growth hormone - emotional disorders are in 60%; PA with excessive secretion of adrenocorticotrophic hormone - in 50%; PA with excessive secretion of prolactin - in 30%; with excessive secretion of thyroid-stimulating hormone - in 40%; non-functioning PA - in 16%; CG - in 68%.

Emotional disorders were more often represented by changeable mood, depression, apathy, sleep disturbance, and visceral symptoms. Symptoms differed depending on the histology of the tumor (type and level of hormones), the volume of the lesion and direction of growth, and concomitant hypertensive-hydrocephalic symptoms. Emotional disturbances often include memory impairment, personality and behavior changes.

Conclusions: Emotional disorders are detected in patients in 30-68% of cases in the structure of psychoorganic pathology with damage to the diencephalon region (in particular, with pituitary adenomas and craniopharyngiomas); are determined by the topography of the tumor and histology with the involvement of the corresponding structures and nuclei in the pathological process.

Disclosure of Interest: None Declared

EPP0658

Rapid cycling bipolar disorder and atypical anorexia nervosa: changes in drug metabolism

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Introduction: Bipolar disorder (BD) is a complex mental illness described by recurrent episodes of mania and depression. One subtype of the illness is rapid cycling BD, characterized by experiencing four or more extreme mood swings within a year. Diagnosing and treating BD can be complicated by comorbid conditions, such as atypical anorexia nervosa (AAN), marked by disordered eating and disturbing weight-related thoughts.

Objectives: To discuss the diagnosis and treatment plan of a patient with rapid cycling BD, who experienced adverse effects from prescribed medication and later was diagnosed with comorbid AAN.

Methods: We present a case of a 21 year-old man initially presenting with anxiety, low mood, and obsessive weight-related thoughts, ultimately diagnosed with major depression and mixed anxiety disorder.

Results: 21 year-old man was diagnosed with major depression and mixed anxiety disorder, initially treated with mirtazapine and fluoxetine (limited success), later attempting escitalopram and bupropion combination (partial remission). After 2 years the

patient discontinued the treatment due to feeling “euphoric”, subsequently experiencing depression and manic episodes – the initial diagnosis was rapid cycling BD. The treatment was changed to sodium valproate (up to 1500 mg/day) and aripiprazole (up to 10 mg/day), however extremely rare adverse medication effects (nosebleeds, diarrhea with blood admixture, “high-frequency sounds”) were reported. Throughout valproate treatment, the patient experienced persistent diarrhea. During hospitalization for treatment adjustment lithium carbonate was introduced at a starting dose of 900 mg/day, maintaining blood lithium levels between 0.4 mmol/l and 0.49 mmol/l. Later the dose was adjusted and a therapeutic lithium blood level was reached with 1575 mg/day of lithium carbonate. Additionally, risperidone was prescribed, however, the patient experienced an uncommon adverse reaction – nasal congestion. Subsequently, amisulpride was introduced, which provoked severe anxiety and fear, resulting in medication discontinuation. During the latest outpatient visit, fluoxetine was added to the treatment due to observed depressive symptoms. Throughout the treatment, the patient episodically intermittently starved, had persistent distressing thoughts about weight and was diagnosed with AAN. While planning further treatment it was hypothesized that comorbid AAN might affect drug metabolism and the patient was referred to a specialized inpatient facility for eating disorder management.

Conclusions: This case report highlights the complexity of psychiatric disorders and the importance of monitoring and adjusting treatment based on patient response and side effects. Additionally, it emphasizes comorbid conditions significance in influencing the primary disorder's dynamics as well as the metabolism and effectiveness of psychiatric medications.

Disclosure of Interest: None Declared

EPP0659

Cancer Survivors in Delaware: Impact of Comorbidity

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Introduction: Delaware's recent longevity and aging trends predict a continual increase in the number of cancer survivors. As the cancer survivors live longer and age, the prevalence of comorbid chronic conditions tends to increase. Dual burden of cancer and comorbid chronic conditions can have significant and wide-ranging ramifications for cancer survivors. Comorbidity potentially affects the development, stage at diagnosis, treatment options, recurrence and long-term survival of people with cancer. Detailed delineation of Delaware adult cancer survivors including an exploration of comorbidity is critical.

Objectives: The primary objective was to characterize selected chronic conditions among Delaware adults with cancer in order to present: (i) disparities amongst cancer survivors by select socio-demographic and survivorship characteristics, and (ii) compare the prevalence of chronic conditions among cancer survivors and adult Delawareans without a cancer diagnosis.

Methods: Combined data (2018, 2020 and 2021) for Delaware were obtained from the Behavioral Risk Factor Surveillance System. The final data set included 927 Delawareans with at least one type of

cancer (excluding skin cancers other than melanoma) and 11,917 participants without a cancer diagnosis. Descriptive statistics examined sociodemographic characteristics and chronic conditions in Delawareans with and without a cancer diagnosis.

Results: Amongst adult Delawareans, 5.1% (CI: 4.6–5.5) were cancer survivors. Across the state, the majority of cancer survivors (76.8%) reported having only one cancer diagnosis. In this sample of Delaware cancer survivors, 83.5% identified as White. Majority were female (57.4%), aged 65 or older (58.9%), had some college or more education (63.7%), and with an income of \$50,000 or more (51.1%). Arthritis (46.3%), diabetes (21.5%), depression (18.7%), asthma (14.1%), chronic obstructive pulmonary disease (13.7%) angina (11.9%) and heart attack (11.6%) were the most prevalent comorbid conditions. Prevalence of certain chronic conditions was 2-3 times higher among cancer survivors. Nearly 23% reported not receiving instructions regarding cancer follow-up-care.

Conclusions: Cancer survivors have unique concerns. Results aim to facilitate targeted interventions aimed at coordinated managed care among cancer survivors in Delaware. This study bolsters the ongoing public health effort towards the Healthy People 2030 goal of increasing the proportion of cancer survivors.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP0660

Alexithymia, emotion regulation and autistic traits in Familial adenomatous polyposis

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Introduction: Familial adenomatous polyposis (FAP) is a condition characterised by multiple polyps inside the colon or rectum, leading to colorectal cancer in all patients who do not perform prophylactic colectomy and a higher risk of cancer in other organs. Nevertheless, it has been reported that 14-48% of patients do not comply with regular endoscopic surveillance, which seems to be related to the lower levels of emotional distress observed in these patients. Also, APC gene polymorphisms have been described as being related to neurodevelopmental disorders, such as autism.

Objectives: To study the prevalence of alexithymia, autistic traits and emotion regulation strategies in patients with FAP.

Methods: We conducted a cross-sectional study of patients with a genetic or clinical FAP diagnosis and assessed for alexithymia, autistic traits and emotion regulation using psychometric tests - Toronto Alexithymia Scale - 20 items (TAS-20), Autism-Spectrum Quotient Test (AQ) and Emotion Regulation Questionnaire (ERQ), respectively. The control group were patients with Lynch Syndrome. Statistical analysis was performed using SPSS vs.26.

Results: We recruited a total of 20 patients (10 with FAP vs 10 with Lynch Syndrome). Nine patients were male (45%) versus 11 female (55%). The mean age was 53,35 years (SD 18,4). Half the sample presented a low educational level (equal or inferior to 4th grade).

The overall prevalence of alexithymia was 65%, with an 80% prevalence in FAP patients and 50% in Lynch Syndrome. TAS-20 total score was higher in FAP patients (69,0 vs 60,7; $p=0,68$). Externally-oriented thinking subscale score was statistically higher in FAP patients ($p=0,024$).

The overall prevalence of autistic traits was 25%, and the mean AQ score was higher in FAP (23,4; SD 4.97) compared to Lynch Syndrome patients (20,2; SD 5.57), but there were no statistically significant differences between the diagnoses ($p=0,192$).

A moderate positive correlation exists between Total AQ and Total TAS ($r=0.51$; $p=0.020$).

Concerning the scores obtained on the ERQ scale, most participants (14; 70%) use Expressive Suppression as a regulation strategy. Patients with Lynch Syndrome had higher scores than those with FAP, both in the Cognitive Reappraisal (4.22; SD 1.58 vs 4.28; SD 0.90) and Expressive Suppression (4.58; SD 1.08 vs 5.15; SD 1.03) domains.

The average AQ score for patients who mostly use expressive suppression is significantly higher than for those who use cognitive reappraisal (23.86 (3.63) vs 17.00 (6.6); $p=0.039$).

Conclusions: The preliminary results of this study point to high levels of alexithymia and autistic traits in this population, and a higher tendency to regulate emotions by expressive suppression.

The main limitation of the study was the small sample size, which reduced the power of the study to find statistically significant differences. Also, in future studies, a different control group should be considered.

Disclosure of Interest: None Declared

EPP0661

Forearm bisection task suggests an alteration in Body Schema in patients with Motor Conversion Disorders (Functional Movement Disorders)

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Introduction: Motor Conversion Disorders (also called Functional Movement Disorders, FMD) are a group of neuropsychiatric conditions characterized by neurological symptoms of altered voluntary motor function that cannot be explained by typical neurological diseases or other medical conditions. In the last decade, several hypotheses have been formulated with respect to their pathophysiology, and a major line of research, trying to integrate psychological, cognitive, and neurobiological factors, focused on the subjective experience that patients feel of their own bodies. However, no study has, so far, directly investigated their Body Schema (the implicit sensorimotor representation of one's own body) and its plasticity.

Objectives: To investigate the Body Schema in patients with FMD through a paradigm specifically designed to assess their perceived body metrics, through a spatial estimation of body parts length, and to compare their results with the ones obtained on a group of healthy control subjects (HC)

Methods: 10 patients with FMD and 11 HC underwent the Forearm Bisection Task, aimed at assessing perceived body metrics, which consists in asking the subject, blindfolded, to repeatedly point at the perceived middle point of their dominant forearm with the index finger of their contralateral hand, and a psychometric assessment for anxiety, depression, alexithymia, and tendency to dissociation.

Results: FMD patients bisected their forearm more proximally (with an increased shift towards their elbow equal to 7.5%) with respect to HC; average bisection point was positively associated with anxiety levels in the whole sample, and with the tendency to dissociation in the FMD group.

Conclusions: FMD patients seem to perceive their forearm as shorter than HC do, which might suggest an alteration of their Body Schema. The Body Schema can go through short- and long-term plastic changes in the life course, mainly related to the use of each body segment; we speculate that, despite FMD being a disorder of functional nature, characterized by variability and fluctuations in symptomatology, the lack of sense of agency over a body part might be interpreted by the nervous system as disuse and hence influence the Body Schema, as deficits of organic aetiology do.

Disclosure of Interest: None Declared

EPP0662

Socio-demographic characteristics and pharmacological treatment options in patients with delirium

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Introduction: Delirium is common in hospital settings, with approximately 3% to 45% of older patients in hospitals developing delirium during their stay. Among the elderly and those with severe or advanced medical conditions, the reported percentage of patients with delirium is over 56%. The three motor subtypes of delirium are hyperactive, hypoactive, and mixed. Another way to characterize delirium is based on whether it is reversible, irreversible, or terminal.

Objectives: Identifying appropriate pharmacological treatment options among antipsychotics and their correlation with various precipitating and predisposing factors in the in-hospital context

Methods: This was a retrospective, cross-sectional, observational study that utilized a database created by the psychiatry department at the National Medical Center 20 de Noviembre, with data collected from April 2021 to April 2022. The database contains anonymized administrative and clinical data of patients who were

seen in the psychiatry department for the diagnosis of any type of delirium, using the CAM scale for classification. The database includes records and data of hospitalized patients, encompassing all specialties at this medical center

Results: A total of 139 patients were included in the study, of which 39% were female and 61% were male, with a mean age of 67 and a median age of 68 years. It was observed that the average duration of delirium symptoms, from receiving the consultation to remission, was approximately 6 days ($p < 0.005$) (OR 5.12-6.62), and the average length of hospital stay was approximately 20 days (OR 17.3-22.09). Among the patients, 50.39% were overweight, 63% had hypertension (HTA), 29% had chronic kidney injury, 24% had a history of delirium, and 73% had recent surgical interventions. Patients with diabetes mellitus had a 3.1 times higher risk, those with HTA had a 2.8 times higher risk, and those with kidney injury had a 3.8 times higher risk of having a positive CAM result. It was observed that haloperidol, used in 84% of the patients, showed the highest percentage reduction in CAM scores

Image:

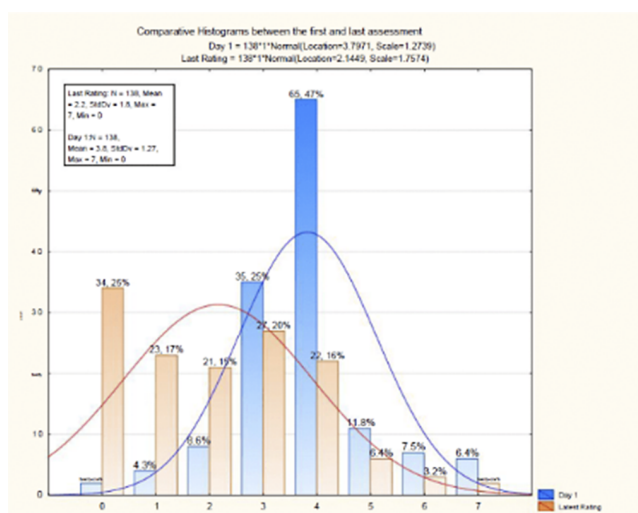
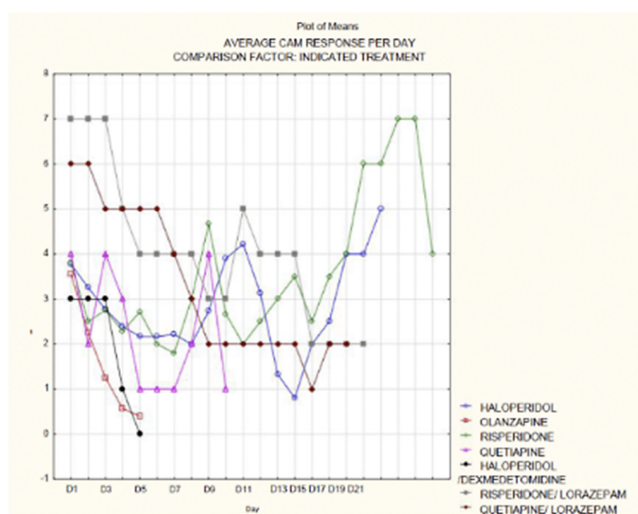


Image 2:



Conclusions: The results of this study emphasize the importance of identifying risk factors associated with delirium and implementing effective treatment for this condition. It was observed that the average duration of delirium symptoms was approximately 6 days, which is relevant for understanding the course and management of this illness. Furthermore, it was found that the average hospital stay was 20 days, underscoring the burden that delirium can place on healthcare systems.

In conclusion, this study highlights the importance of identifying risk factors and providing appropriate treatment, such as the use of haloperidol, to improve outcomes in patients with delirium.

Disclosure of Interest: None Declared

EPP0663

Characteristics and Management of Patients with Substance Use Disorders Referred to a Consultation-Liaison Psychiatry Service in Lebanon

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Introduction: Substance use disorders (SUDs) are a growing public health concern in the Arab world. To our knowledge, no previous study in Lebanon assessed the characteristics, management, and outcomes of patients with SUDs seen and managed by a consultation-liaison psychiatry (CLP) service.

Objectives: This study explores the characteristics and management of individuals with SUDs who were referred to the CLP service in a tertiary care center in Lebanon.

Methods: As part of the Consultation-Liaison at the American University of Beirut (CLAUB) analysis, we conducted a retrospective record review of patients referred to our CLP service between February 2019 and May 2020. We assessed differences between SUD and non-SUD consults using Chi-square analysis, Fisher's exact test, or Mann-Whitney U test, as appropriate.

Results: Of 1475 patients, 278 (18.8%) received a diagnosis of SUD. They were mostly males (73.7%) with an average age of 38.8 years. The most used substances were alcohol (60%) and cannabis (28.4%). Compared to non-SUD consults, patients with SUDs were more likely to be males (odds ratio OR=3.18, $p < 0.001$) and to get intubated during admission (OR=1.81, $p = 0.048$). Predictors of intensive care unit admission in patients with alcohol use disorder included pulmonary or endocrinological disease, benzodiazepine use disorder, and days until CLP referral.

Conclusions: The results of this study highlight the high prevalence of alcohol use among individuals with SUD referred to the CLP service. Additionally, they underscore the limited treatment avenues available in this part of the world. The institution of a comprehensive CLP service is crucial to address the unmet needs of patients with SUDs who present to a general hospital setting.

Disclosure of Interest: None Declared

EPP0664

A systematic review of the prevalence of psychosis in people with tuberculosisS. M. Gunawardena^{1,2*}, E. McMahon^{1,2} and A. M. Doherty^{1,2}¹Department of Psychiatry, University College Dublin, 63 Eccles Street and ²Department of Liaison Psychiatry, The Mater Misericordiae University, Dublin 7, Ireland

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Introduction: Tuberculosis is a bacterial infectious disease caused by *Mycobacterium tuberculosis*. This disease predominately affects the lungs but also affects other parts of the body, including the central nervous system. According to the the World Health Organization (2023), tuberculosis has an incidence of 6.4 million people in 2022, with 1.5 million deaths attributed to this disease. Psychosis describes a group of disorders that affects a person's thought process and perception. It is a serious disorder that can have a profound impact on a person's mental and physical health. As a result, psychosis symptoms and its treatment can complicate the management of tuberculosis.

Objectives: The aim of this systematic review is to explore the association between tuberculosis and psychosis. It has been shown that up to 70% of patients with tuberculosis also have comorbid mental illness, this is likely to include psychosis. There are also shared risk factors between tuberculosis and psychosis, including poverty and homelessness, substance abuse, HIV positive serology and isolation. Tuberculosis medication, including isoniazid and rifampicin have been shown to have adverse psychiatric effects and we will examine if this includes psychosis.

Methods: A systematic review was pre-registered with PROSPRO and performed using Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. MEDLINE, OVID and PsychINFO databases were searched from beginning of records to September 2023. This included hand-search of relevant reference lists. Observational and epidemiological studies were included along with population based registries.

Results: Over one thousand (1,154) articles were identified and screened. There was significant heterogeneity in results and over half of studies were from Asia and Africa. Many studies reported cases of drug-induced psychosis from anti-tubercular agents. Studies also discussed the increased risk of TB incidence among patients with psychosis and other psychiatric disorders.

Conclusions: This study identifies the importance of training healthcare workers in rapid detection of co-morbid psychosis in patients with tuberculosis, along with neuropsychiatric side effects of antitubercular agents. Integration of psychiatric and medical care of these patients would be of benefit to improve outcomes in this patient population. More research is needed on co-morbidity of tuberculosis and psychosis.

Disclosure of Interest: None Declared

EPP0665

Fibronectin as a Marker of Myocardial Remodeling in Patients with Depression and Chronic Heart FailureA. K. Sikora^{1*} and S. Fedorov²¹Psychiatry, Narcology and Medical Psychology and ²Ivano-Frankliskenderun National Medical University, Ivano-Frankivsk, Ukraine

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Introduction: Depression is a significant issue in chronic heart failure (HF), with a prevalence of about 20–40%, which is 4–5% higher than in the general population (Mbakwem A., et al., 2016).

Objectives: The purpose of this study was to evaluate plasma fibronectin levels in patients with depression and chronic heart failure.

Methods: A total of 80 patients with HF II-III NYHA classes due to chronic coronary artery diseases (CAD) were observed. All patients were divided into two groups: Group 1 - 20 individuals without signs of depression, and Group 2 - 60 individuals with depression. The diagnosis of HF was confirmed based on ESC guidelines (2021). Depression was diagnosed using several questionnaires (Zung Self-Rating Depression Scale, Beck Depression Inventory, Hamilton's Depression Scale). Standard laboratory and instrumental tests were conducted. The plasma levels of fibronectin and interleukin-1 β (IL-1 β) were identified using ELISA methods. Statistical analyses were performed using Statistica system software, version 12.0.

Results: The average plasma fibronectin concentration in patients with depression and HF was 1.24 times higher than a similar indicator in HF patients without depression: (259.63 \pm 5.71) μ g/ml versus (203.41 \pm 9.51) μ g/ml (p <0.05). The conducted correlation analysis indicated a moderate positive correlation between the level of fibronectin and the number of neutrophils in peripheral blood (r =0.35; p <0.05), the level of fibronectin and the magnitude of endogenous intoxication according to the erythrocyte absorption ability test (r =0.44; p <0.01), the level of fibronectin and IL-1 β concentration (r =0.39; p <0.05), and an inverse correlation with left ventricle ejection fraction (r =0.32; p <0.05).

Conclusions: Thus, the plasma fibronectin content in patients with depression and ischemic HF serves as a marker of the progression of myocardial remodeling processes and the intensity of the inflammatory process.

Disclosure of Interest: None Declared

EPP0666

Psychosomatic relationships between the state of mental health and the level of vital threat of dermatological diseaseM. Markova^{1*}, T. Abdriakhimova², H. Skrebtsova² and M. Chemerys³¹Kharkiv National Medical University, Kharkiv; ²Bogomolets National Medical University, Kyiv and ³Danylo Halytsky Lviv National Medical University, Lviv, Ukraine

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Introduction: According to the literature, 25-60% of dermatological patients have mental disorders. In the case of oncodermatological disease, the patient is under the influence of two stressogenic factors – existential experiences and social discomfort from the manifestations of the disease, which imprints on the patient's mental health and promotes the development of mental maladaptation (MM).

Objectives: To study the features of mental state in patients with dermatological diseases with different levels of vital threat.

Methods: The examination included the use of clinical-psychological, psychodiagnostic and psychometric research methods.

Results: 120 dermatological patients were examined: 60 patients with non-vital dermatological diseases (L82, A63.0, D18.0, L80), and 60 patients with dermatological diseases posing a vital threat (C43, C44, D04).

The identification of clinical signs of MM proved their presence in 70 (58.4%) people in the total sample. Among patients with non-vital diseases, the signs of MM were established in 33 (55.0%), among the patients with vital diseases – in 37 (61.7%). So, among patients with dermatological diseases, there are both psychologically adapted and maladapted individuals, regardless of the vitality/non-vitality of the pathological process.

In dermatological patients with signs of MM, the clinical picture is dominated by anxious (mainly in patients with non-vital diseases) and depressive (mainly in patients with vital diseases) radicals. Auxiliary psychopathological constructs are represented by manifestations of somatization, obsessive-compulsive symptoms, interpersonal sensitivity, and phobic anxiety. Affective symptoms are most pronounced in patients with MM and vital diseases, it is less pronounced in patients with non-vital pathology.

The presence and intensity of maladaptive pathopsychological-affective reactions in patients with dermatological pathology are not clearly associated with the vitality of the dermatological process, but are based on mechanisms of the mutual influence of biological predisposition and psychological and psychosocial factors, the mosaic combination of which determines the individual's resource capabilities for constructive acceptance the fact of the presence of a dermatological disease and the development of an adequate strategy for its mastery, regardless of the severity of the disease.

Conclusions: These patterns should be considered when developing treatment measures and rehabilitation for patients with dermatological pathology.

Disclosure of Interest: None Declared

EPP0667

Lithium Intoxication with Therapeutic Doses Following Laparoscopic Sleeve Gastrectomy: A Case Report and Review of the Literature

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Introduction: Lithium is a mood stabilizer often used as a first-line treatment for bipolar disorder. Its narrow therapeutic window and changes in the absorption, distribution, and elimination of the drug following bariatric surgery have important implications regarding patient safety.

Objectives: We present a 51-year-old female patient with bipolar disorder and a medical history of morbid obesity, type 2 diabetes mellitus, hypothyroidism, hyperlipidemia, and essential hypertension. She was mentally stable on lithium 1200 mg/day, valproate 500 mg/day, and quetiapine 400 mg/day. She had undergone laparoscopic sleeve gastrectomy. After a month, she showed up to the emergency room (ER) with nausea, vomiting, diarrhea, and fatigue. Gastroenteritis was suspected until the patient started showing neurological symptoms such as delirium, dysarthria, ataxia, chorea, and athetosis.

Methods: The patient was monitored and received aggressive intravenous hydration (3000 cc of 0.9% serum isotonic) in the intensive care unit (ICU). She was prescribed intramuscular biperiden injection of 5 mg/ml/day, pheniramine 45.5 mg/2 ml/day, and lorazepam 1 mg/day. Her lithium levels were checked every six hours. She was agitated and disoriented for the first five days despite lithium levels being in the therapeutic range. On day six, her blood lithium levels dropped to 0.399 mmol/L. Her psychiatric examination revealed that she resumed cooperation and orientation, her dysarthria subsided. However, her thought content and attitude were grandiose, and she had a labile affect. We prescribed 5 mg/day of olanzapine routinely and 1 mg/day of lorazepam on a needed basis. The next day, her labile affect became calmer, and her sleep improved so she was discharged from the ICU and admitted to general surgery inpatient service, and olanzapine was titrated to 10 mg per day since she had elevated mood symptoms.

Results: After 7 days of intravenous hydration and supportive treatment, her neurological symptoms completely subsided except for a fine tremor, which lasted for another 3 days and then ceased. She was clinically stabilized without further need for intervention. Her lithium level was 0.206 mmol/L before her discharge.

Conclusions: We believe it is of utmost importance to build a consensus in guidelines and inform physicians about lithium toxicity and its symptoms after bariatric surgeries. We recommend a careful follow-up of the patient pre-and postoperatively. Preoperative psychiatric intervention includes decreasing the lithium dose gradually and discontinuing it. After the operation, lithium can be started with a much lower dose and may be increased by checking lithium levels every week for at least 6 weeks after the operation until the patient can digest solid food again, and then every 2 weeks for 6 months, and thereafter every month for one year.

Disclosure of Interest: None Declared

COVID-19 and related topics

EPP0668

Comparison of inpatient psychiatric care for SARS-CoV-2 positive and negative adults in Vienna

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Introduction: The structure of psychiatric care has undergone many changes in recent decades. In addition, the SARS-CoV-2 pandemic has posed specific challenges for inpatient psychiatric

care. In Vienna, the admission of SARS-CoV-2 positive psychiatric patients has been centralised in one department, the 1st Department of Psychiatry and Psychotherapeutic Medicine, Klinik Hietzing.

Objectives: It will be investigated to what extent the admissions of SARS-CoV-2 positive and negative patients differ with regard to age, gender, diagnosis, need for involuntary admission, medication, duration of treatment, country of birth and the question of where the patients come from and where they are discharged to.

Methods: Between 15 March 2020 and 21 May 2022 (start and end of cohorting of all Vienna SARS-CoV-2 positive inpatient psychiatric patients in one department), 338 SARS-CoV-2 positive and 1312 SARS-CoV-2 negative patients were treated as inpatients at the 1st Department of Psychiatry and Psychotherapeutic Medicine of the Klinik Hietzing.

Results: The results of the study will be shown.

Conclusions: The SARS-CoV-2 pandemic has presented an outstanding challenge to inpatient psychiatry. An accurate portrayal of differences in the treatment of positive and negative patients is of importance for assessing the impact of the pandemic.

Disclosure of Interest: None Declared

EPP0672

Touch hunger: trajectory and predictors of longing for physical contact during the COVID-19 pandemic in people with and without psychiatric disorders

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Introduction: Little is known about touch hunger (longing for physical contact) during the COVID-19 pandemic, particularly for people with pre-existing mental health disorders.

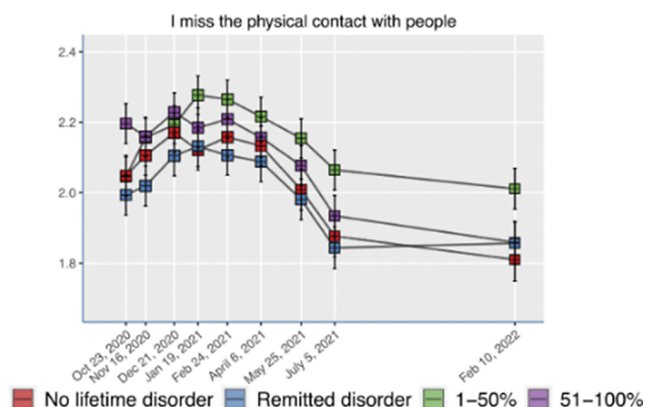
Objectives: We aim to investigate the dynamics of touch hunger in people with and without depressive, anxiety, or obsessive-compulsive disorders during the COVID-19 pandemic, and the potential predictors for touch hunger during lockdown.

Methods: Data were aggregated from three Dutch ongoing prospective cohorts with similar methodology for data collection. We included participants with pre-pandemic data gathered during 2006–2016, and who completed up to 9 online questionnaires between October 2020 and February 2022. We compared trajectories between subgroups with different pre-pandemic chronicity of disorders and healthy controls using linear mixed models. Socio-demographic, clinical (number and type of mental health disorders, personality traits) and COVID-19-related variables were analysed as predictors of touch hunger using multivariate linear regression analyses.

Results: We included 1061 participants with ($n = 811$) and without ($n = 250$) mental health disorders. In all groups, touch hunger increased during lockdown (Fig. 1). Extraversion ($\beta = 0.256$, $P < 0.001$), social distancing due to COVID-19 anxiety ($\beta = 0.122$, $P = 0.001$) and death of a close contact from COVID-19 ($\beta = 0.073$,

$P = 0.02$) predicted higher touch hunger, while living with a partner ($\beta = -0.109$, $P = 0.004$) or with a partner and children ($\beta = -0.147$, $P < 0.001$) were protective factors for touch hunger. Remarkably, pre-pandemic mental disorders did not predict touch hunger during lockdown.

Image:



Conclusions: Social distancing measures have important psychological and emotional implications, as our study showed an increase in touch hunger during lockdown, which did not differ between people with and without mental health disorders. Extroverted individuals may benefit most from interventions aimed at addressing their need for physical contact during times of crisis.

Disclosure of Interest: None Declared

EPP0673

Pain, fatigability and cognitive impairment in long-COVID: a cohort study

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Introduction: Survivors of the pandemic of COVID-19 suffered from multiple sequelae long time after recovery, such as tiredness and memory dysfunction, affecting daily life activities.

Objectives: To assess fatigability, cognitive impairment and the severity of pain in long-COVID.

Methods: We conducted a prospective cohort study including 121 Tunisian COVID-19 inpatients who had been discharged alive from hospital. Each enrolled patient was asked about the period before the hospital stay, and the 6-9 month-period after hospital discharge, using the visual analog scale (VAS), self-completed uni-dimensional scale and yes/ no question about fatigability and cognitive impairments.

Results: The median age of participants was 59 years, with extreme values ranging from 18 to 80. Among them, 51.2% were females.

Our findings showed a significant increase in VAS score after COVID infection (3.82 vs 1.69; $p < 0.001$). Sixty-eight (56.2%) participants reported spontaneously fatigability after the infection and 52 (43%) reported spontaneously a deterioration in memory capacity either with or without previous memory dysfunction. Fatigability was statistically associated to cognitive impairment (55.9% vs 26.4%; $P = 0.02$). In addition, fatigability and cognitive impairment were statistically associated with pain ($P = 0.001$ and $P = 0.022$ respectively).

There was no significative association of fatigability nor cognitive impairment with the gender of the survivors.

Conclusions: The clinician should keep in mind to screen for possible somatic or psychological distress, in particular pain, fatigability and cognitive impairment even after resolution of the COVID infection, in order to guarantee a better quality of life.

Disclosure of Interest: None Declared

EPP0675

Impact of the COVID-19 pandemic on the mental health of hospital employees: single center experience

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Introduction: Hospital employees are at high risk of developing mental health issues during the coronavirus (COVID-19) pandemic. Indeed, several studies have shown increased rates of anxiety, depression, stress, and other mental health issues but existing studies show inconsistencies, and each country has some local specificities.

Objectives: This study aimed to investigate the influence of the COVID-19 pandemic on various aspects of the mental health of hospital employees (health workers and non-health workers) from Croatia.

Methods: This cross-sectional questionnaire study was conducted from February to April 2023 period. A validated, anonymous questionnaire that contained questions regarding demographic data, as well as the Pittsburgh Sleep Quality Index (PSQI), the Zung Self-Rating Anxiety Scale, and the Zung Self-Rating Depression Scale was self-administered to a convenient sample of hospital employees from one general hospital in northwestern Croatia.

Results: The study sample included 360 subjects with a median age of 42 years (interquartile range 35-50), 24.7% males, and 75.3% females. According to the PSQI, 21.1% of subjects presented sleep disturbances. According to the Zung Self-Rating Anxiety Scale, there were 39.4% of subjects with anxiety while according to the Zung Self-Rating Depression Scale, there were 6.4% of subjects with depression. Sleep disturbances were more frequent among subjects who considered their socioeconomic status as under average ($p = 0.040$), and among health workers in comparison to non-health workers employed in hospital ($p = 0.040$). Anxiety was more frequent among females ($p = 0.010$), and subjects with lower levels of education (only elementary school) ($p = 0.040$). Depression was more frequent among females ($p = 0.030$).

Conclusions: The COVID-19 pandemic has a significant negative influence on the mental health of hospital employees where health workers in comparison to non-health workers, females, subjects with lower levels of education, and subjects who considered their socioeconomic status as under average are more prone to the development of investigated mental health issues. The development of appropriate supportive programs that enhance the mental health of all hospital employees during pandemics is needed to address mental health issues in this vulnerable population.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPP0678

Understanding the Traumatic Impact of Serious Chronic Illness

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Introduction: The diagnosis of a severe chronic illness represents a deeply impactful traumatic event, frequently giving rise to initial adverse consequences that can manifest as post-traumatic stress. The duration and characteristics of these effects exhibit considerable variation among individuals.

Objectives: This study aims to explore the levels of post-traumatic stress, post-traumatic growth, and psychosocial adaptation among individuals coping with chronic diseases.

Methods: This cross-sectional study involved 92 participants with chronic illnesses, recruited through convenience and snowball sampling. Data collection utilized an online questionnaire that included both demographic questions to provide a comprehensive understanding of participants' experiences, as well as psychometric scales for measuring post-traumatic stress, post-traumatic growth, and psychosocial adaptation.

Instruments used :

1. PTSD Checklist for DSM-5 (PCL-5)

2. Posttraumatic Growth Inventory (PTGI) and Tedeschi and Calhoun Posttraumatic Growth Inventory (TCGI).

3. Psychosocial Adjustment to Illness Scale (PAIS).

Analysis included descriptive statistics and inductive analysis using SPSS ($p < 0.05$). Ethical considerations were observed, with informed consent and data confidentiality.

Results: The study revealed the presence of low to moderate levels of post-traumatic stress ($M = 2.45$), moderate levels of post-traumatic growth ($M = 2.90$), and moderate levels of psychosocial adaptation in various aspects of participants' lives, including work ($M = 2.36$), sexuality ($M = 2.11$), sociability ($M = 2.28$), relationships with partners and family members ($M = 1.92$), and perception of their health ($M = 1.94$). Furthermore, the overall psychosocial situation of the participants was found to range from low to moderate ($M = 2.48$). Notably, individuals with fewer chronic illnesses tended to experience lower levels of post-traumatic stress and exhibited less adaptation in their work. Additionally, higher levels of post-traumatic growth were observed in women and patients with higher educational backgrounds. The analysis revealed a positive and statistically

significant correlation ($\text{sig} < 0.05$) between post-traumatic stress, post-traumatic growth, and various dimensions of psychosocial adjustment among the participants.

Conclusions: A chronic illness diagnosis can be deeply traumatic, potentially causing post-traumatic stress. However, it's crucial to understand that this doesn't diminish the possibility of post-traumatic growth and effective psychosocial adaptation. To foster this positive path, individuals must receive holistic psychological and emotional support, along with essential social assistance as they navigate life with chronic diseases.

Disclosure of Interest: None Declared

EPP0682

Traumatic Childbirth and Post Traumatic Stress Disorder: prevalence in a Brazilian cohort

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Introduction: Although birth is experienced, in most cultures, as a positive event, for a significant percentage of women, it is considered a traumatic event, which can be associated with the development of psychopathologies, with negative impacts for the mother and the baby.

Objectives: As part of a larger, multicenter study called Intersect, we aim to assess the prevalence of women who considered childbirth traumatic, in a cohort of women in southeastern Brazil, and the association with the outcome of post-traumatic stress disorder (PTSD).

Methods: A total of 427 women who gave birth in two hospitals in southeastern Brazil in the period from May to October 2022 were included in the study, who answered self-assessment instruments, through on a telephone interview, in the period from 6 to 12 post-partum weeks. For the purposes of this study, the City Birth Trauma Scale stands out.

Results: The participants had a mean age of 28.4 (± 6.4) years, 39.2% were primiparous and 76.1% had a partner. The results showed that 51.3% of them considered the birth moderately or extremely traumatic (N=218). Of these, 50.9% met criterion A for PTSD according to the DSM-5 (N=111) and among these, 20.7% had a PTSD profile (N=23; City-Birth >28 points). These mothers represent 5.4% of the total sample.

Conclusions: there is a high prevalence of traumatic experiences during childbirth, with high rates of PTSD associated with this condition, which requires attention from the medical community in order to track and treat PTSD associated with birth and, from the public authorities, in the institution of preventive measures, through public policies aimed at this population.

Disclosure of Interest: None Declared

EPP0683

Diagnosing Trauma-related Dissociative Disorders in Hungary: The Development of the Hungarian Version of MID (MID-HU)

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Introduction: The recognition, diagnostics and treatment of dissociative disorders (DD) in Hungary is currently in its infancy. According to international researches the prevalence of dissociative disorders is similar to that of the major psychiatric disorders (bipolar disorder, schizophrenia, etc.). Due to the lack of valid diagnostic tools no data is available regarding the prevalence of dissociative disorders in Hungary so far.

Objectives: To fill this gap within our profession; to provide a complex diagnostic tool; developing the Hungarian version of the Multidimensional Dissociation Questionnaire (MID-HU)

Methods: 341 people participated in our study classified into four groups: (1) healthy controls (n=88), (2) patients from private practice diagnosed with DD and all those participants who have DD according to their MID results (n=103), (3) hospitalized psychiatric (mixed sample, n=60) and (4) SUD patients (n=89). The questionnaire package contained the Hungarian version of the Multidimensional Inventory of Dissociation (MID-HU), the Dissociative Experience Scale (DES), the Traumatic Antecedents Questionnaire (TAQ), the Self-Report Version of the Dissociative Disorders Interview Schedule (DDIS-SR) and additional questions. Now we present the first results regarding the adaptation process of the Hungarian MID (MID-HU).

Results: The mean age of the participants was 36 years, 61,6% were female and 38,4% male.

The MID-HU has strong internal consistency: the alpha coefficients for the 14 facet scales were 0.88 or higher. The alpha coefficients for the 23 dissociation diagnostic scales ranged from 0,74-0,95; 9 were excellent (0,90 or above), 10 were good (0,80 or above), and 4 were fair (0,70 or above). The test-retest correlation of the Mean MID-HU scores is good (0,87). Factor analysis of the MID-HU extracted one main factor: dissociation. The mean MID-HU scores correlated with mean DES scores (0,87), indicating a good convergent validity. We found significant differences between the healthy control group and the dissociative group in the mean DES (control: 9,5, dissociative: 27,6, Sig: <0,001), mean MID (control: 2,5, dissociative: 27, Sig: <0,001), the 23 dissociative diagnostics scales of the MID, 14 facet scales of the MID, and all diagnostics scales of the DDIS (using Mann-Whitney).

Conclusions: The MID-HU seems to be a valid instrument, that can differentiate between DD patients and healthy people.

Disclosure of Interest: None Declared

E-mental Health

EPP0684

Psychopathological characterization of nomophobia in a sample of patients with severe mental illnessG. Longo^{1*}, R. Volgare¹, L. Orsolini¹ and U. Volpe¹¹Dipartimento di Neuroscienze Cliniche/DIMSC, Università Politecnica delle Marche, Ancona, Italy

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Introduction: Nomophobia, a neologism derived from the combination of “no mobile,” “phone” and “phobia,” represents one of the syndromes of today’s digital and virtual society. By this term, we refer to the discomfort, anxiety, nervousness, and distress generated by the individual’s loss of connection to his or her cell phone or other technological medium that allows connection to the Internet. No study has attempted to evaluate the impact of disconnection syndrome on a clinical sample of patients with Severe Mental Illness (SMI).

Objectives: Our study has the objective of characterizing subject affected by SMI with nomophobia.

Methods: Our study is conducted on inpatients (>16 years) referred to our Psychiatric ward in Ancona (Università Politecnica delle Marche, Italy). The following rating scales were administered to these subjects: Nomophobia Questionnaire (NMP-Q), Smartphone Addiction Scale - Short Version (SAS-SV), Multidimensional State Boredom Scale (MSBS), Intolerance of Uncertainty Scale (IUS), Temperament Evaluation in Memphis, Pisa and San Diego (TEMPS-M), Coping Orientation to the Problems Experiences-new Italian version (COPE-NVI).

Results: Most of the subjects included in the study tested positive for nomophobia (99%; n=97). The mean score scored on the NMPQ is 69.2 ± 27.9 , while the mean score obtained at SAS-SV is 25.1 ± 12.7 . Gender has no influence on the scores obtained at the NMPQ ($p=0.823$), as well as the type of SMI ($p=0.376$). Those not in a relationship scored a higher mean score than who has a relationship ($p=0.02$). Patients who suffer from insomnia scored higher mean score on the NMPQ ($p=0.21$). A linear univariate regression between SAS-SV and NMPQ was observed ($R^2=0.575$, $F=129.731$, $p<0.001$). A multivariate linear regression was observed between the NMPQ ($R=0.556$, $R^2=0.2830$, $F=12.057$, $p<0.001$) and the IUS ($B=1.343$, $p<0.001$), the irritable temperament subscale of the TEMPS ($B=1.293$, $p=0.003$) and the inattention subscale of the MSBS ($B=-1.029$, $p=0.033$). In the men-only sample, a multivariate linear regression was observed between the NMPQ ($R^2=0.437$, $F=9.847$, $p<0.001$) and the IUS ($B=1.361$, $p<0.001$), the anxious temperament subscale of the TEMPS ($B=1.687$, $p=0.005$) and the inattention subscale of the MSBS ($B=-1.465$, $p=0.002$).

Conclusions: Patients with higher intolerance to uncertainty, irritable temperament and lower inattention have higher risk to develop nomophobia. In men with SMI, nomophobia is associated with higher intolerance to uncertainty, anxious temperament, and lower inattention. Further study have to be conducted to expand data and results.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP0686

Sexuality of pregnant, postpartum and breast-feeding womenS. Bader^{1*}, M. aloulou¹, Z. Zran¹, A. Abdelmoula², A. Bouaziz¹ and W. Abbes¹¹psychiatry and ²obstetric gynecology, University Hospital of Gabes, Gabes, Tunisia

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Introduction: Pregnancy and breast-feeding represents a period of psychological maturation for the woman who becomes a mother, a period of significant changes in women’s lives that affects their sexuality and intimacy.

Objectives: To investigate the quality of sexual function in pregnant, postpartum and breastfeeding women.

Methods: It was a cross-sectional study established over a period of 3 months from the June 1st, 2023 to August 31, 2023. This study focused on a population of pregnant, postpartum and breastfeeding women recruited from outpatient consultations and inpatient of the obstetric gynecology department at the university hospital of Gabes. We used a pre-established sheet exploring socio-demographic data, medical and gynecological history and informations concerning the marital relationship and the woman’s sexual activity. We administered the validated Arabic version of the Arizona Sexual Experiences Scale (ASEX) to assess sexual functioning.

Results: Fifty-eight women were included. The average age was 35.6 ± 5.5 years, they had a university level in 40%, secondary in 37.5%, and they were unemployed in 74.2%. From an urban origin in 75%. They were pregnant in the first, second and third trimester in (15.6%, 15.6% and 25% respectively). They were in postpartum in 43.8% of cases with a cesarean delivery in 73.3% and breast-feeding in 56%. All women reported being on good terms with their spouses and satisfied with their sexuality. The usual frequency of sexual relations (SR) was (1/day: 22.6%, 1/week: 74.2%, 1/month: 3.2%) and 25% reported wanting to reduce the frequency. Only 3.44% masturbated and 5.17% had sexual fantasies. The mean ASEX score was 13 ± 4.3 and 47% of the sample had sexual dysfunction. We found a significant association between the sexual dysfunction and the trimester of pregnancy ($p=0.045$). Highest score of sexual dysfunction during the first and third trimester compared to the second one (68.9%, 77.6% and 22.4% respectively). The areas of sexual dysfunction were difficulty reaching orgasm (81%), impaired sexual desire (65.5%), insufficient lubrication (60.3%), arousal (55.1%) and pain on penetration (50%).

Conclusions: We found that sexual function is problematic among women during pregnancy especially in the first and third trimester also in postpartum and breastfeeding period. So what factors are associated with this sexual dysfunction?

Disclosure of Interest: None Declared

EPP0687

Body satisfaction and sexuality in pregnant and postpartum women

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Introduction: Pregnancy and postpartum is an important life event associated with profound physiognomic and psychosocial changes affecting the female body in all its physiological, psychic and affective reality. It might influence the sexual function in expectant mothers.

Objectives: To investigate the relationship between the body satisfaction and perception and the sexual function among pregnant and postpartum women.

Methods: It was a cross-sectional study established over a period of 3 months from the June 1st, 2023 to August 31, 2023. This study focused on a population of pregnant and postpartum women recruited from outpatient consultations and inpatient of the obstetric gynecology department at the university hospital of Gabes. We used a pre-established sheet exploring socio-demographic data, medical and gynecologic history, the body mass index (BMI) and informations concerning the marital relationship and the woman's sexual activity. We administered the validated Arabic version of the Arizona Sexual Experiences Scale (ASEX) to assess sexual functioning and we used the body satisfaction and global self-perception questionnaire (QSCPGS) to explore the body satisfaction and perception.

Results: Fifty-eight women were included. The average age was 35.6±5.5 years; they were from an urban origin in 75%. They were pregnant in the first, second and third trimester in (15.6%, 15.6% and 25% respectively). They were in postpartum in 43.8% of cases with a cesarean delivery in 73.3% and breastfeeding in 56%. All women reported being on good terms with their spouses and satisfied with their sexuality. The usual frequency of sexual relations was (1/day: 22.6%, 1/week: 74.2%, 1/month: 3.2%) and 25% reported wanting to reduce the frequency. The mean ASEX score was 13 ± 4.3 and 47% of the sample had sexual dysfunction. For the total score of the QSCPGS, we observe a mean value of 33 ± 28.3, which means that our sample has a good level of positive body satisfaction and self-perception. The mean value of the "body satisfaction" factor is higher (23.7 ± 10.4) than the mean value of the "self-perception" factor (11.4 ± 14.3). The mean value of BMI was 28.74 ± 4.4 which means an overweight. We found a significant association between the "body satisfaction" factor and the sexual dysfunction (p=0.03), insufficient lubrication (p=0.01) and difficulty reaching orgasm (p=0.001).

Conclusions: We found that body and physical changes among pregnant and postpartum women can negatively affect their body perception and it might deteriorate its global sexual function. Further researches are recommended to study other potential factors affecting sexual function during this period.

Disclosure of Interest: None Declared

E-mental Health

EPP0688

Development of a novel screening questionnaire for brain fog

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Introduction: Amidst the widespread proliferation of the COVID-19 virus, brain fog has become one of the most critical issues of public health. Brain fog may lead to sub-health conditions, such as forgetfulness, difficulty thinking, and other related symptoms. Although they are not immediately life-threatening, these sub-health conditions could gradually erode the quality of life. Currently, there is no relevant screening tool for brain fog.

Objectives: The aim of this study was to develop a reliable screening tool.

Methods: A web-based brain fog screening questionnaire was developed in the study. It was based on previous studies, which summarized five parts of the most common clinical symptoms after COVID-19: forgetfulness, difficulty thinking, difficulty concentrating, feeling confused, and difficulty finding words or phrases to speak. Unfortunately, these items were used only in a way of yes or no answers in previous studies. Each of these items was expanded to five anchors to evaluate their severity in the study. Cronbach's alpha coefficient was used to assess internal consistency. K-means clustering was used as a second method to validate the cutoff points. Furthermore, the receiver operating characteristic (ROC) curve was applied to validate the appropriateness of the cutoff point.

Results: There were 534 participants who completely finished the questionnaire. It includes 183 males and 351 females, and all of them aged between 19 and 81 years. The Cronbach's Alpha value was 0.821. The cutoff point was at a total score of 6 in terms of K-means. Based on the result, the ROC curve revealed that an area under the curve (AUC) was 0.816 with a confidence interval of 0.784 to 0.849.

Conclusions: The study demonstrated the feasibility and reliability of the web-based screening test for brain fog.

Disclosure of Interest: None Declared

EPP0689

Efficacy of Digital Interventions for Anxiety Disorders: A Systematic Review and Meta-Analysis

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Introduction: Anxiety disorders are one of the most common mental disorders, yet only less than 20% of people with anxiety disorders receive adequate treatment. Digital interventions for anxiety disorders can potentially increase access to evidence-based treatment. However, there is no comprehensive meta-analysis study that covers all modalities of digital interventions and all anxiety disorders.

Objectives: A preliminary meta-analysis was conducted to examine the treatment efficacy of digital interventions [e.g., virtual reality (VR)-, mobile application-, internet-based interventions] for anxiety disorders and to identify potential moderators that may lead to better treatment outcomes.

Methods: We searched Embase, PubMed, PsycINFO, Web of Science, and the Cochrane Library for randomized controlled trials examining the therapeutic efficacy of digital interventions for individuals with anxiety disorders from database inception to April 18, 2023. Search keywords were developed by combining the PICOS framework and MeSH terms. Data screening and extraction adhered to PRISMA guidelines. We used a random-effects model with effect sizes expressed as Hedge's *g*. The quality of the studies was assessed using the Revised Cochrane risk-of-bias tool for randomized trials (RoB 2). The study protocol was registered in PROSPERO on April 22, 2023 (CRD42023412139).

Results: A systematic literature search identified 19 studies with randomized controlled trials (21 comparisons; 1936 participants) with high overall heterogeneity ($Q = 104.49$; $P < .001$; $I^2 = 80.9\%$). Digital interventions reduced anxiety symptoms with medium to large effect sizes ($g = 0.78$; 95% CI: 0.55-1.02; $P < .001$), with interventions for specific phobia showing the largest effect size ($n = 6$; $g = 1.22$; 95% CI: 0.51-1.93; $P < .001$). VR-based interventions had a larger effect size ($n = 6$; $g = 0.98$; 95% CI: 0.39-1.57; $P < .001$) than mobile- or internet-based interventions, which had medium effect sizes. Meta-regression results exhibited that effect sizes of digital interventions were associated with the mean age of participants ($\beta = 0.04$; 95% CI: 0.02-0.06; $P < .001$).

Conclusions: The results of this study provide evidence for the efficacy of digital interventions for anxiety disorders. However, this also suggests that the degrees of effectiveness in reducing anxiety symptoms can be moderated by the specific diagnosis, the modalities of digital technologies, and mean age, implying that the application of digital interventions for anxiety disorders should be accompanied by personalized guidance.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP0690

Risk assessment and treatment - Evaluation of a group therapy for people with pedophilia

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Introduction: Deviant sexual interest for children (pedophilia, hebephilia) is associated with a higher risk of sexual offending against children (CSA) and consuming child sexual abuse images

(CSAI). There is a general shortage of therapeutic programs for individuals who feel sexually attracted to juvenile bodies and are concerned about their sexual behaviour. Efforts to establish regional centres throughout Germany offering preventive support led to the prevention network "Don't become an offender" ("Kein Täter werden").

Objectives: To identify dynamic risk factors (DRFs) and evaluate a treatment programme aiming to reduce CSA and CSAI among potential or existing pedosexual offenders (who have not been legally charged). In addition, changes in the course of therapy are examined to provide information about the accessibility and motivation of the target group and its therapeutic responsiveness.

Methods: Participants undergo standardized diagnostic and treatment procedures. Therapy comprises an outpatient psychotherapy program (group therapy) over the course of approx. 48 weekly sessions, optional individual and partner/relative including sessions, as well as additional pharmaceutical treatment. Assessments are carried out through self- and other-reported psychometric test batteries pre-, during and post-treatment up to a 3.5 year follow-up. The test battery includes clinical questionnaires (WHO-5, CTQ-SF), personality questionnaires (ISK-K, NEO-FFI), sexuality questionnaires (EKK-R, KV-M, MSI, HBI-19) and risk assessment procedures (VRAG-R, STATIC-99, VRS:SO). Main outcome measures are self- and externally-reported DRF changes well as offending behaviour characteristics.

Results: By September 20, 2023, N=12 individuals were enrolled in the treatment program. All individuals had a deviant sexual preference (exclusive/non-exclusive pedo-/hebephilia). Nine individuals reported past and/or current use of CSAI. Of these, two individuals reported at least one CSA in the past. Three had no previous use of CSAI or CSA history.

In the first treatment group (N=6), preliminary results show reduction in dynamic risk factors (e.g., Cognitive Bias, Sexual Compulsivity, Impulsivity) after the first 12 weeks of treatment. The evaluation of additional clinical data is pending.

Conclusions: To date, therapy for individuals with pedophilia or hebephilia has been insufficient – particularly when not offending. Ongoing evaluation of the therapy program should provide further insight into responsiveness and therapeutic motivation of this target group. In particular, the impact of therapy on changing dynamic risk factors for CSA and CSAI remains to be examined.

Disclosure of Interest: None Declared

EPP0691

Psychological Background of Sexual Dysfunctions – a Comparative Study on Hungarian and Spanish Samples

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Introduction: Sexual dysfunctions are prevalent issues affecting individuals' sexual well-being and relationships. These conditions encompass a range of difficulties in sexual functioning, from desire

and arousal to orgasm and pain. Psychological factors, such as dysfunctional beliefs about sexuality, play a significant role in the development and perpetuation of sexual dysfunctions (Nobre, Pinto-Gouveia, 2006; Nobre, Pinto-Gouveia, 2008). Additionally, personality traits, particularly those associated with the Dark Triad (Machiavellianism, narcissism, and psychopathy), have been suggested as potential protective factors to sexual problems, probably in interaction with sexual assertiveness and a wider experience in sexual behavior (Pilch, Smolorz, 2019).

Objectives: This study investigates the interplay between sexual dysfunctions, sexual dysfunctional beliefs, and Dark Triad personality traits, and compares the differences and similarities in the two different cultural (Hungarian and Spanish) samples.

Methods: Both samples were collected online by sharing the questionnaires on various platforms. Apart from the demographic and sexuality related background questions (age, sex, gender, sexual orientation, sexual lifestyle, etc.) our set of questionnaires included the Arizona Sexual Experience Scale (ASEX), Sexual Dysfunctional Beliefs Questionnaire (SDBQ, Male and Female Version) and The Short Dark Triad Questionnaire (SD3).

Results: The Hungarian sample consists of 465 participants, the Spanish of 215. However, the processing of the data is still under way, our preliminary results show, that there is a connection between the number of dysfunctional beliefs and occurrence of sexual dysfunctions. Just like Dark Triad traits seem to have negative correlation with dysfunctions.

Conclusions: Our research gives an opportunity to a better understanding of the psychological background of sexual dysfunctions. By taking in consideration the relationship between dysfunctional beliefs and said disorders, professionals can optimize sexual education to aid the prevention of them. Nevertheless, our findings can help the practice of psychotherapy in finding more advanced treatments, thus improving individuals' overall sexual, and general well-being.

Disclosure of Interest: None Declared

EPP0692

Tunisian parents' expectations and approaches regarding sex education of their children according to their age: a cross-sectional study

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Introduction: Adolescents often lack vital information for making wise sexual and reproductive decisions, leading to risks like abuse, unwanted pregnancies, and infections. Comprehensive, early, and age-appropriate sex education is crucial. While parents should play a significant role, many underestimate their responsibility. The perception of sex education is changing, with younger parents being more open to participating in their children's education.

Objectives: This study compares the approaches of Tunisian parents with adolescent and pre-adolescent children towards sex education.

Methods: This study used a cross-sectional design to collect data from Tunisian parents of children between the ages of 1 to 18 using an online survey. Two groups were recruited based on the age of their children, one group had parents of children younger than 10 years old, and the other had parents of adolescents. The survey included questions about the participants' demographics, approach to sex education, reasons for their approach, and opinions on sex-related education in public schools. The survey was anonymous and confidential, and data were collected from January to March 2023 through various social media platforms.

Results: This study surveyed 232 Tunisian parents with children between the ages of 1 and 18, divided into two groups based on the age of their children. The majority of participants were female (62.1%) and married (81.9%). The majority of participants in both groups agreed that sex education is important and indispensable, but only 54.7% of parents in the older children group responded positively to teaching sexual education as an independent subject. There was a significant difference between the two groups regarding their opinions about the appropriate age of sexual education for their children, and who they think should discuss sexual and reproductive health with young people. Most participants indicated that the human body and its development, sexual and reproductive health, prevention of sexually transmitted diseases and infections, contraception as well as puberty are the most important subjects to be addressed. Sexuality and sexual behaviors, the concepts of violence and safety, interpersonal relationships, consent, insults, harassment, and sexist cyberbullying were less frequently mentioned.

Conclusions: In conclusion, this study highlights the importance of sex education in Tunisia. Parents in both groups support it but differ on timing and integration. Barriers like communication challenges and religious beliefs exist. These insights can guide tailored sex education programs for Tunisian parents, promoting youth sexual and reproductive health.

Disclosure of Interest: None Declared

Neuroscience in Psychiatry

EPP0695

Electroencephalogram monitoring during ketamine antidepressant treatment: a pilot study

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Introduction: Depression is a major cause of disability world-wide. Up to a third of patients have a treatment-resistant form (TRD), presenting a major challenge. Ketamine has been introduced as a novel rapid-acting antidepressant effective in this population. However, at present, ketamine treatment is not routinely informed by any objective neural markers. Basic research has shown promising electroencephalogram (EEG) changes including a decrease in alpha power. However, clinical translation is lacking.

Objectives: Assess the feasibility of identifying EEG correlates of ketamine infusions in a routine outpatient setting with a low-cost, easily usable system.

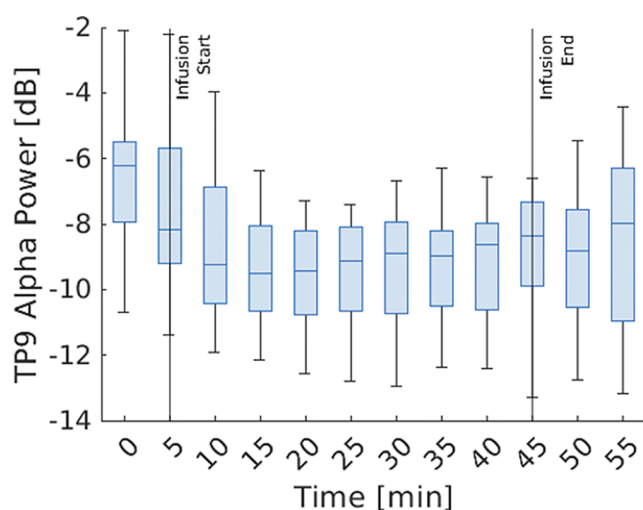
Methods: The study was carried out at the Oxford Health Foundation Trust Ketamine Clinic (ethics reference 22/EM/0226). N=18 EEG recordings from N=12 patients were collected (5 women, mean age 44, range 33-62, IV dose 0.5-1mg/kg over 40min). 4-channel EEG was collected with a Muse-S headband at 256Hz, from 5min before to 55min after infusion start. 5s epochs were rejected if gyroscope data indicated head movement above 10 deg/s or if amplitude was above 200µV. A spectrogram (4s window, 3s overlap) as well as band-limited power (theta: 4-8Hz, alpha: 8-13Hz, beta: 13-25Hz) were computed. Significance of changes was found with a repeated measures analysis of variance (RM-ANOVA) on power in 5min segments together with post-hoc Tukey's P-values.

Results: Across the ketamine infusion recordings, there was a significant effect of time ($F=3.65$, $P=0.0105$) and Channel*Time interaction ($F=3.80$, $P<0.001$) on the EEG spectrum. Effects were largest on temporal electrodes, particularly TP9 in the alpha and theta bands (Figure 1, Table 1).

Table 1: Effect sizes (Cohen's d) and FDR-corrected ANOVA P-values for ketamine effects on each EEG channel and frequency band. $P<0.05$ was considered significant (bold). n.s. = not significant ($P>0.2$).

Channel / Band	TP9	AF7	AF8	TP10
Theta	1.16 ($P=0.019$)	0.11 (n.s.)	0.11 (n.s.)	0.42 ($P=0.113$)
Alpha	1.41 ($P<0.001$)	0.12 (n.s.)	0.17 (n.s.)	0.605 ($P=0.113$)
Beta	1.19 ($P=0.112$)	0.03 (n.s.)	0.08 (n.s.)	0.21 (n.s.)

Image:



Conclusions: In a routine outpatient setting, sub-anaesthetic ketamine infusions in TRD patients were associated with decreased fronto-temporal EEG alpha and theta power. Future work should

assess the potential of low-cost routine EEG, and alpha desaturation specifically, to inform individualised ketamine treatment.

Disclosure of Interest: None Declared

EPP0696

The primary motor cortex of schizophrenia patients show neuronal and subcellular impairments in the right hemisphere – postmortem study

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Introduction: In mental disorders, very little is known about the cellular and subcellular mechanisms underlying the development of symptoms. Postmortem studies can contribute to understanding these. Our research group collects and studies cortical samples with short postmortem intervals from schizophrenia patients.

Objectives: We investigated primary motor cortical brain samples, to understand the background of motor symptoms in schizophrenia.

Methods: Both hemispheres of primary motor cortices of eight control- and eight subjects with schizophrenia were analysed by immunohistochemistry. We labelled pyramidal cells with SMI32 antibody, which binds to neurofilaments, and parvalbumin (PV) antibody, which labels one type of inhibitory input on these cells, axo-axonic and axo-somatic interneurons, and a proportion of giant pyramidal neurons (Betz cells). We were interested in the size and density of layer 3 and 5 pyramidal cells and Betz cells, the distribution of PV-labelled terminals and the PV expression of Betz cells. Results of the subjects were compared both as a whole and separately per hemisphere.

Results: Most changes were present in the primary motor cortices in the right hemisphere (presumably subdominant). Here, the density of Betz cells and their inhibitory inputs were also reduced. PV-expression of Betz cells was not dependent on the group studied, but we observed that it is decreasing with age. The other investigated characteristics show no significant differences.

Conclusions: Our results suggest that the primary motor cortex may be involved in schizophrenia. Neurodevelopmental, pharmacological and neurodegenerative causes could be involved in this process. Network dysconnectivity is likely to underlie the stronger involvement of the subdominant side, and literature data point also in this direction. We believe that our research method is suitable for the study of the background of other symptoms and may lead to a better understanding of schizophrenia, especially if we could combine our results with clinical research.

Disclosure of Interest: None Declared

EPP0698

Short-term memory depends on the level of emotional burnout

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Introduction: Emotional burnout refers to a syndrome caused by chronic stress. The formation of emotional burnout may lead to persistent changes in cognitive activity and particularly in memory and attention.

Objectives: As the power of human EEG-spectrum components varies significantly under cognitive testing, the aim of our study was to investigate the dynamics of changes of EEG parameters under a memory task depending on the severity of burnout.

Methods: 42 healthy volunteers (students aged 18 to 24 years) participated in this study. EEG was registered over a period of 3 minutes during the rest state and 10 minutes during a verbal memory task. The spectral power density (SPD) of all frequencies from 0.2 to 35 Hz was estimated. The Mann-Witney criterion was carried out for the comparison of the independent data samples. The correlations were estimated using the Spearman's coefficient correlation. In order to determine the stages of burnout we used the test "Syndrome of emotional burnout" (by Boyko), adapted for students.

Results: We observed variations in parameters of EEG during memorizing and retention phases depending on the intensity of the burnout. The intensity of the Exhaustion stage varied inversely with SPD in alpha3 (parietal and temporal regions), beta1 (parietal regions) and beta2 (parietal, right occipital and temporal regions) during the memorizing phase. The formation of the Exhaustion stage of burnout was accompanied by a decrease in alpha3 (parietal, left occipital and right temporal regions), beta1 (parietal, occipital and left temporal regions) and beta2 (parietal regions) during the retention phase.

Conclusions: Our data indicate that short-term memory depends on the emotional state of subjects.

Disclosure of Interest: None Declared

EPP0700

Influence of Ovocystatin on A β 42 soluble oligomeric and fibril formation in in vitro studiesB. Stańczykiewicz^{1*}, M. Piksa², T. Goszczyński³, K. Gołab⁴, B. Konopska⁴ and A. Zabłocka²¹Department of Psychiatry, Wrocław Medical University; ²Department of Microbiology; ³Department of Experimental Oncology, Hirsfeld Institute of Immunology and Experimental Therapy, Polish Academy of Sciences and ⁴Department of Pharmaceutical Biochemistry, Wrocław Medical University, Wrocław, Poland

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Introduction: Alzheimer's disease is characterized by the presence of β -amyloid deposits in senile plaques and brain vessels. β -amyloid stimulates the glial release of proinflammatory cytokines, reactive oxygen species (ROS), or nitric oxide (NO), which are potentially toxic to neurons. One potential therapy for Alzheimer's disease is the use of agents that inhibit the aggregation and formation of insoluble β -amyloid deposits in the brain, or break down the aggregates that have already formed, thus preventing their toxicity.

Objectives: This study aimed to evaluate the effect of ovocystatin on the formation and destabilization of β -amyloid aggregation.

Methods: The effect of ovocystatin on β -amyloid aggregation was determined by Thioflavin T (ThT) Assay and Transmission Electron Microscopy (TEM). The impact on PC12 cell viability was determined by MTT assay.

Results: Ovocystatin can interact directly with A β ₄₂, inhibiting its aggregation and reducing the toxicity induced by aggregated forms of β -amyloid. All effects are dose-dependent. Additionally, a significant increase in the PC12 cell viability treated simultaneously with A β ₄₂ and ovocystatin was observed.

Conclusions: Ovocystatin may be an important factor in the prevention and treatment of Alzheimer's disease by regulating the conversion of monomeric β -amyloid into larger and potentially more toxic particles. However, the mechanisms of inhibition of amyloid fibrillar protein formation and/or destabilization by ovocystatin are still unclear and require further investigation.

Disclosure of Interest: None Declared

Others

EPP0701

Temperamental and Neurocognitive predictors in Korean basketball league draft selection

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Introduction: The Korean Basketball League(KBL) holds an annual draft to allow teams to select new players, mostly graduates from the elite college basketball teams even though some are from high school teams. In sports games, many factors might influence the success of an athlete. In addition to possessing excellent physical and technical factors, success in a sports game is also influenced by remarkable psychological factors. Several studies reported that elite sports players can control their anxiety during competition, which may lead to better performance. In particular, the temperament and characteristics of players have been regarded as crucial determinants of the player's performance and goal. In this regard, numerous studies suggest that personality is considered to be an important predictor of long-term success in professional sports

Objectives: Based on previous reports and studies, we hypothesized that physical status, temperament and characteristics, and neuro-cognitive functions of basketball players could predict the result of KBL draft selection. Especially, temperament and characteristics

were associated with the result of KBL selection. The basketball performances including average scores and average rebound were associated with emotional perception and mental rotation.

Methods: We recruited the number of 44 college elite basketball players(KBL selection, n=17; Non-KBL selection, n=27), and the number of 35 age-matched healthy comparison subjects who major in sports education in college. All participants were assessed with the Temperament and Character Inventory(TCI), Sports Anxiety Scales(SAS), Beck Depression Inventory(BDI), Perceived Stress Scale (PSS-10), Trail Making Test(TMT), and Computerized Neuro-cognitive Test(CNT) for Emotional Perception and Mental Rotation.

Results: Current results showed that physical status, temperament and characteristics, and Neurocognitive functions of college basketball players could predict the KBL draft selection. Among temperament and characteristics, novelty seeking and reward dependence were associated with KBL draft selection. The basketball performances including average scores and average rebound were associated with emotional perception and mental rotation.

Conclusions: In order to be a good basketball player for a long time, it was confirmed that temperamental factors and Neurocognitive factors were very closely related. Furthermore, it is also judged that these results can be used as basic data to predict potential professional basketball players.

Disclosure of Interest: None Declared

EPP0702

The impact of Extremely Low Frequency Electro-Magnetic Fields on Depression Anxiety and Stress

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Introduction: According to World Health Organisation (WHO), Extremely Low Frequency Electro-Magnetic Fields (ELF-EMF) include frequencies ranging from 0 to 300 Hz. They are widespread in our daily life and in the workplace. These fields have an impact on physical and mental health including depression and anxiety.

Objectives: To assess the impact of chronic occupational exposure to ELF-EMF on Depression, Anxiety and Stress among workers in the Tunisian Electricity and Gas Company of Sousse, Tunisia.

Methods: In this cross-sectional study, participants were enrolled into two groups: an “exposed group” including workers in a power plant and an “unexposed group” including administrative workers belonging to the same company. The Exposure to ELF EMFs was assessed by spot measurements using a portable magnetometer. Depression, Anxiety and Stress were assessed by the the Depression, Anxiety and Stress Scale(DASS-21).

Results: This study included 77 exposed subjects and 88 unexposed subjects. The median age was 37 years for the exposed group and

43,5 years for the unexposed ones. Almost half of the exposed group were technicians and had a work experience of 9 years. The median value of EMF was 5,86 uT in the power plant[Min 0,1 Max 40,34 ut]. The interpretation of DASS-21 showed that 24.7% of the exposed group and 3.4% of the unexposed group had depression ($p<10^{-3}$). Anxiety was reported by, 23.4% of the exposed group and by none of the unexposed group. Stress was observed among 46.8% of the exposed group and by none of the unexposed group. After multivariate analysis, ELF-EMF exposure was significantly associated only with depression ($p<10^{-3}$; OR=1,45 [1,17-1,81])).

Conclusions: Chronic occupational exposure to ELF-EMF increases the risk of Depression, anxiety and Stress. Underlying mechanisms are not established yet suggesting the need of further studies.

Disclosure of Interest: None Declared

EPP0703

Who moderate the relationship between executive functions and quality of life among adults with and without adhd: structural equation model

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Introduction: Literature evidences indicates that adults with attention-deficit/hyperactivity disorder (ADHD) are struggling with executive functions deficiencies, organization in time deficits, low sleep quality, and poor quality of life (QoL). However, it is not clear how those factors associate and interact with each other.

Objectives: This study aims to compare those factors as well as the relationships between them, among adults with and without ADHD using structural equations modeling (SEM).

Methods: Sixty-nine adults with ADHD and 52 matched controls (ages 20-46) completed the Behavior Rating Inventory of Executive Function-adult version (for executive functions), Time Organisation and Participation Scale (for organization-in-time), Mini Sleep Questionnaire (for sleep quality), and Adult ADHD Quality of Life questionnaire (for QoL).

Results: Compared to adults without ADHD, adults with ADHD showed significantly poorer executive functions, organization-in-time, sleep quality and QoL. The SEM indicated that sleep quality and organization-in-time domains mediated the relationship between executive functions abilities and QoL. This SEM explained 79% of the QoL variance for adults with and without ADHD.

Conclusions: Understanding the role of organization-in-time and sleep quality as mediators between executive functions and quality of life emphasize the unique challenges of adults with ADHD, which deals with deficiencies at those factors. Those findings call for including these factors in evaluation and intervention processes to improve QoL and this population's global health.

Disclosure of Interest: None Declared

EPP0704

Attention deficit hyperactivity disorder in adults : prevalence and association with addictive disordersS. Bader^{1*}, A. Karkni¹ and W. abbes¹¹psychiatry, University Hospital of Gabes, Gabes, Tunisia

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Introduction: Attention deficit hyperactivity disorder (ADHD) is a neurobehavioral disorder witch assumed to be a disorder of childhood but recently has been shown to persist into adulthood. As in children, core features of adult ADHD include inattention, impulsivity, and/or hyperactivity.Despite growing interest in adult ADHD, little is known about its prevalence or correlates.

Objectives: We aimed to estimate the prevalence of ADHD in adult outpatient psychiatric care at the university hospital of Gabes (southern Tunisia) and to explore its association with addictive disorders.

Methods: We conducted a cross-sectional, descriptive, and analytical observation study,in the outpatient psychiatry department of the Gabes university hospital, during the period ranging from 1/1/2023 to 30/06/2023. We used an anonymous pre-established information sheet exploring the socio-demographic, clinical, therapeutic data of the patients, lifestyle habits and substance use, the DSM-5 to classify diagnoses, CGI-S to rate the severity of overall mental illness, Fagerström test to assess the nicotine dependence, Adult ADHD Self-Report Scale (ASRS) in its validated Arabic version to screen ADHD and the Diagnostic Interview for ADHD in Adults (DIVA) to confirm the ADHD diagnosis. Data entry and analysis were performed using Statistical Package for Social Sciences (SPSS) version 21.0.

Results: The response rate in our study was around 64.5%, 205 patients were included.The mean age of the patients was 48years \pm 14.9, the male/female ratio was 1.The estimated prevalence of adult ADHD according to the DIVA was 5.9% (male/female ratio=1/2). At the uni-variate study, significant associations were found between ADHD and the age category ($p=0$), the marital status ($OR=0.14$; $CI [0.03- 0.55]$, $p=0.003$), theFagestrom score ($p=0.01$), cannabis consumption ($OR=19$; $CI [1.8-201]$, $p=0.018$), psychotropic drugs consumption ($OR=39$; $CI[3-196]$, $p=0.02$), self-harm behavior ($OR=6.9$, $CI[1.9-26]$, $p=0.01$), excessive use of internet and screens ($OR=38$, $CI[7-179]$, $p=0$). At the multivariate study, two determining factors were found: cannabis consumption($OR=8 [1- 58]$; $p=0.031$), and the excessive use of internet and screens ($OR=25 [4-144]$; $p=0$).

Conclusions: Regarding our findings and the important prevalence of the adult ADHD,more efforts are needed to increase the detection and treatment of this disorder, in order to set up an early intervention before major impairments and complications become irreversible.

Disclosure of Interest: None Declared

EPP0706

Concurrent mood pathology in patients with autism spectrum disorder (ASD). A case report.C. Díaz Mayoral^{1*}, M. Martín de Argila Lorente², E. Arroyo Sánchez¹ and P. Setién Preciados¹¹Psiquiatría, Hospital Universitario Príncipe de Asturias and²Psiquiatría, Hospital Doctor Rodríguez Lafora, Madrid, Spain

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Introduction: Mood disorders in patients with ASD (Autism Spectrum Disorder) have a significant impact on their well-being. Major depression and bipolar disorder are among the most common co-occurring psychiatric diagnoses in autism. Prevalence estimates range from 10-50% for depression and approximately 5% for bipolar disorder. These figures are markedly higher than those reported in the general population.

The diagnosis of these disorders in patients with autism poses several challenges: mood problems may be “overshadowed” by the diagnosis itself, symptoms vary between individuals and may present “atypically” (psychomotor agitation, regression, reduced self-care, and severe irritability). The use of assessment tools based largely on criteria developed and validated in the general population is common.

Objectives: A case of a patient diagnosed with ASD and co-occurring mood disorder is presented followed by a theoretical review on the topic.

Methods: A case is presented with a bibliographic review.

Results: A 20-year-old patient with a diagnosis of severe autism spectrum disorder was referred to the emergency department for behavioral disturbances based on episodes of heteroaggressiveness and self-aggressiveness, with a daily frequency, in the last 2 months. His parents attribute this decompensation to the introduction of Sertraline and changes in his routine, which has implied less stimulation. Having ruled out underlying organic pathology, given that her father refers to frequent episodes of crying and abandonment of leisure activities of his liking, we suspect a mood disorder. In hospitalization, Sertraline was withdrawn and Valproic Acid was introduced. Likewise, Risperidone dose was increased, already prescribed in outpatient care. Progressively, a notable improvement was observed.

Conclusions: Current clinical recommendations on the use of selective serotonin reuptake inhibitors (SSRIs) for mood problems are largely based on evidence from typically developing groups. However, it has been shown that some individuals with autism show different neural responses to pharmacological challenge compared to neurotypical individuals. In addition, the use of SSRIs in ASD may result in increased adverse side effects, such as agitation, impulsivity, hyperactivity, stereotypy, and insomnia, and it has been suggested that they should therefore only be considered on a “case-by-case” basis. A systematic review reported that mood stabilizers (Lithium, Valproic Acid) are preferable to atypical antipsychotics, which are associated with a large number of side effects. Because of the lack of strong evidence on the efficacy of pharmacologic interventions and issues regarding safety and side effects, risperidone and aripiprazole are among the few medications approved by the FDA for the treatment of irritability in people with autism. More research aimed at effective medications to treat mood problems in ASD needs to be advocated.

Disclosure of Interest: None Declared

EPP0707

New approaches in the neuropsychological evaluation of aADHD

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Introduction: In Hungary, the understanding and diagnosis of adult attention-deficit/hyperactivity disorder (aADHD) are influenced by a blend of international epidemiological data and the standardized criteria established in DSM-5. The diagnostic protocols at our aADHD Outpatient Clinic at Semmelweis University have been carefully adjusted and validated to align with the practical application of empirical evidence and the extensive clinical expertise of professionals. The current diagnostic protocol encompasses the use of diagnostic interviews (symptoms identification based on DSM criteria; SCID-5-PD; M.I.N.I.-PLUS-5.0), the Conners' Adult ADHD Rating Scales-Self Report questionnaire (CAARS), heteroanamnesis with parents, a comprehensive neuropsychological instruments battery (including the Rey Auditory Verbal Learning Test, Stroop Test, Conners-CPT3, Trail Making Test) and WAIS-IV Intelligence Scale.

Objectives: A valid and appropriate diagnosis plays a crucial social role by legitimizing individuals' attention/health issues, confirming their concerns, and addressing cultural and moral expectations. The primary objective of this work is to refine the diagnostic methodology by extensive review of the international literature and the analysis of our own data.

Methods: With the aim of aggregating and analyzing the collected data based on examinations of the Hungarian adult population, our assessment methods are employed to acquire detailed information regarding ADHD prevalence, symptoms, and the related neuropsychological profiles.

Results: While various diagnostic approaches generally demonstrated good alignment, in some cases, significant discrepancies between neuropsychological assessment and the rest of our tools were observed, indicating a number of instances of false positives or false negatives. Especially the relevance of Rey Auditory Verbal Learning Test and Trail Making Test are questionable.

Conclusions: The results highlight the necessity for more refined diagnostic criteria and a meticulous selection of neuropsychological techniques to enhance consistency between various approaches, ultimately enabling a more robust diagnostic accuracy.

Disclosure of Interest: None Declared

EPP0708

Self-stigma, career development and employment in young adults with ASD in Chile.

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Introduction: Stigma describes prejudicial attitudes, negative stereotypes, and discrimination targeting a subgroup. Various forms of stigma have been identified in the literature, including self-stigma. Self-stigma or internalized stigma occurs when stigmatized individuals become aware of the negative stereotypes and apply these to themselves. Self-stigma may be a barrier to career development and employment in individuals with Autism Spectrum Disorder (ASD). However, there are few data available on the presence of self-stigma among young adults with ASD in Chile to inform local interventions and policies.

Objectives: To analyze self-stigma and its relation with career development and employment in young adults with ASD in Chile.

Methods: A mixed-method observational study was conducted to analyze self-stigma and its association with career development and employment among young adults with ASD in two regions of Chile. For the quantitative analysis, self-stigma was assessed using the Internalized Stigma of Mental Illness (ISMI) scale, and employment information was collected. For the qualitative analysis, in-depth interviews were conducted. Data from the interviews were digitalized and transcribed, and the analysis was conducted using ATLAS.ti following the principles of Glaser and Strauss's Grounded Theory. All participants provided written informed consent, and the study was approved by the local Institutional Review Board.

Results: Overall, 356 participants were included in the quantitative analysis (mean age: 27.8 [SD 6.2] years, 44.7% women, 14.8% with regular employment). The mean ISMI for the total sample was 2.34 (SD = 0.62). By triangulating this information with the qualitative analysis (n=27), it was observed that young adults with ASD frequently experience self-stigma attitudes. Through the in-depth interviews, we identified barriers and facilitators for the development of self-stigma. Also, we identified that negative self-perceptions among young adults with ASD may be a barrier to seeking career development opportunities and employment in this population.

Conclusions: The current study shows self-stigma is present in young adults with ASD in Chile, and this may impact negatively their career development and employment.

Disclosure of Interest: None Declared

Psychotherapy

EPP0709

The Detached Mindfulness approach to anxiety disorders in an Italian mental health service

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Introduction: Anxiety disorders are one of the most common mental illnesses, and a consistent increase was observed after the COVID-19 pandemic. Mindfulness refers to a process that leads to a mental state characterized by nonjudgmental awareness of the present experience. Mindfulness can be considered both a skill and a practice. The stronger is the ability to adopt a mindful state, the less suffering one will experience. While Mindfulness-based

Psychotherapies have shown efficacy in their treatment, they have not yet been thoroughly studied in Italian public mental health services. In Detached Mindfulness, negative thoughts are acknowledged and avoided by turning them into actions using a standardized, time-limited, metacognitive intervention.

Objectives: The purpose of this study is to examine the efficacy and cost-effectiveness of Detachment Mindfulness for twelve patients with Generalized Anxiety Disorder (GAD) not being treated pharmacologically.

Methods: We enrolled 12 patients diagnosed with GAD according to DSM-V in an 8-session program of Detached Mindfulness Psychotherapy (once a week). The Generalized Anxiety Disorder - 7 Scale (GAD-7) and the Kellner Symptom Questionnaire (SQ) were used to assess anxiety symptoms at baseline (T0), after 4 sessions (T1), and at the end of treatment (T2). The Client Satisfaction Questionnaire (CSQ-8) was used to assess treatment satisfaction.

Results: The GAD-7 score showed consistent reductions in generalized anxiety symptoms after Detached Mindfulness treatment (mean decrease of -42% at the end of the program). As measured by SQ, patients also reported improvement in physical well-being, relaxation, and somatic symptoms significantly respect to baseline. As for treatment satisfaction, ten out of twelve patients rated their treatment as satisfactory. As reported by patients, mindfulness can become a powerful and effective means to relate to one's own internal experiences such as anxiety or fear, learning to recognize them, staying with them and avoiding their consequences.

Conclusions: These results showed that detached mindfulness was an effective and cost-effective intervention for GAD, given the short amount of time it requires and the ease with which it can be implemented. For its extensive use in the public mental health system to be further supported, studies on larger populations are needed.

Disclosure of Interest: None Declared

EPP0711

Attention-deficit/hyperactivity symptoms and personal strengths in adults

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is one of the most prevalent chronic neuropsychiatric disorders in children and adolescents; however, it continues into adulthood in 4-77% of the cases. Due to executive dysfunction, adults with ADHD may have deficits in personal strengths, as well as difficulties utilizing existing strengths in challenging situations, which may add to the functional impairments associated with ADHD in adults.

Objectives: Therefore, we aimed to explore the association between personal strengths and ADHD symptoms in a community sample of adults.

Methods: Five hundred and twenty-eight adults (mean age = 21.41 years, *SD* = 2.29, range: 18- 28, female: *N* = 488, 92.4%) filled

out an online questionnaire after giving their informed consent. Personal strengths were assessed using Bernstein's Strengths Scale (BSS) which measures sixteen positive attributes grouped into four higher-order factors: self-directedness (Identity, Self-reflection, Self-confidence, Self-assertion, Imagination/Creativity), self-regulation (Emotional balance, Resilience, Self-control, Self-care, Reality testing), connection (Empathy, Compassion, Humour, Responsibility), and transcendence (Gratitude and Wisdom). ADHD symptoms were measured by the screening version (Part A) of the Adult ADHD Self-Report Scale (ASRS).

Results: Participants who were screened positive in ASRS (*N* = 247, 46.7%) scored lower in all but four BSS subscales than participants who were screened negative (*N* = 280, 53.3%). Effect sizes reached the medium level (Cohen's *d* > .5) for Self-confidence, Self-care, Responsibility and Wisdom, and were small (Cohen's *d* > .2) for Identity, Self-assertion, Imagination, Resilience, Reality-testing, Emotional balance, and Gratitude. However, no group differences were found in the Self-reflection, Empathy, Compassion, and Humour subscales of the BSS.

Conclusions: Our results suggest that ADHD symptoms in adults may be associated with deficits in personal strengths; that is, adults with ADHD may have difficulties, especially in trusting in their abilities, qualities, and judgements, in taking care of their own emotional and physical well-being, in taking responsibilities and in being open to learning from their experiences. Addressing personal strengths in psychosocial interventions for adult ADHD may improve patients' functioning.

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Disclosure of Interest: None Declared

EPP0712

A Cohort Based Case Series: Learnings from an Iterative Group Therapy Model to Support Psilocybin-Assisted Therapy for Patients with a Terminal Diagnosis

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Introduction: While much is known about psilocybin-assisted therapy for individuals, little is known about the experience of participants in a group psilocybin therapy model.

Objectives: In an attempt to bridge this gap in the literature, a program development and quality improvement effort was launched.

Methods: Thirty-one psychedelic-assisted therapy (PaT) sessions were provided for 25 participants within four iterative cohorts over the span of one year. This article reports participant feedback in an effort to inform the benefits and challenges of group-administered-PaT.

Results: Six to eight once-weekly group resilience-based community of practice (CoP) sessions were combined with one psilocybin-assisted therapy session for patients experiencing distress related to a terminal health condition. The virtual hybrid group therapy model is research informed, with a curriculum that provides knowledge-based content, combined with the relational elements

necessary to successfully deliver group-administered psilocybin-assisted therapy.

Twenty one of the twenty five participants (84%) completed the program. Based on participant feedback, the following themes emerged: 1) Improvement of pre-treatment preparation sessions; 2) PaT Benefits: Gaining perspective, peace, non-attachment, authenticity, honesty, relational capacity; 3) The community of practice (CoP) as the primary conduit for connection and regulation 4) Population specific curriculum with a greater focus on how to navigate death, pain and loss; 5) PaT session Challenges; 6) The interpersonal and support capacity of the team as critical for the overall experience.

Conclusions: While more research is needed, results suggest that psilocybin can be delivered safely in a group setting, and that a virtual CoP is effective across the spectrum of set, setting and integration. Our findings also suggest that there is much to learn - and improve upon - in this novel area of service delivery.

Disclosure of Interest: None Declared

EPP0713

Revisiting the approaches of psychotherapy in Ayurveda with Research Domain Criteria (RDoC) framework: a review

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Introduction: Recently there have been increased acceptance of complementary and alternative medicine (including traditional medicines) not only among laypersons but also various medical specialities. Ayurveda is one such, that originated at least in 3000 BC in the Indian subcontinent. Ayurveda aims at not only treating diseases but also maintaining optimum health. Psychiatry branch of Ayurveda recommends the use of both medicines and psychotherapy. Past papers on Ayurvedic psychotherapy have limitations in terms of semantics, conveying relevance and practical implementation. To tide over such limitations, we review concepts of psychotherapy in the Ayurveda texts Charaka Samhita (CS), Sushruta Samhita (SS), Ashtanga Hridaya (AH) and their commentaries from the original Sanskrit texts, in light of RDoC framework. The approaches derived can be used not just for therapy but also as mental health promotion.

Objectives:

1. To delineate approaches to psychotherapy from Ayurveda classics and their commentaries, which are useful for both mental health promotion and therapy.
2. To view the components of Ayurvedic psychotherapy approaches in terms of RDoC constructs/subconstructs.

Methods: Relevant chapters were scanned in the texts CS, SS, AH and their commentaries for descriptions of psychotherapy. Consequently, its components were compared with the definitions of constructs and subconstructs of RDoC to identify similarities.

Results: Only CS and AH had descriptions on psychotherapy, among which, one out of the four described in CS and the only

one in AH was suitable for our purpose. The components of these models with relevant counterparts (single or combined) are tabulated in Table 1.

Table 1

CS psychotherapy model		RDoC construct/ subconstruct
1)	Spiritual awareness (Jnana)	Declarative memory (semantic)
2)	Specialised knowledge (Vijnana)	Declarative memory (semantic)
3)	Self-control & equanimity (Dhairya)	Cognitive control
4)	Memory (Smriti)	Declarative memory (episodic)
5)	Meditative focus (Samadhi)	Attention, working memory
AH psychotherapy model		RDoC construct/ subconstruct
1)	Intellect (Dhi)	Declarative memory.
2)	Self-control (Dhairya)	Cognitive control
3)	Knowledge of self and surrounding (Atmadi jnana)	Perception and understanding of self

Conclusions: Thus, CS and AH provide a 5-dimensional and a 3-dimensional approach to psychotherapy respectively (with its components having correlates with few RDoC constructs or subconstructs) which can be explored clinically and evaluated, for therapy and mental health promotion purposes.

Disclosure of Interest: None Declared

EPP0714

What do patients find most helpful in group treatment? Importance of group therapeutic factors in standardized psychological group treatments

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Introduction: There are numerous structured group psychological treatments (GPT), especially in the cognitive behavioral paradigm, which have proven effective. In these TPG, strategies, guidelines, knowledge, etc. are worked and, in many cases, homework is prescribed as an integral part of the treatment. A group context is also generated where people relate, generally with a similar culture, ages, mental health states and life problems

Objectives: Elucidate which group therapeutic factors (GTF) are valued as most important by patients in their psychological improvement process. Know what our patients consider has helped them most in their GPT, whether the GTF or the content of the

therapy (CT), conceptualized as the set of guidelines, knowledge, strategies, exercises and learning carried out with the therapists intrasession and with the material provided intersessions

Methods: A total of 36 patients (mean age=51.04 (9.21)); 69.44% women (n=25); with main diagnoses (77.77%, n=28) of adaptive disorder, 6 patients of major depression (16.66%) and 2 unspecified anxiety disorders (5.55%) are included in GPT based on acceptance and commitment therapy (ACT) of Hayes's (2012) for primary care patients, and on a treatment protocol developed in our clinical health psychology section (Segú et al. PaP 2023; 25 6-18) in long covid patients

Patients are recruited and cared for in the collaboration program with the primary care centers (CPPC), n=22(61.11%), and 12 patients (38.89%) diagnosed with long covid in the specialized post-covid unit of internal medicine, and treated in the clinical health psychology section on the Hospital Clínic of Barcelona (HCB)

Post-treatment evaluation is carried out using the GTF questionnaire, based on Yalom's Q-short(1985), validated with 11 items, adapted to Spanish (Ribé et al. RAEN 2018; 38(134) 473-89). Patients rate from 1 to 10 how much they consider each FTG has helped them in their improvement process

Results: The relevance of the GTF are: Altruism(8.16), catharsis (7.61), cohesiveness(7.94), corrective recapitulation(6.15); socialization techniques (6.41); self-awareness of reality(6.65); imitative behavior(6.43); participated information(6.69), instill hope(6.39); interpersonal learning (7.07), universality(8.27).

Regarding the other objective, 44.44%(n=16) consider the GTF more important than the content of the therapy in their improvement; 36.11%(n=13) equal importance; 13.88%(n=5) plus the CT and 2 consider that none of it has helped them (5.55%). Total importance CT(7.18/10) and GTF(7.44/10). The perceived help in their improvement process in the GPT(CT + GTF)=7.61/10.

Conclusions: In two structured group treatments, based on ACT, a greater percentage of patients value that the GTFs have helped them more in their improvement process than the CT. The GTFs considered most relevant were universality, altruism, cohesiveness and catharsis.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPP0715

Sex as predictor of employment at 5 years follow-up in First Episode Psychosis

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Introduction: Despite considerable growth in the last years in treatments and research in first episode psychosis (FEP), little attention has been given to the priorities of these young people, in particular, gaining employment. For most people, work is a normal part of everyday life and can be considered one of the most important factors in promoting recovery and social inclusion. Nevertheless, these patients show low employment rates (varying from 23% to 65%) since the beginning of the psychotic symptoms

and even after their contact with mental health services. But, although completing education and access to employment is a critical part for the recovery of these patients, few studies have focused on this outcome.

Objectives: To determine the employment rate and its possible predictor factors in a FEP sample after 5 years follow – up.

Methods: 190 FEP treated between June 2010 and July 2013 at the ETEP Program at Hospital del Mar were included. Inclusion criteria were: 1) age 18-35 years; 2) fulfillment of DSM-IV-TR criteria for brief psychotic disorder, schizophreniform disorder, schizophrenia or unspecified psychosis; 3) no previous history of severe neurological medical conditions or severe traumatic brain injury; 4) IQ level < 80, and 5) no substance abuse or dependence disorders except for cannabis and/or nicotine use. All patients underwent an assessment at baseline including sociodemographic and clinical variables (substance use, DUP, PANSS and GAF). Moreover, employment status has recorded at 5 years follow – up as dichotomyc variable (being employment defined as having either a full-/part-time job, being a student at school or university, or being involved in a study/training program). SPSS program was used for statistical analyzes.

Results: In our FEP sample, the employment rate was 34.2%. We observed significant differences in sex (p = 0.013), cannabis use (p = 0.022) and GAF scores (p = 0.016) between un/employed patients. Nevertheless, in the logistic regression model (ENTER METHOD) only female sex remained as predictor of higher employment rate (95% CI 1.13 to 4.85; p = 0.022) at 5 years follow – up.

Conclusions: Our results suggest that females with a FEP have a better outcome in terms of employment rates, consistent with some previous studies. Some authors suggest that it could be explained by the fact that female patients used to have shorter DUP or more affective symptomatology, which has been also related to a better outcome. Nevertheless, we did not find any differences in these other variables in our sample. Employment not only provides financial independence but also structure and purpose, opportunities for socializing and developing new relationships, a sense of identity, self-worth and meaning in life. Thus, given its importance in FEP functional recovery, more studies in this field are needed to improve patients vocational achievements and determine which specific approaches would each of them need.

Disclosure of Interest: None Declared

EPP0717

Reducing treatment delays of first episode psychosis through policy in Canada: a mixed methods analysis of service provider perspectives

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Introduction: Young people with a first episode of psychosis can achieve full remission with prompt treatment. Throughout Canada, early psychosis intervention programs are implementing policies to

ensure timely delivery of services. One of Canada's first early intervention services, the Prevention and Early Intervention for Psychosis program, set the guideline that all youth referred should receive an appointment within 72 hours. The availability of early intervention programs has increased significantly but the standards these programs have adopted to ensure timely delivery of services remains unknown.

Objectives: This project aims to identify the policies and practices in early intervention programs that ensure timely delivery of services. Secondly, the project aims to understand the level of awareness of the 72-hour recommendation and the level of adoption of this recommendation. Thirdly, the project aims to identify the factors that facilitate and hinder a program's ability to reach and maintain their benchmarks for timely delivery of services.

Methods: Participants included 17 service delivery providers from four early intervention programs located in socio-culturally distinct regions in Canada. Participants completed a survey about their program's service delivery policies and practices. We led individual semi-structured interviews with seven service providers to identify the barriers and facilitators to delivering timely care. We conducted frequency analyses of the survey data and thematic analysis of the interviews to identify emerging themes.

Results: Forty-one percent of survey respondents indicated that their program implemented formal policies to minimize the delay to the first appointment, with benchmarks ranging from 72 hours to 12 weeks. The majority of program managers interviewed were aware of the 72-hour benchmark, voiced satisfaction with standards, and felt that establishing standards was helpful to delivering quality services. Average time between referral and first appointment ranged from 10 days to 12 weeks; however, more than half of survey respondents were unaware of the average delay in their program. Notable barriers to implementation included patient non-responsiveness, insufficient staffing, and missing patient contact information from referrals. The service providers reported engaged staff, flexible schedules, and team-based care as facilitators to meeting service delivery benchmarks.

Conclusions: Benchmarks such as the 72-hour recommendation are an excellent step in improving timeliness of delivery of early intervention services. Common barriers to meeting benchmarks, such as patient adherence and staff resources may be difficult to overcome; however, implementing standardized referral forms and processes, increasing staff engagement, providing flexible schedules, and encouraging team-based care could improve timely delivery of services.

Disclosure of Interest: None Declared

EPP0718

Descriptive study of 100 patients with a diagnosis of psychosis treated with Paliperidone Palmitate 6-Month Long-Acting Injectable.

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Introduction: Psychotic disorders are serious mental illnesses that require long-term antipsychotic treatment that provides sufficient

efficacy, safety and therapeutic adherence. The latter is an essential factor that must be emphasized in clinical practice in order to avoid relapses. On this occasion, we have the need to know the long-term impact on our clinical practice and on the evolution of patients after the change in formulation of paliperidone palmitate 1 (PP1M) and 3 Month long-acting injectable antipsychotic (PP3M) to paliperidone palmitate 6 Month (PP6M).

Objectives: The present study describes a sample of patients with severe mental disorders (n= 100) treated with six-monthly paliperidone palmitate (PP6M) studying the diagnoses, socio-demographic characteristics, number of relapses, tolerability and treatment adherence of patients.

Methods: Prospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 15 month (n= 100 outpatients). The patients selected were all those who received 6 monthly paliperidone palmitate treatment from May 2022 to September 2023. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.

Results: Prospective study with consecutive sampling of 100 outpatients (62% men, 38% women; mean age 48 years) diagnosed with psychosis (76 % Schizophrenia, 21 % Unspecified psychosis, 3 % Delusional disorder) those who are administered PP6M long-acting injectable antipsychotic previously treated with PP1M (35%) and PP3M (65%).

After 15 months of the study, 4 patients (4%) have suffered a relapse, one of them (1%) requiring hospitalization. 5 patients (4%) declined to continue PP6M and have returned to their previous injectable. 1 patient (1%) has died of unknown causes outside the treatment. 90 patients continue treatment with PP6M (90% retention rate). 54 patients maintain antipsychotic monotherapy (54%). No additional adverse effects were reported after switching to PP6M. The subjective perception of satisfaction after the switch to PP6M by patients and caregivers was very high.

Conclusions: The present real clinical practice study shows that PP6M could be an effective and well tolerated treatment in patients with severe mental disorder, for patients diagnosed with psychosis, with a high rate of relapse prevention and high rates of compliance. Changing treatment from PP1M or PP3M to PP6M could help patients with severe mental disorder to normalize their lives and functionality.

Disclosure of Interest: None Declared

EPP0719

The relationship between depression and overall, general psychopathology, positive, and negative symptoms in people with schizophrenia spectrum disorders: a cross-sectional study

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Introduction: Depressive symptoms are a common occurrence in people suffering from schizophrenia spectrum disorders (SSDs), representing a separate domain that interacts in peculiar ways with positive and negative symptoms. Nonetheless, available evidence on the relationship between depression and key clinical dimensions of SSDs is limited.

Objectives: To increase the knowledge regarding depression in SSDs, we performed a cross-sectional study aimed to investigate the association of depressive symptoms with overall, general psychopathology, positive, and negative symptoms in individuals with SSDs.

Methods: Adult people with SSDs were recruited from two psychiatric inpatient units in the northern area of the Metropolitan City of Milan from May 2020 to March 2023. Study participants with a Calgary Depression Scale for Schizophrenia score >6 were rated as depressed. Symptom severity was assessed by using the Positive and Negative Syndrome Scale (PANSS). Variables associated with depression at the univariate level were included into two multiple logistic regression models to analyse the association between depression and PANSS overall score as well as General Psychopathology, Positive, and Negative sub-scores.

Results: A total of 231 subjects with SSDs were included. Among them, approximately one third ($N=78$; 33.8%) reported depressive symptoms. Multiple logistic regression models suggested that depression in individuals with SSDs was associated with higher overall ($p<0.001$) and General Psychopathology ($p<0.001$) PANSS scores. Conversely, an inverse relationship between depression and positive symptoms was found ($p=0.002$). Negative symptoms were not associated with depression ($p=0.210$).

Conclusions: Our findings suggest that people affected by comorbid SSDs and depression have more severe overall and General Psychopathology symptoms according to PANSS scores, as well as lower levels of positive symptoms. Further investigations are needed to evaluate the generalisability of these findings and to improve the clinical management of people with SSDs and depression.

Disclosure of Interest: None Declared

EPP0720

Relation between the first psychotic episode in schizophrenia patients and IL-1 β plasma levels – Serbian population study

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Introduction: According to immunological theories of schizophrenia prenatal and postnatal exposure to pathogens may contribute to the etiopathogenesis, suggesting that chronically activated immune system cells (macrophages and T lymphocytes) constantly secrete proinflammatory cytokines which affect the development and function of central nervous system.

Objectives: In the present work we aimed to evaluate IL-1 β plasma levels in schizophrenic patients during their first psychotic episode and to compare the obtained results to those from healthy subjects.

Methods: Plasma was obtained from 32 drug-naive schizophrenic patients, without history of substance abuse or addiction, immediately after their admission to the medical ward, while the control samples were obtained from 20 healthy volunteers.

Results: Levels of IL-1 β were measured using ELISA assay, which measures IL-1 β protein in a range from 7.81 to 500 pg/ml. Results revealed that the levels of IL-1 β in patients with first psychotic episode were not increased and were below the limit of detection in all studied samples. The same was found in the samples belonging to the control group.

Conclusions: These data contribute to the poll of knowledge and a still unresolved dogma about the etiopathogenesis of schizophrenia since the results obtained by some studies are also questioning this marker. Thus, whether or not an increase of IL-1 β is congenital, acquired during the prodromal phase or absent until the time of first psychotic episode has not yet been investigated.

Disclosure of Interest: None Declared

EPP0721

Increased emergency room visits without corresponding rehospitalizations in cannabis users with psychosis

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Introduction: Epidemiological studies have established a complex relationship between cannabis consumption and a heightened risk of psychotic disorders, including schizophrenia. However, this connection is multifaceted, influenced by genetics, environment, and individual psychology. Surprisingly, despite a surge in emergency room (ER) visits associated with cannabis consumption and psychosis, there haven't been significant increases in hospital readmissions. This rise in ER visits can be attributed to the increasing social acceptance of cannabis and its legalization in some regions, increasing the likelihood of adverse effects. Furthermore, the higher potency of contemporary cannabis can trigger psychotic reactions, particularly in those consuming elevated levels of THC, its primary psychoactive component.

Objectives: This study aimed to compare the rates of readmissions and ER visits one year after hospital discharge among patients diagnosed with schizophrenia and other psychotic disorders, stratified by cannabis consumption.

Methods: We collected sociodemographic and clinical data from 109 patients after discharge from a psychiatric hospitalization unit.

Results: Patients who consumed cannabis ($N=35$) were younger than non-consumers ($M=31.4$; $SD=10.0$ vs $M=44.3$; $SD=11.4$; $t(107)=5.71$; $p<.01$), with no significant gender differences, hospital stay durations, or proportions of schizophrenia diagnoses (33.3%). The readmission rates and time to readmission were similar between both groups. Interestingly, 54.2% of cannabis consumers required emergency care ($X^2_{(1, N=109)}=4.1$, $p=.04$), with 73.6% not needing admission ($X^2_{(1, N=109)}=5.5$, $p=.01$), in contrast to 33.7% and 56% in the non-consumer group. The time to the first urgent care visit was shorter in the consumer group ($M=59.5$; $SD=56.3$) compared to the non-consumer group ($M=105.8$; $SD=93.1$; $t_{(107)}=1.92$; $p=.03$).

Conclusions: This study reveals that patients with psychosis and cannabis consumption tend to visit ER services more frequently despite utilizing fewer hospital resources like hospitalizations. Notably, despite the increased ER visits, there hasn't been a corresponding rise in hospital readmissions. These would be due to individuals experiencing cannabis-related psychotic episodes receiving suitable assessment and treatment in the ER, obviating the need for prolonged hospitalization. Furthermore, some psychotic episodes may naturally resolve over time, particularly with reduced or discontinued cannabis consumption. Our result highlights the need for personalized care approaches targeting this group, effectively addressing acute episodes related to cannabis use and psychosis. Addressing this trend requires a multidisciplinary approach involving mental health professionals, addiction specialists, and emergency response teams.

Disclosure of Interest: None Declared

EPP0722

Clinical predictors of treatment effectiveness in late onset schizophrenia and schizophrenia-like psychosis

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Introduction: Clinical features and structural changes in the brain of patients with late-onset schizophrenia and schizophrenia-like psychosis are important in predicting the effectiveness of treatment.

Objectives: Identification the dependence of effectiveness of psychopharmacotherapy on the clinical features and structural brain changes in late-onset schizophrenia and schizophrenia-like psychosis.

Methods: 111 patients, age from 52 to 89 years with ICD-10 diagnosis F20, F25, F22.8, F06.2 were investigated for 28 days. Clinical, psychometric methods with PANSS, CGI, HAMD, CDSS, MMSE scales were used. MRI/CT were performed. Effectiveness of treatment was measured in two ways: 1. Percentage ratio of reduction in total scores to the 1st value of scales. 2. The number of responders (patients with a decrease in PANSS by 30% or more).

Results: The effectiveness of treatment in the overall group was 29.4% on the PANSS scale (from -13.6% to 77.2%). The greatest

effectiveness was on subscale of positive syndromes (34.9%), the lowest – on the subscale of negative syndromes (18.6%). The number of responders (R) was 43 patients (38.7%), non-responders (NR) – 68 patients (61.3%). The responder group was characterized by a greater severity of acute psychosis before the begging of treatment. Early insomnia, excitement and anxiety, decreased appetite, valuated by HAMD scale were significantly more pronounced. Treatment effectiveness had negative correlates ($p<0.05$) with number of acute attacks, number of hospitalizations and the duration of current attack. The predominance of negative symptoms has a negative correlation with effectiveness by PANSS and CGI scales. According to the results of MRI/CT examination, cortical atrophy, vascular changes and leucoaraiosis were more often represented in NR group.

Conclusions: The connection between the effectiveness of treatment and the clinical and psychopathological features and structural changes in late onset schizophrenia and schizophrenia-like psychosis was shown.

Disclosure of Interest: None Declared

EPP0723

Peer Support in Psychosis Care: A Valuable Resource for Recovery

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Introduction: A variety of peer support workers have been integrated in the mental health workforce in several countries. The effectiveness of this approach is still inconclusive. However, some data reveals promising results. Some projects have integrated peer support intervention in the treatment of psychosis. In fact, UK clinical guidelines for psychosis advise the inclusion of peer support within Early Intervention in Psychosis services.

Objectives: The current study aims to evaluate how peer support may assist the intervention in psychosis and highlight challenges ahead in this field.

Methods: Narrative review of the available scientific literature.

Results: Research suggests that consistent and frequent peer support enhances social support and boosts self-confidence and the overall quality of life for people going through psychosis. Individuals diagnosed with severe mental illnesses who receive peer support reportedly experience an increased sense of control, hopefulness, and empowerment, enabling them to initiate positive changes in their lives. People going through psychosis experience internalized stigma. Destigmatization of psychotic experiences is a central theme of intervention in psychosis. Participants viewed peer support as a valuable form of assistance that could offer advantages to both peers (service users) and peer support workers.

Conclusions: Peer support makes a strong contribution to destigmatising psychosis. The available data is promising and supports the effectiveness of peer support in such instances. As projects of peer support in psychosis continue to be implemented, further

research should provide additional insight into the effectiveness and inherent challenges of this type of intervention.

Disclosure of Interest: None Declared

EPP0725

Beliefs and attitudes about medications in patients with psychosis

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Introduction: Patients' beliefs and attitudes about medications play a role in whether they adhere to their medications or not. Knowledge on how beliefs and attitudes about medications can be influenced is therefore important.

Objectives: The current study aimed to assess whether patients' perceived support from their therapists regarding use of medications was associated with their beliefs and attitudes about medications. Because non-adherence in patients with psychosis frequently results in relapses and emergencies, this knowledge may be very useful for therapists and patients.

Methods: This cross-sectional study included 310 patients diagnosed with psychosis from 31 clinical units in Norwegian mental health specialist care. We assessed beliefs about medications using the Beliefs about Medicines Questionnaire (BMQ). BMQ-specific consists of two subscales, BMQ-necessity and BMQ-concerns. Higher score on the necessity subscale indicates stronger beliefs in the necessity of taking the medicine. Higher score on the concern subscale indicates stronger concerns about taking the medicine. We used a newly developed self-report questionnaire, MedSupport, to assess the patients' perceived support from therapists in dealing with their medications. Higher score on the MedSupport means that the patient experienced more support with decisions related to medications. Linear mixed effect models were used to investigate possible associations of sociodemographic factors, clinical factors and patients' perceptions of medication support with BMQ.

Results: Patients' perceptions of medication support from therapists were positively associated with positive beliefs towards medications, $\beta = 0.20$, 95% CI [0.04 to 0.35], $p=0.012$, and negatively associated with concerns about taking the medications, $\beta = -0.31$, 95% CI [-0.44 to -0.17], $p < 0.001$, when other relevant variables were taken into consideration.

Conclusions: The present study shows that therapists may affect patients' beliefs and concerns about medications. Consequently, medication support may lead to improved adherence to medications prescribed.

Disclosure of Interest: None Declared

EPP0727

Epidemiological analysis of hospitalizations for Schizophrenia, Schizotypal Disorders and Delirium in Rio Grande do Sul over the last 5 years

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Introduction: In recent years, mental health has gained prominence in public health, prompting thorough investigations into psychiatric condition trends. This study conducts a comprehensive epidemiological analysis of hospitalizations for Schizophrenia, Schizotypal, and Delirium Disorders in Rio Grande do Sul (RS) over the past five years. By revealing these patterns, it enhances our understanding of regional mental health dynamics and offers insights for intervention strategies, resource planning, and improved mental healthcare. The ultimate goal is to advance more effective and accessible mental healthcare in RS and beyond.

Objectives: This study aims to analyze the prevalence and epidemiological profile of hospitalizations due to psychiatric disorders to assist in the diagnosis and outcome of affected patients.

Methods: A cross-sectional, descriptive, retrospective, and quantitative study was conducted regarding hospitalizations for Schizophrenia, Schizotypal Disorders, and Delirium in the state of RS between January 2018 and November 2022. Data were collected from the Department of Informatics of the Brazilian Unified Health System (DATASUS) in the "Hospital Information System of SUS" section, focusing on the nature of care, age group, gender, and ethnicity of the patients. The information was aggregated over the five-year period based on the four mentioned descriptors and subsequently analyzed to establish a profile of hospitalizations during that period.

Results: The analysis spans from 2018 to 2022, encompassing a total of 28,345 hospitalizations. In 2019, there was the highest number of cases (22.21%), followed by 2018 (21.08%). Urgent care admissions constituted 85.34% of the total. The age group most affected was 35 to 39 years (11.8%). Men were more affected than women (60.18%), and the majority of hospitalizations were among the Caucasian ethnicity (75.12%). The average length of stay was 23.7 days, and the mortality rate stood at 0.26%.

Conclusions: The increasing trend in hospitalizations, peaking in 2019, highlights the need for preventive measures. Urgent admissions (85.34%) underscore the demand for accessible mental health resources. Men in the 35 to 39 age group are disproportionately affected, suggesting specific risk factors. The predominance of Caucasian ethnicity emphasizes the need for culturally sensitive

care. A longer average length of stay (23.7 days) underscores treatment complexity, while a low mortality rate (0.26%) signals effective medical care. In essence, these findings inform tailored mental health policies to enhance service quality and prioritize patient-centered approaches.

Disclosure of Interest: None Declared

EPP0728

Sexuality in schizophrenia: Perception of signals of sexual interest

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Introduction: There is emerging evidence that people with schizophrenia (SCH) struggle to form romantic relationships and are often dissatisfied with their sex lives. Intimate relationships are perceived as normalizing and related to a person's recovery and better medication adherence. Nevertheless, this area remains scientifically unaddressed, and patients with SCH generally do not feel adequately supported in terms of their sexual health.

Objectives: The study aims to assess whether challenges in establishing sexual relationships could be connected to: a) decreased salience of sexual intimacy and/or b) compromised ability to detect, recognize, and react to signals of sexual interest.

Methods: Forty-three patients with SCH (29 males and 14 females) and a control group of twenty-four participants (11 males and 13 females) were exposed to our first experiment, the Circular attention task. This task was designed to evaluate the salience of erotic stimuli compared to neutral ones. At the beginning of each trial, a black fixation circle appeared in the middle of the screen. When a fixation of 250 ms or longer was detected within the circular area of interest (AOI) around the fixation circle, the fixation circle disappeared, and a pair of erotic/neutral pictures appeared. During the experiment, the eye movements were measured using the eye-tracking device Eyelink 1000plus. For data analysis, we used Wilcoxon signed-rank test to assess the differences between the mean latency to first fixation, mean duration of first fixation, and mean proportion of time spent gazing at the stimulus both for sexual and neutral pictures in the whole sample regardless of sex and patient status. More detailed analysis was performed using 2 (sex: male, female) x 2 (status: patient, control) two-way ANOVA.

Results: Considering the whole sample there was a significant difference in mean latency to first fixation ($W = 707$, $p = 0.007$, $r_{fb} = -0.379$) and mean duration of first fixation ($W = 1923$, $p < 0.001$, $r_{fb} = 0.739$). There was a shorter latency to first fixations towards sexual pictures ($M = 952.33$ ms) than to neutral pictures ($M = 1005.30$ ms). First fixations were longer for sexual pictures ($M = 280.96$ ms) than for neutral pictures ($M = 243.73$ ms). There was an effect overall in the sample towards the sexual pictures, but it was not different for participants based on their sex or patient status.

Conclusions: Findings revealed that interest in explicit sexual stimuli does not differ based on sex or patient status. Patients with

SCH appear to find explicit erotic signals sexually salient, suggesting their interest in sexual intimacy. Our study will further investigate whether persons with SCH are able to interpret, recognize and respond to signals of sexual interest. Based on our results, the guidelines for sexological remediation will be developed.

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Disclosure of Interest: None Declared

EPP0729

The role of long-acting antipsychotics in illness relapse: an observational study

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Introduction: In patients affected by Schizophrenia and Bipolar Disorder disorders the use of antipsychotic drugs is essential in preventing the exacerbation of symptoms. The use of long-acting injectable (LAI) antipsychotics is considered an important treatment option. The aim of this study was to evaluate the incidence and predictors of relapse during antipsychotic treatment with LAIs in a sample of psychiatric outpatients up to a year after the start of long-acting therapy.

Objectives: The study included 103 adult patients admitted to the psychiatric unit of Sant'Andrea University Hospital in Rome.

Methods: We evaluated duration of untreated illness, previous treatments, substance abuse, suicidal status, LAI dose, and use of other medicines for association with new episodes of illness or of symptomatic worsening as well as hospitalization, using bivariate and multivariate analyses.

Results: Seventy-three patients were diagnosed with schizophrenia spectrum and 30 with bipolar disorders. Age at study entry averaged 36.7 years ($SD = 11.55$). 40.8% of patients were women. The mean age at onset were 23.11 ($SD = 7.0$). All the other information were reported in Table 1. On 103 patients undergoing with LAI treatment for a year only 9 (8.7%) patients had a relapse during the study period. The two groups differed according to the presence of hospitalization during the 12 months before the LAI treatment ($p = .022$), in particular patients with relapse were more hospitalized than patients with no relapse (62.5% vs. 21.7%). Moreover, group with relapse were more at risk of suicide during the 12 months before the LAI treatment than the other group, for both suicidal ideation (11.1% vs. 4.3%; $p = .015$) and attempt (25.0% vs. 3.2%; $p = .049$). Finally, the two groups differed according to the side effects reported during the year of LAI treatment ($\chi^2 = 38.48$; $p < .001$). Specifically, patients' group with relapse reported more side effects caused by parkinsonism (25.0% vs. 1.1%) and tremor (25.0% vs. 0%). No differences were found for the other variables (See table 1).

Image:

Variables	Mean or %		Statistic	p-value
	Relapse	No Relapse		
Cases (n)	9 (8.7)	94 (91.3)		
Women (%)	66.7	38.3		.154*
Age	37.22±9.88	36.70±11.74	U=402.5	.811
Onset age	25.89±7.28	22.84±6.97	U=299.5	.159
Diagnosis			$\chi^2 = 1.55$.213
SS	8 (88.9)	65 (69.1)		
BD	1 (11.1)	29 (30.9)		
Comorbidity	6 (66.7)	33 (35.1)		.079*
Substance abuse	2 (22.2)	25 (26.6)		1.0*
Family history (%)			$\chi^2 = 1.07$.585
Any psychiatric diagnoses	1 (11.1)	16 (17.0)		
Schizophrenia	3 (33.3)	18 (19.1)		
Untreated illness: DUI (mos)	45.77±90.7	17.25±48.16	U= 359.5	.419
Treatments before LAI (%)				
Any antidepressant	2 (22.2)	17 (18.1)		.670*
Mood-stabilizer	4 (44.4)	54 (57.4)		.499*
First gen. antipsychotic	3 (33.3)	26 (28.0)		.711*
Second gen. antipsychotic	9 (100)	67 (72.0)		.107 *
Hospitalized S12 mos before LAI	5 (62.5)	20 (21.7)		.022*
Hospitalized at start of LAI (%)	3 (33.3)	24 (25.8)		.696 *
Suicide risk S12 mos before LAI (%)				
Ideation	3 (37.5)	5 (5.4)		.015*
Attempt	2 (25.0)	3 (3.2)		.049*
Suicide risk at start of LAI (%)				
Ideation	1 (11.1)	4 (4.3)		.373 *
Attempt	0 (0.0)	2 (2.1)		1.0*
Side effects of LAI during 12 mos treatment			$\chi^2 = 38.45$	<.001***
Parkinsonism	2 (25.0)	1 (1.1)		
Tremor	2 (25.0)	0 (0.0)		
Hyperprolactinemia	0 (0.0)	3 (3.3)		
Metabolic disorders	0 (0.0)	2 (2.2)		
Post Injection Syndrome	0 (0.0)	1 (1.1)		

Conclusions: In conclusion, our observations confirm the importance of LAI therapy in real word. However, our results indicate that these drugs might not prevent subsequent exacerbations for a proportion of individuals whose illness is stabilised on continuous antipsychotic treatment. Extra pyramidal symptoms in particular might have pathophysiological implications for relapse.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP0730

Evaluation of daytime sleepiness and insomnia symptoms in OSA patients with a characterization of symptom-defined phenotypes and their involvement in depression comorbidity

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Introduction: Recent studies have emphasized the importance of clinical manifestations, such as insomnia and sleepiness, in defining phenotypes of obstructive sleep apnea (OSA), shifting from a focus on OSA severity and sleep structure.
Objectives: The study aimed to characterize insomnia and sleepiness associated with OSA phenotypes and assess their involvement in depression symptoms (DS) in OSA.
Methods: A total of 181 participants undergoing polysomnography (PSG) were asked to fill out questionnaires, including Epworth Sleepiness Scale (ESS), Insomnia Severity Index (ISI), Pittsburgh Sleep Quality Index (PSQI), and Back Depression Index (BDI). They were categorized into phenotypes: insomnia-sleepiness (I+S; ESS≥11; ISI≥15; n=20), sleepiness (S; ESS≥11; ISI<15; n=22), insomnia (I; ESS<11; ISI≥15) and asymptomatic (A; ESS<11; ISI<15; n=55).
Results: A linear regression model for BDI score (R²=0.357, p<0.001) included ISI score and subjective to objective sleep latency ratio. ISI score was a predictive factor for mild and moderate DS (OR=1.226, p<0.001 and OR=1.392, p=0.002, respectively). I and I+S phenotypes are characterized by higher BDI scores (p<0.001 and p=0.015), longer subjective sleep latency (p=0.008 and p=0.041), and shorter subjective total sleep time (TST; p=0.049 and p=0.006), compared to A. Furthermore, the I and I+S groups had shorter subjective TST than S (p=0.028 and p=0.047). I and I+S had higher BDI scores than A (p<0.001 and p=0.015, respectively) and S (p<0.001 and p=0.017, respectively). I phenotype was associated with the risk of mild and moderate DS (OR=5.614, p<0.001 and OR=9.550, p=0.008 respectively). Moreover, the I+S phenotype presented an even greater risk for mild DS (OR=10.286, p<0.001).
Conclusions: The study suggests that using clinical features for OSA phenotyping holds promise for finding OSA individuals with increased risk for the occurrence of DS.
Disclosure of Interest: None Declared

Training in Psychiatry

EPP0732

Psychiatric brain gain in Switzerland. Competency-based onboarding.

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Introduction: In the last 30 years, Switzerland has been established as a destination country for psychiatric trainees. The needed competences for the work as a trainee deviate regarding colleagues from foreign countries though, hindering a viable solid development professional without specific on-boarding program. A similar approach to the figure of tutor anchored in the Spanish postgraduate medical training is still missing in the Swiss medical System. Hereby we performed a survey in the new colleagues who are part from the medical team in an observer status before beginning with the responsibilities as a trainee.
Objectives: Recognizing competences and needs of the onboarding in current trainees that are still allocating because of the work

conditions as stated in the following paper, (Bischof et al. Swiss Arch Neurol Psychiatr Psychother. 2021;172:w03198)

Methods: Survey with open questions collecting needs and competences expected to fulfil in Switzerland were distributed in 5 different medical colleagues in an observer status between August 2022 and September 2023.

Results: Response rate was 62,5 %. Main reasons for the migration were considering better perspectives in education and professional development in the goal country, coming push factors as the current work situation in the original country to the fore. Support regarding the local language and an overview of the interprofessional communication were outlined as the advantage of the internship prior to the duties as a psychiatric trainee.

Conclusions: An structured on-boarding program is a demand for the newcomers - majority of trainees from foreign countries - to step in better in the Swiss health system. Elements of the Spanish trainee system could be adapted for a suitable allocation and integration process in the goal country.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP0733

The Impact of Sleep Deprivation in the Treatment of Depression: A Literature Review

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Introduction: Depression is a pervasive and debilitating mental health disorder that affects millions of individuals worldwide. Despite the availability of various treatment modalities, a significant proportion of patients continue to experience inadequate symptom relief and persistent emotional suffering. Sleep disturbance is a common symptom of depression, and emerging evidence suggests that manipulating sleep patterns through sleep deprivation may hold potential therapeutic benefits. This literature review aims to explore the role of sleep deprivation as an adjunctive treatment for depression, shedding light on its mechanisms and potential outcomes.

Objectives: To investigate the historical context and theoretical underpinnings of sleep deprivation in depression treatment; to examine the methods and protocols used in studies involving sleep deprivation as a therapeutic intervention for depression; to analyze the empirical evidence regarding the efficacy of sleep deprivation in ameliorating depressive symptoms; to assess the safety and feasibility of implementing sleep deprivation in clinical practice; to discuss the potential mechanisms underlying the antidepressant effects of sleep deprivation.

Methods: A systematic review of the literature was conducted.

Results: The review identified a diverse body of literature exploring the potential benefits of sleep deprivation in depression treatment. Preliminary findings suggest that acute sleep deprivation may lead to rapid and transient improvements in mood among individuals with depression. Various protocols, including total and partial sleep deprivation, have been investigated, demonstrating differential effects on depressive symptoms. Additionally, potential

mechanisms underlying these effects, such as alterations in neurochemical pathways and circadian rhythms, have been proposed.

Conclusions: Sleep deprivation as an adjunctive treatment for depression is a promising but complex intervention that requires further investigation. While some studies have reported significant improvements in mood following sleep deprivation, the sustainability of these effects and the potential long-term consequences remain uncertain. Moreover, the optimal protocols, safety guidelines, and patient selection criteria need to be established for clinical application. Future research should focus on elucidating the mechanisms involved and conducting well-designed randomized controlled trials to determine the efficacy and safety of sleep deprivation in the context of depression treatment. This review underscores the importance of considering sleep as a modifiable factor in the comprehensive management of depression.

Disclosure of Interest: None Declared

Training in Psychiatry

EPP0734

Psychiatry resident physician duty hours, resting times and European Working Time Directive compliance in Spain

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Introduction: There is a growing interest in understanding the impact of duty hours and resting times on training outcomes and the well-being of resident physicians. Psychiatry resident's duty hours in Spain comprise a regular working schedule of 37.5h per week and a minimum of 4 mandatory on-call shifts. The most recent duty hours regulations in Spain were transposed from the European Working Time Directive (EWTd). According to Spanish Law, doctors cannot work for more than 48h per week and need to have resting times per day (at least 12h), per week (at least 36h) as well as annual leave (at least a month). However, there is practically no data on this situation in psychiatry resident physicians.

Objectives: Our aim is firstly, to describe the number of shifts performed by psychiatry resident physicians in Spain. Secondly, to describe compliance with the daily and weekly rests compared to those set in national and European law. Finally, to analyse the difference by demographic variables (gender and year of residency), in both the number of on-call duty shifts and compliance with rests.

Methods: A descriptive cross-sectional study was designed through an online survey adapted from the existing literature. The target population were Spanish psychiatry resident physicians undergoing PGT who started their specialist training during the years 2018–2021. The survey was disseminated through the Spanish regional medical councils to all active psychiatry resident physicians by mail as well as through informal communication channels. The study was authorised by the Spanish Medical Organization's General Assembly which is the highest ethical and deontological body of physicians in Spain.

Results: 55 responses were obtained, of which 61.82% identified as females. The mean number of on-call shifts in the last 3 months was 14.05. This mean was highest in women 14.32 and in the cohort of 2020 15.46 (first year of residency). Among the resident physicians surveyed, 66.07% exceeded the 48h per week limit set by the EWTD and 7% of them did not rest after a 24-h on-call shift. Furthermore, 22% of respondents did not have a day-off after a Saturday on-call shift. The mean working hours when not resting after an on-call-shift were 7 hours. The comparison by gender and year of residency of the main variables can be seen in figures 1 and 2 respectively.

Image:

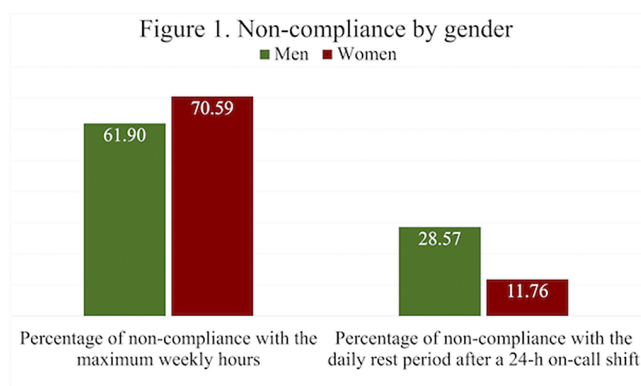
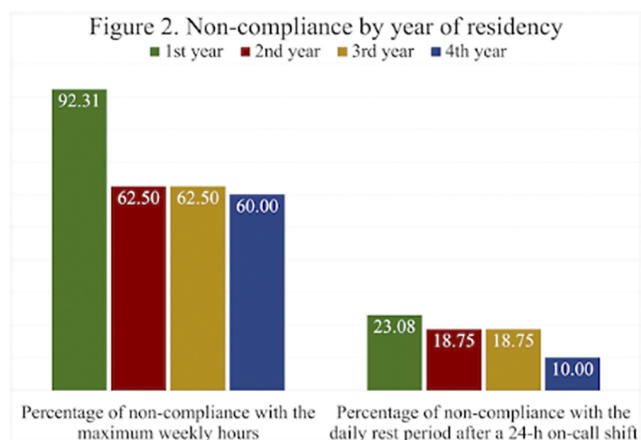


Image 2:



Conclusions: Psychiatry resident physicians in Spain greatly exceed the established 48 h/week EWTD limit. Likewise, non-compliance with labour regulations regarding mandatory rest after on-call duty and minimum weekly rest periods are observed. Differences can be seen by gender and year of residency. The situation described could potentially create a high-risk situation for the health and psychosocial well-being of resident physicians, hinder learning outcomes and could lead to suboptimal patient care.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP0735

Differences in habenula and septal nuclei and resting state functional connectivity (RSFC) in the presence or absence of clinically significant insomnia in patients with MDD

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Introduction: There are differences in clinical presentation with and without insomnia in MDD, and it is expected that there are brain biological differences that contribute to this, but functional MRI studies of MDD with insomnia vs MDD without insomnia are scarce. In particular, few studies have examined resting state functional connectivity (RSFC) seeding the habenula and septal nuclei, which play key roles in both mood and sleep.

Objectives: The purpose of this study is to determine whether there are differences in habenula and septal nuclei and RSFC in the presence or absence of clinically significant insomnia in patients with MDD.

Methods: To identify the effects of insomnia in MDD group, one-way ANCOVA covariate control was used to compare differences of RSFC between MDD_w/INS and MDD_wo/INS group. The potential confounders (i.e., age, sex, education years, and total score of HDRS-17) were adjusted in this analysis. To examine the relationship between RSFC and clinical sleep questionnaires (i.e., ISI and PSQI) in the participants with MDD, Pearson's partial correlation analysis controlling same potential confounders was performed by using Fisher-transformed correlation coefficients and scores of ISI and PSQI. For comparing the difference of RSFC between MDD and HC, the analysis was also performed with ANCOVA controlling for age, sex, education years.

Results: The analysis in this study included 36 in the MDD_w/INS group, 21 participants in the MDD_wo/INS group, and 38 in the healthy controls (HC) group. The main finding of this study was that MDD with insomnia showed increased RSFC in Habe_L - Rolandic_Oper_R, Habe_L - Cuneus_R, Habe_R - Thal_Pul_R,

and decreased RSFC in Septal - Cerebellum_Crus1_R compared to MDD without insomnia. All regions with significant results were significantly correlated with insomnia severity.

Conclusions: Since the RSFC of all pairs of regions that showed significant differences between the two groups in this study were significantly correlated with insomnia severity (i.e., ISI score), the association of these regions with insomnia in MDD is supported. The significance of this study is that there have been studies that have examined the RSFC in fMRI for insomnia, but there are few studies on MDD with insomnia, and since the habenula and septal nuclei play an important role in insomnia, sleep, and mood, it is meaningful to seed fMRI studies on these areas.

Disclosure of Interest: None Declared

EPP0736

The relationship between neurotrophins and cognitive functions in the context of emotional response to sleep deprivation

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Introduction: Studies conducted up to date on the subject of deprivation of sleep (DS) primarily focused either on its impact on certain cognitive abilities or mood-enhancing effects in patients with depression. A notable body of evidence suggests that both might be related to alterations in neurotrophin synthesis induced by DS. However, the role of NTs as an interface between DS, mood, and cognitive functions is unclear.

Objectives: The study aimed to investigate associations between cognitive abilities measured by Trail Making Test (TMT) and Stroop Color and Wort Test (ST), serum protein concentrations of brain-derived neurotrophic factor (BDNF), glial cell line-derived neurotrophic factor (GDNF), neurotrophin-3 (NT3), neurotrophin-4 (NT4) as well as the expression of their respective genes after a night of sleep deprivation.

Methods: Each participant (n=76) underwent a 24-hour DS under the control of actigraphy. Venous blood collection, TMT, and ST were carried out in the morning after DS. Mood was evaluated twice, after DS and in the preceding evening; based on the alleviation of depression symptoms participants were divided into respondents (RE; n=47) and non-respondents (NR; n=29). Serum protein concentration was determined using ELISA kits. Gene expression was evaluated by quantitative real-time polymerase chain reaction with gene-specific probes (reference gene: β -actin). Relative expression was calculated using the Livak formula. TMT is a neuropsychological instrument; Part 1 is thought to evaluate mostly attention, whereas Part 2 executive functions. ST is a 2-part

test applied in the assessment of response inhibition and complex attention.

Results: In RE, cognitive abilities were not associated with expression levels of any of the studied proteins or mRNA (all $p > 0.05$). In NR, BDNF and GDNF mRNA expressions negatively correlated with TMT Part 1 ($p = 0.017$, $p = 0.048$, respectively); scores obtained in TMT Part 2 bore a similar relation to BDNF, GDNF, and NT4 mRNA ($p = 0.034$, $p = 0.041$, $p = 0.026$, respectively). In this group, expression of all BDNF, GDNF, NT3, NT4 mRNA correlated negatively with both parts of ST ($p < 0.001$, $p = 0.009$, $p = 0.042$, $p = 0.009$ for Part 1; $p < 0.001$, $p = 0.003$, $p = 0.031$, $p = 0.014$ for Part 2, respectively).

Conclusions: Those results suggest that alterations in the synthesis of NTs might be an element of the molecular milieu characterizing different types of DS response. Negative correlations between test scores and NT mRNA expressions could imply that the reduction of the production of NT proforms might protect against the decline of cognitive functions in the aftermath of DS. Projects using a larger battery of tests as well as analyzing immature forms of NTs would be desirable in order to further investigate mechanisms underlying DS response.

Disclosure of Interest: None Declared

EPP0737

Impact of Palestine-Israel War on Tunisian People's Sleep

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Introduction: The Palestine-Israel War has reverberated across borders, transcending boundaries to affect individuals far beyond the conflict zone.

While much attention has been rightfully directed toward the immediate physical and psychological consequences within the war-torn regions, there is a growing need to explore the broader impact on the mental health of populations in neighboring countries including the sleep disorders among the Tunisian population during this war.

Objectives: To study the sleep disorders in Tunisian people related to the extensive war news broadcasting and to identify the factors associated to it.

Methods: It was a cross-sectional, descriptive and analytical study, conducted among Tunisians. Data were collected during October and November 2023, through an anonymous online questionnaire, spread throughout social media (Facebook/Instagram), using the Google Forms® platform. We used a socio-demographic and clinical data sheet and the Insomnia Severity Index (ISI) to measure the severity of insomnia.

Results: A total of 1091 participants completed the questionnaire. The participants' mean age was 32.7 ± 9.8 years, with a sex ratio (F/M) = 3.5.

The study revealed that 100% of the respondents followed the war, predominantly relying on social media (98.6%) with 55% closely monitoring the war via the media during more than 3 hours per day. 74.1% of the participants were Religious practitioners According to the (ISI): a significant insomnia was found in 75.2% of participants. The breakdown of insomnia severity indicated that 47.3% experienced subthreshold insomnia, 25.7% clinical insomnia of moderate severity, and 2.2% clinical insomnia of severe intensity. The factors significantly associated with severe insomnia were: a male population (p=0.018) and an increase in religious practices (p=0.031).

Conclusions: The impact of the Palestine-Israel war on Tunisian individuals' sleep patterns, predominantly mediated through increased exposure via social media with using increase in religious practices as a possible coping mechanism. The study highlights support initiatives to address the psychological repercussions of international conflicts on mental health. This suggests the importance of applying sleep hygiene rules and screening for sleep disorders.

Disclosure of Interest: None Declared

EPP0738

Insomnia and Its Association with Successful Aging in the Older Indian Population: A Large Population-Based Study Based on LASI, Wave 1

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doi: 10.1192/j.eurpsy.2024.813

Introduction: Evidence regarding the link between insomnia and successful aging (SA) in the older generation remains scarce.

Objectives: The purpose of this study is to explore the relationship of insomnia with SA within a substantial sample of the community-dwelling Indian population.

Methods: Data were drawn from the Longitudinal Ageing Study in India (LASI), Wave 1, conducted during 2017-2018. Older participants aged 60 years and above who completed both the insomnia and SA surveys were included. Insomnia was determined by the presence of at least one of three symptoms: 1) difficulty in initiating sleep; 2) difficulty in maintaining sleep; or 3) early morning awakening, occurring 5 or more times per week. SA was

assessed by five components: 1) absence of chronic diseases; 2) low probability of disability; 3) high cognitive functionality; 4) low probability of depression; and 5) active social engagement. The association between insomnia and SA was examined through survey-weighted multivariable logistic regression, with adjustments made for potential covariates. Subgroup analyses were carried out to evaluate interactions with age, sex, alcohol use, and smoking status.

Results: A total of 31362 participants met the eligibility criteria. The overall weighted prevalence was 9.91% for insomnia and 23.94% for SA. In fully adjusted models, insomnia exhibited a negative association with SA (OR 0.70; 95% CI 0.63-0.78, see Table 1) and with each of SA's components, except for the absence of chronic diseases (OR 0.94; 95% CI 0.85-1.04, see Table 1). Subgroup analyses, stratified by age, sex, alcohol use, or smoking status, did not reveal any significant interactions between insomnia and SA (p for interaction = 0.098, 0.873, 0.704, 0.095, respectively).

Table 1. Relationship between insomnia and successful aging.

Insomnia	ORs (95% CIs)		
	Unadjusted model	Model 1	Model 2
No	Reference	Reference	Reference
Yes			
Successful aging	0.50 (0.45, 0.55)	0.54 (0.49, 0.60)	0.70 (0.63, 0.78)
Absence of chronic diseases	0.66 (0.61, 0.71)	0.65 (0.60, 0.70)	0.94 (0.85, 1.04) [†]
Low probability of disability	0.43 (0.40, 0.46)	0.45 (0.42, 0.49)	0.51 (0.47, 0.55)
High cognitive functionality	0.66 (0.61, 0.72)	0.75 (0.68, 0.83)	0.78 (0.71, 0.87)
Low probability of depression	0.33 (0.30, 0.36)	0.34 (0.31, 0.38)	0.38 (0.34, 0.42)
Active social engagement	0.79 (0.73, 0.86)	0.87 (0.80, 0.95)	0.86 (0.78, 0.94)

[†] p > 0.05; ORs, odds ratios; 95% CIs, 95% Confidence intervals. Model 1 adjusted for: age, sex, level of education, work status, marital status, place of residence, economic status, caste; Model 2 adjusted for: model 1 plus body mass index (BMI), alcohol use, smoking status.

Conclusions: Insomnia was negatively linked with SA within the older Indian population. Future prospective studies are warranted to validate these relationships, investigate underlying mechanisms, and enhance the understanding and promotion of SA.

Disclosure of Interest: None Declared

Addictive Disorders

Abstract

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EPV0001

Use of videogames, Internet Gaming Disorder, and Agressiveness in Emerging Adulthood

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Introduction: Internet gaming disorder has been associated with an excessive number of hours spent playing video games, which leads to a detriment of other daily activities and interests. In addition, it is associated with personality traits such as aggression and anger. In Portugal this relations are almost unexplored.

Objectives: To explore the relationship between video game use, internet gaming disorder and aggression.

Methods: This study was applied to a sample of 202 subjects, aged between 18 and 29 years old ($M = 22.5$, $SD = 3.006$). Subjects fulfilled a sociodemographic and videogame pattern questionnaire, and the Portuguese versions of the Internet Gaming Disorder Scale (short form), and the Buss-Perry Aggressiveness Questionnaire.

Results: In this study 20.3% ($n = 27$) of the males and 5.8% ($n = 4$) of the females use excessively videogames, considering the screen time recommended by the American Academy of Pediatrics. However, 81% ($n = 70$) of the sample have a positive self-perception of their use. 21.4% ($n = 45$) use videogames during day, 71% ($n = 49$) during night and 3.8% ($n = 8$) during dawn. The total score for internet gaming disorder was of 15.17 ($SD = 6.006$), but only 1 subject (0.5%) presented probable videogame disorder considering the cut-off points. A positive and significant correlation was found between internet gaming disorder and physical aggressiveness (.32**), verbal aggressiveness (.28**) and hostility (.45**). Finally, a positive correlation was found between internet gaming disorder and time spent playing video games.

Conclusions: Our results, despite being merely exploratory, show us the relationship that exists between the use of video games, internet gaming disorder and aggressiveness. In that sense it is important to continue to explore internet gaming etiology and consequences.

Disclosure of Interest: None Declared

EPV0003

Alcohol addiction treatments for home resident in Switzerland: review and results of a transectional study

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Introduction: In Switzerland, alcohol consumption is even decreasing, with an exception for old people after retirement. 35% of them have a heavy or addictive consumption (OFSP, consommation d'alcool en Suisse, fait et chiffres. 01.2023). This is also the case for home residents. The alcohol consumption by old people has negative consequences on the health (falls, fractures, cognitive disorders).

The authors conduct a cross-sectional enquiry in the homes of Fribourg area to identify addictive behaviour and different existing supports. After a review, the authors present the results of their enquiry

Objectives: Identify how much home-residents have a problematic or an addictive alcohol problem



Identify if there is existing support
Hinghlighting the training need for the staff

Methods: Crossectionnal enquiry was sent in 42 Home of the
Fribourg area, with 3 relances

Results: The preliminary result will be completed at the end of
2023:

- Every home identify at least 4-5 residents with a problematic alcohol consumption
- Most of them, the staff have no specific addictive training and no needs for it
- The staff authorise alcohol consumption in the home, to avoid alcohol withdrawal
- The psychiatric consultant in the home can help the staff to manage the counter-attitudes

Home residents are not eligible for specialized addictive care, while the generally respond well to motivational interviewing or to controlled consumption. The lack of staff training could be an hypothesis. The lack of interest in the negative consequences of alcohol on the health of people at the end of their lives is another hypothesis

Conclusions: Nursing home residents are not eligible for specialized addictive care. The enquiry results are astonishing: no need of specialized training, authorization of continuous drinking in the different homes, while the literature points to the effectiveness of motivational interviewing or controlled approaches by old people with addictive disorders.

Further studies are needed, ethical consideration on the management of alcohol addiction in the elderly should be proposed.

Disclosure of Interest: None Declared

EPV0004

Cannabinoid syndrome in cannabis dependence: a case report

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Introduction: A 36-year-old man with a history of cannabis use disorder since age 16, consuming 8-10 units/day, experienced irritability and tremors upon reducing consumption. His psychiatric issues emerged in 2020, marked by anxiety, abdominal pain, and severe vomiting, leading to a dyspepsia diagnosis. Subsequently, he received psychiatric care at CAS Hospitalet, diagnosed with severe cannabis use disorder. No prior inpatient admissions occurred.

Objectives: Our project aims to show a case report and summarize the available evidence on cannabinoid hyperemesis syndrome (CHS).

Methods: In May 2023, he voluntarily sought admission to Barcelona's "Hospital Sant Pau," aiming for cannabis detox and treatment of cannabinoid hyperemesis. He'd endured years of intense abdominal pain, nausea, and vomiting, worsening over the last two years, with uncontrollable vomiting hindering daily life. Admission saw reduced cannabis use to 3-4 units/day. Inpatient care revealed anticipatory anxiety, rumination, and somatic anxiety, accompanied by distal tremors and internal restlessness due to abdominal discomfort, partially alleviated by 5-10 mg of diazepam.

Results: Treatment included domperidone 10mg/8h, haloperidol drops (5-10 drops/8h), capsaicin ointment, hot showers, and cryotherapy, resulting in gradual relief from abdominal pain. Moderate cravings for tobacco and cannabis led to acetylcysteine 600mg/12h and gabapentin up to 1200mg/8h. Gastric discomfort with SSRIs led to vortioxetine 10 mg/day, well-tolerated with a positive response. Consultation with the GI department confirmed the treatment's efficacy, emphasizing cannabis abstinence. Upon discharge, cannabinoid hyperemesis symptoms markedly improved, and the patient was referred to "Hospital de Dia."

Conclusions: CHS is a cyclic vomiting syndrome, preceded by daily to weekly chronic longstanding use of cannabis that can be difficult to diagnose and treat (1,3,4). It is unique in presentation, because of the cannabis's biphasic effect as anti-emetic at low doses and pro-emetic at higher doses, and the association with pathological hot water bathing (2). The major characteristics are as follows: history of regular cannabis for any duration of time (100%), cyclic nausea and vomiting (100%), resolution of symptoms after stopping cannabis (96.8%), compulsive hot baths with symptom relief (92.3%), male predominance (72.9%), abdominal pain (85.1%), and at least weekly cannabis use (97.4%) (1). Treatments such as topical capsaicin, haloperidol, benzodiazepines, and propranolol have shown symptom relief (3) whereas opioids should be avoided (4). Cannabis cessation appears to be the best treatment (1,3).

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Disclosure of Interest: None Declared

EPV0005

The role of the occupational therapist in treatment of patients with prescription medicine dependence

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Introduction: The abuse of prescription drugs (especially sedatives, hypnotics and opioid analgesics) is a serious and increasingly common phenomenon occurring across addiction clinics. Medications are prescribed for the treatment of chronic pain, sleep difficulties or as mood stabilisers in response to the rush of time and demands of performance. The onset of addiction is often protracted and subtle, but has a major impact on the quality of life and the health, economic or social status of the user. Patients may experience, among other things, cognitive impairment, fatigue, sleep disturbances, irritability, loss of motivation, headaches or impaired coordination of movements. This study is focused on cognitive impairment due to prescription drug dependence and how this impairment affects patients in everyday life.

Objectives: This poster aims to introduce the audience to the possibilities of occupational therapy intervention in the context of addiction medicine.

Methods: Data will be taken using standardized tests and questionnaires dealing with cognitive function. It will be conducted upon the patient's admission to addiction treatment and again after six months of cognitive rehabilitation following the initial survey. Data are collected at the General University Hospital in Prague, Department of Addictology, Prague, Czech Republic.

Results: Data are being collected.

Conclusions: The case study manifests multidisciplinary approach in care of patients addicted of prescription medicine. The aim is a comprehensive view of all aspects of the patient's life affected by prescription drug abuse with cognitive impairment.

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Disclosure of Interest: None Declared

EPV0007

Psychoactive substance disorder: first experience In a comprehensive model of harm reduction model in Bogotá Colombia, 2017-2021

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Introduction: In Colombia the traditional treatment model implies the needing of a total cessation of consume to be able to access an inpatient and long stance rehabilitation program. However, literature in other countries experiences had suggested and used a harm reduction program with an outpatient rehabilitation program.

As this programs are more cost-effective and enables the patient to continue his daily life, perpetuate his life style, keep and enhance the psychosocial network, an outpatient comprehensive multimodal program was designed to adapt to a health promotion company (EPS for its Spanish acronym) and has been used since 2017.

Objectives:

- share the experience acquired in an undeveloped country of Latin America
- The typification in the main substance consumption in the development group as well as its differentiation in gender and age group

Methods: Experience and results

Results:

- The majority of patients are men over women
- the predominant age group is between 29-59 years old
- there is a difference between the age group depending on the substance of impact

Conclusions: The experience has shown that up to 30% of the population treated have gotten to a controlled consumption or the total suspension without the needing of an inpatient program. In general, the patient has shown motivation and adherence to an outpatient program.

Disclosure of Interest: None Declared

EPV0010

Spironolactone in Alcohol Use Disorder (SAUD): Introduction to an ongoing double-blind, placebo-controlled, ascending dose, Phase 1b study

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Introduction: Efforts are critically needed to increase the armamentarium of options that clinicians can use to treat patients with alcohol use disorder (AUD). Numerous preclinical studies support the hypothesis that mineralocorticoid receptor (MR) pharmacological antagonism may represent a novel and promising treatment for AUD. Namely, the non-selective MR antagonist spironolactone dose-dependently decreased 1) the intake of alcohol in mice in a model of alcohol binge drinking procedure and 2) alcohol self-administration in dependent and non-dependent rats (Farokhnia, Rentsch, Choung *et al.*, *Mol Psychiatry* 2022; 27(11):4642-4652). Furthermore, two U.S.-based independent human pharmacoepidemiologic studies utilizing electronic health records data showed that patients treated with spironolactone for any indication reduced their weekly alcohol use in a primary care-type medical setting (Palzes *et al.*, *Neuropsychopharmacology* 2021; 46(12):2140-2147) and Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) score in a Veterans Affairs medical setting (Farokhnia, Rentsch, Choung *et al.*, 2022; 27(11):4642-4652). In both studies, spironolactone-treated patients were compared to matched ones without spironolactone prescription using propensity score matching.

Objectives: We are conducting a Phase 1b human study to assess the pharmacokinetics and pharmacodynamics of spironolactone-alcohol co-administration and testing the safety and tolerability of spironolactone, alone and combined with alcohol in individuals with AUD.

Methods: Spironolactone in Alcohol Use Disorder (SAUD) is a double-blind, placebo-controlled, randomized, within-subject, ascending dose study with spironolactone (0, 100, 200, 400 mg/day) PO for 5 days to reach steady-state, followed by oral fixed-dose alcohol administration aimed at reaching a blood alcohol level of approximately 0.08 %. Our sample consists of 12 adults diagnosed with AUD.

Results: The primary endpoint is to measure spironolactone and alcohol PK during concomitant administration. Our secondary endpoints are 1) assessment of subjective and cognitive effects of acute alcohol administration during concomitant spironolactone treatment; 2) number and severity of adverse events (AEs) experienced, compared between placebo (0 mg/day) and all three spironolactone doses; 3) PK characteristic of spironolactone active metabolites, canrenone, 7- α -thiomethylspironolactone (TMS) and 6 β -hydroxy-7 α -thiomethylspironolactone (HTMS), before and after administration of alcohol. Recruitment is underway.

Conclusions: The above-mentioned preclinical and clinical evidence suggest that spironolactone may be repurposed for the treatment of AUD. Our Phase 1b study is a key step before moving to larger efficacy trials.

Disclosure of Interest: None Declared

EPV0011

From wernicke-korsakoff to central pontine myelinolysis: the potentially irreversible risks of alcohol use

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Introduction: Sustained alcohol intake, when combined with incomplete treatment, can result in chronic structural changes in the Central Nervous System, including generalized cortical and cerebellar atrophy, amnesic syndromes like Korsakoff's syndrome, and white matter disorders such as Central Pontine Myelinolysis and Marchiafava-Bignami syndrome. It is crucial to prevent these complications due to their potential for irreversible and debilitating consequences. For Wernicke-Korsakoff syndrome, early recognition and thiamine administration for prevention are paramount, as it arises from thiamine deficiency due to malnutrition caused by persistent alcohol use. In the case of Central Pontine Myelinolysis, which is caused by abrupt fluctuations in serum osmolality, controlled sodium correction is essential.

Objectives: Through a clinical case and a review of published literature, this study aims to reflect on the importance of preventing neurological injuries associated with chronic alcohol consumption, specifically Wernicke-Korsakoff Syndrome and Central Pontine Myelinolysis.

Methods: A literature review was conducted by searching for articles on PubMed using the terms "Alcohol Use Disorder," "Wernicke-Korsakoff syndrome," and "Central pontine myelinolysis." A clinical case is presented, featuring a 50-year-old patient with alcohol use disorder who developed Wernicke-Korsakoff syndrome and Central Pontine Myelinolysis. Considering this case, we reflect on the primary approaches that could have been beneficial in preventing these complications and propose a straightforward method for doing so.

Results: A 50-year-old patient presented with poor general condition, characterized by low weight, significant loss of strength in the limbs and arms, and incoherent speech with anterograde amnesia and confabulation. This condition had progressed to a point where the patient could no longer walk, perform basic self-care tasks such as bathing, dressing, and eating independently, underscoring the severity of his condition. The diagnoses of Wernicke-Korsakoff syndrome and Central Pontine Myelinolysis were established based on clinical manifestations and the presence of hyperintense lesions observed in the central pons on T2/FLAIR axial MRI scans. This clinical case highlights the importance of proper and precocious prevention of complications in patients with alcohol use disorder. The foremost step in preventing these complications is to treat alcohol dependence effectively, even when faced with patient resistance. It's vital to remain vigilant about potential complications and implement suitable prophylactic measures.

Conclusions: The devastating effects of complications arising from Alcohol Use Disorder, such as Wernicke-Korsakoff syndrome and Central Pontine Myelinolysis, underscore the importance of

enhanced attention that clinicians should provide when approaching these patients at all clinical interactions.

Disclosure of Interest: None Declared

EPV0013

Different facets of addiction from a systemic perspective: a case report

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Introduction: Many individuals who suffer from one or multiple substance use disorders often also struggle with another co-morbid psychiatric condition, primarily anxiety disorders. As substance dependency develops, the loss of self-control becomes a pivotal issue, leading to challenges in self-esteem and self-respect. These challenges subsequently give rise to problems in interpersonal communication and close relationships. In addition to the biological model of substance use problems and highly manualized approaches, it is crucial to have a systemic understanding of the patient's situation and appropriate treatment settings. This understanding allows for the proper consideration of individual differences and requirements, ultimately enabling better treatment and prevention strategies.

Objectives: Our aim is to present a comprehensive case that shows various facets of addiction and introduce a systemic therapy concept of an integrative/systemic day clinic from Germany.

Methods: Through a detailed case presentation, we will introduce a systemic-psychotherapeutic day-clinic concept from a psychiatric training hospital in Wunstorf, Germany.

Results: Case: In the case of a 48-year-old female patient initially diagnosed with recurrent depressive disorder, it was later revealed that she also deals with alcohol addiction and its interconnectedness with sex addiction. Shame and a lack of self-esteem in relationships played a central role in her journey. She does not perceive herself to be loved but to be harmed, which led to many violent sexual acts that increased her feelings of shame. Systemic therapeutic approaches like family constellations were applied, helping her to experience her child-ego states. This profound insight propelled her willingness to change. She began prioritizing self-care, learning to like, accept, and eventually love herself. Aromatherapy aided in calming and maintaining focus. The patient learned to redefine her emotions, aligning them with reality, thereby enabling the adaptive fulfillment of her needs.

Conclusions: Our interdisciplinary team at the day clinic employs therapeutic approaches like dynamic, cognitive-behavioral, and systemic therapy to thoroughly understand the patients and their conditions. This case underscores the significance of an individually tailored treatment drawing from diverse therapeutic concepts, especially in patients with addiction. The combination of different therapeutic approaches facilitates a profound engagement with the patient, potentially resulting in more intensive therapeutic work and a higher rate of success which should be evaluated in future studies.

Disclosure of Interest: None Declared

EPV0014

Women's addiction : experiences at Arrazi Psychiatric Hospital in Morocco

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Introduction: Drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medicine. there is a complex interplay of neurobiology, genetics, and the environment –nature and nurture– that play into the development of addiction, alcohol, and other drug use disorder. Substances such as alcohol, marijuana and nicotine also are considered drugs. Research has shown that women often use drugs differently, respond to drugs differently, and can have unique obstacles to effective treatment as simple as not being able to find child care or being prescribed treatment that has not been adequately tested on women.

Objectives: describe the socio-demographic and clinical characteristics of female patients admitted to the addictology department of Arrazi Hospital in Salé

Methods: Retrospective study with descriptive and analytical aims on the files of women who were admitted to the addictology service since its opening in 2000, with the aim of specifying the prevalence and the characteristics of addictive behaviors in the female population.

Results: in progress

Conclusions: in progress

Disclosure of Interest: None Declared

EPV0016

Combating Gaming Disorder in 2024: A Survival Manual

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Introduction: Gaming Disorder (GD) has not been officially recognized as a diagnostic entity in the DSM-5, being listed in the “conditions for further study” section. However, it is described in the ICD-11, and clinically, it is observed that an increasing number of individuals, particularly the younger population with easier access to technology, are affected by this issue. Nefarious consequences include loss of performance at school/work and a potential for failing other responsibilities such as in the familiar and social spheres.

Objectives: Despite its harm, psychiatrists are generally less familiar with this entity when compared to other psychiatric disorders. Thus, our main goal was to establish a comprehensive and holistic review of its approach.

Methods: A bibliographical research on the topic was conducted from the available scientific literature on the topic, with the utmost prioritization of evidence-based sources.

Results: The overall prevalence of Gaming Disorder is challenging to assess precisely, but it is estimated to be around 3%, making it comparable to obsessive-compulsive disorder and some substance use disorders. It is more common than pathological gambling. Clinically, GD is characterized by an excessive preoccupation with gaming that supersedes all aspects of life. It may also involve a compulsion to play and the presence of withdrawal symptoms from periods when there are no gaming activities. The behavior is driven by the ACE triad (anonymity, convenience, and escape). Often, individuals with GD do not seek treatment. Although there are no specific pharmacological agents, antidepressants, mood stabilizers, and naltrexone have shown some success. In psychotherapies, cognitive-behavioral therapy has the strongest evidence.

Conclusions: There is a limited amount of information on GD, and when researching the topic, one primarily encounters information on other substance-related addictive disorders and, in the case of behavioral disorders, gambling. However, as young people are increasingly exposed to screens and video games with potential harmful effects on their development, and in adults, inhibiting them from taking on work and family responsibilities, it is essential to conduct more studies on the subject to prevent these deleterious consequences.

Disclosure of Interest: None Declared

EPV0017

Alcohol withdrawal seizures, epilepsy and brain trauma

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Introduction: Alcohol addiction can lead to withdrawal seizures, but most patients do not develop epilepsy. In some cases a permanent complication occurs - symptomatic epilepsy. In other cases epilepsy precedes alcohol addiction. Comorbidity may pose serious challenges to treating clinicians. There are conflicting data regarding relationship between alcohol use, seizures and epilepsy (Scorza CA et al., CLINICS 2020;75:e1770). Other factors like brain trauma may have impact in genesis of epileptic states as well.

Objectives: Evaluation of interplay between seizures, epilepsy and brain trauma in patients with alcohol use disorder.

Methods: Analysis of a case series in a hospital setting and review of relevant literature.

Results: In our series of cases the number of patients who have suffered epilepsy before the onset of alcohol use is small. In most of the hospitalized patients epilepsy occurred after the development of alcohol use disorder. In this group we observed that head and brain trauma play role in genesis of seizures and epilepsy and in some instances the reverse happens.

Conclusions: Our data indicate the potential role of brain trauma as predisposing and complicating factor in patients who developed seizures and epilepsy. Seizures sometimes increase the risk of brain trauma. Seizures and trauma are important factors in typology of Lesch (Lesch et al. 2011) and a serious evaluation in this direction is important, because its diagnostic, therapeutic and prognostic implications. Further clarification in this field is necessary.

Disclosure of Interest: None Declared

EPV0018

Addiction to budda blues : About 2 clinical cases

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Introduction: Buddha Blue, or PTC for “Pète Ton Crâne”, is a synthetic drug particularly popular with young people. It is sold as a liquid to be inhaled in electronic cigarettes.

Objectives: To discuss the clinical manifestations and psychopathology associated with PTC.

Methods: We shed light on PTC addiction through clinical vignettes of patients who were hospitalized in pediatrics at the Gonesse hospital.

Results: We received two male patients with manifestations of PTC intoxication or withdrawal. One of the patients presented with an acute delirious flush requiring long-term treatment, while the second presented with somatic manifestations of pain and vomiting, as well as psychiatric manifestations such as hallucinations, without meeting the criteria for a psychiatric disorder. Both cases required addictological follow-up and child psychiatric therapy.

Conclusions: PTC addiction can lead to life-threatening complications, hence the importance of prevention and screening in order to institute early and effective treatment.

Disclosure of Interest: None Declared

EPV0019

Prevalence and factors associated with smoking among university staff

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Introduction: Smoking among university professionals could influence student smoking behavior, making it important to understand the associated factors to prevent this phenomenon.

Objectives: To determine the prevalence of smoking among University staff in Sfax, Tunisia, and identify its associated factors.

Methods: We conducted a cross-sectional survey using a self-administered questionnaire distributed to 100 university staff. The questionnaire included socio-professional characteristics, assessment of physical workload using the Borg CR-10 scale, and evaluation of nicotine dependence using the Fagerström test.

Results: Our study included 62 participants, with 67.7% of them being women. Active smoking was reported by 50% of male participants. We observed symptoms of severe to very severe depression, anxiety, and stress in 6.4%, 22.5%, and 9.7% of our participants, respectively. Nicotine dependence, as assessed by the Fagerström test, was high to very high in half of the smokers. Bivariate analysis

indicated a significant association between smoking and male gender, perceived workload (33.9%), and body mass index.

Conclusions: Smoking among university staff is a prevalent phenomenon, especially among male participants. The association of smoking with perceived workload suggests the need for preventive measures to reduce these physical constraints. It is paramount to take actions to encourage smoking cessation among university staff.

Disclosure of Interest: None Declared

EPV0020

Smoking Prevalence and its Association with Work-Related Factors in an Electricity and Gas Company

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Introduction: In the workplace, a smoke-free environment is crucial to guaranteeing the health of workers and those around them. Understanding the relationship between smoking and work is a prerequisite for implementing effective tobacco control measures.

Objectives: To assess the prevalence of smoking in an electricity and gas company in Sfax and to determine the relationship between workers' nicotine dependence and perceived workload.

Methods: We conducted a cross-sectional survey evaluating the smoking behavior of 100 employees of an electricity and gas company. The survey was carried out from July to December 2022 using a two-part questionnaire. The first part was completed by the participants, and the second was administered by the interviewer. Nicotine dependence was assessed using the Fagerström test, while perceived workload was evaluated using the raw NASA-TLX questionnaire.

Results: Our study population consisted of 82 male participants. Active smoking was reported by 45.1% of participants. Among smokers, 40.5% had moderate to high nicotine dependence as assessed by the Fagerström test. According to the raw NASA-TLX questionnaire, the mean scores for mental, physical, and temporal demands were 88.8±13.5, 63.6±24.7, and 59.1±28.4, respectively. The mean scores for effort, performance, and frustration were 83.8±14, 85.4±13.1, and 34.5±28.1, respectively. Bivariate analysis indicated an inverse correlation between nicotine dependence and physical demands at work. However, a significant positive correlation was found between nicotine dependence and frustration at work.

Conclusions: Smoking among electricity and gas company workers is a prevalent issue, highlighting the urgent need for smoking cessation interventions. The association of smoking with perceived workload underscores the importance of preventive measures to reduce work-related stress.

Disclosure of Interest: None Declared

EPV0021

Cyberaddiction in the medical setting: A study of 45 cases

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Introduction: Internet use can become uncontrollable, leading to physical and psychological suffering and what is known as cyber-addiction.

Objectives: To assess the frequency of cyberaddiction in a population of young doctors.

Methods: We conducted a cross-sectional, descriptive study of a population of young doctors. We collected socio-professional and medical data using a Google Forms self-questionnaire. The Young scale was recommended for screening for cyberaddiction. A score ≥ 5 indicates Internet addiction. The Hospital Anxiety and Depression Scale (HAD) was adopted to reveal anxiety-depressive disorders.

Results: A total of 45 physicians responded to our survey. The mean age was 29.93 ± 4.8 years. The sex ratio (M/F) was 0.3. Participants were single in 69% of cases. Residents represented 64% of the population. Physicians were family medicine residents in 11% of cases. The mean Young's score was $3.13 \pm 1.97/8$. Cyberaddiction was noted in 24% of cases. A definite anxiety-depressive disorder was found in 6.7% and 13.3% of cases respectively. Internet addiction was significantly associated with female gender ($p < 0.05$) and a positive HAD (A) score ($p = 0.03$).

Conclusions: According to the results of our study, cyberaddiction is common among medical staff. A preventive strategy is needed to counter the harmful effects of this addiction.

Disclosure of Interest: None Declared

EPV0022

Alcohol and tobacco dependence among medical practitioners

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Introduction: Excessive use of tobacco, alcohol and other illicit drugs has a negative impact on the physical and mental health and work capacity of users. Physicians are no exception to these dreadful practices.

Objectives: To assess tobacco and alcohol use among medical staff and the factors associated with these uses.

Methods: Descriptive cross-sectional study of physicians practicing in different Tunisian hospitals. The levels of tobacco and alcohol dependence were assessed by the Fangerström and AUDIT tests. Anxiety and depression disorders were screened by the hospital anxiety and depression scale (HAD)

Results: A total of 45 physicians participated in our study. The average professional seniority was 3.36 ± 3.5 years. The mean age was 32.11 ± 6.08 years with a sex ratio (M/F) of 0.32. The participants were medical residents in 64% of the cases. The frequency of smoking was estimated at 24%. The level of smoking dependence was high in 9% of cases. Men were more addicted to nicotine than women ($p = 0.014$). Alcohol consumption was 18%, made up of 62% of women; with a strong dependence rate in 25% of users. Definite anxiety disorders were found in 7% of cases and definite depressive disorders were present in 13% of cases. No correlation between medical specialty, grade, anxiety disorders and level of dependence was observed.

Conclusions: Doctors seem to be particularly affected by addictive behaviours and psycho-emotional disorders which could sustain these practices. Awareness-raising sessions and special monitoring must be introduced to combat these scourges.

Disclosure of Interest: None Declared

EPV0024

Prevalence and determinants of internet addiction among children with depression: A study in a school setting in Tunisia

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Introduction: Child depression is a public health problem. Its association with internet addiction (IA) could increase the frequency of complications and have a significant impact on the child's psychological well-being, schooling, family and social life.

Objectives: To study the clinical profile and associated factors of IA in a population of primary school children with depressive disorders.

Methods: This was a descriptive and analytical cross-sectional study of 182 children with depression attending four primary schools in the government of Sfax. The study took place from 1 March 2022 to 30 June 2022. In the present study, we administered the following psychometric scales: Internet Addiction Test (IAT), Revised Children's Anxiety and Depression Scale (RCADS- 47), Birlson Depression Scale Questionnaire and the Rosenberg Self-Esteem Scale.

Results: The mean age of the children studied was 9.9 ± 1.17 years and the sex ratio was 0.8. Mean score of Internet Addiction Test was 40 ± 4.46 . In addition, Internet addiction was identified in 73.6% of students with depression ($N = 143$). Following a univariate analysis, internet addiction among depressed Childrens was positively correlated to individual factors such as the absence of leisure activity, the number of hours per day spent on the internet (1.63 VS 3.25 , $P < 0.001$) and interest in accessing Tiktok ($p = 0.002$). Internet addiction in depressed children also depended on family factors. Internet addiction was more common among childrens with a medium to

high family socio-economic level ($P < 0.001$) in cases where parent-child communication was deemed unsatisfactory ($P = 0.002$) and in cases of verbal violence ($P < 0.001$). We were also able to establish a significant link between internet addiction among depressed pupils and significant symptoms of anxiety ($P=0.019$) and low self-esteem ($P<0.001$). Multivariate analysis using binary logistic regression revealed that medium to high socio-economic level, unsatisfactory parent-child communication, absence of leisure activities and significant symptoms of social phobia were independent predictors of Internet addiction in children with depression.

Conclusions: Our study highlighted the high frequency of IA in children with depression and demonstrated the implication of certain variables such as medium to high socio-economic status, disruption of the family environment, anxiety and low self-esteem. The identification of these different factors would make it possible to identify a group at risk of IA. This raises the case for introducing prevention and awareness-raising campaigns on IA among depressed children, targeting these groups and targeting health professionals and parents.

Disclosure of Interest: None Declared

EPV0025

Addiction and pregnancy: case report on gender perspective.

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Introduction: In recent years, interest has grown in understanding the particularities of addiction in women. One of these singularities, with an important impact on public health, is pregnancy. Substance use during pregnancy has increased in recent decades. Given that addiction is mainly a chronic disease of the brain circuits of reward, motivation and memory, an event such as pregnancy does not exempt people who suffer from substance use disorder (SUD) from the difficulties of achieving abstinence. Moreover, as addiction often involves cycles of relapse and remission, pregnant women can also suffer a relapse even if they previously had achieved abstinence. On the other hand, given that addiction is a disease with a significant social component, we can find patients in precarious economic and social situations who suffer unwanted and therefore unplanned pregnancies.

Objectives: To describe the case of a pregnant woman with SUD for multiple drugs who is admitted to the inpatient ward of the Hospital Clínic of Barcelona for detoxification. Also to reflect, taking in to account gender perspective, on the particularities of substance use in women on childbearing age.

Methods: We present the case of a 25-year-old woman, six weeks pregnant and homeless, who was admitted to the inpatient ward for presumed psychotic symptoms. Even if the patient had a history of intravenous heroin, cocaine, and methamphetamine use, during the admission she only admitted current alcohol consumption (3 UBE/day). During admission, the patient decided to undergo a legal voluntary abortion. Regarding this case, we did a literature review on the consequences of different substances use to pregnancy (to both the fetus and the mother's health). Likewise, we reflected on

interventions that could be carried out in community mental health facilities to detect cases like the one exposed and provide help.

Results: Poor obstetric outcomes are six times higher in patients who use substances. Newborns can have withdrawal syndrome, spontaneous abortion, pre-term birth, fetal malformations and fetal growth restriction. More than 50% of women of reproductive age use drugs, mainly alcohol. Routine screening and education of women of reproductive age is the best way to reduce substance use during pregnancy.

Conclusions: We consider it essential for a better management of these patients to remember that the evidence suggests that the decisions that addicts make are mainly driven by a pathology, not by a moral failure. However, pregnancy can be a moment of greater motivation to stop using drugs, given that it is a high risk situation for the mother and the fetus.

Disclosure of Interest: None Declared

EPV0029

The Relationship Between Problematic Internet Use (PIU) and Psychological Distress: A cross- sectional study

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Introduction: Problematic Internet Use (PIU) has emerged as a widespread social challenge and is characterised by an individual's inability to regulate their internet use, culminating in a negative impact on their daily life. It is vital to explore the possible mediating relationship between psychological distress and unregulated Internet use.

Objectives: The study aims to explore the relationship between problematic Internet use, psychological distress and quality of life.

Methods: In this cross-sectional study, participants engaged in a structured data collection process using Google Forms, responding to a series of questions developed through a quantitative methodology using a Likert scale questionnaire.

The K-6 Distress Scale and the World Health Organisation Quality of Life (WHOQOL) were used in conjunction with questions about demographics and problematic internet use. The integration of these multiple measures aimed to provide comprehensive insights into the effects and patterns of Internet use and its association with different levels of distress and demographic variables.

Results: Statistical data analysis revealed notable associations between psychological distress and several variables, including age, education, employment status and health, but no significant associations were found with place of residence or marital status. Significant associations were also found between problematic Internet use (PIU) and variables such as age, education, employment, marital status and health. However, no significant association was found with place of residence. Quality of life was also found to be correlated with age, employment status and health, but not with marital status or educational attainment. In addition, the analysis revealed a strong association between problematic internet use (PIU) and psychological distress. A concurrent

increase in reported psychological distress was observed as PIU levels escalated, reinforcing the relationship between excessive internet use and psychological wellbeing. This suggests that PIU may be associated with increased levels of mental distress in the population studied.

Conclusions: In conclusion, this study provides valuable insights into the multifaceted dynamics of mental distress, PIU, and quality of life in relation to demographic factors. It underscores the importance of holistic approaches to mental health that consider individual characteristics and behaviors, with a particular focus on addressing the challenges posed by problematic internet use. Further research and tailored interventions are needed to better understand and support people facing these complex issues.

Disclosure of Interest: None Declared

EPV0030

Psychotropic substance use among medical residents: prevalence and characteristics

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Introduction: Psychotropic substance use among medical residents represents a critical concern due to its potential impact on patient care and practitioner well-being. This topic looks into the prevalence and characteristics of psychotropic substance use, including prescription medications and illicit drugs, among individuals pursuing medical residency. Understanding the scope of the problem and its distinctive features is essential for developing targeted interventions and support mechanisms within the medical community.

Objectives: To assess psychotropic substance use among medical residents, describe its characteristics and determine the prevalence of problematic use.

Methods: We conducted a cross-sectional and descriptive study among Tunisian medical residents over a three-month period (August - September 2022) using an online survey. Different specialties and levels of residency were included. An online self-questionnaire was used including a data collection form and the DAST-10 (Drug Abuse Screening Test) scale. The data was analyzed using the SPSS 20th version software

Results: Among the 80 residents in our study, 19 (23.8%) reported psychotropic substance use, and 12 (15%) reported that they had misused psychotropic drugs at least once in their lives (without a prescription and/or with a prescription but not following the instructions). The most commonly psychotropic drugs used were benzodiazepines, followed by amphetamines, analgesics, anesthetics, and pregabalin (28%, 16%, 12%, 12%, 12%, respectively). Consumption was regular for 41.7% of those who reported psychotropic drugs misuse. The initiation of psychotropic use followed a desire to experiment various substances (41.7%), a medical prescription (33.3%), or their availability due to medical practice (25%). Self-medication and recreational use were the most common reasons for use (41.7% each). Furthermore, 31.6% of consumers revealed a problematic substance use as assessed by the DAST-10 scale.

Conclusions: Our study showed a concerning prevalence of psychotropic substance use among medical residents, benzodiazepines being the most prevalent. Notably, 15% acknowledged misuse and a

significant proportion displayed problematic substance use. These results highlight the potential health risks and the importance of addressing this issue within the medical community.

Disclosure of Interest: None Declared

EPV0031

The relationship between cannabis use, depression, anxiety and self esteem among Tunisian young adults living abroad

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Introduction: Cannabis use is very common worldwide. Its consumption could be explained by recreational purposes as it can be motivated by some psychiatric disorders such as depression, anxiety or low self-esteem.

Objectives: This study aims to explore the relationship between cannabis use, depression, anxiety and self-esteem among a population of Tunisian adults living abroad.

Methods: A cross-sectional online survey was carried out using a self-administered questionnaire on young Tunisians people who have completed their secondary studies at the pilot high school of Sfax and currently residing abroad. The survey questionnaire was designed on Google Forms. It included a data collection sheet and psychometric scales "Cannabis Abuse Screening Test" (CAST), "Hospital Anxiety and Depression Scale" (HADS) and "Rosenberg's self-esteem scale".

Results: The sample consisted of 35 Tunisian young adults. 17 participants (48.6%) reported a cannabis use behavior. It was done with friends in a festive setting in 88% of cases (N=15). According to the CAST, 17,6% (N=3) of cannabis users were at high risk of cannabis dependence. Anxiety was present in 17,6% (N=3) and depression in 17,6% (N=3) of participants. Self-esteem was low in 23,53% (N=4) of participants.

Cannabis use was not associated with the presence of current emotional disorders such as anxiety and depression ($p=0.894$ and $p=0.933$ respectively). It was also not associated with lower self-esteem ($p=0.585$).

Conclusions: Cannabis use is relatively common among young Tunisian emigrants without evolving towards dependence in several cases. This behavior seems to be more influenced by social factors and misrepresentations about cannabis than by psychological disturbance.

Disclosure of Interest: None Declared

EPV0032

Profile of cannabis users among a population of Tunisian young adults residing abroad

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Introduction: Tunisian emigrants may consume psychoactive substances in other countries. This community is exposed to sociocultural and legal contexts different from those in Tunisia and the degree of acculturation would tend to increase over time. However, data on the use of psychoactive substances, particularly cannabis, in this particular population are scarce.

Objectives: This study aims to determine the profile of Tunisian young adults residing abroad who use cannabis.

Methods: We conducted a cross-sectional, descriptive and analytic study. It was carried out in the form of an online survey. We focused on young Tunisians people who have completed their secondary studies at the pilot high school of Sfax and currently residing abroad. Data collection was through Google Forms administered questionnaire.

Results: Thirty-five participants were included in our study. Cannabis use behavior affected 48.6% of them (N=17)) and it was done with friends in a festive setting in 88% of cases (N=15). Cannabis use was more common among people who were single ($p=0.001$), living alone ($p=0.047$), had a psychiatric history ($p=0.032$) and hanging out with friends who also smoked cannabis ($p=0.032$). Cannabis use was also more common among cigarette smokers ($p=0.000$) and alcohol consumers ($p=0.000$). It was significantly more common among people who shared erroneous beliefs about cannabis, that it is a mild drug ($p=0.024$) and that it does not cause dependence ($p=0.042$).

Conclusions: Cannabis use among Tunisian young adults residing abroad seems to be a form of poly-consumption, more common among singles, living alone and having a psychiatric vulnerability. These findings underscore the need for targeted interventions and educational initiatives to address cannabis use within this specific population.

Disclosure of Interest: None Declared

EPV0033

HCV screening, investigation and management in persons with SUD admitted to Mount Carmel Hospital, Malta

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Introduction: Individuals who suffer from substance use disorder (SUD) are at increased risk of Hepatitis C (HCV). Mount Carmel Hospital (MCH) is the only public service in-patient mental health care facility on the island of Malta. Individuals with SUD are referred to MCH for support with comorbid mental health conditions.

Objectives: To assess whether current practice meets the UK Clinical Guidelines on Drug Misuse and Dependence (2017) recommendations- yearly screening for HCV, further testing and referral to infectious disease specialists for those who screen positive for HCV. To compare current practice at MCH, Malta with other countries in the European Union and United Kingdom.

Methods: Retrospective analysis of HCV screening, investigation and referral practices as recorded on iSoft Clinical Manager records for SUD-related admissions to MCH under the care of addiction specialists in 2022 ($n=120$). Admissions data were provided by the data protection office, with permission from the Chairman of the Department of Psychiatry, and de-identified at source to safeguard patient confidentiality.

Results: 60% ($n=72$) of the SUD inpatient population underwent screening for HCV according to guideline recommendations. 37% ($n=44$) of this cohort has received a positive HCV antibody result. 32 persons had HCV RNA load records, 34% ($n=11$) of whom had a detectable viral load. 50% ($n=17$) of those who screened positive for HCV were offered an appointment with an infectious disease specialist within the year, 7 attended. The table below compares HCV status between our group and published data for the UK, Austria and Greece. Despite heterogeneity in study designs and populations (we describe an inpatient cohort with diagnosed SUD, not all of whom inject drugs) comparable proportions have undergone HCV screening in the preceding twelve months and similar proportions have chronic HCV infection.

	% Tested in past year for HCV	% HCV antibody positive	% HCV RNA detectable	% HCV cleared
Malta (MCH 2022)	60	37	34	66
England, Wales, N. Ireland (UAMS 2021)	43	57	26	74
Scotland (NESI 2020)	58	55	81	19
Austria (EMCDDA 2019)	59	85	44	56
Greece (EMCDDA 2019)	/	61	54	46

Conclusions: Most SUD inpatients at MCH undergo HCV screening according to guideline recommendations but current practice falls short of ideal coverage and follow-up care. Current screening practices and chronic HCV infection rates at MCH are comparable to other countries in the EU and UK.

Disclosure of Interest: None Declared

EPV0034

Prevalence, sociodemographic factors and psychological distress related to compulsive buying online

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Introduction: Since that the online commerce provides an important shopping environment, it has been argued that traditional buying-shopping disorder may migrate into the online market.

Objectives: The aims of the current study were to investigate the prevalence of online buying-shopping disorder, and to determine sociodemographic and psychological factors related to this addictive behavior.

Methods: A cross-sectional, descriptive and analytical study was conducted among subjects who had already made at least one online shopping. Data was collected using a self-questionnaire published by GOOGLE FORMS. Assessment included the short version of the Internet Addiction Test modified for online shopping sites (s-IATshop). The Hospital Anxiety and Depression Scale (HADS) has been used to assess anxiety and depression.

Results: A total of 137 participants aged 34.62 ± 9.82 years completed the online questionnaire.

Only 4 (2.9%) participants had a probable compulsive buying shopping on line.

The HADS-A score ranged from 0 to 14, with a mean of 6.85 ± 3.49 and almost half of the participants (44.5%; N=61) had anxiety symptoms.

A high s-IAT shopping score was correlated with secondary or university education ($p=0.046$). We also found that women, who were younger and had higher incomes, had the highest scores on the s-IAT-shopping scale, without however confirming statistical significance.

Conclusions: Our study has shown the potential vulnerability factors for compulsive online shopping disorder. Thus, this behaviour deserves to be taken into account in behavioural addictions.

Disclosure of Interest: None Declared

EPV0035

Assessment of self-esteem among Tunisian cannabis users

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Introduction: Self-esteem plays a role in the adaptive functioning of the human being. It could be a protective factor regarding multiple risks particularly substance use.

Objectives: The aim of this study is to assess self-esteem among a group of young Tunisian users of cannabis.

Methods: The total study sample was composed of 137 participants, who took part of a transversal descriptive study during two months (January and February 2020). These partakers were comprehensively recruited among Emergency patients of Mahdia Hospital. Thereupon, the main criteria for the selection of these patients was their consumption of cannabis, regardless of their primary health care seeking reason or purpose. The research was carried out upon their declaration of cannabis consumption and their compliance to be part of such a study. Thus, Data were collected on a pre-determined data sheet that included various information (age, sex, lifestyle, personal and family psychiatric history, age at which they started their cannabis consumption and the rate of cannabis use ...). Accordingly, Self-esteem was assessed using the Rosenberg Self-Esteem Scale (RSES). Consequently, the interview took place after the subject's verbal and informed consent and the assurance of anonymity and confidentiality of the interview content.

Results: In our study population, the cannabis consumers were young adults aged between 18 and 35 years old, with a male predominance of 71%. Among those users, 65.9% were single and 29.7% dropped out of school or experienced academic failure. On a socio-economic level, we concluded to a rate of 5.8% (lower class),

60.9% (middle class) and 33.3% (upper class). Besides, 40.8% were employed. In total, 23.2% had a psychiatric history. Furthermore, the use of other substances was also prominent and frequent as follows: alcohol 72.5%, tobacco 74.6%, ecstasy 41.3% and 25.4% cocaine. The use of cannabis was considered as a means of indulgence and pleasure for 66.7%, as an anxiolytic for 26.8% and as a sedative for 23.9%. Self-esteem, among those cannabis users, was very low in 20% of cases, low in 38% of cases, medium in 15% of cases and high in 25% of cases. Consequently, more than half of the study population remains below the medium average according to RSES.

Conclusions: These results lead us to question the relation between cannabis and self-esteem. The question that is evolved about the use of cannabis is the following: Is it used as a remedy or is it the cause of self-esteem deficiency?

Disclosure of Interest: None Declared

EPV0036

Post-traumatic stress disorder in crack/cocaine users

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Introduction: Cocaine use has become popular in the form of crack and has spread throughout the world. Crack/cocaine use is often linked to serious social and psychiatric disorders, including post-traumatic stress disorder, and users appear to be at increased risk of physical and mental illness and social harm.

Objectives: To determine the prevalence of post-traumatic stress disorder in patients followed and hospitalized in the addictology department at the Arrazi psychiatric hospital in Salé for management of crack/cocaine use disorder.

Methods: This is a descriptive cross-sectional study using a questionnaire including sociodemographic and clinical criteria and a post-traumatic stress scale (PCLS) to investigate the existence of post-traumatic stress disorder in patients monitored and hospitalized for crack/cocaine use disorder in the addictology department at the Arrazi psychiatric hospital in Salé.

Results: We collected 77 participants. The majority of patients were born in the city. The average age of the participants was 27, with a male predominance (67%). The majority were unemployed at the time of the study, single, separated or divorced. For more than 50%, the start of drug use was more than 4 years ago. The smoked route (crack) is the most predominant, followed by the inhaled route and 1% for the injectable route. Some 37% were hospitalized in an addictology unit. Almost 65% of participants had a history of post-traumatic stress disorder.

Conclusions: Co-morbidity between crack/cocaine use disorder and post-traumatic stress disorder is frequent among patients monitored and hospitalized in the addictology department at the Arrazi psychiatric hospital in Salé. There seems to be a need to develop new therapeutic strategies and to adapt existing programs to patients' needs. In addition, understanding the profiles of patients suffering from this comorbidity in mental health facilities could help clinical staff to better accept their problems and behaviours, thus promoting treatment adherence and better outcomes.

Disclosure of Interest: None Declared

EPV0037

Exploring treatment specifics of addictive disorder in a young adult living in a post-war middle income country with rapid social and cultural transition: a qualitative case report

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Introduction: Addictive disorder, characterized by the tendency to abuse an illicit substance or manifest a repeated risky behavior, is a fairly common phenomenon occurring in the last 50 years, predominantly in middle and high income countries. While psychotherapy has an evident positive impact in the treatment of the disorder, data has shown that it is often not sufficient to achieve full remission and have optimal positive impact in the quality of life compared to simultaneous use of psychotherapy, pharmacotherapy and psychosocial rehabilitation.

Objectives: The aim of the study is to highlight different specifics of the inpatient treatment of “Mr. E”, living in a post-war middle-income country with rapid social and cultural transition.

Methods: Subject of this case study is “Mr. E” a 17 year old student with a history of family trauma with a long history of abuse and ambulatory psychiatric treatment. Data has been analyzed from the medical history of the patient treated in 2023, in the substance abuse unit of the Department of Psychiatry, University Clinical Center of Kosova. Semi structured interviews, daily abstinence symptoms evaluation and self - report measures were used to gather qualitative data throughout the treatment process. Treatment protocol consisted on: detoxification, pharmacotherapy and simultaneous supportive individual and group psychotherapy, with the goal to evaluate, treat and reintegrate “Mr. E” into the society free of illicit substance abuse. Comorbidities are correlated with underlying causes, while a healthy lifestyles are promoted through the work on behavior changes that will support optimal social reintegration in a rapid changing social and cultural environment.

Results: The findings revealed several significant therapeutic objectives such as: Enhanced self – awareness; Reduced ruminations and increased self-control; Enhanced quality of life; and Decreased substance abuse. Detoxification protocol in the treatment of addictive disorder in inpatient psychiatric treatment was essential for abstinence symptom management during crisis. Strengthening the body parallel to healing the mind was found as an important stepping stone.

Conclusions: Combined, detoxification, psychopharmacological, and psychotherapeutic approach was essential for successful treatment of a young adult in a post-war middle income country with rapid social and cultural transition.

Disclosure of Interest: None Declared

EPV0038

Orthorexia Nervosa and exercise addiction in a sample of Tunisian athlete students

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Introduction: Orthorexia and exercise addiction can lead to serious health problems, such as malnutrition and exercise-related injuries.

Objectives: The aims of our study were to assess the prevalence of exercise addiction and orthorexia nervosa in Tunisian students at the Institute of Physical Education in order to investigate the relationship between these different health dimensions.

Methods: An anonymous self-administered questionnaire was distributed to students in the Sfax and Gafsa sports sections during March 2023. The orthorexic tendency was assessed using the ORTO-15 questionnaire. An ORTO-15 score below 40 points indicates orthorexic tendencies. The Exercise Addiction Inventory (EAI) was used to study exercise addiction

Results: In our study, 240 students were included. Mean scores on the ORTO-15 and EAI scales were 38.6 ± 8 and 16.6 ± 4.1 respectively. Participants at risk of exercise addiction had a statistically significant tendency towards orthorexia ($p < 0.001$). Among the students, 82.5% had engaged in regular physical activity at a gym in the last two years. The reasons given by students for going to the gym were muscle strengthening (57.9%) and preparation for a sporting competition (37%).

Among students taking part in sports activities at the gym, the mean ORTHO-15 score was significantly lower among those doing so to prepare for a sports competition ($p = 0.005$). Participants who believed that they were addicted to sport had a statistically greater tendency towards orthorexia ($p = 0.012$).

Conclusions: Our study revealed an association between addictive exercise and orthorexic eating in Tunisian athlete students.

Disclosure of Interest: None Declared

EPV0040

Liquor for breakfast, fighting against alcohol consumption

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Introduction: The harmful consumption of alcohol is known for how tortuous its management can be in mental health, encouraging introspection of it as a serious problem is perhaps the main key to starting to battle against its damaging influence on the development of a functional and full life.

Objectives: To describe a clinical case showing an unpredictable complication in an alcohol detoxification process.

Methods: 54-year-old man, native of Cádiz, widowed for half a decade, without children. He resides with his parents in the family home. Currently unemployed for approximately a year. He has previously worked in the IT sector. As a notable somatic history, we found long-established arterial hypertension and a total hip

replacement. He has been under irregular follow-up with a mental health team for anxiety-depressive symptoms in the context of grief. He goes to the emergency service brought by his family to begin the detoxification process in the hospital setting. He acknowledges ethanol consumption since he was widowed, which began when he awakes; quantities that ranged between one or up to three bottles of distilled liquor per day, generally consumption is in the home environment. A little less than a year ago, he began to isolate himself in his room and abandon his self-care, eating increasingly insufficient food intake, refusing to receive professional care to quit the habit, mainly because he did not recognize it as disruptive.

The patient was admitted to hospital with symptoms suggestive of withdrawal, making it extremely difficult to control blood pressure levels. On the third day of admission to the acute care unit, fever peaks, blood pressure levels well below normal parameters, and compromised level of consciousness began to be evident.

Results: Blood tests were performed that, together with the clinical picture, suggested imminent septic shock, so critical care was contacted for transfer and stabilization. A germ of probable urinary etiology sensitive to a broad spectrum of antibiotics was isolated in blood cultures, and the medication of the detoxification process was progressively optimized. Once clinical stability was achieved at all levels, an inpatient cessation resource was managed, which the patient accepted and considered suitable for his complete recovery.

Conclusions: A holistic approach to the alcoholic patient is important, since serious problems of an organic nature often arise. This is why a multidisciplinary intervention is necessary, as well as a holistic approach to care, involving both classic pharmacology and assiduous long-term psychotherapeutic intervention.

Disclosure of Interest: None Declared

EPV0041

Mental health impact of fentanyl abuse, a case report

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Introduction: In recent years, there has been an increase in the prevalence of illicit use of fentanyl and other opioids in the United States population. This has led to an increase in medical, psychopathological and abuse-associated comorbidity, an increase in deaths and a decrease in the age of consumption, and has become a serious emerging problem in young people.

We present the case of an 18-year-old woman from the United States who recently settled in Spain and started a follow-up in Mental Health due to opioid and other substance abuse problems.

Objectives: To address the growing problem surrounding the illicit use of fentanyl and opioids as drugs of abuse based on the presentation of the clinical case mentioned above.

Methods: Bibliographic search and description of a clinical case of a patient under follow-up by Mental Health at the "Hospital Clínico Universitario de Valladolid".

Results: An 18-year-old woman from the United States who has been living with her father in Spain since the summer of 2023, having moved to Spain due to problems related to substance abuse. With no previous medical or surgical history and with a history of follow-up in Mental Health in her country of origin for depressive symptomatology, dysfunctional personality traits and abuse of different toxic substances since adolescence.

After a brief and erratic follow-up in Psychiatry for anxious-depressive symptoms reactive to a complex and conflictive relationship with his mother and marked academic difficulties during the first years of adolescence, at the age of 15 he started using cannabis and alcohol, thus beginning a period marked by relationships with marginalized sectors of the population, substance abuse and school failure.

As his cannabis consumption intensified, he began to consume fentanyl prescribed to his mother, as well as other opioids to which he had access illegally, for which reason he had to be admitted twice to detoxification centers without results, which is why his family finally decided to move him to Spain.

Conclusions: In recent years, fentanyl abuse has become a serious public health problem that is mainly centered in the young population. High levels of impulsivity and lack of frustration tolerance predispose to the use of illicit substances for elusive purposes.

Substance abuse carries with it not only an important organic comorbidity, but also a marked socio-familial and economic repercussion.

Disclosure of Interest: None Declared

EPV0043

Cannabinoid hyperemesis syndrome: a case report and literature review

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Introduction: Cannabis is the most used recreational drug worldwide. Cannabinoids have long been known for their anti-emetic properties. Paradoxically, chronic cannabis consumption has been linked to inducing refractory nausea and vomiting, a condition called cannabinoid hyperemesis syndrome (CHS). CHS remains inadequately acknowledged by clinicians.

Objectives: Report a CHS case and discuss this syndrome's diagnosis, pathophysiology, and management.

Methods: Collection of clinical information and review of the literature.

Results: We share the case of a 38-year-old male who repeatedly recurred to the emergency department (ED) due to persistent vomiting, nausea, and abdominal pain. The patient had experienced similar intermittent episodes over the past 12 years. Interestingly, the use of hot showers provided symptomatic relief. Urine drug tests consistently showed positive results for cannabinoids. During acute phases, he required supportive treatment involving fluid therapy. Long-term treatment included cannabis abstinence. CHS is defined by episodic vomiting, following prolonged excessive cannabis consumption, which is alleviated by sustained cessation of cannabis. During the acute phase of the condition, patients often find relief using hot baths and showers, which is a common behavior observed. CHS-related complications encompass acute kidney injury and severe electrolyte disturbances. CHS can result in multiple ED visits, frequent hospitalizations, extensive

diagnostic evaluations, and elevated healthcare expenditures. Although the exact pathophysiology of CHS remains unclear, some mechanisms have been proposed. These include reduced gastric motility by gastrointestinal cannabinoid receptors 1 (CB1) over-riding, cannabinoid lipid buildup, endocannabinoid system dysregulation, dysregulated stress response, changes in thermoregulation, modifications in the transient receptor potential vanilloid system and genetic polymorphisms in the P450 system. In the acute phase, the foremost concern is providing supportive care including intravenous hydration and electrolyte corrections. The most effective treatment for CHS is cannabis cessation. Nevertheless, there are alternative treatments that have shown promise in alleviating symptoms, such as hot water hydrotherapy, topical capsaicin, haloperidol, benzodiazepines, propranolol and aprepitant.

Conclusions: As cannabis usage becomes increasingly prevalent, it becomes imperative for healthcare providers to acknowledge the long-term effects of cannabinoids, specifically regarding CHS. This diagnosis should be contemplated when evaluating patients who experience recurrent and incoercible vomiting coupled with a history of cannabis consumption. The compulsion to take hot baths or showers can serve as a noteworthy indicator for diagnosing CHS.

Disclosure of Interest: None Declared

EPV0044

Technological Addictions: The New Frontier in Addiction Psychiatry

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Introduction: Addiction to video games, cybersex, internet gambling, social media, texting and emailing, and online auctions can be as addictive as substances. These technological addictions have real-world ramifications and lead to the loss of jobs, money, and loved ones. As technology becomes integrated into many facets of modern life, the appreciation of such addictions has become increasingly challenging. This session will explore the addictive potential of technology and discuss the legitimacy of technological addictions as psychiatric conditions worthy of medical assessment, diagnosis, and treatment.

Objectives:

- 1. List five forms of Technological Addictions as they appear in the scientific literature of 2023.
- 2. Describe the psychology and culture surrounding Internet Gaming addiction.
- 3. Distinguish between normal use and addiction.

Methods: Lecture and discussion

Results:

- 1. Research on the phenomenology and nosology of these illnesses helps us further elucidate the distinction between problematic and nonproblematic use of technology, especially in children and young adults.
- 2. Another area of new research involves emerging technologies. By the time clinicians get a firmer grasp of today’s ailments, the

technology of tomorrow—such as virtual reality and smart devices powered by artificial intelligence—will be commonplace enough to bring about a host of new problems.

Conclusions: Though data on the prevalence of technological addictions are sparse, most people use computers, tablets, and smartphones regularly with great benefits and no serious adverse consequences. We will need to be ready to guide our patients, our colleagues, and the general public on how to best handle technology with an eye on maximizing its enormous potential for fulfillment, gratification, and happiness while minimizing its significant risks for dissatisfaction, misery, and despair.

Disclosure of Interest: None Declared

EPV0047

Correlations between Clinic Preferences and Alcohol Use Disorder: an Alcohol Cohort Study in Northern Taiwan in 2022

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Introduction: Chronic alcoholism can result in severe liver conditions such as fatty liver disease and cirrhosis, potentially leading to life-threatening complications and premature death.

Objectives: This study investigated the age-sex distribution of patients with alcohol addiction and aimed to identify differences in clinic department preferences based on their principal and additional diagnoses in Taiwan, in 2022.

Methods: We conducted a comprehensive analysis of the diagnostic patterns of 334 patients with alcohol addiction from the Taoyuan General Hospital, Ministry of Health and Welfare.

Results: **Figure 1** depicts patient demographics, highlighting 297 male and 37 female patients with alcohol-related disorders. Males aged 41-60 years were particularly dominant, as shown in **Figure 2**. Principal diagnoses, including alcoholic liver disease and acute pancreatitis, are detailed in **Table 1**. Additional diagnoses, such as chronic pancreatitis and esophageal varices, are presented in **Table 2**. For departmental preferences, **Table 3** reveals the Gastrointestinal (GI) department as the top choice, followed by Kidney, Neurological, and Cardiovascular/Chest.

Table 1. Top 5 Principal Diagnoses of Alcohol Addiction Patients.

ICD-10-CM	Principle diagnosis	Times	Rank
K70	Alcoholic liver disease	43	1
K85	Acute pancreatitis	27	2
F10	Alcohol related disorders	18	3
A41	Other sepsis	14	4
K86	Other chronic pancreatitis	11	5

Table 2. Top 5 Additional Diagnoses of Alcohol Addiction Patients.

ICD-10-CM	Additional diagnosis	Times	Rank
F10	Alcohol related disorders	40	1
K86	Other chronic pancreatitis	18	2
I85	Esophageal varices	16	3
K70	Other sepsis	16	
E87	Other disorders of fluid, electrolyte and acid-base balance	15	4
R65	Symptoms and signs specifically associated with systemic inflammation and infection	10	5

Table 3. Top 5 Departments for Alcoholism Patient Presentation.

Department	Times	Rank
Gastrointestinal	162	1
Kidney	39	2
Neurological	25	3
Cardiovascular Chest	15	4

Image:

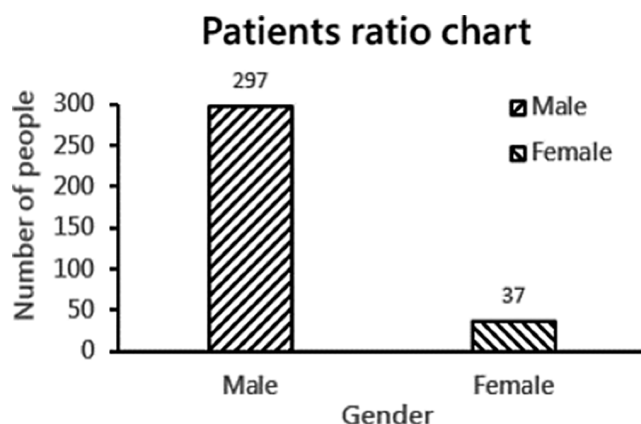
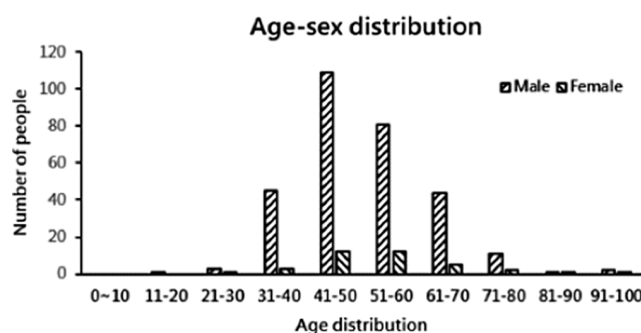


Image 2:



Conclusions: The study revealed that patients with alcohol addiction often delay seeking psychiatric help instead of presenting for medical care only after liver or gastrointestinal complications occur. This underscores the crucial need for better health education regarding

the relationship between alcohol addiction and liver disease. Prompt recognition and early intervention for substance addiction can significantly reduce these risks and improve patient outcomes.

Disclosure of Interest: None Declared

EPV0051

The amount of drunk days and its relationships with other characteristics of alcoholic behavior of the respondents

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Introduction: Alcohol abuse is a multifaceted problem. Its harmful effects on the individual have been more studied. Less studied is the influence of a drinking person on his microsocial environment. Having an abusing person in his space makes it interesting to study the influence of some quantitative and qualitative indicators of his alcohol consumption on the microsocial environment.

Objectives: 1532 people were examined during 2018-2022, who belonged to three comparison groups: patients with alcohol dependence (AD) (401 people); healthy relatives of AD patients (725 people); representatives of the general population comparable with the representatives of the first two age groups (406 people).

Methods: The main research instruments were the questionnaire of the international research consortium "GENAHTO" (Gender, Alcohol, and Harms to Others), as well as the Alcohol Use Disorders Identification Test (AUDIT). The obtained data were processed by methods of mathematical statistics (variance, correlation and regression analysis).

Results: An algorithm for regression analysis in conditions of high dispersion of the initial data has been developed. Using this algorithm, it was shown that the regression dependence of the main characteristics of alcohol behavior on the frequency of DD is non-linear, while for typical and maximum doses of alcohol it is optimally described by polynomials of the second degree, and for the severity of disorders due to alcohol use (AU), the time spent on AU, as well as self-assessment of the negative impact of AU by respondents on their environment - by polynomials of the third degree. It was found that for men (on average) to reach the border of risky-dangerous AU (according to the criteria of the AUDIT test), a lower frequency of DD is sufficient than for women, which indicates a greater vulnerability of men (compared to women) to the formation of disorders due to AU.

Conclusions: It was established that for men (on average) to reach the limit of risky and dangerous (according to the criteria of the AUDIT test), a lower frequency (2-3 times a week) is enough than for women (3-4 times a week), which once again indicates greater vulnerability of men (compared to women) to the formation of due to psychological problems and mental disorders.

Disclosure of Interest: None Declared

EPV0052

Psychiatric comorbidities among patients hospitalized in the addictology department of Ar Razi hospital in Morocco

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Introduction: Comorbidity between psychiatric disorders and disorders linked to psychoactive substance use is common and represent a real public health problem.

The association of a psychiatric disorder can, in certain cases, modify the treatment methods and also the evolution of the addictive behavior.

Objectives: Determining the prevalence of psychiatric comorbidities in patients with substance use disorder Identify the socio-demographic and clinical characteristics of patients hospitalized in the addictology department.

Methods: We conducted a cross-sectional study with descriptive and analytical aims, in order to study psychiatric comorbidities in 150 patients with substance use disorder hospitalized in the addictology department of Ar Razi hospital in Salé over a period from June 1, 2022 to August 30, 2023.

Data collection was done using a questionnaire including clinical and socio-demographic characteristics, the prevalence of problematic use of psychoactive substances and the comorbidity of psychiatric disorders (diagnoses assessed by DSM 5 criteria).

Results: A male predominance was noted (80%). The main substances consumed in the last 12 months were tobacco (98%), cannabis (74%), alcohol and benzodiazepines.

The majority of patients presented at least one psychiatric comorbidity (80%), with a predominance of depressive disorder and anxiety disorders.

Personal history of suicide attempts was found in 30% of the sample Substance dependency that prompted initially the consultation was higher in patients with psychiatric comorbidity ($p < 0.05$)

Post-traumatic stress disorder was significantly associated with the presence of problematic cocaine and alcohol use. Social phobia is associated with the absence of a criminal record.

Conclusions: Addictive behaviors are often associated with psychiatric disorders. The most common psychiatric comorbidities are depression, anxiety and personality disorders, hence the need for simultaneous treatment of psychiatric pathologies and addictive behavior

Disclosure of Interest: None Declared

EPV0053

Sociodemographic and clinical characteristics of patients on Methadone followed at Ar Razi hospital in Morocco

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Introduction: Opioid substitution treatments, notably methadone, now represent the standard treatment in the management of opioid

dependence, making it possible to reduce illicit opioid consumption, crime, infections linked to administration practices and improve socio-professional integration

Objectives: Determine the socio-demographic and clinical characteristics of the patients Evaluate the quality of life of these patients

Methods: A cross-sectional, descriptive and analytical study was conducted with 60 patients receiving methadone followed at Ar-Razi Hospital in Salé between 01 June 2023 and 30 August 2023. A questionnaire was used to assess the socio-demographic and clinical characteristics of the patients. Quality of life was assessed using the 36-item Short Form Health Survey SF-36 scale

Results: The average age of our patients was 34 years with a male predominance

Most of our patients were single and unemployed Somatic disorders were found in 15% of the sample

The majority of them had an associated depressive disorder

The main types of new psychoactive substances consumed were benzodiazepines (62.3%) and cannabis.

Quality of life was impaired in 60% of patients treated with methadone

Conclusions: The population using methadone is precarious and presents somatic and psychiatric vulnerability. Forms of misuse and associated consumption of other psychoactive substances and illicit drugs are recorded, hence the need for early detection in order to improve care

Disclosure of Interest: None Declared

EPV0054

Socio-demographic and clinical profile of opioid users

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Introduction: Opioid use disorder is a pattern of problematic opioid use, leading to impaired functioning or clinically significant suffering. Morocco, a pioneer in the Arab world in the field of opiate substitution, is no exception to this rule, and has found itself confronted with a situation where opiate use is much more widespread in the north of the country. Morocco's geographical proximity to Europe and the multiple interactions fostered by migratory population flows undoubtedly contribute not only to the spread of hard drug use, particularly heroin, but also to the diversification of consumption methods (injection drugs)

Objectives: The main objective of our work was to study socio-demographic and clinical profile of opioid users in Morocco, but also their quality of life after treatment in Morocco, before concluding with recommendations for improving the overall management of the patient.

Methods: We conducted a cross-sectional, analytical study in the Addictology Department at Ar-razi Hospital in Salé, which provides oral methadone substitution therapy for around 80 patients.

Results: The total number of patients responding to the questionnaire was 60 participants.

The population of methadone-treated patients in our study was 83.33% (n = 50) male and 16.67% female (n = 10).

The most common age group in our study was between 31 and 45 (71.67%). 36.67% were married (n=22), 80% (n=48) lived with their family, 83.34% (n=50) had a secondary school education or higher, while the vast majority 63.33% (n=38) had no fixed occupation.

96.7% (n=58) of participants were of Moroccan nationality, against only 3.3% who were foreigners (n=2).

The main indication for methadone withdrawal in our patients was heroin use (66.67%), followed by Codeine, then Tramadol. The daily doses of methadone delivered ranged from 04 to 200 mg/patient, with an average of 75 mg.

The main adverse effects reported by our patients were libido disturbance, constipation, fatigue and sleep disturbance.

63.33% (n=38) of patients continued to use other psychoactive substances on a regular basis, mainly tobacco, followed by cannabis. 13.33% (n=8) reported persistent craving, and the vast majority claimed to be supported by a family member (70%, n=40).

Conclusions: For several years, quality of life has been a major preoccupation of healthcare professionals in a bio-psycho-social approach. In this vision of care, quality of life should now be part of the clinical criteria for monitoring patients on methadone.

Disclosure of Interest: None Declared

EPV0055

Ekbom síndrome (Parasitosis delirium): Cocaine Use vs. Psychotic Depression. A case report

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Introduction: Parasitosis delirium represents a rare mono-symptomatic psychosis characterized by the delirious firm belief of the patient, against all evidence, of being infested by cutaneous parasites. The syndrome affects in particular middle-aged women, and can be the single manifestation of psychological uneasiness or represent one of the aspects of a more complex psychiatric case, compromising almost totally any normal daily work and/or social activity. It is often accompanied by a refusal to seek psychiatric care. This condition can be associated with various underlying causes, including substance use disorders and psychotic depression. Understanding the differences and similarities between delirium of infestation in the context of cocaine use and psychotic depression is crucial for accurate diagnosis and effective treatment.

Objectives: This study aims to compare and contrast the clinical features, etiology, and treatment approaches of delirium of infestation in individuals with cocaine use and those with psychotic depression. By examining these two distinct populations, we can gain insights into the unique challenges and considerations associated with each condition.

Methods: A case report of a 44-year-old woman with delirium of parasitosis, depressive symptoms and cocaine use in the last three days. Also a comprehensive literature review using the PubMed database to identify relevant clinical articles on delirium of infestation, cocaine use, and psychotic depression.

Results: Cocaine use and psychotic depression can both cause delirium of infestation. Cocaine-induced delirium is characterized by agitation, paranoia, and delusions of infestation. Psychotic depression is characterized by a depressed mood, delusions, and hallucinations. Delusions of infestation are a common feature of both conditions. However, the underlying mechanisms and treatment approaches differ. Cocaine-induced delirium is primarily associated with the acute effects of cocaine on the central nervous system, while psychotic depression involves a complex interplay of biological,

psychological, and environmental factors. Treatment for cocaine-induced delirium involves addressing the underlying cocaine use, while treatment for psychotic depression involves antidepressant and antipsychotic medications. Otherwise, Anti-Parkinson drugs were most frequently associated with delusional infestation

Conclusions: Delirium of infestation can occur in individuals with cocaine use and those with psychotic depression, albeit with different etiologies. Clinicians should consider the underlying cause when diagnosing and treating patients with this condition. Further research is needed to explore the specific neurobiological mechanisms and optimal treatment strategies for delirium of infestation in these distinct populations.

Disclosure of Interest: None Declared

EPV0056

Drug-induced psychosis and intravenous drug use in chemsex context

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Introduction: Several studies have called attention to the mental health disorders associated with chemsex -the intentional use of drugs before or during sexual intercourse GBMSM (gay, bisexual and men who have sex with men) population-. Sexualized intravenous drug use is also known as slam or slamsex. There are few studies that analyze the mental health differences between intravenous drug users compared to non-intravenous drug users in chemsex context.

Objectives: We aim to analyze the relationship between the practice of slamsex and the development of drug-induced psychosis.

Methods: A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" between 2016-2019 was performed.

Results: We included 217 participants. Drug-induced psychosis was found in 80 participants. Drug-induced psychosis was significantly higher in the intravenous drug use group compared to the non-intravenous drug use group (p<0.05).

Conclusions: Previous studies have reported that MSM who practiced chemsex were more likely to experience from different mental health disorders, being psychosis one of the most frequent psychiatric diagnoses. In our study, drug-induced psychosis was higher in participants who engaged in intravenous drug use. Further studies analyzing the relationship between slamsex and drug-induced psychosis are needed.

Disclosure of Interest: None Declared

EPV0057

Group therapy for problematic chemsex in Ngos community treatment settings in Spain

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Introduction: The intentional use of drugs before or during sexual intercourse (chemsex) is a phenomenon of special importance in the MSM (men who have sex with men) population due to its impact on mental, physical and sexual health. Group therapy has been included in several programs for chemsex users.

Objectives: To describe and to compare the different group therapy treatments for problematic chemsex users in NGOs community treatment settings in Spain.

Methods: We conducted several interviews with key informants from 5 NGO in Spain. A qualitative analysis of the different group therapy treatments for problematic chemsex was performed.

Results: Different models of groups were described including: psychoeducational, support, interpersonal process, harm reduction and mindfulness-based cognitive groups. Most of the group interventions developed were support and psychoeducational based. There were fewer interpersonal group and relapse prevention group therapy. The different models of group intervention were considered useful and necessary for deliver information in a culturally sensitive context and for reducing drug use, social isolation and loneliness.

Conclusions: Chemsex is a phenomenon that needs a multidisciplinary approach, including individual and group therapy. Group therapy for problematic chemsex has several advantages over individual model treatments, including the reduction of sense of isolation, loneliness, information and feedback from peers. More research is needed to analyze the implementation and efficacy of group therapy for chemsex users in different contexts.

Disclosure of Interest: None Declared

EPV0058

Pathophysiology and Management of Amphetamine-Related Psychiatric Disorders

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Introduction: Amphetamines may induce symptoms of psychosis very similar to those of acute schizophrenia spectrum psychosis. This has been an argument for using amphetamine-induced psychosis as a model for primary psychotic disorders. To distinguish the two types of psychosis on the basis of acute symptoms is difficult. However, acute psychosis induced by amphetamines seems to have a faster recovery and appears to resolve more completely compared to schizophrenic psychosis.

Objectives: The objectives of this e-poster is to identify the pathophysiology of amphetamine-related psychiatric disorders and

outline the available treatment and management options for amphetamine-related psychiatric disorders.

Methods: A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: psychotic episode, amphetamines, pathophysiology and management.

Results: Amphetamines inhibit monoamine (dopamine, norepinephrine, epinephrine, serotonin) reuptake, leading to increased monoamine concentrations in the neuronal synapse. Amphetamines can also lead to increased monoamines in the cytosol by interactions with vesicular monoamine transporter 2. Dopamine and norepinephrine release in the nucleus accumbens results in a feeling of euphoria and a reward feedback loop, which may result in addiction. Studies also suggest increased dopaminergic pathways lead to glutamate excesses in the cerebral cortex, altering the function of cortical GABAergic neurons. This damage leads to dysregulation of glutamate in the cerebral cortex, a precursor to psychosis. Prior psychiatric studies have found that GABAergic cortical dysfunction seems to relate to schizophrenia. Generally, acutely agitated psychotic patients are treated with intravenous benzodiazepines (lorazepam, diazepam, or midazolam) as first-line agents. However, if a second-line agent is needed, antipsychotic medicines like risperidone, haloperidol, ziprasidone, and olanzapine have been successful in managing amphetamine-associated psychosis. Lipophilic beta-blockers, such as metoprolol and labetalol, have also been used successfully to resolve agitation and hyperadrenergic vital signs.

Conclusions: Compared to schizophrenic psychosis, amphetamine-induced acute psychosis induced appears to demonstrate a more rapid recovery. It also seems to resolve with substance abstinence; however, this recovery may be incomplete.

Disclosure of Interest: None Declared

EPV0059

Wellbeing after Brief Alcohol Interventions in Male Inpatients in a General Hospital in Singapore

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Introduction: Harmful alcohol consumption has significant cost on health and is associated with lower quality of life (e.g., Lu *et al.* BMC Public Health 2022; 22:789). In Singapore, a significant proportion of the adult population exhibit alcohol misuse behaviours (e.g., Lim *et al.* BMC Public Health 2013; 13:992). Many patients admitted into general hospitals have excessive alcohol consumption and related problems. These admissions can be an opportunity for intervention due to accessibility to the individuals and their time (Saitz *et al.* Ann Intern Med 2007; 146 167-176). Some studies have suggested that brief alcohol interventions (BAI) delivered in general hospitals can be effective in reducing alcohol use. However, there has been less support for the benefits of BAI on wellbeing.

Objectives: This study investigated the effectiveness of BAI in improving perceived sense of wellbeing among male alcohol users admitted to a general hospital in Singapore.

Methods: 108 male inpatients in various medical wards received BAI by the hospital's addiction counsellors and completed the Personal Wellbeing Index (PWI) questionnaire. At a one-year follow-up via telephone, the PWI was again administered.

Results: Average PWI scores were higher at follow-up ($M = 7.83$, $SD = 1.16$) than during baseline admission ($M = 7.60$, $SD = 1.12$), $p < 0.01$. Further analyses found that scores improved significantly on PWI items related to standard of living ($M = 7.36$, $SD = 1.41$ vs $M = 7.09$, $SD = 1.65$; $p < 0.05$), health ($M = 7.42$, $SD = 1.74$ vs $M = 6.62$, $SD = 1.87$; $p < 0.01$) and achievement ($M = 7.43$, $SD = 1.44$ vs $M = 6.98$, $SD = 1.64$; $p < 0.01$). There were no significant differences in scores on the other PWI items between baseline and follow-up.

Conclusions: The results suggest that BAI can be beneficial in improving patients' sense of wellbeing.

Disclosure of Interest: None Declared

EPV0061

Transition from methadone to subcutaneous buprenorphine depot in patients with opioid use disorder - a case report

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doi: 10.1192/j.eurpsy.2024.856

Introduction: Opioid dependence is a complex condition that often requires long-term treatment and care. Methadone, a synthetic full opioid agonist, and buprenorphine, a partial agonist at the opioid receptor, are most commonly used for substitution therapy of opioid dependence and typically administered orally as a liquid and sublingual tablets. Transition from methadone to sublingual buprenorphine may precipitate withdrawal and is usually performed only in patients on low dose of methadone (<30-40 mg). Microdose induction is proposed as a possible solution to ease the transition to buprenorphine.

Objectives: To present a rapid transition from methadone to sublingual buprenorphine and after that to buprenorphine depot.

Methods: A case report of a patient who was switched from methadone 60 mg to sublingual buprenorphine 8 mg using microdosing and after that switched to buprenorphine depo 16 mg weekly.

Results: Patient was successfully switched to sublingual buprenorphine and after that to buprenorphine depot. The transition was completed without withdrawal symptoms.

Conclusions: This report supports the use of a microdose induction to initiate buprenorphine. Additionally, this approach may be significant for patients stabilized on high doses of methadone who may not be able to tolerate a traditional buprenorphine induction.

Disclosure of Interest: None Declared

EPV0062

An exploration of the most frequent comorbidities in patients with mobile phone addiction

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Introduction: Mobile phone addiction (MPA) has been associated in the literature with various psychiatric comorbidities and psychological risk factors, which indicates the need to screen these patients for multiple disorders. However, a clear protocol for the evaluation of individuals with an MPA does not yet exist, therefore, investigating the most prominent risks for comorbidities is considered necessary from the perspective of developing structured methods of assessment.

Objectives: The main objective of this review was to determine the available existence able to describe the most common comorbidities in individuals presenting with MPA.

Methods: Data regarding MPA were collected from the main medical electronic databases (PubMed, Cochrane, Clarivate/Web of Science), but also from other sources (main engines research and grey literature). All published papers between January 2000 and July 2023 were included in the primary selection, if they corresponded to the paradigm „mobile phone addiction”/”cell phone addiction”/”mobile phone dependence” and „comorbidity”/”dual diagnosis”.

Results: Based on the review of six papers, the most frequently reported comorbidity in MPA patients were substance use disorders (mainly nicotine and cannabis) and other behavioral addictions (especially problematic Internet use). Other symptoms or syndromes reported in the literature as co-occurring with MPA were anxiety, depression, high levels of stress-related pathology, sleep disturbances, emotional instability, and somatization. Overall lower levels of mental health were reported in patients with MPA. A heterogeneity in the results of these epidemiological studies was observed because of the different instruments administered and the populations explored.

Conclusions: The screening for detection of comorbid disorders or psychological problems in patients with MPA is important because the case manager should integrate all this information into a therapeutic strategy.

Disclosure of Interest: None Declared

EPV0063

The awareness of behavioral addictions in general practitioners- An epidemiological report

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Introduction: Although the research on behavioral addictions (BAs) is continuously developing, the awareness about this category

of disorders and their important negative consequences still remains a problem for many physicians. This phenomenon is associated with delayed diagnosis and treatment initiation, lack of valid epidemiological data about these pathologies, and overall lower quality of life in these patients.

Objectives: The main objective of this study was to explore the awareness of GPs on the general diagnosis criteria of BAs.

Methods: An online questionnaire addressed to general practitioners (GPs) investigated the level of their knowledge regarding the main criteria for diagnosis in five more commonly reported BAs, i.e., gambling disorder, problematic Internet use, cell phone addiction, food addiction, and shopping addiction. The questionnaire included 50 items and required 20-25 minutes to complete. The answers were anonymized.

Results: Answers from 12 GPs were analyzed, with an 80% completion rate. Gambling disorder was the only diagnosis recognized by all the respondents, followed by shopping addiction (50%) and abusive Internet use (33.3%). Lack of time to screen for these disorders was the most frequently invoked reason for not including instruments dedicated to BAs in the regular visits to the GPs. The Internet was admitted by all the respondents as their source of information about BAs.

Conclusions: There is an acute need to improve the knowledge of GPs about the existence and consequences of BAs in order to increase the probability of early detection and treatment initiation for these patients. It is expected that Internet-based campaigns for increasing GPs will benefit BAs patients in the long term.

Disclosure of Interest: None Declared

EPV0064

Drama-based therapy program in the recovery of adults with addictive disorders

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Introduction: Following the pandemic, we can find many new communication situations. Social relationships have changed a lot and are developing differently due to digital development, new lifestyles, and the effects of COVID-19. These components: social media, the transformation of interpersonal relationships, and the use of the platforms provided by the internet can lead to addictive disorders as risk factors.

Objectives: In this presentation, we review studies investigating the relationship between the new digital techniques, social connection, and communication development of adults with addictive disorders. We attempt to provide a summary of new theories and the areas currently being researched around the topic. Another aim of our research is to present the new drama-based therapy theories and methods in adults with addictive disorders.

Methods: To learn about recent international results, we conducted a literature search in 3 databases (PubMed, Medline, Web of Science) using the following keywords: drama therapy, addiction, emotion regulation, and adults, over the past 5 years. Empirical journal articles in English were used to prepare the literature review.

Exclusion criteria were: the appearance publication before the year 2017 and the adolescent population.

Results: Changes in social behavior, emotion regulation, and addictive disorder were correlated. The studies examined social communications and loneliness in primarily cross-sectional studies design. The escapism from interpersonal relations and low self-esteem is the highest motivation to start regular videogame playing or using social media without control which becomes an addictive disorder.

Conclusions: Problematic social media use and changes in social connection threaten adults' mental health. The diagnosis of emotion dysregulation, low self-esteem, and social disconnection is the detection of risk factors for addictive disorders. The new methods and tools of drama-based therapy are new prevention possibilities for these risk factors. In this way, it is a relevant issue in the field of education science.

Disclosure of Interest: None Declared

EPV0065

Revolutionizing Addiction Medicine: The Role of Artificial Intelligence

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Introduction: Addiction medicine is becoming more of an issue as addiction-related problems continue to plague people all over the globe, resulting in serious health consequences. Addiction has become increasingly prevalent in recent years, as have addiction-related disorders. For efficient care and improved patient outcomes, this growing pandemic requires early and precise identification. In the field of addiction medicine, artificial intelligence (AI) looks to be a feasible tool. This systematic review examines the current state of research on the use of AI in addiction medicine, including a variety of AI techniques, their efficiency compared to conventional diagnostic methods, and their potential influence on addiction therapy. While AI has great potential for transforming addiction treatment, further research is needed to assess its use fully.

Objectives: The objective of this review is to assess the current state of research on the use of artificial intelligence in addiction medicine, focusing on its diagnostic efficacy and potential for revolutionizing addiction therapy.

Methods: To evaluate the effectiveness of AI in addiction medicine, we conducted an extensive search of the PubMed database. Our search encompassed articles published in the English language from January 2013 to March 2023. Inclusion criteria encompassed studies reporting the utilization of AI for addiction diagnosis in human patients.

Results: The initial PubMed search produced 100 papers, of which 15 were included after meticulous analysis and screening.

These studies assessed diverse types of data, including patient records and behavioral patterns, employing various AI techniques, such as machine learning and deep learning. The findings indicate that AI can accurately and swiftly identify addiction-related issues, boasting high sensitivity and specificity rates. Additionally, AI demonstrates potential in identifying specific addiction subtypes and forecasting patient outcomes. Nevertheless, these studies also underscore certain limitations of AI, such as the requirement for extensive data and susceptibility to overfitting.

Conclusions: Artificial intelligence holds the potential to revolutionize addiction medicine by enabling faster and more precise diagnostics, pinpointing specific addiction subtypes, and predicting patient outcomes. However, further research is imperative to validate AI's efficacy across diverse patient populations and address challenges related to data accessibility, communication, and integration into clinical practice.

Disclosure of Interest: None Declared

EPV0066

Cannabinoids Hyperemesis Syndrome – An Urgent Call for Timely Diagnosis, Management, and Future Directions– A Case Report and Review of the Updated Literature

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Introduction: Cannabinoid Hyperemesis Syndrome (CHS) is distinguished by a pathognomonic cyclic pattern of hyperemesis characterized by recurring episodes of severe vomiting every few weeks to months, as well as obsessive thoughts and compulsive behavior, such as a proclivity to take frequent hot baths or showers. It is largely accepted as the most commonly used illicit drug in the United States, with estimates ranging from 42% to 46% lifetime consumption. Despite greater awareness of CHS, practitioners continue to lack comprehension, resulting in an unfortunate delay in patient identification and treatment.

Objectives: The aim of this article is to bring attention to CHS in order to enable clinicians, and more specifically, addiction medicine specialists and psychiatrists, to diagnose it as quickly as possible and thus avoid unnecessary additional invasive examinations and investigations. This will save the patient's time, prevent financial burdens and mental health stresses, and increase their overall quality of life.

Methods: A thorough screening and data extraction of the relevant articles was conducted using PubMed, Cochrane, and Embase. Databases were used to search for articles on CHS published between January 2021 and September 2023, yielding relevant articles. Keywords used were "hyperemesis", "cyclical vomiting", "cannabis" and "cannabinoid".

Results: We present a case of 20-year-old teens who came to emergency with severe dehydration and vomiting of more than 40 episodes at home. He had multiple admissions for abdominal pain, nausea, and vomiting in the past and was evaluated and diagnosed with gastritis, PUD, and H. pylori infection. A more detailed medical history revealed a frequent use of cannabis over the past few years and symptoms manifestation and worsening is associated with the use of cannabis. After the complete cessation of cannabis, there have been no new symptomatic episodes reported in the patient and the patient is stable clinically.

Conclusions: Cannabinoid Hyperemesis Syndrome (CHS) is a serious health hazard that requires immediate discovery and treatment. Despite the widespread use of cannabis, CHS is often misdiagnosed, resulting in unnecessary medical treatments and complications for patients. Given their special knowledge of linking chronic cannabis use to this syndrome, this case report and literature review highlight the critical role of addiction medicine experts and psychiatrists in quickly detecting and treating CHS. Early detection and treatment, particularly complete cannabis abstinence, are critical in alleviating symptoms, minimizing recurrent hospitalizations, and ultimately improving patients' overall quality of life.

Disclosure of Interest: None Declared

EPV0067

What Do Case Studies Tell Us About Addictions and Psychiatric Comorbidities? A Survival Story: The necessity for a transdiagnostic and holistic approach

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Introduction: Comorbidities in addiction: It is a rule rather than an exception. The story starts in childhood; even before, in infancy, may be in utero. The dimensional traits have been already there, existing obviously far before any DSM-5 diagnosis. Developmental qualities of stress sensitivity, impulsivity and emotion dysregulation are the leading ones. Besides, comorbidity research (NESARC being one of the prominent) (Hasin and Grant. Soc Psychiatry Psychiatr Epidemiol, 2015;50 (11): 1609-1640) addressed childhood abuse, neglect or other childhood adverse experiences as a definite risk factor for adolescence and adult mental disorders, particularly substance use disorders. Developmental and environmental adversities in a mutually amplifying pattern make a vicious cycle in which the individual finally finds an illusionary exit, a pathway to addiction.

Objectives: This presentation aims to discuss the complexities and challenges for the diagnosis and treatment of a patient with a twenty five year follow-up, a survival period for the patient herself as well as for the therapeutic alliance (Ulug, Arch Neuropsychiatr, 2015;52: 213-215).

Methods: Case study: The history and the life chart of her, diagnosed as having at least seven DSM diagnoses, indicate the depth of psychopathology and the intensity of interventions, most of which failed due to the lack of a transdiagnostic and holistic perspective. A specific focus of the case study will be on the problematic use of Borderline Personality Disorder formulation/diagnosis and its

negative, somehow short-coming, impact on the treatment, course and recovery.

Results: The challenges brought by comorbid transdiagnostic cases, similar to the subject of this presentation, have become a common practice for addiction professionals. While big data or empirical large datasets can have their own limitations to help the practitioner for overcoming such challenges, as stated in Stein's article "it is important to recognize the value of a wide range of complementary research designs including the age-old single-case study, which may sometimes provide clinical insights that outweigh those from big data analyses." (Stein et al. *World Psychiatry*, 2022; 21(3): 393-414).

Conclusions: The case study indicates the necessity for transdiagnostic and holistic approach in the management and long term treatment of such difficult-to-diagnose and difficult-to-treat patients.

Disclosure of Interest: None Declared

EPV0068

Cortisol Levels Correlated with Exposure to Alcohol Related Visual Stimuli in Patients with Alcohol Use Disorder

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Introduction: The mechanism of craving is not yet fully understood. It implies numerous factors contributing to the decisions an individual has to ponder when faced with a stimulus that has resemblance with the previous experiences related to it. Neural pathways implying the reward mechanism play a significant role in the interpretation of visual, auditory, olfactory stimuli, polarizing the perception towards positive or negative experiences with that substance of abuse.

Objectives: In this study we focus on the cravings related to alcohol use, in a sample of patients admitted in hospital due to alcohol use disorder pathologies, providing the fact that Romania has the 2nd highest prevalence of heavy episodic drinking at least once a month (35% of adults, in a statistic published by Eurostat in 2019).

Methods: We included 30 patients with alcohol use disorder. The PACS (Penn Alcohol Craving Scale) was used to assess the severity of craving in the week prior to the hospital admission. Before visualising any alcohol related cues using VRET, patients will have a half hour of group therapy to lower levels of anxiety. Cortisol and blood sugar will be measured after this half hour to set a baseline. Afterwards, using VRET, subjects will be asked to watch a number of visual stimuli that will include cues to alcohol consumption and different types of beverages. Half hour after visualising cues of alcohol, the craving will be assessed by measuring blood sugar and salivary cortisol levels once again. Completing these measurement, patients will be asked to complete the PACS scale one more time to correlate the patients craving with the biological findings. Blood sugar levels will be measured with a blood glucose meter with test strips. Cortisol levels will be measured using salivary levels of cortisol. We choose measuring the salivary

levels of cortisol, due to the fact that using this method, the biological active, free cortisol. Measurements of the serum cortisol indicate the total quantity, but not the biologically effective cortisol.

Results: Visual stimuli of alcohol, with the help of VRET modifies the autonomous glucocorticoid secretion, and provide objective information complementary to the each individual's craving assessment

Conclusions: There are a great number of strong ties between alcoholic craving in patients and endogenous shifts in cortisol secretion. We aimed towards a better understanding on craving in patients hospitalised for AUD. Other directions for future research are to find out if it possible to consider craving a form of stress or if we could limit craving, by limiting stress.

Disclosure of Interest: None Declared

EPV0069

Motives for MDMA Use: A Comparative Study with Alcohol and Cannabis

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Introduction: While research on drug use motives has primarily focused on widely used substances like alcohol, tobacco, and cannabis, understanding the motivations behind MDMA use is crucial for developing targeted therapeutic, preventive, and harm reduction strategies.

Objectives: The objective of this study is to present the findings of an online survey that evaluates the motives behind the use of 3,4-methylenedioxymethamphetamine (MDMA) and draws comparisons between these motives and those for alcohol and cannabis consumption.

Methods: Data were collected through an online survey, available in both English and French, with 99 participants. The survey included five sections, including a substance abuse screening test (ASSIST) and the Pahnke-Richards Mystical Experience Questionnaire. The primary focus was on motives for MDMA use, assessed using an adapted version of the Marijuana Motives Measure (MMM), comparing them with alcohol and cannabis motives.

Results: The most reported motive for MDMA use was enhancement, followed by expansion motives. Social motives were the third most common, while coping motives ranked fourth, and conformity was the least common motive. Comparisons with alcohol and cannabis use motives revealed differences in motives for each substance. MDMA showed a unique pattern of motives.

Conclusions: Enhancement emerged as the most prevalent motive for MDMA use, consistent with previous research on MDMA motive use. Expansion motives, which involve altering perceptions and increasing self-awareness, ranked second, reflecting the growing interest in MDMA-assisted therapy for conditions like PTSD. Surprisingly, social motives were less common for MDMA

compared to alcohol and cannabis, suggesting unique social dynamics associated with MDMA use. Conformity motives were also less significant for MDMA users, possibly due to the age of initiation and user maturity.

Understanding the motives behind MDMA use is essential for designing effective interventions and harm reduction strategies. The distinct motives for MDMA, as compared to alcohol and cannabis, highlight the need for tailored approaches to address its use. Further research should explore the complex interplay of motives, age of initiation, social context, and cultural factors to inform comprehensive strategies related to MDMA use.

Disclosure of Interest: None Declared

EPP0354

Kambó as a drug that can induce psychotic or manic symptoms. A case report

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Introduction: Kambó, also known as the “frog medicine,” is a traditional Amazonian medicine derived from the secretions of the Phyllomedusa bicolor tree frog. It has gained global attention for its purported therapeutic properties, including its use in addressing mental health issues. However, the psychiatric effects of kambó remain poorly understood, particularly concerning manic symptoms or psychosis.

Objectives: The primary objective of this review is to comprehensively analyze and evaluate the available literature regarding the connection between kambó use and psychosis or manic symptoms. Specifically, this review seeks to determine the prevalence of psychosis among kambó users, identify potential risk factors for the development of psychosis or manic symptoms in this context, explore the mechanisms underlying any observed psychiatric effects, and provide insights into the clinical implications of kambó use.

Methods: A case report of a 34-year-old man with chronic delusional disorder who presented to the emergency department with manic symptoms coinciding in time with the use of Kambó.

Results: The findings of this bibliographical review suggest that there is limited empirical evidence to establish a direct link between kambó use and psychosis. Most available studies are anecdotal or based on qualitative reports, making it challenging to draw definitive conclusions. While some case reports and interviews suggest that kambó use may be associated with transient psychotic-like symptoms, including visual and auditory hallucinations, more rigorous research is needed to confirm and characterize these effects. Several case reports and qualitative studies suggest that individuals who have undergone kambó ceremonies may experience transient manic-like symptoms, such as elevated mood, increased energy, and impulsivity. However, these reports lack systematic assessment and standardized measurement of manic symptoms. Mechanisms underlying these effects remain speculative, with some researchers proposing altered neurotransmitter systems as a potential explanation.

Conclusions: In conclusion, this review underscores the scarcity of scientific literature on the potential association between kambó use and psychosis or manic symptoms. Although anecdotal reports and qualitative studies suggest a link, there is a notable lack of robust empirical research to support or refute this claim. Future research should focus on conducting controlled studies to elucidate the psychiatric effects of kambó, including its potential to induce psychosis and manic symptoms, while also considering cultural and individual factors that may influence outcomes. Such research would contribute to a more comprehensive understanding of kambó's psychopharmacological profile and its implications for mental health.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPV0071

Nomophobia and psychological distress in a sample of young adults and adults

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Introduction: Nomophobia comes from the term “no-mobile-phone phobia” and describes the discomfort, stress, or anxiety caused by the absence of a cell phone or any other virtual communication device in individuals who use these devices frequently. Research, although scarce, points to a statistically significant relationship between nomophobia and psychological distress factors such as anxiety, depression, and stress.

Objectives: To explore the relationship between nomophobia and psychological distress in a sample of young adults and adults

Methods: The sample was composed of 194 Portuguese subjects, aged between 18 and 30 years old ($M = 22.08$, $DP = 2.89$), who fulfilled a sociodemographic questionnaire, and the Portuguese version of the Nomophobia Questionnaire, and of the Anxiety, Depression, and Stress Scale.

Results: The entire sample showed some type of nomophobic symptomatology, specifically 59.3% ($n = 106$) had moderate nomophobia and 24.2% ($n = 40$) had severe nomophobia. Positive and statistically significant correlations, with strong magnitude, were found between nomophobia and anxiety (.46**), depression (.58**), and stress (.50**) subscales. Females presented significantly higher nomophobia levels ($Md = 109.35$) compared to males ($Md = 71.66$), $U = 2480.50$, $p < .001$, with an high effect size ($d = .69$). A significant and negative correlation was found between nomophobia and age ($-.18^*$).

Conclusions: Nomophobia was present in all the sample, and it is related to psychological distress. Females and younger subjects presented higher nomophobia levels. Further studies are needed to clarify their etiology, but some preventive and remediative actions need to be developed in order to minimize its emergence and their negative psychological impact.

Disclosure of Interest: None Declared

EPV0072

Exploring the Impact of 2023 Wildfires on Generalized Anxiety Disorder Symptoms among Residents in Alberta and Nova Scotia

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Introduction: Raging wildfires are rising in diverse areas, leading to significant environmental and psychological repercussions that are drawing growing concern.

Objectives: This study seeks to assess the prevalence of likely Generalized Anxiety Disorder (GAD) and investigate the factors contributing to its occurrence amidst the wildfires in Alberta and Nova Scotia.

Methods: Data were collected online through a cross-sectional survey from May 14 to June 23, 2023. Alberta and Nova Scotia participants self-subscribe to the program by texting 'HopeAB' or 'HopeNS' to a designated short code, respectively. The GAD-7 validated scale assessed likely GAD symptoms among the participants.

Results: There were 298 respondents in this study, with a majority residing in Alberta/Nova Scotia areas affected by recent wildfires (62.3%). Among the respondents, 41.9% were likely to experience Generalized Anxiety Disorder (GAD) symptoms. Those living in regions recently impacted by wildfires in Alberta/Nova Scotia were found to be twice as likely to have GAD symptoms, with an odds ratio of 2.4 and a confidence interval of 95% ranging from 1.3 to 4.3.

Conclusions: The study's findings highlight a relationship between living in areas affected by wildfires and the likelihood of experiencing generalized anxiety disorder (GAD). Exploring potential predictors through additional research could aid in developing strategies to alleviate the mental health impact of natural disasters.

Disclosure of Interest: None Declared

EPV0073

Factors Affecting Student Anxiety estimated by linear regression

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Introduction: This study was conducted to estimate anxiety levels at the university level to address the issues of changing the healthy lifestyle of students, promoting health, spending their free time properly, being healthy, and developing good habits.

Objectives: The aim is to study the factors affecting student anxiety.

Methods: The study was conducted by random sampling of 1356 students from the 1st to 5th year of the medical school of Etugen University in the academic years 2020-2022.

Results: 4.3%(58) of students' inherent anxiety was low, 62.3% (845) was moderate, and 33.4%(453) were high, while 4.2%(57)

had low anxiety and 42.4% (575) were anxious due to the student's situation. had moderate anxiety and 53.4% (724) had high anxiety.

According to the research, 69.9% (948) had a low level of motivation, 23.4% (317) had a below-average level, 5.6% (76) had an average level, and 1.1% (15) had an above or higher level.

There is a weak inverse relationship between congenital anxiety and the course of study ($r=-0.054^*$), and a weak inverse relationship between age ($r=-0.048$). There is a weak ($r=-0.125^{**}$) inverse relationship between situational anxiety and the course of study, and a weak ($r=-0.127^{**}$) inverse relationship between age.

When examining the relationship between students' natural anxiety and the factors influencing it, there is a moderate ($r=0.630^{**}$) direct correlation between natural anxiety and situational anxiety. According to the one-factor linear regression analysis of students' congenital anxiety ($B=-1.964$; 95%CI (-3.07 - 0.858); $p<0.01$), increasing the age by one increases congenital anxiety by 1.964 times, $p<0.01$, which means that the linear model is good, indicating a match.

Multivariate linear regression analysis showed that situational anxiety ($B=3.845$; 95%CI (6.288 - 347.90); $p<0.01$) or a one-level increase in situational anxiety increased congenital anxiety 3.845 times $p<0.00$. is relevant

Conclusions: According to the multivariate analysis, there is a linear significant relationship between one increase in student age, and -1.256-fold decrease in situational anxiety, and a -5.464-fold decrease in situational anxiety when not suffering from mental illness.

Disclosure of Interest: None Declared

EPV0074

Disconnecting from my heartbeat: About a case of derealization in a critically ill patient

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Introduction: Depersonalization/derealization encompasses a series of symptoms that are difficult to describe by the patient, as well as complex to diagnose by the professional, and can go through multiple diagnoses prior to the diagnosis of certainty.

Objectives: It is proposed, through a clinical case, to know the characteristics of this disorder, evolution, differential diagnosis and therapeutic possibilities

Methods: 62-year-old male, history of harmful alcohol consumption and a previous admission to a psychiatric short hospitalization unit for self-injury (superficial cuts in the context of severe mental illness of his wife) post-transplantation who is required by ideas of death, anhedonia and lack of collaboration in patient, The day before the evaluation, refusal to take oral treatment, selective mutism. Pre-transplant evaluation where no psychopathological alteration was observed.

Results: What is initially assessed and treated as a confusional episode of inactive type, through a correct psychopathological examination and with subsequent continuous interviews, with

mood fluctuations throughout the admission, is subsequently oriented as an acute stress disorder, adaptive reaction with an anxious-depressive component and finally concluding that we are facing a dissociative disorder, highlighting the depersonalization/derealization on a dysfunctional personality base.

Conclusions: Characteristic of depersonalization is the great difficulty in describing symptoms, the feeling of being disconnected from one's own body, emotions and reality. The latest studies on etiopathogenesis with MRI show an inhibitory response on the limbic system by hyperactivation of the ventrolateral prefrontal cortex as well as a decrease in the autonomic response, the initial result being the attenuation of the processing of emotions. Among the differential diagnoses: post-anxiety illness disorder, major depressive episode, other dissociative disorders, panic disorder, psychotic disorder, substance-induced disorder. There are several partially effective treatments, although the results so far are poor. SSRIs, quetiapine and naltrexone have been tried. Partial efficacy with lamotrigine together with SSRIs and, if high levels of anxiety coexist, SSRIs together with clonazepam. There are studies where psychodynamic psychotherapy, behavioral therapy and hypnosis have obtained partially effective results.

Disclosure of Interest: None Declared

EPV0075

Quality of Life Assessment in Patients with Knee Osteoarthritis

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Introduction: Osteoarthritis is one of the most common diseases and a leading cause of functional limitation and dependence, significantly impacting the quality of life (QOL).

Objectives: The aim of this study was to evaluate the impact of knee osteoarthritis on QOL and identify associated factors.

Methods: This prospective cross-sectional descriptive study was conducted in the Physical Medicine and Functional Rehabilitation Department over a 4-month period, involving patients with symptomatic bilateral knee osteoarthritis (according to the American College of Rheumatology (ACR) criteria). Sociodemographic data, comorbidities, and characteristics of knee osteoarthritis were collected. The assessment of QOL and the functional impact of knee osteoarthritis were based on the KOOS (Knee Injury and Osteoarthritis Outcome Score) self-questionnaire, Lequesne Index, and modified WOMAC (Western Ontario and McMaster Universities Osteoarthritis Index) Score. The KOOS questionnaire included 5 subscales: pain (KOOS-Pain), symptoms other than pain (KOOS-Symptoms), activities of daily living (KOOS-ADL), sports and recreational function (KOOS-Sport), and QOL (KOOS-QOL).

Results: We included 30 patients with an average age of 59.27 ± 6.3 ; the male-to-female ratio was 0.15. Sixty percent of patients lived in urban areas, with varying levels of education: primary (n=10),

secondary (n=4), and university (n=4), while the majority were illiterate (40%). Most of our patients were employed, with 64.28% engaging in significant physical activity, resulting in an average of 6 ± 2 days of work absenteeism every 3 months due to knee pain. The mean duration of knee osteoarthritis was $7.97 \text{ years} \pm 3.14$. The average pain visual analog scale (VAS) score was 5.2 ± 0.4 . Knee osteoarthritis was classified as stage 2 in 40% and stage 3 in 60% of cases. Regarding functional impact, the mean WOMAC global index was 16.6 ± 4.68 , and the mean Lequesne Index was 11.05 ± 3.45 ; moderate disability was observed in 16.7%, significant disability in 50%, and severe disability in 16.7% of patients. Furthermore, the KOOS questionnaire revealed decreased KOOS-Sport and KOOS-QOL scores, with mean values of 35 ± 10.2 and 37 ± 8.9 , respectively. Our study identified factors associated with a poor quality of life: age > 65 years ($p < 0.05$), disease duration ($p = 0.02$), and VAS pain > 5 ($p = 0.02$).

Conclusions: Improving the quality of life is an essential therapeutic goal in managing knee osteoarthritis. Our study demonstrates that advanced age, longer disease duration, and high pain intensity can negatively impact quality of life.

Disclosure of Interest: None Declared

EPV0076

The impact of Obstructive Sleep Apnea Hypopnea syndrome severity on depression and anxiety disorders

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Introduction: Obstructive sleep apnea hypopnea syndrome (OSAHS) is a chronic source of stress that can alter the emotional state of affected patients.

Objectives: This study aimed to assess the impact of OSAHS severity on depression and anxiety disorders in a Tunisian population of apneic patients.

Methods: We conducted a cross-sectional study, involving 40 patients diagnosed with OSAHS by polysomnography in the Sleep unit, department of Neurophysiology at Sahloul university hospital in Sousse, Tunisia. Anxiety and depressive disorders were detected using the Arabic version of the HADS (Hospital Anxiety and Depression Scale).

Results: The mean age was 49.7 ± 7.87 years with a sex ratio of 1.1. The mean apnea-hypopnea index (AHI) was 29.72. OSAHS was mild, moderate and severe in 40%, 22.5% and 37.5% of cases respectively. One third (30%) of patients received a treatment with continuous positive airway pressure (CPAP). The prevalence of depression in the study's patients, according to the HADS, was 56.4% and that of anxiety was 59%. There was a positive linear relationship between AHI and scores of depression and anxiety ($p = 0.045$ and $p = 0.037$ respectively). Similarly, a significant association was found between HAD scores and treatment with CPAP ($p < 0.05$).

Conclusions: These results show a high frequency of anxiety-depressive disorders in patients with OSAHS. Severity of OSAHS

and CPAP treatment proved to be determining factors in anxiety and depressive disorders, hence the importance of detecting these disorders in order to improve patients' quality of life.

Disclosure of Interest: None Declared

EPV0078

Non-Adaptive Defense Mechanisms and Their Relationship to Psychosomatic Disorders among a Sample of University Students

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Introduction: In the university stage, the student is exposed to many psychological changes, pressures, and conflicts, which makes him resort to many non-consensual psychological defense mechanisms such as (repression, justification, projection, relapse, denial, delusional illness, reverse transference, day-dreaming), which causes an imbalance in the personality and its psychological functions. This may lead to cognitive and mental distortions and physiological imbalances, and the appearance of symptoms that cause psychosomatic disorders that are not due to organic physiological imbalances or bacterial diseases, but rather as a result of imbalances in the psychological functions of the ego, Which increases the symptoms of headache, vomiting, poor digestion, irritable bowel syndrome, shortness of breath, rapid heartbeat, hormonal imbalance, facial redness, and others.

Objectives: 1. Identifying the degree of use of non-consensual psychological defense mechanisms among university students, and the differences in this according to the variable (gender and degree of academic achievement)

1. Revealing the correlation between the degree of use of non-consensual psychological defense mechanisms and the emergence of disturbed psychosomatic symptoms in the functions of (the respiratory system, the digestive system, the cardiac system, the muscular system, sleep disorders, and bodily disorders).

Methods: The correlational analysis approach was used to study the relationship between the variables of the study. The sample consisted of 300 male and female university students. A scale for psychological defense mechanisms was constructed, and a scale for psychosomatic disorders prepared by Diop (2011) was adopted, and its psychometric properties were verified.

Results: The responses in the degrees of non-consensual psychological defense mechanisms were varied, with a high degree in (justification, projection, repression, and delusional illness) and a moderate degree in (relapse, daydreaming, denial, and reverse transference). Differences appeared between males and females in favor of males, while differences in academic grades were in favor of the lowest grade. The results also showed a statistically significant correlation between psychological defense mechanisms and the appearance of psychosomatic symptoms, as it was high in disorders (respiratory system, cardiac system, muscular system, sleep disorders), and moderate in (emotional disorders and somatic disorders).

Conclusions: There is a positive correlation between the degrees of use of non-consensual psychological defense mechanisms and the

emergence of psychosomatic disorders, in the functions of several bodily systems and behavioral and emotional disorders.

Disclosure of Interest: None Declared

EPV0080

Interrelations of phantom ringing related anxiety and personal self-esteem in undergraduate university students

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Introduction: Manifestations of phantom ringing syndrome are widely seen in healthy population. Are there any interrelations between this phenomenon and personal psychological characteristics that are connected with the level of their mental health?

Objectives: To determine the specificity of interrelations of phantom ringing syndrome related anxiety and personal self-esteem in university students

Methods: The anonymous survey covered 546 undergraduate university students. The questions were centered on the students' patterns of their personal smartphone use.

Results: The research showed that manifestations of phantom ringing syndrome is available in 189 students, or in every third student (34.6%), who use mobile phones. It is equally represented in males (49.7%) and females (50.2). Clinically, it is characterized by a higher level of anxiety, which reliably correlates ($p < 0.01$) with the level of stress ($r = .17$), level of nervousness caused by absence of a mobile phone ($r = .18$), the frequency of headache ($r = .15$), the frequency of medication consumption related to chronic somatic disease ($r = .15$). We also established valid negative interrelations between the level of phantom ringing syndrome related anxiety and the personal self-esteem based on the parameters of religious belief ($r = -.15$), personal attractiveness ($r = -.16$), mind ($r = -.17$), happiness ($r = -.24$), liveliness ($r = -.25$) and well-being ($r = -.15$). We have not found any proof of valid interrelations with self-assessment of health.

Conclusions: The received results prove that phantom ringing syndrome related anxiety is connected with the personal self-esteem, the level of the perceived stress and some other clinical manifestations

Disclosure of Interest: None Declared

EPV0081

Pimozide as an effective treatment for obsessive symptoms related to physical discomfort in the context of somatoform symptomatology.

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Introduction: The patient was a 34-year-old male admitted to the psychiatric inpatient unit for high anxiety and suicide ideation due to severe toothache.

Objectives: To show how the antipsychotic pimozide can be an effective option for the treatment of anxiety and obsessive symptoms around physical complaints within the spectrum of somatoform disorders

Methods: Case report and literature review

Results: The patient comes to the emergency room with high anxiety and active self-harming ideation. He reports that for months he has been experiencing mouth pain that is becoming more and more intense. He has seen multiple professionals without finding a cause that justifies the pain. In the past she has a history of multiple ailments (knee, abdominal pain...). He is being treated with sertraline 150, clonazepam 3 mg per day and olanzapine 5 mg at night. During admission, treatment with pimozide up to 4 mg per day was started. The patient is progressively less distressed and with more distance from the ideas about pain, being able to carry out more activities during the day. There is remission of suicidal ideation

Conclusions: There is evidence in the literature that the use of pimozide was effective in different psychotic disorders. It has been seen to reduce the intensity of symptoms in cases of delusional disorders with delirium of somatic type or those such as delusions by parasitization. The use of pimozide has also been effective in the treatment of complex tic disorder. In this case it is effective and could be explained by the close relationship of obsessive symptoms with psychotic symptoms.

Disclosure of Interest: None Declared

EPV0082

The Effect of the Apollo Neuro Device on Anxiety Among Participants who Underwent Ketamine Assisted Therapy

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Introduction: The study aimed to evaluate the effectiveness of a device called “Apollo” in reducing anxiety, as compared to a control group. Participants were divided into two groups: the intervention group (receiving the “Apollo” device) and the control group (receiving no intervention).

Objectives: The primary outcome measure was the change in Generalized Anxiety Disorder 7-item (GAD-7) scores, calculated as the difference between post-GAD-7 and pre-GAD-7 scores.

Methods: Participants were recruited from two different cohorts, with the intervention group derived from the “Apollo” dataset and the control group derived from the “KaT Cohort 9” dataset. Matching was performed based on Age, Sex, and pre-GAD-7 scores to create comparable groups.

For those with full datasets, a total of 4 (out of 5) participants from the “Apollo” group were matched with 15 (out of 45) participants from the “Control” group, based on the selected criteria. Data cleaning was performed to handle missing values and non-numeric entries. Propensity score matching was used to match participants from the “Apollo” and “Control” groups based on Age, Sex, and pre-GAD-7 scores. An independent samples t-test was conducted to compare the mean change in GAD-7 scores between the two groups. Since propensity score matching requires complete data on

matching factors (age, sex, pre-GAD-7), those without full datasets were excluded.

Results: The median change in GAD-7 scores in the “Apollo” group was -8.5 , indicating a median reduction in anxiety symptoms. The independent samples t-test revealed no statistically significant difference in the change in GAD-7 scores between the “Apollo” and “Control” groups ($t = -0.889$, $p = 0.387$). Therefore, the study so far did not conclude a significant difference.

Conclusions: Ketamine assisted therapy remains a promising way to decrease anxiety among patients with generalized anxiety disorder and elevated GAD-7 scores. Ways to potentially improve these results are increasing the number of Apollo patients and having more balanced numbers between groups.

Disclosure of Interest: None Declared

EPV0085

Cannabis Use and Its Interaction with Anxiety Disorders

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Introduction: Cannabis use has been reported to cause a myriad of acute adverse reactions, including those linked to anxiety disorders, such as panic attacks and derealization. Notably, in the emergency department, anxiety makes up a significant proportion of the complaints related to cannabinoid consumption. Several reports show these symptoms can persist after the cessation of cannabis consumption. Consequently, some questions have arisen regarding the role of cannabinoids as precipitators for anxiety disorders in vulnerable individuals. Alternatively, it has been hypothesized that patients with anxiety disorders are more prone to using cannabis.

Objectives: We aim to understand whether there is an established relationship between anxiety disorders and cannabis use. Moreover, we intend to identify what are the factors which make an individual more likely to experience anxiety following cannabis consumption.

Methods: A search was conducted in the PubMed database using the MeSH terms “cannabis”, “panic disorder”, “anxiety”, “panic” and “generalized anxiety disorder”. Articles published in the last ten years were considered. Publications were selected after careful reading of their abstract. A non-systematic review of the selected articles was performed.

Results: Eight articles were included in this review. While a majority of these publications did not find a significant association between cannabis use and anxiety disorders, a small subset of analyzed articles found that cannabis use may increase anxiety severity in general, devoid of specific diagnostic association. Individuals who presented to the emergency department with anxiety complaints after cannabis use were likely to be young and to have ingested edible cannabis. History of psychiatric disease, especially substance use disorder, was common in this population.

Conclusions: Most available data suggest cannabis use is not clearly linked to anxiety disorders. However, information around this topic is scarce and heterogenous. Further research is needed focusing on the natural evolution of acute anxiety after cannabis use. Factors such as young age, presence of psychiatric comorbidities and

consumption of edible cannabis appear to contribute to a significantly increased risk of experiencing acute anxiety after cannabis use.

Disclosure of Interest: None Declared

EPV0086

Role of Virtual Reality in Treating Anxiety in Child & Adolescent

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Introduction: Anxiety disorder affects nearly 9.4% of children aged 3-17 years. Virtual Reality (VR) provides an alternative for managing anxiety due to immersive, multisensory, and excellent distraction.

Objectives: The aim is to evaluate the efficacy of VR therapy in managing anxiety in children.

Methods: We searched PubMed, Medline, Embase, Web of Science, and Biosisdatabases with the keywords "Virtual Reality" in the context of "Anxiety Disorders" and included 8 relevant studies published in English until February 10, 2023, for our qualitative synthesis.

Results: The VR-Guided relaxation (VR-GR) effectively decreased anxiety immediately after administration. In another trial, 4 of the 9 patients completely overcame their fears, and 8 of 9 saw an improvement in target behaviors in the autism population even after six weeks after the therapy, and the effect lasted 1 year post-treatment. In another study, VR-based therapy helped reduce anxiety and behavioral scores significantly in the VR group vs. the control. In another study, they found during pediatric intravenous catheter placement, patients who received VR therapy showed significantly less anxiety and pain compared to those who did not. In another study, they found VR therapy helped reduce anxiety during the induction of pre-operative anesthesia in children undergoing elective surgery.

Conclusions: A study discovered benefits with statistically significant results in reducing anxiety in children immediately after VR-based therapy. To explore the full spectrum of benefits and efficacy of VR-based therapy for anxiety as a standalone or adjunct to pharmacotherapy, we recommend future trials with robust study designs.

Disclosure of Interest: None Declared

EPV0087

Results of anxiety disorders in a medical professional

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Introduction: Anxiety is the most prevalent disease in the world. Symptoms of anxiety disorders affect everyone. The symptoms are worse after a long period of time and more severe disease than normal. A study was conducted to support the assumption that it is an opportunity to improve healthcare services.

Objectives:

1. Anxiety disorders of doctors and medical specialists of Selenge Province General Hospital
2. Determine the relationship between certain factors and certain factors of anxiety disorders

Methods: The GAD7, SRQ20, and PHQ9, sleep system detection questionnaire methods issued by WHO for doctors of primary health care institutions were analyzed by analytical research snapshot model from 03.15 to 04.05, 2023.03.22. /1/01 was obtained and the survey was conducted.

Results: In the study, 23-65-year-olds received medical care, and the average life expectancy was 37.05 years. 30% (27) of the respondents did not have anxiety disorders, 36.67% (33) had mild anxiety disorders, 18.89% (17) had moderate anxiety disorders, and 14.44% (13) had severe health problems. 6.67% (6) of the respondents had no depression, 10% (9) had very mild depression and could cope on their own, 24.44% (22) had moderate depression and could cope, and 27.78% (25) with healthy depression. 24.44% (22) had major depressive disorder and 6.67% (6) had major depressive disorder. According to correlation analysis, GAD7 score with SRQ20 stress score $r=0.76$ and PHQ9 mood score with $r=0$. the inverse association was statistically significant at $p=0.00$. PHQ9 depression score had a strong effect on SRQ20 stress score $r=0.74$, $p=0.00$, and GAD7 score $r=0.46$, $p=0.0000$. $r=-0.40$, $p=0.00$ had a moderate inverse relationship with age, and $r=-0.24$, $p=0.00$ had a weak inverse relationship with age. In linear regression analysis, the GAD7 anxiety disorder score increased by 48.8% ($p=0.00$) when fixed at one, which was statistically significant. In logistic regression analysis, PHQ9 depression score increased by 35.08% ($p=0.01$) per entry. In composite logistic regression analysis, the PHQ9 depression score was statistically significant $OR=4.07$ ($p=0.01$) multiplied by one.

Conclusions: Doctors and medical professionals include psychological health research, testing, treatment, psychological counseling, and health care. Anxiety disorders are related to stress, depression, satisfaction, and age, while depressive disorders are anxiety disorders.

Disclosure of Interest: None Declared

EPV0088

Features of cognitive functions in generalized anxiety disorder: narrative review

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Introduction: Generalized anxiety disorder (GAD) is characterized by excessive and uncontrollable worry and anxiety about several activities or events. Although some cognitive symptoms are common in GAD patients, there are still controversial results from their linkage. Some studies indicate intact cognitive functions in GAD patients, while others suggest that anxiety and its cognitive aspect, worry, are associated with reduced performance in several cognitive domains.

Objectives: To assess the linkage and contribution of cognitive impairment to the maintenance and severity of GAD; to determine which specific domains of cognitive function are impaired in patients with GAD; and to examine age differences regarding cognitive impairment in GAD patients

Methods: A systematic literature search was executed using the PubMed and Google Scholar databases from 1960 to 2023 and the keywords “generalized anxiety disorder”, “anxiety disorder”, “cognitive function”, “cognitive dysfunction”, “cognitive impairment”, “late-life”, “young”, “adult”, and their combination.

Results: Anxiety and worry, as main characteristics of GAD, were shown to be linked and manifested by deficient attentional control, a main function of working memory. Attentional control functions are biased toward threats, which, in turn, hinders cognitive processing efficiency. Moreover, several structural and electrophysiological impairments could be linked to cognitive dysfunction in people with GAD. For example, patients with GAD showed reductions in gray matter volumes, especially in the regions of the hip, midbrain, thalamus, insula and superior temporal gyrus. The hippocampus, middle cingulate gyrus, putamen and head of the caudate nucleus also showed lower activity in response to the neutral words. Also, GAD patients have better inhibitory control, which may be associated with more severe symptomatology. These results are consistent with attentional control theory, which posits that worry might negatively impinge on inhibition and set-shifting. In terms of age differences, we observed that GAD in elderly patients is associated with impairment of short-term and delayed memory. In young adults, GAD is associated with various cognitive impairments, particularly in selective attention, working memory, cognitive flexibility, planning ability or efficiency, and other executive functions (EF).

Conclusions: To sum up, we observed that GAD is associated with worse cognitive functioning in several domains. Further research into cognitive dysfunction in GAD is needed to better understand the impact on daily living and to allow more tailored treatment strategies including medication, therapy and interventions targeted to improve specific cognitive domains.

Disclosure of Interest: None Declared

EPV0089

Treatment of Misophonia with Cognitive Behaviour Therapy: A Case Report

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Introduction: Misophonia is a condition characterized by extreme emotional reactions, such as irritation or anger, triggered by specific sounds. Despite its prevalence, there is a lack of evidence-based treatment methods for misophonia.

Objectives: This case report aims to explore the effectiveness of combining psychoeducation with Cognitive Behavioral Therapy (CBT) in the treatment of a misophonic patient. The focus is on reducing the patient's emotional distress and improving their quality of life.

Methods: The patient is a 28-year-old woman employed as a salesperson in a busy city. Mouth smacking, gum chewing and clock

ticking are the sounds that bother her the most. She has never used any medications or attempted any methods to alleviate her misophonia. Neither she, nor her family has a history of a psychiatric disorder. The therapeutic intervention spanned eight sessions, each lasting around half an hour. The first two sessions, a patient history was taken and Misophonia Interview Scale (MIS) was conducted. MIS comprised the Misophonia Checklist (MCL), which involved reading fifty misophonic sounds to the patient one by one. She then rated her discomfort in response to each sound on a four-point Likert-type scale. From the MCL responses, a total severity score (Misophonia Total Score - MTS), was calculated.

The treatment commenced with a psychoeducational component focused on enhancing the patient's comprehension of misophonia. This phase aimed to elucidate the neurobiological underpinnings of the condition, common triggers, and the emotional reactions associated with it.

Then, CBT was employed to identify and challenge the patient's negative automatic thoughts (NATs) linked to her misophonia. Three sessions primarily concentrated on identifying and managing NATs associated with her misophonia. These sessions equipped the patient with the skills to recognize and confront NATs through structured discussions and practical assignments.

The last three sessions centered on exposure therapy, with the goal of reducing emotional and physiological responses to triggers. Homework assignments during this phase encouraged the patient to independently practice exposure exercises.

Results: The initial MTS was 54, indicating significant distress. After the interventions, the final MTS decreased to 35 and the impact of misophonic symptoms on her life decreased from severe to moderate.

Conclusions: Misophonia is a challenging disorder to treat due to its limited evidence-based interventions. This case report demonstrates that a combination of psychoeducation and CBT methods may hold promise in managing misophonic symptoms. However, it is essential to acknowledge the need for further research in this area, as misophonia's treatment strategies require more robust empirical support. This case highlights the potential benefits of psychoeducation and CBT, emphasizing the need to explore and develop effective treatments for this debilitating condition.

Disclosure of Interest: None Declared

EPV0090

Anxiety disorders and Quality of life: The Role of Occupational Therapy

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Introduction: Anxiety disorders represent the most common mental illnesses, which are listed among the ten most important causes of disability worldwide. According to DSM-5, they are defined as “disorders that share characteristics of excessive fear and anxiety and

related behavioral disorders". Patients exhibit low levels of quality of life. Their daily routine is affected negatively. However, Occupational Therapy has been proven to play a crucial role in their treatment, improving quality of life through the involvement in occupations.

Objectives: To highlight the contribution of Occupational Therapy in ameliorating the quality of life in anxiety disorders.

Methods: A review of 50 articles -from 2013 to 2023- on PubMed and Google Scholar, regarding the beneficial impact of Occupational Therapy in the Anxiety Disorders' treatment.

Results: Occupational Therapists can intervene in many negatively affected -by the disease- life domains such as: Activities of Daily Living, Education, Work, Play, Social Interaction and Sleep. The most effective Occupational Therapy methods are based on the cognitive behavioral approach and include: Psychoeducation, Relaxation techniques, Social skills training and Systematic desensitization.

Other methods involve training in Activities of Daily Living such as feeding, maintaining good personal hygiene, and using public transport. Furthermore, Art Therapy (visual arts, use of clay) has been shown to reduce feelings of anxiety, while promoting creativity and enhancing self-esteem.

Conclusions: Additional research is needed regarding the effectiveness of Occupational Therapy in improving the quality of life for patients suffering from Anxiety Disorders. The important "take home message" is that the amelioration of the patients' quality of life should be the main goal of the therapeutic intervention and not a secondary result of it.

Disclosure of Interest: None Declared

EPV0091

The multimodal psychotherapy of the anxiety disorders patients

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Introduction: Anxiety disorders are a common type of mental pathology with severe social and medical consequences in the lives of people suffering from them. General population studies indicate their prevalence ranges from 1.7% to 4.7% of the population. According to data from a US national study among the population aged 15 to 54 years, only 2.7% and 4.7%, respectively, suffered from panic disorder, one of the common types of anxiety disorders, during their lifetime. At the same time, the features of the emotional structure of anxiety disorders and the effectiveness of their psychotherapy among the population of low-income countries, especially in countries in a situation of prolonged bloody war and environmental disaster, remain poorly studied.

Objectives: The purpose of the study was to identify the features of the emotional symptomatic structure of anxiety disorder and evaluate the effectiveness of their psychotherapeutic correction. For this purpose, 180 patients with anxiety disorders who were hospitalized in Ukraine (during the period 2022 - 2023) were examined.

Methods: The basic method was group psychotherapy with elements of rational, positive, suggestive and family psychotherapy. Regarding emotional disorders, cognitive behavioural therapy (CBT) was used for phobic-depressive and anxiety-depressive syndromes.

Results: Most patients experienced a decrease in the level of general anxiety and internal anxiety. Almost no spontaneous occurrence of fear was observed. During active interviewing, patients stated that their previous anxieties and fears had lost their relevance and acquired clear emotional overtones. There was also a significant decrease in the symptoms of the depressive cycle, and patients began to feel joy and optimism.

Conclusions: To correct emotional dysfunction in patients with episodic paroxysmal disorders, generalized anxiety disorders and mixed anxiety-depressive disorders, it is optimal to use a system of psychotherapeutic correction built on stepwise and multimodal principles.

Disclosure of Interest: None Declared

EPV0092

Effects of adding acupuncture to group psychotherapy for anxiety

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Introduction: Acupuncture has long been used in treating anxiety, and a literature exists on its effectiveness. However, acupuncture is rarely covered by government insurance (Medicaid or Medicare) or even by many commercial insurance carriers in the United States, making it inaccessible to those who cannot pay separately.

Objectives: We asked if adding acupuncture to an anxiety group would improve outcome.

Methods: We provided acupuncture during group psychotherapy for anxiety as a non-billable service. This was feasible since patients were already being billed for group psychotherapy. A physician and a social work intern led the group. At the start of the group, the physician went around the circle of group members and inserted acupuncture needles, using points in the ears, head, hands, feet, and, in the summer, arms and lower legs). The size of the group ranged from 4 to 12 people. We used Battlefield auricular points, the four gates (Large Intestine 4 and Liver 3, bilaterally), and GV24, GV29, Ht7, and Sp6. Sometimes, other points were added for other symptoms (back pain, neck pain, etc.) People sometimes joined the group without anxiety as a core problem in getting access to acupuncture. A core group of patients formed who came weekly while others came and went. The Hamilton Anxiety Scale measured anxiety after treatments 4, 8, and 12. The group lasted 90 minutes and consisted of mindfulness training, guided imagery, and CBT for anxiety. All patients met the criteria for generalized anxiety disorder. The t-test procedure was used to compare the differences between the means for the two groups.

Results: Thirty-five patients received acupuncture, while another 55 patients attended the group and did not elect to receive acupuncture. All patients were covered by MaineCare health insurance, Maine's version of Medicaid. All patients had multiple other medical problems, which was why they were referred to the group. Seventy percent of the patients were women, and 30% were men. The average age was 40.1 years. Anxiety ratings on the Hamilton Anxiety Scale decreased by the last time measured for those not receiving acupuncture by an average of 5.17 points (S.D. 2.9; n = 55). Anxiety ratings for those receiving acupuncture decreased by an average of 7.19 points (S.D. 2.5, n = 35). The difference of the means was -2.02 (S.E. 0.595; 95% CI = -2.203 to -0.837; t = -3.394; p = 0.001).

Headaches, shoulder pains, and upper back pain also decreased. Patients reported high levels of benefit from the acupuncture and encouraged other patients to continue to come and try the acupuncture. Usually, the needles could be placed within the first third of the group.

Conclusions: Acupuncture improved anxiety ratings for people in group psychotherapy for anxiety over group alone, though the possibility of a placebo effect cannot be eliminated. Patients chose acupuncture, which could also present a potential bias.

Disclosure of Interest: None Declared

O0003

Using Virtual Reality Assisted Therapy to Reduce Cognitive Test Anxiety and Dysfunctional Metacognitions

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Introduction: Cognitive test anxiety and dysfunctional metacognitions can significantly impact an individual's performance and overall mental health. However, the effectiveness of various treatment strategies, including Virtual Reality (VR) therapy, is yet to be fully explored.

Objectives: This study aimed to examine the effectiveness of VR therapy in reducing cognitive test anxiety and dysfunctional metacognitions in adults.

Methods: A total of 64 participants were enrolled in the study, with 40 in the treatment group and 24 in the control group. Data were collected using the Metacognition Questionnaire-30, Cognitive Test Anxiety Scale, and a sociodemographic questionnaire. Paired samples t-tests were used to compare pretest and posttest scores, while independent samples t-tests were used to compare the means between the groups.

Results: The findings suggest that the treatment group experienced a significant reduction in cognitive test anxiety and negative metacognition scores following VR therapy. No significant changes were observed in the control group, and there were no significant differences in pretest scores between the treatment and control groups.

Conclusions: The study indicates that VR therapy may be an effective treatment strategy for reducing cognitive test anxiety and dysfunctional metacognitions. Further research is recommended to validate these findings and explore the potential of VR therapy in treating other psychological disorders.

Disclosure of Interest: None Declared

EPP0553

Perfectionism, self-efficacy and mindfulness as predictors of test anxiety among university students

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Introduction: Test anxiety includes subjective experience of intense physiological, cognitive and/or behavioral symptoms

during test-taking situations such as pacing, headaches, excessive feelings of fear, anger, troubles concentrating, sudden forgetfulness and negative self-talk. Especially students who are striving for flawlessness, have overly critical self-evaluations and beliefs that other expect perfection are sensitive to experiencing these feelings. On the contrary, individuals who believe in their ability, are present in the moment and are open to experiences tend to be more resilient to stressors and anxiety symptoms.

Objectives: The aim of this study was to investigate perfectionism, self-efficacy, and mindfulness as predictors of test-anxiety among undergraduate and postgraduate students of different study fields.

Methods: 525 undergraduate and postgraduate students from the fields of Natural, Medical Sciences and Engineering, Social Sciences, Humanities and Art, and Economics, Business and Administration Studies participated in the study. A sociodemographic form, the Test Anxiety Inventory (TAI), 15-Item Five Facet Mindfulness Questionnaire (FFMQ-15), Scale of General Self-efficacy (GSES) and Frost Multidimensional Perfectionism Scale-Brief (FMPS-Brief) were used. Descriptive statistics were used to show the sociodemographics of our sample, while correlational analyses were performed to assess the associations between the variables. To further validate the findings, multiple linear regression analyses were performed.

Results: Higher perfectionistic evaluative concerns and lower self-efficacy showed associations with test-anxiety and were proven as predictors among undergraduate and postgraduate students. In addition, being younger and female in postgraduates, and having perfectionistic strivings and being Mindful-Observe in undergraduate students proved to be significant predictors of test-anxiety.

Conclusions: The found associations of perfectionism and self-efficacy, as well as its predictor roles further validate the information we have in literature, but widen the sample to postgraduate students and various study fields which help us generalize the findings more. What adds the most value in theoretical and practical aspects is the findings associated with mindfulness. Mindfulness techniques are very popular intervention methods for anxiety related symptoms, and the positive relationship of Mindful-Observe with test anxiety opens new viewpoints to mindfulness-based interventions. Particularly focusing on Mindful-Observe while treating test-anxiety may yield better outcomes in alleviation of symptoms.

Disclosure of Interest: None Declared

Bipolar Disorders

EPV0093

Lithium withdrawal and relapse in bipolar disorder when kidney function deteriorates

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Introduction: Lithium was the first mood stabilizer and today continues to be a first-line treatment in the treatment of bipolar disorder despite its adverse effects, which make it important to monitor blood levels and control kidney function.

Objectives: Presentation of a case of lithium withdrawal and relapse in bipolar disorder. Literature review relating to the risk of relapse when lithium treatment is interrupted.

Methods: We present a clinical case of a patient who suffers a deterioration in renal function that requires the withdrawal of lithium and who consequently suffers a relapse. We conducted a bibliographic research of articles in Pubmed on this topic.

Results: A 49-year-old male, with a history of multiple admissions to UHB since the age of 18 with a diagnosis of bipolar disorder and treatment with lithium. Decompensations towards the manic pole have always been related to interruptions in lithium treatment. On several occasions when the patient was feeling well emotionally, he believed himself to be "cured" and abandoned the treatment, triggering a manic episode, showing verbal aggression, increased self-esteem and delusional ideation of harm. Remission was usually achieved with the reintroduction of lithium and the addition of high-dose quetiapine. Between episodes, constant overvalued ideas of economic scarcity seemed to persist, which were accentuated in the form of delusional ideas of ruin in depressive decompensations. After 7 years of stability, control analysis showed blood litemia of 2.2 mEq/L with deterioration of kidney function and generalized tremor was observed, without improvement after serum therapy. He was admitted for dialysis and lithium was suspended. Treatment with valproate was started and a consultation scheduled in a week to adjust the dose. The patient did not attend that consultation and was admitted three days later to Psychiatry Hospitalization showing a challenging attitude, evident dysphoric mood, accelerated speech, with derailments and echolalia. Delusional ideation of harm with auditory hallucinations. Insomnia and hyporexia. Chronic renal failure persisted.

Conclusions: Lithium is a very effective drug but with a narrow therapeutic range that requires adequate monitoring due to the possible consequences of its use at different organs and systems of the body. when lithium is found in the blood at toxic levels with deterioration of kidney function and glomerular filtration fails to recover, lithium treatment should be suspended. Sudden withdrawal of lithium significantly increases the risk of relapse due to rebound effect. More than 50% of patients experience a recurrence within 10 weeks of withdrawal.

Disclosure of Interest: None Declared

EPV0094

Factors influencing stigma in bipolar disorder type I

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Introduction: Given the recurrence of mood episodes, with their negative repercussions such as high suicidal risk, significant cognitive decline and the persistence of residual signs with a negative impact on the patient's family, social and professional functioning,

Bipolar Disorder is a mental disorder with a significant social stigma.

Objectives: Identify the socio-demographic and clinical factors that may influence the experience of stigma in bipolar disorder type I

Methods: We conducted a cross-sectional, comparative study over a six-month period at the aftercare unit of Razi Hospital's psychiatric ward "A", including patients treated for TB I according to DSM 5 criteria and stable on treatment.

The study was conducted in two stages: first, sociodemographic and clinical characteristics were collected using a pre-established form. The DISCUS scale, validated in Arabic, was then administered.

Results: We included 100 patients (60 men and 40 women) with a mean age of 43.55 years.

The median DISCUS stigma score was 6 (0-19).

The mean value of the DISCUS scale was high for patients of urban origin ($p=0.042$), with a low socioeconomic level ($p=0.001$), and poor family dynamics ($p<0.001$).

The presence of a comorbid personality disorder was significantly associated with stigma ($p=0.006$). The DISCUS scale was positively associated with the number of years of follow-up, the number of hospitalizations, the number of manic episodes, the number of depressive episodes and the number of episodes with psychotic or melancholic features.

Conclusions: This stigma can have a negative impact on patients' quality of life in a whole range of ways, including limiting their opportunities for education, employment and housing. Intensive therapeutic interventions should be considered for vulnerable patients to limit the consequences.

Disclosure of Interest: None Declared

EPV0097

The Dilemma of Lithium Discontinuation in Bipolar Disorder During Pregnancy Planning: A Case Report and Literature Review

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Introduction: Lithium is considered the gold standard mood stabiliser for bipolar disorder, yet its use during pregnancy remains controversial, demanding careful consideration of potential risks and benefits. Classically, it has been associated with an increased risk in congenital heart defects, however, recent studies point towards a much lower absolute risk than was previously believed. Furthermore, discontinuation of lithium before or during pregnancy poses a high risk of destabilisation and lithium has been shown to reduce the risk of relapse both in pregnancy and in the postpartum period. Hence, treatment planning is of the utmost importance in this patient group and individual risk stratification should be undertaken for patients to make informed decisions about their treatment.

Objectives: To describe the case of a patient with bipolar disorder who discontinued lithium treatment while attempting to conceive and subsequently presented with a manic episode and to expand the scientific knowledge on this topic.

Methods: Case report and brief literature review.

Results: A 41-year-old patient with a diagnosis of bipolar disorder, previously on lithium 900mg/day, was admitted to the emergency department with symptoms suggestive of a manic episode. One month prior, the patient had discontinued treatment with lithium due to her desire to pursue pregnancy and interrupt treatment while trying to conceive. The patient had a history of postpartum psychosis followed by various depressive and manic episodes with psychotic symptoms, leading to a bipolar disorder diagnosis and commencing treatment with lithium. Her consultant psychiatrist had informed her of the individualised risks of interrupting treatment with lithium and had advised to continue treatment alongside frequent follow-up due to the high-risk of relapse. Despite her consultant's recommendation, she decided to interrupt treatment and hence a personalised lithium tapering regime and advice to continue treatment with quetiapine 200mg/day was given.

During the ED stay, treatment with olanzapine was introduced which helped to stabilise her symptoms. Lithium levels were subtherapeutic (lithium serum level 0.11 mmol/L). Inpatient psychiatric admission was avoided due to rapid symptom improvement, strong social support in the community and her preference for ambulatory care. Lithium was gradually reintroduced and antipsychotic treatment was adjusted at follow up appointments, which ultimately led to the resolution of symptoms and stabilisation.

Conclusions: This case highlights the significance of considering continuing lithium treatment in bipolar disorder during pregnancy planning. Decisions about medication in pregnancy are multifaceted, making appropriate risk stratification imperative in order to inform individualised care plans to minimise the risk of relapse in these patients.

Disclosure of Interest: None Declared

EPV0098

Neuropsychiatric symptoms and arachnoid cysts: tracing the association regarding a case report

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Introduction: In the review of recent literature, we found very few presentations of case reports in which the presumed association between psychiatric disorders and arachnoid cysts is discussed. Arachnoid cysts are rare brain tumors with little apparent symptomatic impact and in most cases, they are diagnosed incidentally. We present the case of a 15-year-old adolescent with a personal history of a previous severe depressive episode, as well as suspicion of serious mental pathology in the family. It presents a subacute onset episode, in the context of regular cannabis consumption, consisting of intense emotional lability and psychomotor restlessness, a tendency toward irritability, decreased sleep needs, and the appearance of delusional ideas of harm and self-referential interruption. During the study of the case, and incidentally, the cranial magnetic resonance imaging revealed the presence of an arachnoid

cyst located in the left frontotemporal location, approximately 4 cm in diameter.

Objectives: (1) To describe the clinical particularities of this case, focusing on the diagnostic difficulties we faced. (2) To review current scientific evidence regarding the possible association between neuropsychiatric symptoms and arachnoid cysts.

Methods: A review of the patient's clinical history was carried out and complementary tests were performed. Likewise, a review of the available scientific literature was also performed in relation to the appearance of neuropsychiatric symptoms associated with the presence of arachnoid cysts.

Results: The literature regarding the possible association between psychosis and arachnoid cysts is scarce. However, it is proposed that arachnoid cysts may be associated with various neuropsychiatric alterations, such as affective alterations, schizophrenia-like psychosis or amnesic symptoms. The atypicality in the symptoms sometimes leads us to suspect an organic origin of the condition, with some features such as associated memory deficits, emotional incontinence, movement disorders or neurological focal data; some of which are present in the case at hand.

Conclusions: There is controversy among different sources regarding the role of the cyst in the development of symptoms or, on the contrary, its presentation only as a chance finding. Further investigation focusing on clinical observations and neuroimaging is needed.

Disclosure of Interest: None Declared

EPV0099

Lithium nephropathy in Bipolar Disorder: a clinical challenge

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Introduction: Lithium nephropathy can occur in long-term lithium-treated bipolar disorder patients. Key risk factors include duration of lithium exposure, cumulative dose, acute intoxication episodes, advanced age, and comorbidities such as hypertension, diabetes mellitus, hyperparathyroidism, and hyperuricemia, along with concurrent use of antipsychotics. The clinical presentation is gradual, with mild proteinuria, often accompanied by arginine vasopressin resistance. Histological studies show a correlation between interstitial fibrosis and cumulative lithium duration. Approximately 15 to 25 per cent of exposed patients may experience a gradual decline in glomerular filtration rate. The outcome after lithium discontinuation varies.

Objectives: This case study aims to analyze and document the clinical presentation, diagnosis, and management of lithium nephropathy in a patient with Bipolar Disorder.

Methods: We gathered data on the medical history, lab results, and treatment approach for a patient with Bipolar Disorder.

Results: The patient, a 50-year-old woman, had been under the care of Psychiatry since 2008 due to a diagnosis of Bipolar Disorder Type I. During this time, she had experienced depressive and manic episodes but had not presented significant symptom

decompensation for the past 14 years, successfully managed with lithium at a current dose of 600 mg per day. However, on this occasion, the patient sought hospitalization due to recent behavioural disturbances, including restlessness, disinhibition, abrupt changes in behaviour, pressured speech, sleep problems, agitation, and aggression. The patient also reported an increased sense of polyuria and polydipsia. Evaluation in the emergency department revealed elevated lithium levels of 1.47 mmol/L and hypokalemia, that justified lithium withdrawal. After lithium levels decreased, an estimated glomerular filtration rate remained low. She was diagnosed with lithium nephropathy, an adverse effect of long-term lithium therapy. Treatment with lithium changed to sodium valproate. Treatment with asenapine started and sustained for two months. Over the following two years, the patient experienced four additional hospital admissions in Psychiatry due to manic episodes.

Conclusions: Long-term lithium therapy can lead to lithium nephropathy with symptoms such as polyuria, polydipsia, and acute kidney failure. Consistent monitoring of patients receiving lithium is crucial to detect potential adverse effects. This case highlights the challenges in managing bipolar patients, as discontinuing lithium exacerbated symptoms despite switching to sodium valproate for nephropathy prevention. Long-term lithium treatment, while effective for bipolar disorder, poses significant renal risks. We emphasize continuous renal function monitoring and assessing the risk-benefit of lithium treatment while actively researching lithium nephropathy and its impact on glomerular function.

Disclosure of Interest: None Declared

EPV0103

Childhood trauma in bipolar disorder: experience of Arrazi hospital

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Introduction: Bipolar disorder is a chronic, recurrent, and disabling condition that typically begins in late adolescence or early adulthood. It is characterized by alternating phases of depression, mania, or hypomania. Childhood traumas are more frequently found in adults with bipolar disorder, suggesting their contribution to its development. They are also associated with more severe and complex clinical forms and a less favorable prognosis.

Objectives: Our objective is to assess the prevalence of childhood trauma rates in adults with bipolar disorder and to study the impact of childhood traumas on the clinical course of bipolar disorder, in comparison with a group of patients with bipolar disorder who did not experience trauma during their childhood.

Methods: This is a descriptive cross-sectional study using a questionnaire comprising sociodemographic criteria and the Childhood Trauma Questionnaire Short Form (CTQ-SF) to evaluate the connection between physical and psychological traumas during childhood and bipolar disorder. The study also examines the types of these traumas and their impact on the course of bipolar disorder in these categories.

Results: Data were collected from 54 patients with bipolar disorder at Ar-Razi Psychiatric University Hospital. Among this sample, 60% were female and 40% were male. The age of the participants in our study ranged from 18 to 54 years. According to the Childhood Trauma Scale, approximately one-third of patients with bipolar disorder had experienced childhood trauma. Moreover, most participants who had survived childhood trauma experienced more relapses than patients who had not experienced traumatic incidents during their childhood.

Conclusions: Childhood traumas and bipolar disorder appear to have a significant causal association, both in the development of the disease and its course. The results of our study support evidence published in articles to better clarify the nature of this association. However, our study has several limitations, including a limited sample size and difficulties in long-term follow-up during the disease. Therefore, further studies exploring this subject are desirable for better management of this condition.

Disclosure of Interest: None Declared

EPV0105

Difficulties in assessing the medical fitness of workers with mood disorders : A study of 101 cases

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Introduction: Assessing the medical fitness of workers with mood disorders remains a topical issue, because of its organizational, socioeconomic and professional impact.

Objectives: To assess the medical and occupational characteristics of workers with mood disorders.

To evaluate the impact of these psychiatric disorders on the medical decision of fitness for work.

Methods: Descriptive and retrospective study, over six years (January 1, 2018 to August 30, 2023) including all medical records of workers with mood disorders (bipolar disorder, anxiety disorder, and depression), referred to the occupational department of the Charles-Nicolle Hospital in Tunis for a medical fitness for work.

Results: The study included 101 patients, mostly female (sex ratio = 0.4), with a mean age of 43.3 ± 9.2 years. The most represented sector of activity was health care. The participants were mainly nurses (25%), followed by technicians (22%) and workers (21%). The mean job seniority was 16.5 ± 9.3 years. A pathological history was found in 74.3% of cases, of which 47.5% were psychiatric disorders. Mood disorders identified in our population were: bipolar disorder (53.5%), anxiety disorder (43.5%), and depression (3%). After medical examination and the decision of treating physician, 39% of the patients (N=39) were declared fit for work, and 31.4% (N=32) were fit with ergonomic adjustments. These accommodations consisted mainly of night shift exemptions in 75% of cases. Temporary unfitness was declared in 24 patients (23.6%).

Job mutation was recommended for four patients. Early retirement due to invalidity was proposed for two patients.

Conclusions: The decision on the medical fitness of workers with psychiatric disorders remains a delicate issue that requires the attention of both legislators and occupational health practitioners.

Disclosure of Interest: None Declared

EPV0106

Proteomic analysis of blood serum in bipolar disorder

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Introduction: Bipolar disorder (BD) often has symptoms similar to other mental disorders (BD), and there are no paraclinical criteria for differential diagnosis. (Geoffroy *et al.* Bip Dis 2017; 5 7). Published work on MD proteomics is scarce and focused on schizophrenia. (Dmitrieva *et al.* PeerJ. 2022; 10 e13907). Therefore, it is important to study potential biomarkers of BD using easily accessible material—blood serum (Rhee *et al.* *Transl Psy* 2023; 13 44). Identification of proteins involved in the pathogenesis of BD will help in the study of the pathogenetic mechanisms of BD, the development of differential diagnostic methods and pathogenetically based drugs.

Objectives: Carrying out a comparative proteomic analysis of blood serum from patients with BD and healthy individuals to identify potential biomarkers

Methods: We analyzed the protein spectrum of the blood serum of 14 patients with BD who were admitted during a depressive episode at the age of 32 [21;52] years with a disease duration of 8[5;11] years. The control group consisted of 10 mentally and somatically healthy individuals corresponding to the gender and age of the BD group. Blood serum was purified from 14 major proteins using affinity chromatography and separated by electrophoresis using the Laemmli method. After trypsinolysis, proteins were identified using HPLC/mass spectrometry on an Orbitrap instrument. Mass spectrometric analysis was performed on the Advanced Mass Spectrometry Core Facility of Skolkovo Institute of Science and Technology. Protein identification was carried out using the UniProtKB database using the Mascot search engine. The results were tested for significance using the nonparametric Fisher exact test with Yates correction.

Results: In patients with BD, qualitative mass spectrometry revealed differential expression of 21 neurospecific proteins. Among them: Protein dispatched homolog 3, Ceroid-lipofuscinosis neuronal protein 6, SWI/SNF complex subunit SMARCC1, Neurogenic differentiation factor 4, Protein furry homolog-like, REST corepressor 1 – are involved in the proliferation, development and differentiation of neurons; Hemicentin-2, Dystrophin, Voltage-dependent L-type calcium channel subunit alpha-1D, Syntaxin-

binding protein 5, Small conductance calcium-activated potassium channel protein 1– participate in synaptic transmission of ion transport and form receptors.

Conclusions: Studying the role of these proteins in BD and their quantitative content in a larger number of patients is promising. This will help in the development of new diagnostic criteria and targets for drug therapy for BD.

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Disclosure of Interest: None Declared

EPV0107

Clinical Characteristics and Aggression in Unipolar and Bipolar Course of Affective Disorders

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Introduction: The diagnosis and treatment of depression are complex due to its diverse forms. Recent focus in clinical practice has been on identifying markers for mono- and bipolar depression, as early diagnosis significantly impacts treatment.

Objectives: To identify clinical characteristics of unipolar and bipolar depressive disorders and assess their correlation with aggression levels in patients.

Methods: We studied patients at the Mental Health Research Institute of Tomsk NRMC: ICD-10 codes: Bipolar Affective Disorder (BD) (n=28), Recurrent Depressive Disorder (RDD) (n=33). Patients with BD were older (49 (33; 52) years) than those RDD (40 (31; 51) years) (p=0.018). The current depressive episode duration was shorter for BD (3 (2; 7) months) compared to RDD (5 (2; 12) months) (p=0.018). Gender distribution was comparable (p=0.568). We measured clinical symptoms (depression, anxiety, anhedonia) using psychometric tools (HAM-D, HAM-A, SHAPS) at admission and after 3 weeks of therapy. Aggression was assessed with the Buss-Durkee Hostility Inventory (BDHI) at admission.

Results: Patients with RDD demonstrated a higher severity of depressive symptoms upon admission (Table 1).

Table 1. Clinical Characteristics of Unipolar and Bipolar Depression Course

Severity of Symptoms	Bipolar Depression	Unipolar Depression	p (U-test)
HAM-D on admission	19 (15.5; 24)	22 (18; 26)	0.044
HAM-D after 3 weeks	4 (2; 6)	4 (3; 7.75)	0.219
HAM-A on admission	16 (12; 25)	19.5 (13; 26.75)	0.098
HAM-A after 3 weeks	3 (2; 6.5)	4 (3; 7.75)	0.219
SHAPS on admission	5 (1.25; 9)	3 (0; 10)	0.7
SHAPS after 3 weeks	1 (0; 4)	1 (0; 3)	0.44

The severity of some aggressive patterns was higher in patients with bipolar disorder (Table 2).

Table 2. The severity of aggressiveness in unipolar and bipolar depression.

BDHI subscale	Bipolar Depression	Unipolar Depression	p (U-test)
Aggressiveness index	19 (13; 24)	18.5 (12; 24)	0.745
Hostility index	9 (7; 13.75)	9 (7; 11)	0.139
Assault Hostility	4 (2; 6)	4 (2; 6)	0.618
Indirect Hostility	5 (5; 6)	4 (4; 6)	0.015
Irritability	6 (4; 8)	5 (3; 7)	0.081
Negativism	2 (1; 4)	2 (1; 4)	0.262
Resentment	5 (4; 6)	5 (3; 6)	0.113
Verbal Hostility	7 (6; 8)	6 (5; 8)	0.008

As a result of the study, no statistically significant correlations were found ($p>0.05$, Spearman’s test).

Conclusions: The conducted research did not yield convincing data that would allow us to make judgments about specific clinical patterns in the course of unipolar and bipolar depression. Thus, the problem of searching for unique biological markers of the courses of affective disorders remains relevant. Support by the Russian Science Foundation grant No. 23-75-00023.

Disclosure of Interest: None Declared

EPV0108

Neuropsychiatric symptoms in Multiple Sclerosis (MS): Case Report of a First Manic Episode in a Patient with Suspected MS

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Introduction: Multiple Sclerosis (MS) is an inflammatory disease affecting primarily the central nervous system, characterized by focal lesions of white-matter demyelination. It can present with a variety of neurological symptoms, including monocular vision loss, sensory loss, paresthesias, limb weakness, ataxia and bladder dysfunction, and has a typically chronic and progressive course. Neuropsychiatric manifestations including depressive or manic symptoms, anxiety disorders and psychosis, are also frequently observed, and are of particular importance to mental health practitioners.

Objectives: To describe a case of a 45-year-old female patient with a history of suspected MS presenting with manic symptoms, and to discuss the possible neuropsychiatric manifestations of Multiple Sclerosis.

Methods: Clinical case report and literature review.

Results: A 45-year-old woman was brought to the emergency department presenting with severe acute agitation, irritable mood, rapid speech and persecutory delusions. She had no prior history of neuropsychiatric symptoms, but her medical history was notable for a suspected diagnosis of MS, having suffered an episode of optic neuritis 16 years before the present episode. Magnetic

Ressonance Imaging performed 3 months before emergency admission documented non-specific white-matter lesions presenting as hyper-intense in long TR sequences, as well as a cervical lesion of atypical characteristics, representing possible spondylo-tic myelopathy or demyelination. A head CT performed at emergency admission did not reveal relevant acute findings. The patient was hospitalized and initiated risperidone and valproic acid therapy. She responded favorably to medication, with progressive stabilization of mood and remission of delusional ideas over three weeks.

Conclusions: Neuropsychiatric symptoms are a common and concerning manifestation of Multiple Sclerosis. The present case illustrates that clinicians should be on alert for signs of mood and psychotic symptoms in patients with suspected or confirmed MS, as these can manifest at any point during the disease course.

Disclosure of Interest: None Declared

EPV0109

Our old friend lithium and encephalopathy: a case report

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Introduction: Lithium is a well-established mood stabilizer used in the management of bipolar disorder, that is generally well-tolerated; however, it is associated with rare but potentially severe neurological side effects. Lithium-induced encephalopathy is characterized by a spectrum of symptoms, ranging from subtle cognitive deficits to severe manifestations such as altered mental status to overt delirium, seizures and coma. Risk factors include advanced age, concomitant medication and underlying renal impairment. This symptoms do not consistently correlate with lithium concentrations.

Objectives: This abstract aims to provide an overview of the clinical characteristics, underlying mechanisms, and management of lithium-induced encephalopathy.

Methods: We discuss a case of a 62-years-old woman diagnosed with bipolar disorder under treatment with lithium and olanzapine, without recent changes of posology. She presented to emergency department with subacute and fluctuating neuropsychiatric symptoms, including confusion, disorientation in time and space, complex visual hallucinations, delusional ideas, alteration in memory and logic thinking, dysarthria and dyspraxia. Neuroimaging showed no structural abnormalities, blood tests were normal and serum lithium levels were within the therapeutic range (0.8 mEq/L). Upon discontinuation of lithium, the patient exhibited a gradual resolution of symptoms. We conducted a comprehensive search of medical databases, including PubMed, to identify relevant articles related to lithium encephalopathy published up to September 2023.

Results: This case challenges the conventionally established threshold of elevated serum lithium levels in the development of encephalopathy. The underlying pathophysiology is complex and multifactorial, with proposed mechanisms including alterations

in neurotransmitter balance, oxidative stress, mitochondrial dysfunction and individual susceptibility to idiosyncratic reactions. Early diagnosis is challenging, necessitating a high clinical suspicion, neuroimaging and exclusion of other etiologies. Management strategies involve discontinuation of lithium, even when serum lithium levels are within the therapeutic range, supportive care, and, in severe cases, hemodialysis to reduce lithium levels rapidly.

Conclusions: Clinicians should maintain a high index of suspicion of lithium-induced encephalopathy, especially in patients presenting with neurological symptoms while on lithium treatment. Early recognition and intervention are essential for minimizing morbidity and preventing potentially irreversible neurological damage. Further research is needed to better understand the precise mechanisms underlying it, risk factors and to refine treatment strategies.

Disclosure of Interest: None Declared

EPV0110

Multifactorial etiology of manic episodes. About a case

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Introduction: Manic episodes have a multifactorial etiology, with frequent association with genetic factors, comorbidities such as systemic diseases or secondary to infectious diseases, and environmental exposure factors. The prevalence of bipolar disorder is markedly higher in patients with autoimmune disease. The risk of developing bipolar disorder in some studies has been seen to be higher among patients with rheumatoid arthritis, therefore chronic inflammation would be a potential mechanism and could be a modifiable risk factor for bipolar disorder. Growing evidence indicates that Sars-CoV-2 may also trigger the acute onset of mood disorders or psychotic symptoms.

Objectives: We present the case of a patient who presents symptoms compatible with an acute manic episode after an outbreak of rheumatoid arthritis and comorbid COVID infection.

Methods: 52-year-old patient. She went to the hospital emergency room presenting affective symptoms compatible with a manic episode and psychomotor agitation. Personal medical history: rheumatoid arthritis, antiphospholipid syndrome. Psychiatric personal history: Depressive disorder under follow-up by a private psychiatrist under treatment with antidepressants. During the interview, the patient presented accelerated speech, with great emotional incontinence. Saltigrade thought and tachypsychia. She verbalizes delusional ideas of megalomaniacal and mystical and religious characteristics. She verbalizes that she is the reincarnation of the holy spirit, that God has taken her body and speaks through her. In the emergency room, a Sars-CoV-2 infection that the patient was unaware of was diagnosed. She is admitted to the hospital in the mental health unit, in the first interviews the patient maintains speech with delusional ideas "I notice the stigmata of Christ on my body".

Results: The patient recovers after treatment for the COVID infection, remaining asymptomatic. It was decided to start lithium to stabilize mood and the patient presented good tolerance and treatment with antipsychotics. The patient presented a favorable response, remitting the psychotic symptoms of which she was critical and stabilizing the affective symptoms. The patient is diagnosed with Severe Manic Episode with Psychotic Symptoms, as the main diagnosis and we could conclude the diagnosis of Bipolar Disorder since she has presented 2 depressive episodes in the past that have required treatment and follow-up by psychiatry.

Conclusions: Manic episodes have a multifactorial etiology and require an individualized approach, and comorbid medical conditions must always be assessed in order to establish a therapeutic plan with patients.

Disclosure of Interest: None Declared

EPV0111

Carbamazepine-induced toxidermia: Case report and a literature review

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Introduction: Carbamazepine is effectively used in treatment of bipolar disorder for its thymoregulatory virtues, but it can induce numerous side effects, including skin eruptions that can be severe sometimes.

Objectives: To study the relationship between toxidermia and treatment with carbamazepine.

Methods: We report the case of a patient who developed a toxidermia following the intake of carbamazepine.

Results: Mr. AD, 19 years old, with medical history of diabetes, has been diagnosed with bipolar disorder since the age of 17. He was initially treated with risperidone with an irregular follow-up.

He was hospitalized in our department for a manic episode with psychotic features with agitation and refusal of treatment.

The patient was put on injectable treatment 15 mg/day of Haloperidol and 20 mg/day of diazepam.

After 5 days in hospital, we switched to the oral route, gradually increasing haloperidol doses to 30mg, reducing diazepam doses and introducing carbamazepine for thymoregulatory purposes.

Carbamazepine was progressively increased up to a dose of 800mg per day.

Fourteen days after the introduction of carbamazepine, the patient presented a generalized rash requiring the discontinuation of this medication. He was treated with an anti-histamine and local corticosteroids, on the advice of dermatologists.

In the days following discontinuation of carbamazepine, skin lesions regress and then disappear.

Biologically, we observed a rise in eosinophilic polynuclear cells to 580, followed by a gradual decrease after stopping the treatment.

A pharmacovigilance opinion was sought, concluding that carbamazepine was responsible for the toxidermia, given the delay in

onset and the favorable evolution after discontinuation of the incriminating treatment. Moreover, this undesirable effect is well described in the literature.

Hence the contraindication to further use of carbamazepine in Mr. AD.

In addition, the patient was put on sodium valproate with good tolerance.

Conclusions: Each prescribed drug must be considered as potentially capable of causing cutaneous reactions as an adverse effect. Both the prescriber and the patient must be made aware of this phenomenon. The attitude can be modulated on a case-by-case basis, after specialist advice, depending on the severity of the rash and the disease to be treated.

Disclosure of Interest: None Declared

EPV0112

Exploring maladaptive early schemas in adults with bipolar disorder

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Introduction: Bipolar disorder is a severe and chronic mental pathology, with an estimated prevalence of 1% in the general population. It is a complex pathology, encompassing a wide variety of severe and contradictory symptoms, with harmful repercussions on the patient's personal, emotional, social, professional and conjugal life, precipitating relapse. By improving our knowledge of bipolar disorder, we can support and accompany patients, helping them to understand their illness, to be able to manage it, to resolve the problems that may arise from it, and to prevent relapses and the occurrence of further episodes.

Objectives: The aim of our work is to explore maladaptive early patterns in people with bipolar disorder in the intercritical period in relation to their symptomatology and functional disability, given that consideration of maladaptive early patterns (IAPs) could lead to better identification, understanding and management of bipolar disorder.

Methods: We conducted a cross-sectional, descriptive and analytical study. The sample in our study consisted of 40 bipolar adults and 40 control adults, recruited from the various inpatient and outpatient departments of our hospital. They were all university graduates, aged between 20 and 60, followed for at least 06 months and stabilized on treatment. After collecting the various socio-demographic and clinical data, we used the Young schema questionnaire-short form (YSQ-S1).

Results: Our study sample seemed to be characterized by certain specificities: high "self-sacrifice", "high demands" and "exaggerated personal rights". Feelings of dependence and incompetence were also high among our patients, especially those with type I bipolar disorder, leading to a marked decline in self-esteem and autonomy.

Conclusions: The data we have retained from this work show us the importance of drug, psychotherapeutic and family management in

achieving thymic stability and psychological and relational well-being.

Disclosure of Interest: None Declared

EPV0114

Corticosteroid-induced mania, review and case report

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Introduction: Corticosteroid treatment has been associated with the appearance of psychiatric symptoms such as depression, mania or psychosis. It is believed that manic symptoms appear with lower doses than psychotic ones. Furthermore, manic symptoms are usually associated with brief treatments against depressive ones that often appear with chronic administration of corticosteroids. The symptoms can persist for to 2 months, with an average duration of 3 weeks. The prognosis is favorable with a complete remission of symptoms in more than 90% of patients. Treatment initially consists in reducing or removing corticosteroids. However, sometimes symptomatic treatment with antipsychotics or mood stabilizers is necessary.

Objectives: To review about corticosteroid-induced mania

Methods: We carry out a literature review about corticosteroid-induced mania, accompanied by a clinical description of one patient previously diagnosed of bipolar disorder who presents a manic episode after corticosteroids treatment.

Results: A 25-year-old male was admitted to the short-term hospitalization unit from the emergency department due to manic symptoms. He had a previous diagnosis of attention deficit hyperactivity disorder sin adolescence and also a diagnosis of bipolar disorder established 7 years ago. During the last year he had received treatment with asenapine 10 mg and lamotrigine 200 mg, with good response. Several weeks before his admission he received corticosteroid treatment during several days, due to an respiratory infection. In this context he appeared more nervous, dysphoric, hyperthymic, impulsive, with increased speech pressure, insomnia and tachypsychia. Despite the withdrawal of corticosteroid treatment, manic symptoms persisted. During admission, asenapine's dose was increased with a complete remission of the manic symptoms.

Conclusions: Corticosteroids are associated in a high percentage with the appearance of manic symptoms. The prognosis is usually favorable after the withdrawal of corticosteroid treatment. However, sometimes the symptoms do not disappear despite withdrawal - mainly due to individual vulnerability - or this one is not possible. In these cases, treatment with antipsychotics or mood stabilizers is indicated.

Disclosure of Interest: None Declared

EPV0115

Bipolar disorder, Deafness and Culturality in Psychiatric Home Hospitalization: A Clinical Case

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Introduction: Mental health in the deaf community is a complex issue. Challenges in diagnosis and treatment arise from a lack of experienced interpreters and difficulties in translating Sign Language to spoken language. Deaf individuals, due to auditory limitations, are more vulnerable to abuse, increasing their risk of mental health disorders, including bipolar affective disorder (BPAD). BPAD is a prevalent, debilitating condition with varied prevalence estimates. Managing it is tough due to its lifelong, unpredictable nature. A new approach called Psychiatric Home Hospitalization Unit aims to provide acute mental health care at home as an alternative to hospitalization.

Objectives: To show the management of severe bipolar disorder with comorbidity from a Psychiatric Home Hospitalization Unit

Methods: A clinical case of bipolar disorder with deafness attended at the Psychiatric Home Hospitalization Unit of our hospital is presented.

Results: A 24-year-old deaf woman borned in Pakistan and later moving to Catalonia, she faced educational challenges but ultimately completed her studies with sign language support. Afterward, she struggled to find suitable employment, and her family had a history of bipolar disorder.

She exhibited a sudden change in behavior, characterized by irritability, paranoia, and distrust. Communication was challenging due to her speech difficulties, but assessments using sign language and observation were conducted. Her physical examination was normal, but her speech was disorganized and pressured, suggesting possible auditory hallucinations and thought disturbances. She was hospitalized and diagnosed with bipolar disorder with psychotic features.

During her initial hospitalization, she received lithium, olanzapine, clonidine and benzodiazepines. After discharge, she continued treatment through a home hospitalization service during almost 4 month. During follow-up she presented a course with high affective instability, rapid cycling alternating brief periods of stability with other presenting manic and mixed features with high disorganization.

Due to the rapid cycling pattern Valproic acid was considered. Valproic acid was introduced up to 700 mg/d (97.1 mcg/mL). Treatment with lithium carbonate 800 mg/d (0.91 mEq/L) was maintained. Previous antipsychotic regimen was changed to quetiapine 400mg/d, olanzapine 5mg/d. Her condition improved significantly with the adjusted treatment regimen. She was discharged to an outpatient service.

Conclusions: Diagnosing and treating bipolar affective disorder (BPAD) in a deaf and mute patient posed unique challenges. The rapid mood cycling pattern and complexity of her case made treatment challenging. Family information and interpreter support were vital. Cultural factors were considered, and home hospitalization was crucial in managing symptoms that lasted over four months.

Disclosure of Interest: None Declared

EPV0116

Sleep Disturbance in Bipolar Disorder. Treatment Implications

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Introduction: Relationship between sleep and bipolar disorder involves the following aspects: decreased need for sleep is a fundamental marker of the manic state, sleep deprivation is one cause of mania and may in fact be a fundamental etiological agent in mania, total sleep time is a predictor of future manic episodes, and total sleep time may be a marker of response as well as a target of treatment in mania.

Objectives: This e-poster aimed to summarize evidence regarding the sleep disturbance in Bipolar Disorder.

Methods: Bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: sleep disturbance, bipolar disorder, mania.

Results: Sleep disturbances are frequent in BD patients in different phases of illness, including the euthymic state and remission. These sleep aberrations are represented not only by insomnia but also by sleep-wake rhythm disorders, especially delayed sleep-wake phase disorders. During the manic state, most patients experience a reduced need for sleep and longer sleep onset latency. Likewise, in the depressive state, insomnia and hypersomnia are commonly observed. Meta-analyses of trials conducted on remitted BD patients demonstrated prolonged total sleep time, increased awakenings after sleep onset, greater variability of sleep-wake variables, and reduced sleep efficiency.

Conclusions: Overall, all kinds of sleep disorders and parasomnias are very common especially in youth patients with BD. Thus, compared to the general population, youth with BD exhibit lower sleep efficiency, longer slow wave sleep, and reduced REM sleep, features that could affect the genesis and prognosis of the disorder. Sleep disturbances may also be used as predictors of the onset of BD in a subset of high-risk young subjects.

Disclosure of Interest: None Declared

EPV0117

Use of aripiprazole long-acting injectable release as a stabiliser. About a case

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Introduction: A 56-year-old patient diagnosed with bipolar affective disorder type II, who remains stable, with no manifest episodes, thanks to aripiprazole 60mg daily.

Objectives: The aim is to carry out a brief review of the use of the drug as the only stabiliser in bipolar affective disorder.

Methods: A 56-year-old patient, who has been suffering from episodes of hypomania since the age of 40, with episodes of depression. After poor tolerance to the use of the usual stabilisers, and the impossibility of using antidepressants due to hypomanic swings, it was decided to start treatment with aripiprazole orally, up to a maximum of 60mg daily. Despite the fact that the patient, with this treatment, had no side effects and remained more stable psychopathologically, the patient did not comply adequately with the correct dosage, due to his rotating work shifts. This fact explained that although he acknowledged an improvement, he continued with episodes of depressive symptoms lasting several days followed by episodes of hypomanic characteristics.

Results: For this reason, it was decided to change treatment to aripiprazole long-acting injectable, in order to ensure linear blood levels of the drug. Initially, it was decided to prescribe 400mg every 28 days. However, after the first administration, 20 days later, the patient began to show dysphoric mood, with marked emotional lability, living in an egodystonic manner. For this reason, the dose was increased to 600mg on a monthly basis. Since then, after a year and a half with the same treatment, the patient has been stable and in line. There has been no further decompensation of the underlying psychopathology and no side effects.

Conclusions: Aripiprazole in TAB is superior to placebo in type I patients, mainly affecting manic and mixed episodes, but not so much in depressive episodes. It has also been observed that it not only acts in the acute phases, but also has a stabilising function, preventing manic episodes.

One study showed that up to 65% of patients on oral aripiprazole in whom it was replaced by AOM remained clinically stable. In the same study, approximately 50% of those who completed 52 weeks of follow-up were able to maintain clinical stability.

Disclosure of Interest: None Declared

EPV0118

Sleep disorders in patients with bipolar disorder: age and tobacco consumption correlates

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Introduction: Sleep disruptions are frequently observed in individuals with bipolar disorder and have been linked to various unfavorable consequences, such as an elevated risk of relapse and lower quality of life. Nonetheless, the impact of sociodemographic factors on the development and progression of these disruptions remains largely unexplored. Gaining insight into the relationship between sleep disruptions and sociodemographic factors is essential for designing effective interventions and enhancing clinical outcomes for individuals affected by bipolar disorder

Objectives: The objective of this study is to examine the association between sleep disorders in patients with bipolar disorder II (BDII) and sociodemographic characteristics.

Methods: This is a cross-sectional, descriptive, and analytical study that was conducted over a one-month period from October 1 to

October 31, 2022, with patients attending the follow-up unit of the mental health department at Nabeul Hospital, Tunisia. The study employed a questionnaire as a tool for data collection, and participants provided voluntary and informed consent before responding. The protection of participant confidentiality and anonymity was carefully observed during all stages of the study.

Results: In this study, we enrolled patients who satisfied the following eligibility criteria: age range of 18 to 60 years, a confirmed diagnosis of type II bipolar disorder based on DSM V criteria, and psychiatric stability as demonstrated by no hospitalization within the preceding 6-month period.

Our study included a sample of 40 male patients diagnosed with type II bipolar disorder. The participants had a mean age of 36 ± 13.2 years, and the majority were unmarried and living with their families or alone. Over two-thirds of the participants had attained a university level of education, while a large proportion of the patients, specifically 80%, reported being regular smokers.

The results of the study revealed that the mean global score on the Pittsburgh Sleep Quality Index (PSQI) was 7.28 ± 3.35 , indicating an overall low quality of sleep. The majority of the participants, that is 65% (26), had poor sleep quality scores (> 5), while 45% (18) reported experiencing poor sleep ($PSQI \geq 8$).

Our analyses further demonstrated that there was a significant association between tobacco consumption and PSQI scores ($p=0.003$). Additionally, we found that participants who were above 40 years old had a higher likelihood of experiencing sleep disturbances ($p=0.0017$).

Conclusions: According to the findings of our study, it appears that patients diagnosed with type II bipolar disorder may experience impaired sleep quality, which can be influenced by age and tobacco consumption. These results underscore the need for a holistic approach to patient care that addresses both the biological and sociodemographic factors that can impact sleep in this population.

Disclosure of Interest: None Declared

EPV0120

Sleep and cognition in Bipolar Disorder in full or partial remission

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Introduction: Cognitive impairment in Bipolar Disorder (BD) is frequent and is associated with reduced function in several areas. Close to half of the patients with BD have persistent cognitive dysfunction. The causes of cognitive impairments and factors associated with normal cognitive function are not clearly described. Some preliminary evidence links sleep disturbances and cognition impairment in BD. A limited number of studies have investigated the link between sleep and cognitive function in BD using objective measures.

Objectives: We aim to investigate associations between sleep and objective and subjective cognitive function in patients with BD in full or partial remission.

Methods: This is a cross-sectional study. The participants will be 90 adults meeting criteria for DSM 5 BD type 1 or type 2 in full or partial remission. Participants are recruited from psychoeducational groups for BD and from a specialist outpatient clinic. Diagnoses are set with SCID-5 and are confirmed in a consensus meeting with at least two psychiatrists and/or specialists in psychology. Symptoms of depression and mania are measured with Montgomery Asberg depression rating scale (MADRS) and Young Mania Rating Scale (YMRS). Sleep is measured subjectively with Insomnia Severity Index (ISI) and objectively with actigraphs which participants wear on their non-dominant hand for ten days. Subjective cognition is measured with Cognitive Complaints in Bipolar Disorder Rating Assessment (COBRA). Participants undergo neurocognitive testing with a self-administered validated web-based neuropsychological test platform. The testing is carried out in the participant's home on their smart phones. The tests include measures of learning, storing, recalling, and recognizing visual and verbal information, working memory and reaction time. Normal cognitive function is defined as scores within or above mean on all cognitive subtests. The test-platform has been validated.

We will use descriptive statistics to examine distribution of demographic characteristics. We will test for correlations between sleep factors and subjective and objective measures of cognitive function.

Ethics: The Regional Committees for Medical and Health research ethics approved the study.

Results: Results will be presented at the conference. So far, 74 out of 90 participants have been included.

Conclusions: We anticipate that normal sleep may be associated with good cognitive functioning. The findings of this study could offer supplementary insights into BD heterogeneity and potential treatment targets.

Abbreviations: SCID-5, Structured Clinical Interview for DSM-5

Disclosure of Interest: None Declared

EPV0121

The role of cannabis in bipolar disorder relapse: a prospective study of hospital acute readmissions

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Introduction: With the rapid changes of attitude, investigation and legislation around cannabis and its subproducts in the Western world, there is a need to profoundly examine the consequences of its use in the general population and, specifically, in people affected by mental disorders. There is a clear relationship between cannabis use and psychosis, but there is also growing evidence of its relationship with manic episodes (Sideli et al, 2019).

A systematic review published by the CANMAT Task Force in 2022 examined again the relationship between cannabis use and bipolar

disorder (BD), establishing association with worsened course and functioning of BD in frequent users (Tourjman et al., 2023). On the other hand, some recent papers have highlighted the role of the endocannabinoid system (ECS) in BD, suggesting even possible beneficial effects, mainly through the CB2 receptor (Arjmand et al, 2019).

Objectives: To describe the impact of cannabis in the psychiatric readmission in BD and to approach the differences in course in cannabis users with regards to non-users.

Methods: We conducted a prospective cohort study including the patients admitted to our acute psychiatric unit with the diagnosis of manic or mixed episode during the period between 2015 and 2019 (including patients with one of both final diagnosis: BD or schizoaffective disorder). We established a follow-up of 3 years from the date of admission in which hospital readmissions are examined.

Results: The study, which included 309 patients, concluded that cannabis users were admitted and had the first episode at a younger age ($p=0.005$), a higher percentage of them did not have a previous diagnosis ($p=0.026$) nor a previous history of mental health issues ($p=0.019$) and it was more likely to be their first admission ($p=0.011$) and to suffer psychotic symptoms ($p=0.002$).

As of treatment, the results were statistically significant regarding the fact that a lower proportion of patients had received previous psychiatric treatment ($p=0.004$) and previous electroconvulsive therapy ($p=0.003$). There was a higher chance of them being non-adherent with medication ($p<0.001$) and to be administered extended-release antipsychotic treatment during admission ($p<0.001$).

The study did not find a statistically significant relationship with cannabis use and a higher rate of readmission in the 3 years of follow-up.

Conclusions: Although a higher relapse rate could not be proven in our study, other previously identified factors related to a worse illness course (Sajatovic et al., 2009) did show a significant association with cannabis use, which could lead to one suggesting that our results are compatible with the actual evidence and that cannabis products are detrimental to people who suffer from BD and schizoaffective disorder.

Disclosure of Interest: None Declared

EPV0122

Bipolar disorder and Quality of life assessment using the SF-12 health survey

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Introduction: Bipolar disorder (BD) is a severe and chronic mental illness characterized by recurrent major depressive episodes and mania (BD-I) or hypomania (BD-II). In addition to the burden of the disease and its consequences, people living with BD, like many

other people suffering from mental illness, must deal with their difficulty of integration which can influence their personal and professional life and consequently their quality of life (QOL).

Objectives: The aim of our study is to assess the QOL among working patients with BD.

Methods: A cross-sectional study was carried out in the occupational medicine department of the Charles-Nicollé hospital in Tunisia. Sociodemographic and occupational data were collected from the medical records of patients with bipolar disorder who consulted our department during the period 2022 to 2023. and a telephonic survey was carried out to complete the SF 12 international scale, which is a general health questionnaire that consists of 12 questions which investigates the patient's state of health via 8 different dimensions: General health perception, Physical health, Limited physical role function, Physical pain, Vitality, Mental health, Limited emotional role function and social functioning.

Results: We enrolled a total of 46 cases where 76% with BD type 1 with an average age of 43 ± 9 years. Most participants were female (76%) and the most frequent sectors of activity were healthcare and administration (80% and 12% respectively). BD was well balanced in 39% of cases with an average bipolar history of 7 years. The median annual absence due to psychiatric problems was 92 ± 61 days per year. The average score was 44 ± 18 for the General Health, 57 ± 35 for physical health and 67 ± 18 for mental health.

Conclusions: This study revealed that people living with BD's QOL seems to be altered. Clinicians need to be attentive to the QOL of their patients, its assessment, and its empowerment in their daily clinical practice. Future work is required to establish valid strategies to fight low QOL among patients suffering from BD.

Disclosure of Interest: None Declared

EPV0123

Diagnostic Challenges in Affective Disorders: Delirious Mania - A Case Report and Literature Review.

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Introduction: Affective disorders exhibit diverse clinical manifestations, and one distinctive subtype is delirious mania. Despite its exclusion from formal diagnostic manuals, delirious mania frequently emerges in everyday clinical practice. Recognizing it within the realm of differential diagnosis is crucial. Delirious mania is characterized by acute onset of excitement, grandiosity, emotional lability, delusions, and insomnia typical of mania, combined with disorientation and altered consciousness characteristic of delirium. Some authors consider delirious mania as a variant of classic bipolar disorder, while others associate it with catatonia. Additionally, some link it to underlying medical or neuropsychiatric causes.

Objectives: To describe the clinical case of a patient with delirious mania and emphasize the importance of recognizing this as a potential diagnosis in patients with abrupt alterations in mental state.

Methods: Clinical case report and literature review.

Results: A 61-year-old female patient with a history of a unique depressive episode over 20 years ago, treated with Carbamazepine up to 750 mg, is admitted to the Emergency Room with acute symptoms consistent in global disorientation, aggressive behavior, mutism, bradyphrenic and repetitive incoherent speech, along with visual hallucinations, all of which had developed over a few days. The gradual withdrawal of Tegretol over an 8-month period preceded her admission to the ER.

Relevant medical tests, including cranial CT, EEG, blood tests, and urine analysis, were conducted during her ER stay, all of which yielded normal results. Neurological evaluation ruled out acute neurological pathology, leading to her subsequent admission to the Psychiatry department. Throughout her admission, the patient exhibited irritability and expressed derogatory comments filled with offensive language. She gradually became more expansive, with her thought content becoming megalomaniac in a delirious range. Her speech was incoherent, verbose and had loose associations.

Treatment was reintroduced with Carbamazepine up to 600 mg/day and Olanzapine up to 20 mg/day, resulting in a rapid and comprehensive improvement of her symptoms, ultimately leading to the complete resolution of her condition.

Conclusions: This case highlights the concept of delirious mania, characterized by alterations in attention, orientation, memory, confusion, behavioral and thought fluctuations, and psychomotor disturbances which can manifest abruptly, as observed in this patient. This clinical case underscores the significance of considering delirious mania in the differential diagnosis of patients with abrupt alterations in mental state, particularly those of advanced age with a history of affective episodes. A global understanding of this condition is essential for its timely recognition and appropriate management.

Disclosure of Interest: None Declared

EPV0124

Unipolar and Bipolar Depression : Which Differences?

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Introduction: Depression is a common mental disorder whose management remains delicate, given the trans-nosographic nature of this syndrome. Two common types of depression are bipolar and unipolar depression. Although they share many similar symptoms, several differences between the two pathologies are suggested in prior studies.

Objectives: We aimed to compare the disease characteristics and evolution of unipolar and bipolar depressed patients.

Methods: We conducted a retrospective descriptive and analytical study among medical records of 167 patients hospitalized for a depressive episode (DE) at the Psychiatry "B" Department, Hedi Chaker University Hospital (Sfax, Tunisia), during the period

between 2015 and 2017. Patients were divided into two groups according to DSM-5 criteria: those with bipolar disorder I or II (bipolar depression) versus those with major depressive disorder (unipolar depression).

Results: The mean age of our patients was 37.6 years, with a female predominance (sex-ratio F/M =1.7). The age of onset of the disease was earlier in bipolar depressed patients (29.36 versus 31.89), without a significant relationship. Family psychiatric history was significantly more prevalent in bipolar disorder patients (73.5% versus 37.3%; $p<0.001$). Bipolar patients are more likely to be unemployed (65.3% versus 50.8%), but without a significant relationship.

Bipolar patients were more likely to be hospitalized for suicide attempts (44.9% versus 35.6%; $p=0.2$).

Conclusions: Distinguishing between major depressive disorder and bipolar disorder is important because there are differences in the optimal management of these conditions.

Disclosure of Interest: None Declared

EPV0125

Manic episode in a patient with pancreatic adenocarcinoma: a case report

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Introduction: Psychiatric comorbidity is common in cancer patients, emphasizing the need for comprehensive care. While depressive symptoms in pancreatic cancer (PC) have been studied, there is limited attention given to manic symptoms. This case report aims to contribute to the knowledge of PC psychiatric comorbidities by describing a case of a 61-year-old patient with stage IV PC, with no personal or family psychiatric history, who presented a sudden onset manic episode.

Objectives: Our goal is to contribute to the growing knowledge of psychiatric comorbidities of PC focusing on manic symptoms by describing the case of a patient with stage IV PC without previous psychiatric history who presented a sudden onset of a manic episode.

Methods: We describe the mentioned clinical case. We also searched for previous case reports of maniac episodes in pancreatic cancer using a PubMed query.

Results: The patient, a 61-year-old male with stage IV PC, presented at the Emergency Room with abrupt behavioural changes suggestive of a manic episode of two weeks of evolution. The patient had been undergoing chemotherapy and short 3-day cycles of corticosteroids for the past 9 months but had been off this treatment for 20 days when the episode began. Acute organic causes were ruled out. The patient was admitted to the psychiatric unit, where organic screening was expanded and treatment with antipsychotics and a mood stabilizer was initiated with subsequent remission of symptoms after two weeks.

This article describes the case of a man with a PC diagnosis who had no prior psychiatric history and was admitted to the inpatient psychiatry unit due to a manic episode involving high-risk

behavioral disturbances and megalomaniac psychotic symptoms. Several factors may have contributed to the onset of these symptoms, including corticosteroid use after chemotherapy and certain chemotherapy agents. However, due to temporal factors, these factors do not fully explain the episode.

The exact biological mechanisms behind the manic symptoms remain unknown, but hypotheses include gene-environment interactions in bipolar disorder and immunodysregulation related to the production of inflammatory cytokines. We found in the literature four cases that have reported new-onset mania as an initial symptom of PC, but the causal relationship is unclear.

Conclusions: Notably, this case differs from others due to the rapid remission of symptoms and the use of lithium therapy. While the underlying mechanisms are still unclear, this case contributes to understanding this rare complication of PC and may help in developing consensus on clinical management. Future research will further explore the pathophysiology of psychiatric symptoms in PC and appropriate therapeutic approaches.

This case shows a manic episode as a rare psychiatric complication in PC. In the literature reviewed, four other similar cases have been observed.

Disclosure of Interest: None Declared

EPV0126

Case Series: The use of Lithium in Bipolar Affective Disorder and End-Stage Renal Disease

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Introduction: Lithium is a highly effective treatment in the management of Bipolar Affective Disorder (BPAD) however it is associated with increased risk of developing chronic kidney disease. There is a lack of clear guidance on alternative approaches to managing those individuals that require cessation of lithium due to progression to end stage renal disease (ESRD).

Objectives: We discuss two patients with BPAD on lithium therapy who have developed ESRD. In both cases, lithium was discontinued due to ESRD, with alternatives trialled. In one case, the patient continues to be managed without lithium, whereas in the second, a decision was made to recommence lithium at a low dose. We reviewed the literature to provide meaningful context to the cases.

Methods: Case 1 This patient with a long history of BPAD and multiple medical co-morbidities experienced progressive decline in renal function. A decision was made to cease lithium therapy with close monitoring for signs of affective relapse. The patient was stabilised using a combination of sodium valproate and quetiapine. Since cessation of lithium, the patient has required a significant increase in support from the CMHT and more frequent admissions to manage mood and anxiety symptoms that cause significant subjective distress.

Results: Case 2 This patient had a long history of stable BPAD, with no episodes of illness for over 30 years. Unfortunately they developed CKD and despite a significant reduction in lithium over time, they developed ESRD requiring haemodialysis. Lithium was discontinued leading to a manic relapse of BPAD requiring a prolonged admission and a combination of carbamazepine, olanzapine, escitalopram and clonazepam to stabilise their mental state. Following discharge home, their mental state failed to reach baseline and they reported significant anxiety symptoms and memory impairment. Following protracted assessment and support they were deemed unfit for renal transplant and a decision was then made by the patient, their family, nephrology and psychiatry to recommence lithium therapy whilst on haemodialysis. Their anxiety and functioning improved significantly following the reintroduction of low dose lithium, allowing the withdrawal of other neuroleptics.

Conclusions: Both cases required an individual approach to balance physical and mental health considerations. There are no clear markers to predict if a patient will respond to alternative mood stabilisers, nor is there a guarantee that kidney function will improve or stop declining when lithium is discontinued. Decisions should reflect patient preference and balance risks associated with relapse and of declining ESRD.

Disclosure of Interest: None Declared

EPV0127

Sex differences in neurocognitive performance in older adults with bipolar disorder

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Introduction: In recent years, research has focused on the older adults with bipolar disorder (OABD), aged 50 years and over, a constantly growing population due to the increased of life expectancy. Actually, some authors suggest that these individuals constitute a distinct subtype with a specific and different needs such as seen in epidemiologic, clinical and cognitive features. Further research has revealed significant differences between females and males with BD in clinical and cognitive variables in middle-aged and young patients, but this topic among OABD population remains unclear.

Objectives: The aim of this study is to identify the distinctive profile in clinical, functional and neurocognitive variables between females and males in OABD.

Methods: A sample of OABD and Healthy Controls (HC) were included. Euthymic patients or in partial remission were included. Neurocognition was measured with a battery of tests that included premorbid intelligence quotient, working memory, verbal and visual memory, processing speed, language and executive functions. Independent t-test and Chi-squared test analysis were performed as appropriated.

Results: According to the analysis, statistically significant differences were seen between females and males. A more impaired cognitive profile is observed in women. They performed worse in the subscales of Arithmetic ($F = 6.728, p = <0.001$), forward digits ($F = 0.936, p = 0.019$) and Total Digits ($F = 1.208, p = 0.019$) of the WAIS-III, in the Stroop Color Word Test, color reading ($F = 0.130, p = <0.001$), in the Continuous Performance Test, block change measure ($F = 2.059, p = 0.037$), in the Rey-Osterrieth Complex Figure-copy ($F = 0.005, p = 0.029$) and in the Boston Naming Test ($F = 0.011, p = 0.024$). Nor significant differences were found in clinical neither in psychosocial functioning variables.

Conclusions: In view of the following results, and since no differences were observed between women and men in terms of clinical and functional outcomes, it could be said that the differences observed in cognition cannot be explained by disease-related factors. Furthermore, these results highlight the need to develop a gender-specific cognitive interventions in OABD population. In this way, we could have an impact on the course of the illness to reach a better quality of life.

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EPV0128

The Effect of Social Support on Recovery and Treatment Adherence in Individuals Diagnosed with Bipolar Disorder

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Introduction: Social support have affected the recovery and adherence with treatment in bipolar patients.

Objectives: This research aims to understand the contribution of social support mechanisms to treatment adaptation processes in individuals struggling with bipolar disorder and the effects of these support mechanisms on recovery. In this way, the importance of the social support factor will be tried to be understood in order to provide more effective and customized support to individuals living with bipolar disorder.

Methods: This study will planned to descriptive correlational design. The data will collect to using the Morisky Treatment Adherence Scale (MTAS), the Multidimensional Scale of Perceived Social Support (MSPSS), the Recovery Process Inventory (RPIS), and the Sociodemographic Data Form from individuals diagnosed with Bipolar disorders. By filling out these scales, participants will evaluate their treatment compliance, perceived social support levels, and recovery processes. The data will be subjected to appropriate methods for statistical analysis and will be used to understand the relationships between social support and treatment compliance and recovery processes.

Results: Data extraction is still on going in detailed style by principal authors. Description of studies and the key findings will be presented.

Conclusions: It is thought that the results obtained from this research will be an important guide in providing more effective support to individuals with the level of social support, treatment adherence and recovery processes in individuals struggling with bipolar disorder

Key Words: bipolar disorder, social support, treatment adherence, recovery.

Disclosure of Interest: None Declared

Introduction: Bipolar I disorder (BD-I) is a chronic and recurrent mood disorder characterized by alternating episodes of depression and mania; it is also associated with substantial morbidity and mortality and with clinically significant functional impairments. While previous studies have used functional magnetic resonance imaging (fMRI) to examine neural abnormalities associated with BD-I, they have yielded mixed findings, perhaps due to differences in sampling and experimental design, including highly variable mood states at the time of scan.

Objectives: The purpose of this study is to advance our understanding of the neural basis of BD-I and mania, as measured by fMRI activation studies, and to inform the development of more effective brain-based diagnostic systems and clinical treatments.

Methods: We conducted a large-scale meta-analysis of whole-brain fMRI activation studies that compared participants with BD-I, assessed during a manic episode, to age-matched healthy controls. Following PRISMA guidelines, we conducted a comprehensive PubMed literature search using two independent coding teams to evaluate primary studies according to pre-established inclusion criteria. We then used multilevel kernel density analysis (MKDA), a well-established, voxel-wise, whole-brain, meta-analytic approach, to quantitatively synthesize all qualifying primary fMRI activation studies of mania. We used ensemble thresholding ($p < 0.05$ -0.0001) to minimize cluster size detection bias, and 10,000 Monte Carlo simulations to correct for multiple comparisons.

Results: We found that participants with BD-I ($N=2,042$), during an active episode of mania and relative to age-matched healthy controls ($N=1,764$), exhibit a pattern of significantly ($p < 0.05$ -0.0001; FWE-corrected) different activation in multiple brain regions of the cerebral cortex and basal ganglia across a variety of experimental tasks.

Conclusions: This study supports the formulation of a robust neural basis for BD-I during manic episodes and advances our understanding of the pattern of abnormal activation in this disorder. These results may inform the development of novel brain-based clinical tools for bipolar disorder such as diagnostic biomarkers, non-invasive brain stimulation, and treatment-matching protocols. Future studies should compare the neural signatures of BD-I to other related disorders to facilitate the development of protocols for differential diagnosis and improve treatment outcomes in patients with BD-I.

Disclosure of Interest: None Declared

EPP0366

Neural Abnormalities in Bipolar Disorder: A Meta-Analysis of Functional Neuroimaging Studies

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Child and Adolescent Psychiatry

EPV0129

Expectations of children and adolescents suffering from cancer

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Introduction: Investigation expectations for children and adolescents with cancer is an important issue for their psycho-emotional development as well as their quality of life.

Objectives: To investigate the expectations of children suffering from cancer.

Methods: 102 questionnaires were collected from pediatric patients suffering from neoplasia disease (62 boys and 40 girls) with a median age of 13 years, covering the multidimensional expectation questionnaire (MEQ) suitable for children with cancer in a 4-point Likert scale. The MEQ was then evaluated using the SPSS.21 statistical package, which resulted in 13 questions. The questionnaire of expectations highlighted three factors that referred to the "family life expectations", "daily life / daily routine and career prospects", and "expectations of networking friendship", respectively. The statistical results were obtained by multi-line regression analysis, with the Stata 12.1 statistical package, while ethical issues were complied with and licensed.

Results: MEQ reliability (Cronbach's alpha) for the entire scale was 0.82 and for agents ranged from 0.65-0.84. Overall, pediatric cancer patients delivered a fairly high average score of $3,33 \pm 0,42$ questions in the expectation's questionnaire, while the mean scores were $3,29 \pm 0,63$, $3,51 \pm 0,45$ and $3,19 \pm 0,54$, respectively. From the results of the analysis of multiple regression, it appeared that, as the age increases, the patients with neoplastic disease have overall 76 lower expectations ($p = 0.014$), while the satisfaction of the doctors-nursing staff in the total expectations is positive ($p = 0.018$). In the family life expectancy factor, the age of children appears to play a negative role in increasing age ($p = 0.019$), while positive body image and satisfaction with doctors-nursing staff ($p = 0.040$, $p = 0.006$) respectively. It appeared that children aged > 13 years have worse outcomes in expectations of the daily routine and career prospects with ($p = 0.037$).

Conclusions: The MEQ has proven to be a valid and reliable tool that can provide pediatric staff and researchers with information about the expectations of children and adolescents with cancer that require long-term health care.

Disclosure of Interest: None Declared

EPV0130

Pattern of video game usage and video game disorder in Portugueses adolescents: A study about parental and peer attachment, parenting styles, and communication in parenting

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Introduction: Video game disorder has been a subject of increasing interest, being associated with patterns of insecure attachment and authoritarian and permissive parenting styles. However, there is still a gap concerning the relationship between video game disorder and parent-child communication, one of the fundamental components of attachment to parents. Particularly in the Portuguese context, research on these topics and

their interrelations is still scarce, thus remaining relatively unexplored.

Objectives: To explore the pattern of video game usage and video game disorder, as well as their relationships with parental and peer attachment, parenting styles, and communication in parenting within a sample of Portuguese adolescents.

Methods: 150 Portuguese teenagers, recruited at public Portuguese schools, aged between 10 and 19 years old (mean age = 14.37, DP = 3.12; 52.7% girls (n = 79), and mostly living with both parents (79.7%, n = 106) fulfilled a sociodemographic and an academic questionnaire, a questionnaire on video game use patterns, the Video Game Disorder Scale - Short Version 9, the People in My Life Questionnaire, the Portuguese hetero-report version of the Parenting Styles and Dimensions Questionnaire: Short Version and the Perception Scale of Parenting Communication.

Results: The majority of the sample indicated 3rd childhood (n = 81, 54.0%), specifically at 8 years old, as the age of video game initiation and a playtime of less than or equal to 2 hours (n = 111, 74.0%), with only 2 participants found to have a video game disturbance index (1.3%). A positive association was found between video game disturbance and the average hours of gameplay, as well as a negative association with the age of game initiation. Additionally, relationships were explored, revealing that video game disturbance is negatively related to lower quality of attachment to parents and peers, positively related to an authoritative parenting style, and negatively related to less available, open, and affectionate parent-child communication.

Conclusions: This study provides an in-depth understanding of adolescents' behavior regarding video games, contributing to the knowledge of the topic in the Portuguese context. Furthermore, the identification of factors associated with video game disturbance allows for the development of remediation and prevention programs for this addictive disturbance, which are essential tools in psychological practice.

Disclosure of Interest: None Declared

EPV0133

Attachment representations in high intellectual potential (HIP) children compared to non-HIP children during development

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Introduction: The studies about developmental bases of attachment in healthy children with high intellectual potential (HIP) are rare. Moreover, the literature underline socio-emotional disorders in HIP and difficulties with behavioral adjustment of parents.

Objectives: We aimed to explore the developmental trajectory of attachment in HIP children without psychological or learning disorders.

Methods: The french version of the Adolescent-Unresolved-Attachment-Questionnaire (QANRA: internal consistency=0.74-0.82; test-retest =0.58-0.83) was analyzed in 80 healthy children (50 HIP with IQ>130 vs. 30 non-HIP), aged 7-to-13-years-old (mean 10y; SD 1.8). All children were recruited in private and public schools in Paris.

Results: There was no significant difference between the groups. However, when we looked at the developmental trajectory by distinguishing the period of adolescence [7-10 years (56% in the HIP group vs. 53% in the non-HIP); 11-13 years (44% in the HIP group vs. 47% in the non-HIP)], we have noted a significantly early integration of resolved attachment in the HIP children that seems to remain stable in adolescence.

Conclusions: Our findings highlight the early onset of attachment with a harmony of intellectual/psycho-affective development in HIP children without skipping stages, but more quickly and effectively. This could potentially be explained by their cognitive abilities, particularly the theory of mind and the executive functions, known to be significantly more efficient in HIP children without neurodevelopmental disorders.

Disclosure of Interest: None Declared

EPV0134

Developmental organization of the graphic gesture with a pre-scrptural task to assess handwriting

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Introduction: The literature mainly focused on spatio-temporal and kinematics parameters of tracing letters or words using digitizing tablets, no recent research has previously studied the developmental prerequisites of the organization of handwriting.

Objectives: We aimed to aimed to investigate and validate the developmental organization of the graphic gesture with a pre-scrptural task.

Methods: 122 typically developing right-handed elementary school children (grades 1st to 5th) aged from 6 to 11;3 years old were recruited. The axe postural and arm gestural features were video-recorded with analysis in 2D reconstruction. Spatial (length, size, regularity, slope of the line...), temporal (drawing time, pause time) and kinematic measures (velocity, peak velocity) were collected with a digital pen independent connected to an analysis software tool. External validity was studied in relation with the standardized handwriting scale BHK. The child has to draw a line of cycloid loops (from left to right drawn in an anti-clockwise direction) across the width of an A4 size unlined half sheet of white paper (containing non-visible watermarks to provide the location of the pen) free to move on the table, after observing the dynamic model on the iPad placed in front of him.

Results: Five main patterns of inter-segmental displacement gestures were found for the production of the line of loops with a significant developmental progress from grades 1st to 5th. Findings showed significant economic rotation movement with forearm rotation around the elbow in 4th and 5th grade, with the elbow tending significantly to be static on the table ($p = 2.43e-16$), wrist on the table and ($p = 0.02$) and in half-supine position ($p = 0.001$), tri-digital grasp of the pen ($p = 3.81e-08$). Moreover, the mean pressure applied on the pen decrease at 4 and 5th grades and it is correlated to deleterious spatial-temporal and kinematic parameters.

Conclusions: The results of our study provide the first developmental grade and age-related normative data in the developmental genesis of the graphomotor gesture and with the spatio-temporal / kinematic measures. The more mature the gesture, the more there is a decrease in degrees of freedom of movement and stabilization of the joints that is fixed, as well as the presence of a distal flexion movement extending fingers in synergy with the rotation of the arm around the elbow. Furthermore, the task of copying of loops in ecological settings appears to be a good predictor for legibility and writing speed. Those data can account for the mechanisms of motor programming necessary to the automatization of the future gesture of handwriting.

Disclosure of Interest: None Declared

EPV0136

Trends in Youth Fatal Drug Overdose and Suicide Intentionality

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Introduction: Fatal youth overdose (FYO) in the US has been driven by fentanyl and polysubstances since 2016. Youth suicide have also been increasing since the year 2000. The manner of FYO may be accidental, intentional or undetermined, Psychoactive drug use including opioids has been known to increase suicidality in youth.

Objectives: Examine and compare the rate of intentional and accidental FYO as well as specific drug toxicology in youth under 26 years of age in the state of Connecticut, USA; between the years 2016-2018 (Kaminer et al. JCASA 2020;29 80-87) and 2019-2021.

Methods: We reviewed N=286 consecutive FYO case files of youth who died between 2019-2021, from the Connecticut office of the Chief Medical Examiner.

Results: Comparing the periods of 2019-2021 2016-2018: A) FYO attributed to fentanyl increased significantly; B) Intentional FYO rates doubled from 3.8% to 7.7%; C) No gender differences were found between and within age groups; and D) hispanic rates increased significantly while caucasian rates decreased significantly; F) for the first time FYO of youth under the age of 15 years was recorded and G) the age group of 15-19 years old constitute 10% of the FYO and remained unchanged.

Conclusions: The use of lethal drugs leading to youth accidental and intentional FYO should be addressed by developing prevention-intervention approach. Focus on acute modifiable high-risk is

prudent. The increase of intentional (i.e., suicidal) determined YFO is a major public health concern.

Disclosure of Interest: None Declared

EPV0137

Conversive and Factitious disorders: Differential diagnosis based on a case report

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Introduction: Conversive disorder is characterised by the presence of one or more involuntary neurological symptoms that are not due to a clear medical pathology. On the other hand, consciously simulated illnesses fall into two diagnostic categories: factitious disorders and malingering, which are differentiated by both the motivation for the behaviour and the awareness of that motivation. Factitious disorder behaviours are motivated by an unconscious need to assume the sick role, whereas malingering behaviours are consciously driven to achieve external secondary gains.

Objectives: Study of the differences between conversion disorder and factitious disorder and their repercussions from a case of difficult diagnosis.

Methods: Bibliographic review of scientific literature based on a relevant clinical case.

Results: We present the case of a 14-year-old male patient. Adoptive parents. Studying in high school. Social difficulties since childhood. He comes to the emergency department on several occasions referring stereotyped movements and motor tics in the four extremities with left cervical lateralization. Increase of these symptoms in the last month, so it was decided to admit him to the pediatric hospital. After observation and study of the patient's movements with normal complementary tests he should return home. The following day he returned to the emergency department after an episode of dizziness, mutism and emotional block. It was decided to admit him to Psychiatry for behavioral observation and differential diagnosis.

Conclusions: In the assessment of patients it is essential to make an appropriate diagnosis taking into account the patient's symptomatology and the patient's background and life context. Conversion disorder is the unintentional production of neurological symptom, whereas malingering and factitious disorder represent the voluntary production of symptoms with internal or external incentives. They have a close history and this has been frequently confounded. Practitioners are often confronted to medically unexplained symptoms; they represent almost 30% of neurologist's consultation. The first challenge is to detect them, and recent studies have confirmed the importance of "positive" clinical bedside signs based on incoherence and discordance. Multidisciplinary therapy is

recommended with behavioral cognitive therapy, antidepressant to treat frequent comorbid anxiety or depression, and physiotherapy. Factitious disorder and malingering should be clearly delineated from conversion disorder. Factitious disorder should be considered as a mental illness and more research on its pathophysiology and treatment is needed, when malingering is a non-medical condition encountered in medico-legal cases.

Disclosure of Interest: None Declared

EPV0138

Smith-Magenis Syndrome associated with Autism Spectrum Disorder with delayed diagnosis due to B12 deficiency: a case report

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Introduction: Smith-Magenis syndrome (SMS) is a complex genetic disorder characterised by distinctive physical features, developmental delay, cognitive impairment and a typical behavioural phenotype. SMS is caused by interstitial 17p11.2 deletions (90%) involving multiple genes, including the retinoic acid-induced 1 gene (RAI1), or by pathogenic variants in RAI1 itself (10%).

Objectives: In this case report, we present a case of Smith-Magenis syndrome with Autism Spectrum Disorder with karyotype 46,XX, 17p 11.2 gene deletion confirmed by Autism Spectrum Disorder, who was followed up in a paediatric neurology outpatient clinic with neuromotor developmental delay and whose diagnosis was delayed due to B12 deficiency. We also update scientific developments in Smith-Magenis syndrome.

Methods: We describe an 18-month-old male with Smith-Magenis syndrome and Autism Spectrum Disorder who was seen in our paediatric psychiatric outpatient clinic and who received B12 replacement with developmental delay.

Results: The patient was followed up in the paediatric neurology outpatient clinic with delay in neuromotor developmental milestones and this delay was thought to be due to B12 deficiency (B12<100 ng/L). The initial examination revealed delay in neuromotor and behavioural milestones, speech delay, wide and high nasal bridge and hypertelorism. Further physical examination revealed syndactyly of the second and third toes bilaterally and crossed lower teeth. Clinical and psychometric testing (Ankara Developmental Screening Inventory) by 2 consultants and 1 research assistant resulted in a diagnosis of intellectual disability and an additional diagnosis of Autism Spectrum Disorder due to social deficits that could not be explained by intellectual disability.

Conclusions: Smith-Magenis syndrome is a well-known disorder involving the deletion of chromosome 17p11.2, which contains the RAI1 gene. This condition is associated with neuromotor and behavioural delay, as well as distinctive dysmorphic features. Clinicians should consider Smith-Magenis syndrome in the differential

diagnosis for patients with delayed neuromotor and behavioural milestones, even in the presence of documented blood parameters (such as B12 deficiency) that may account for the delay.

Disclosure of Interest: None Declared

EPV0139

Specific intervention program for ARFID comorbid with ASD in a Children's Youth Autism Day Hospital

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Introduction: Children and adolescents with ASD are more likely to have eating problems compared to the general population of the same age, one of the disorders whose prevalence is increased in people with ASD is avoidant/restrictive eating disorder Food (ARFID) ARFID is characterized by a lack of interest in eating or avoidance of food intake, which in the case of people with ASD is usually related to impaired sensory processing and cognitive rigidity. For this reason, the Autism Day Hospital carries out a specific food intervention program.

Objectives: To retrospectively evaluate the results of the Food Program of the Autism Day Hospital during the year 2022.

Methods: A retrospective analysis of the cases of patients admitted to the Food Program of the Autism Day Hospital during the year 2022 is carried out. Results of the sensory pattern and presence of genetic alterations of each one of the patients are compared. And the results of the intervention are evaluated by quantifying the new foods introduced into the diet at the end of the admission.

Results: The sample is made up of a total of 5 children (4 boys and 1 girl) aged between 7 and 12 years. All of them meet diagnostic criteria for Autism Spectrum Disorder and present comorbidity with ARFID. Of the total sample, 1 of the patients presented in the genetic study a microdeletion S. in 15q13.3, duplication in 2q13 and duplication in 5p12-p11, with the genetic studies in the rest of the patients in the sample being normal. Regarding the results of the sensory pattern (Infant/Toddler Sensory profile test), all the patients presented differences in relation to other children of their age in the oral sensory pattern, this difference being definitive in 3 of the 5 patients in the sample. All the patients included in the program presented a satisfactory evolution, introducing at least 15-20 new foods into their usual diet, including different textures and consistencies.

Conclusions: The therapeutic approach to ARFID in children with ASD carried out from a multidisciplinary perspective; sensory integration, behavioral approach and, if necessary, psychopharmacological, has shown, based on the results obtained from the food program of the ASD Day Hospital, a favorable evolution of the eating disorder. For this reason, we consider the detection of this typical comorbidity of ASD and its referral to specific therapeutic programs to be of special importance.

Disclosure of Interest: None Declared

EPV0141

Clinical and electroencephalographic particularities of children and adolescents with behavioral disorders

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Introduction: Behavioral disorders are a frequent reason for consultation in child psychiatry. Children and adolescents with epilepsy are at risk of behavioral disorders that can affect their quality of life.

Objectives: The aim of this study was to investigate the electroencephalographic aspects of children with behavioral disorders and to determine the prevalence of comorbidity with epilepsy.

Methods: This was a retrospective descriptive study conducted from January 2019 to May 2022. We included all children and adolescents referred to the functional explorations department at Habib Bourguiba hospital, Tunisia for Electroencephalogram (EEG) as part of a workup to explore a behavioral disorder.

Results: A total of 117 patients were included in the study. The mean age was 14 ±4.2 years. The sex ratio was 1.29. Agitation was reported in 66.7% of patients. One case of attempted suicide was noted. Among these patients, 29.9% reported audiovisual hallucinations. Concentration difficulties were associated with 59% of cases. Ten patients had a history of epileptic seizures. Of the 117 EEGs performed, 59.8% were pathological. The abnormalities observed were paroxysms in 67.1% of cases and focal slowing in 25.7%. Five patients had a rapid rhythm on the EEG. An absence-type electro-clinical seizure was recorded in one patient. Patients with visual hallucinations had epileptiform abnormalities of occipital location in 41.7% of cases, and slow waves of anterior location in 50% of cases. Patients with auditory hallucinations had parietal epileptiform abnormalities in 89% of cases.

Conclusions: Ictal and interictal manifestations seem to play a part in the genesis of behavioral disorders in children and adolescents. An EEG would therefore be preferable in this age group, for better management.

Disclosure of Interest: None Declared

EPV0142

Study of EEG sensitivity and specificity in loss of consciousness in adolescents

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Introduction: Although the etiological diagnosis of loss of consciousness is essentially based on a careful history and clinical examination, electroencephalography (EEG) remains an important investigative tool.

Objectives: The aim of this study was to identify the value of EEG in the management of adolescents with recurrent bouts of fainting

Methods: This was a retrospective descriptive study conducted from January 2019 to May 2022. We included all adolescents referred to the functional explorations department at Habib Bourguiba hospital, Tunisia for Electroencephalogram (EEG) as part of a workup to explore recurrent episodes of loss of consciousness.

Results: A total of 55 adolescents were included in this study, with a mean age of 15.4 ± 2.3 and a 72.4% female proportion. The delay between the EEG and the onset of the seizure was greater than one week. 67.3% of patients were referred by the child psychiatry department. 29.1% of the 55 EEG reports were pathological. Epileptiform discharges were noted in 56.3% of adolescents. Slow waves were found in 43.7% of cases. The location of the abnormalities was predominantly frontal. Patients with temporal EEG anomalies had a notion of ascending epigastric pain preceding loss of consciousness in 90% of cases. Adolescents with EEGs containing epileptiform abnormalities had a history of paroxysmal movements in 30% of cases. The sensitivity of the EEG was estimated to be around 25%, and the specificity around 79%.

Conclusions: Although the clinical examination is of great importance in the etiological diagnosis of loss of consciousness, the EEG remains a complementary examination of non-negligible interest in the etiological investigation.

Disclosure of Interest: None Declared

EPV0143

Anxiety, Depression, and Stress on School-Aged Children and Adolescents in 2021: An Urgent Need for Comprehensive Intervention and Support

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Introduction: In the year 2021, there was a notable increase in behaviors associated with anxiety, depression, and stress among school-aged children and adolescents, possibly attributed to the pervasive effects of social isolation and confinement measures.

Objectives: This study conducted a thorough analysis of cases involving students aged 11 to 17 years who exhibited risk factors, anxious and depressive symptoms, and mood disturbances.

Methods: This study focused on students aged 11 to 17 years and employed a comprehensive approach to assess the impact of anxiety, depression, and stress. Cases were meticulously analyzed, and key categories were established to characterize the multifaceted challenges faced by the students. These categories included the availability of family support, utilization of psychopharmacological

treatment, engagement in psychological therapies, participation in psychopedagogical interventions, and patterns of school absenteeism.

Results: The analysis revealed a concerning prevalence of anxiety, depression, and stress-related symptoms among the student population. Many students exhibited risk factors that warranted immediate attention, including social isolation, disrupted routines, and uncertainty about the future. Furthermore, a significant portion of students displayed anxious and depressive symptoms, often leading to altered mood and behavioral challenges. In the context of family support, it was apparent that students with robust familial backing tended to cope more effectively with the psychological strain induced by the pandemic. However, a noteworthy number of students lacked adequate family support systems, exacerbating their mental health struggles. Students in need of such interventions benefited significantly from their implementation, demonstrating improved emotional well-being and a reduction in symptom severity. Nonetheless, the accessibility of these services remained a concern, with disparities in access evident among different demographic groups. Psychopedagogical interventions played a pivotal role in addressing issues related to school absenteeism and facilitating a smoother transition to remote learning. Students who engaged in these interventions showed positive progress in terms of school attendance and academic performance.

Conclusions: The findings of this study underscore the urgency of a holistic approach to addressing anxiety, depression, and stress in school-aged children and adolescents. It is imperative that consultations with child and adolescent psychiatry specialists be conducted promptly and in a manner that considers the unique contextual factors influencing each student's mental health. Moreover, efforts should be directed toward enhancing family support, expanding access to psychopharmacological treatment and psychological therapies, and promoting the implementation of psychopedagogical interventions.

Disclosure of Interest: None Declared

EPV0144

Risk factors and personality characteristics of nonsuicidal self-injurious behavior in clinical sample of female adolescents

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Introduction: Nonsuicidal self-injury (NSSI) is a self-damaging behavior with typical onset in early adolescence, and shows greater prevalence in females. NSSI is defined by recurrent episodes of intentional self-inflicted damage to body tissue, without suicidal intent. These recurring self-inflicted injuries are done by the individual to relieve oneself from negative feelings, to resolve interpersonal difficulties, or to induce positive feelings.

NSSI in DSM-5. has been included among the conditions in need of further study.

NSSI can be interpreted as a maladaptive coping mechanism that can be regarded as an emotional dysregulation. Adverse childhood experiences including physical abuse, neglect or sexual abuse are the strongest predictors of the NSSI. Research has repetitively found strong associations between NSSI and identity diffusion and/or distorted personality traits.

Objectives: The aim of our study was to assess the association between childhood traumatization, personality characteristics including stages of identity development, and self-injurious behavior among female adolescents that experience difficulties with emotional regulation.

Methods: We compared our results to a Hungarian normative sample. The sample consisted of inpatients adolescents, age between 14 and 18, with a diagnosis consisting of „Emotional disorders with onset specific for childhood” or „Mixed disorders of conduct and emotions” with chronic nonsuicidal self-injurious behavior.

Childhood traumatization was measured with the short version of Childhood Trauma Questionnaire (H-CTQ-SF). Identity development and identity diffusion were measured with the Assessment of Identity Development in Adolescence Questionnaire (AIDA). Temperament and character factors were measured with the Junior Temperament and Character Inventory (JTIC).

Results: Adolescent patients with NSSI reported severe and multi-plex childhood traumatization. These patients scored higher on novelty seeking and harm avoidance and scored lower on the persistence, self-directedness, and cooperativeness factors in the JTIC. These results were compared with the Hungarian normative sample. Adolescents scored higher on the Discontinuity and Incoherence scales of the AIDA.

Conclusions: Our preliminary results suggest that childhood traumatization predicts self-injurious behavior in adolescent females. Additionally, we have found associations between signs indicative of personality disorder, including lower level of self-cohesion, self-integration and self-directedness.

Disclosure of Interest: None Declared

EPV0145

Therapy program assisted with therapy dogs for children with Autism Spectrum Disorder (ASD)

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Introduction: Autism spectrum disorders (ASD) is a neurodevelopmental disorder with an estimated lifetime prevalence of at least 1%. Some studies suggest that approximately 60% of children with ASD show emotional dysregulation and 44-86% sleeping disorders. Studies suggest that cognitive behavioral therapy and animal-assisted therapy AAT can be an intervention strategy to promote emotional and behavioral dysregulation and sleep disturbances.

Objectives: The purpose of this study was to investigate the effect of a therapy program assisted with dogs (AAT) together with cognitive behavioral therapy (CBT) on behavioral and emotional regulation and sleep disorders in children diagnosed with ASD.

Methods: The sample was composed of 24 children between 7 and 10 years old diagnosed with ASD randomized into two groups (CGT group (control group) and AAT + CBT group (experimental group)). Inclusion criteria: communication level of simple sentences, mild-moderate difficulties in behavioral and emotional regulation and sleep disturbances. Exclusion criteria: intellectual disability, children with specific dogs phobia. Assessment included ADOS-2, WISC-V, CGAS. dysregulation profile of Achenbach scale and Sleep Disturbance Scale for Children-Bruni. A program of 12 sessions (weekly one-hour sessions) focusing emotional and behavioral regulation and sleep disturbance was designed (Behavior Emotional Sleep Treatment Program. A pre-post evaluation was performed.

Results: Participants were 20 boys and 2 girls (2 participants dropped out), with a mean age of 9. Regarding the socio-demographic and clinical characteristics, no significant differences has been observed between both groups in the global functioning measured with the Children's Global Assessment scale (CGAS) ($p=0.832$), nor in the cognitive capacity (QI) neither in reference to the associated comorbidities ($p=0.103$) nor in the variable prescription pharmacological treatment ($p=0.142$). In emotional self-regulation, a significant improvement in emotional regulation difficulties was observed after treatment in both groups (experimental group: $p=0.014$; control group: $p=0.012$). However, the comparison between the pre-post intervention results between groups, regarding the emotional regulation variable, a greater improvement is observed in the experimental group ($p=0.013$). Significant improvements were also observed in sleep disorders (Bruni scale total score and in the sleep conciliation and maintenance difficulties scale) in both groups.

Conclusions: To conclude, although this is a pilot study with a small sample size and further research is needed, results suggest that a therapy program assisted with therapy dogs and CBT have positive effects on emotional dysregulation and sleep disturbances in children with ASD and offers a possible intervention strategy.

Disclosure of Interest: None Declared

EPV0147

Antipsychotic use in under 25's - think carefully!

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Introduction: Antipsychotic use for adolescents (defined here as under 25 year olds) must be done with caution, giving due thought to advantages and potential side effects. Antipsychotics are extremely useful and effective drugs, but have side effects and many of these are problematic.

It has been noted that Risperidone is often used for this age group, despite the UK guidance being cautious about its use.

Objectives: To assess the extent of Risperidone prescribing in Norfolk/Suffolk for this patient group and to consider the monitoring of this.

Given that bone mass density is set down in teens – mid 20's, this is a particularly concerning issue when given to this age group. Additionally, distressing side effects and issues with fertility should be considered. If risperidone is used, Maudsley is very clear that this must be monitored: baseline/annual prolactin levels done, and action should be taken if these are elevated and/or the patient symptomatic.

Methods:

- 1) Evaluate numbers of adolescents, under 2ndry care Mental health service who have been prescribed Risperidone
- 2) Consider who prescribed it and the indication
- 3) to consider if routine monitoring had been completed (specifically, baseline prolactin and then annual prolactin levels)
- 4) to consider if these patients had developed side effects

Results: Almost 20% of 18-25 years olds, due to be seen in Youth Community Service had been prescribed Risperidone. Of these, only 44% had had prolactin levels done, despite the guidance. This equates to the over half not having prolactin checked. 60% of patients reviewed had symptoms of hyperprolactinemia. Indications for use included emotional dysregulation/EUPD, psychosis, ADHD, OCD/ASD and depression

Conclusions: Risperidone should be used with extreme caution in this patient group. Medication can be very useful for some young people experiencing distressing symptoms but, as Hippocrates advises, “do no harm” and seek not to cause iatrogenic harm.

Given that many of the young people seen by mental health services are experiencing emotional dysregulation (not necessarily an abnormal state in adolescent, when much is in flux), it is tempting to consider medication as one means of trying to alleviate distress. There is no clear treatment for dysregulated feelings, and most would accept that psychological support is more appropriate.

Disclosure of Interest: None Declared

EPV0148

Early Onset Schizo-Obsessive Disorder: A Case Series of 7 Inpatient Children

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Introduction: Schizo-obsessive disorder (SOD) is a complex psychiatric condition characterized by exhibiting symptoms of schizophrenia and obsessive-compulsive disorder (OCD)(Schirmbeck *et al.* Front Pharmacol. 2013 Aug 9;4:99). Some researchers prefer to describe this condition as a spectrum called “schizo-obsessive spectrum” and state that clinical representations such as OCD with poor insight, OCD with schizotypal personality disorder, schizophrenia with obsessive-compulsive symptoms and schizophrenia

with OCD are included in this spectrum(Poyurovsky *et al.* J Psychiatr Res. 2005 Jul;39(4):399-408). There is limited literature available on early on-set schizo-obsessive disorder in child and adolescent sample.

Objectives: This case series aimed to describe the clinical characteristics, phenomenology, diagnostic process and treatment response of SOD in a sample of inpatient adolescents and illuminate the intricate symptomatology between schizophrenic and obsessive-compulsive features.

Methods: A retrospective review was conducted of 7 adolescent patients who met DSM-V criteria for both schizophrenia and OCD in our inpatient clinic over the past year. Data were collected from medical records, including demographic information, clinical presentation, treatment history and response to treatment. All data were anonymized to maintain patient confidentiality.

Results: The sample consisted of 5 females and 2 males, with a mean age of 15,4 years. All patients presented with a mixed symptomatology of hallucinations, delusions and obsessive-compulsive symptoms. Many common points observed about clinical characteristics and psychiatric history of the patients. In most of the patients, the first psychiatric complaints started with obsessive-compulsive symptoms. It was observed that obsessions evolved into over-valued ideas and delusions in the course of time. Patients responded late and inadequately to pharmacological treatment, multiple drug use was necessary. Hospitalization lasted longer, the average time was 53 days. Most of the patients required augmentation with cognitive-behavioral therapy due to partial response or intolerable side effects. Unfortunately, no patient experienced full remission or returned to premorbid functioning.

Conclusions: This case series underscores the complexity of diagnosing and treating schizo-obsessive disorder in a pediatric population. It appears that a combined approach using both pharmacotherapy and psychotherapy may yield the most beneficial results. However, given the small sample size and retrospective design, these findings need to be interpreted with caution. Further research are crucial to corroborate our findings and refine treatment strategies.

Disclosure of Interest: None Declared

EPV0149

Treatment Resistant Early-Onset Schizophrenia: A Tale of Two Siblings

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Introduction: Early-Onset Schizophrenia (EOS) is a rare and severe form of schizophrenia that begins in childhood and it is often associated with genetic risk factors, poorer prognosis, and increased treatment resistance compared to adult-onset schizophrenia (Hatzimanolis *et al.* Eur Psychiatry 2020;63(1):e44). This case report presents two siblings diagnosed with EOS and treated at the same inpatient clinic in different years.

Objectives: The aim is offering a perspective on the clinical characteristics, genetic and environmental implications, and treatment challenges of two siblings with EOS and seeking to enhance understanding of EOS's complexity, particularly in the context of treatment resistance.

Methods: A comprehensive retrospective review of the siblings' all medical records was conducted, focusing on their psychiatric history, symptoms, treatment trials, and responses of treatment. Both cases' current clinical situations were evaluated cross-sectionally.

Results: *Older sibling:* 19 year-old male, was diagnosed with EOS following the onset of symptoms as social withdrawal, negativism and suspiciousness at the age of 14. He referred to the inpatient clinic with the cause of drug intake refusal. Risperidone treatment started but there was no significant response. Risperidone to olanzapine switch made and clinical remission observed. After his discharge, 4 more hospitalisations in 5 years needed due to low socioeconomic status, parental neglect and him having no insight and stopped taking his medications repeatedly. Several depot form antipsychotic injections started to prevent recurrent hospitalisation. Despite that he needed several hospitalisations to adult psychiatry inpatient clinics. *Younger sibling:* 14 year-old female, were diagnosed with EOS following the symptoms as auditory hallucinations, suspiciousness, disorganised speech and behaviours at the age of 13. She referred to the same inpatient clinic with suicidal risk after 2 years of his brother's last hospital stay. She responded good to olanzapine treatment like her brother's, during her first stay. After 2 weeks of her discharge, her psychotic symptoms started again with no specific reason. Second hospitalisation needed due to her homicidal and suicidal risk. Clozapine and aripiprazole treatment started and she discharged in partial remission. She is being followed in outpatient clinic, with low functioning.

Conclusions: Despite trials of multiple antipsychotic medications and adjunctive treatments, both siblings demonstrated significant treatment resistance. These sibling cases underscore the complexity and challenges in managing EOS, particularly when it presents with treatment resistance. The shared familial environment and potential genetic factors demand further investigation to elucidate the pathogenesis of EOS and optimize therapeutic approaches.

Disclosure of Interest: None Declared

EPV0150

Effective Use of Clozapine in Managing Treatment-Resistant Conduct Disorder in an Adolescent Patient: An Unconventional Approach

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Introduction: This case report elaborates an unconventional approach to the management the use of clozapine, typically used in treatment-resistant Schizophrenia, in a 17-year-old female

patient with treatment-resistant Conduct Disorder, Attention Deficit and Hyperactivity Disorder and Intellectual Disability.

Objectives: The aim is to demonstrate the potential effectiveness and applicability of clozapine in treating severe, treatment-resistant behavioral problems associated with Conduct Disorder, even without the presence of psychosis, by detailing the clinical course, treatment strategy and outcome of this unique case.

Methods: A 17-year old female patient was referred to inpatient clinic due to escalating aggression towards her family members and risky sexual behaviors despite undergoing treatments before as risperidone, haloperidole, olanzapine, lithium, clonidine or aripiprazole. She was running away from home repeatedly and under the risk of sexual abuse. After comprehensive clinical and psychopathological assessment, a decision was made to initiate treatment with clozapine, closely monitoring the patient for adverse effects, and assessing its impact on the patient's aggressiveness and other behavioral problems. During her stay, clozapine dose titrated to 250 mg/day in addition to her current treatment as amisulpiride 800 mg/day and valproic acid 500 mg/day. Atropine solution as mouthwash used for salivary hypersecretion. No other side effects observed. Cognitive and behavioural therapy interventions made for anger management and impulsivity. Also focused on family-based interventions about establishing healthy boundaries.

Results: A significant reduction in aggressive behavior was noted under the treatment of clozapine. The patient's overall conduct and interaction with family improved remarkably. The treatment was well-tolerated except sialorrhea, leading to a successful integration back into her family and community.

Conclusions: This case highlights the potential of clozapine as a viable treatment option for managing severe, treatment-resistant behavioral problems in patients with conduct disorder, even in the absence of psychosis. A randomized-controlled trial showed that clozapine was more effective than risperidone in conduct externalization factors, delinquency trait and global functioning in children and adolescents (Juárez-Treviño *et al. Clin Psychopharmacol Neurosci.* 2019;17(1):43-53). While it necessitates careful monitoring due to its side-effect profile, this unconventional use of clozapine may open up new avenues for the management of treatment-resistant conduct disorder, thereby improving patient outcomes and quality of life. Further controlled studies are warranted to ascertain the safety and efficacy of this approach.

Disclosure of Interest: None Declared

EPV0151

Cyber victimisation and depression among adolescents in Tunisia: a case report study and review of literature

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Introduction: Cyber victimization is a form of violence that is perpetrated through social media, and its victims are primarily

adolescents and young adults. This can have a negative impact on their psychosocial well-being.

Objectives: To investigate the relationship between cyber victimization, depression, and suicide, identifying risk factors, prevention and intervention strategies through an case report.

Methods: We report the clinical case of a 16-year-old Tunisian man who developed a depressive disorder after being cyber-victimized. We also conducted a literature review in PubMed database keywords: depression, suicide, cybervictimisation, adolescents to identify risk factors, prevention and intervention strategies.

Results: The adolescent was a member of a youth group called The Gung, which organized climbing challenges that were then broadcast on Facebook. He was the victim of cyberbullying after failing a challenge that was broadcast live. As a result, he was rejected by his group of friends and subjected to death threats and bullying. A clinical examination revealed major depressive disorder, low self-esteem, and low self-assertion. The patient was treated with a combination of medication and psychotherapy, and he had a good outcome with social and educational reintegration.

Several studies have found that cyber victimization is associated with depressive disorders, anxiety disorders, and suicidal behavior among youth. Several risk factors have been identified, including low socioeconomic status, disrupted family dynamics, low self-esteem, and psychiatric disorders. Prevention and intervention strategies involve families, educational institutions, civil society, and health professionals.

Conclusions: The seriousness of cyber victimization among youth is undeniable. Early and personalized intervention is necessary to prevent suicidal behavior and restore the well-being of adolescents.

Disclosure of Interest: None Declared

EPV0155

ADHD: Development of a printable poster for parents, teachers and healthcare professionals

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Introduction: ADHD is a very frequent reason for consultation in child psychiatry. It affects 2.5% of children and 5% of adults. Diagnosis is clinical. Treatment is based on medication combined with psychosocial interventions.

Objectives: Develop an ADHD guide for caregivers.

Methods: We carried out a literature review covering the last 5 years using the google scholar and pubmed search engines, including the key words ADHD, in order to produce a printable guide for caregivers working with children, in particular school teachers and healthcare personnel.

Results: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder affecting 5% of school-age children. It is characterized by abnormally high levels of developmental inattention, hyperactivity and impulsivity, leading to impaired personal, social, academic or occupational functioning. Because of its pervasiveness, ADHD can interfere negatively with general well-being, as well as with social life, academic performance and the development of social skills, which can lead to low self-esteem.

ADHD has multiple etiologies. It is thought to be due to a complex interaction between genes and environment. In fact, genetic vulnerability predisposes to the disorder which, under the influence of an unfavorable environment, expresses itself in clinical symptoms represented by 2 dimensions: inattention, hyperactivity and impulsivity. Diagnosis is essentially clinical, and treatment is based on medication combined with psychosocial interventions.

Conclusions: ADHD is one of the most frequently encountered disorders in general practice, pediatrics and child psychiatry. Early recognition of the disorder enables appropriate management, while limiting the impact of the disease on the functioning of the young person and his or her family.

Disclosure of Interest: None Declared

EPV0157

Assessment of Sleep Habits and Problems in Children Aged 7 to 10: An Observational Study.

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Introduction: Appropriate sleep habits play a pivotal role in the physical and psychological development of children. However, sleep deprivation or sleep problems can have a significant impact on children's mental health and daily functioning. This study investigates the sleep habits and problems in children aged 7 to 10 who attend the Child and Adolescent Psychiatry Service at CHTMAD, Vila Real, Portugal.

Objectives: The primary objective of this study is to assess the sleep habits and problems in children aged 7 to 10, aiming to establish data that can guide the development, implementation, and reevaluation of future interventions tailored to this age group.

Methods: This study is observational in nature and involved the participation of 21 patients from the Child and Adolescent Psychiatry Service at CHTMAD, Vila Real, Portugal, throughout the year 2022. Questionnaires related to sleep habits were administered to this population. Parents were invited to complete the Children's Sleep Habit Questionnaire (adapted from the Children's Sleep Habit Questionnaire by Prof. Owens, 2000), while the children (patients) were asked to fill out the Sleep Self Report-PT (adapted from Owens 2000 Research Version) and the Strengths and Difficulties Questionnaire (SDQ-Por, by Robert Goodman, 2005).

Results: As of now, the results of this study are still being processed. The data collected from the questionnaires will be analyzed to gain insights into the sleep habits and issues of children aged 7 to 10 years attending the Child and Adolescent Psychiatry Service in Vila Real, Portugal. Findings will be discussed, and any significant observations or trends will be highlighted.

Conclusions: This research aims to provide valuable insights into the sleep patterns and problems experienced by children in the specified age group. By understanding these issues, we can develop and implement targeted interventions to improve sleep quality and overall mental well-being. The conclusions drawn from this study will contribute to the development of evidence-based strategies for enhancing the sleep health of children in the Child and Adolescent Psychiatry Service at CHTMAD, Vila Real, Portugal.

Disclosure of Interest: None Declared

EPV0158

Neurobiological Correlation Between Autism Spectrum Disorder and Anorexia Nervosa in Children

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Introduction: Anorexia Nervosa (AN) is common in adolescents and has a high mortality and morbidity rate with a lifetime prevalence of 0.5% to 2%.^{1,2} We aim to review the neurobiology correlation of Anorexia Nervosa in Autism Spectrum Disorder as they are often associated together.

Objectives: 1. Understand the correlation between the neurobiology of Autism Spectrum Disorder (ASD) and Anorexia Nervosa. 2. Assess the association and prevalence of Anorexia nervosa in the ASD population.

3. To focus on the implications for the pathogenesis of Anorexia Nervosa and treatment of this disorder in the ASD population.

Methods: We searched PubMed, APA PsycINFO, Embase, CINAHL, and Google scholar databases with the keywords Autism Spectrum Disorder AND Anorexia Nervosa and included 6 relevant human studies out of 187 published in English.

Results: Neilson et al. studied the outcome of ASD in teenage onset AN, and a statistically significant negative dose-response relationship is found in all the 3 Morgan-Russell Outcome Assessment Schedule (MROAS) domains in stable ASD over time, and the results on the subscales 'mental state,' 'psychosexual state' and 'socio-economic state,' 'personal contacts,' 'social activities' and 'employment record.'³ The outcome of AN onset in adolescence is generally favorable regarding mortality and the persistence of eating disorders in adulthood. A study by Pruccoli et al. noted a high prevalence of ASD traits in a group of young AN patients, predominantly seen in 4 specific EDI-3 subscales and independent of BMI.⁴ Margari et al. found only AN diagnosis had a statistically significant difference ($p = 0.04$) in females vs. males when comparing sex differences for comorbidities.⁵

Conclusions: Morphological changes in brain areas are linked to social cognition and increase the risk of eating disorders in ASD. We recommend future studies with robust study design to explore the full spectrum of pathogenesis and association of AN in ASD.

Disclosure of Interest: None Declared

EPV0159

Association Between Maternal Diabetes and Childhood Neurodevelopmental Disorders

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Introduction: The prevalence of metabolic disorders is rising, diabetes prevalence doubled during 1990-2017. In 2020, 7.8% of US pregnancies were complicated by Gestational Diabetes Mellitus (GDM). Our aim is to assess the impact this increase has on childhood developmental disorders and understand the link between maternal metabolic disorders and neurodevelopmental disorders in children with focus on Autism Spectrum Disorder (ASD) and ADHD.

Objectives: Our aim is to assess the impact this increase has on childhood developmental disorders and understand the link between maternal metabolic disorders and neurodevelopmental disorders in children with focus on Autism Spectrum Disorder (ASD) and ADHD.

Methods: A literature search was conducted using medical subject heading (MeSH) terms in PubMed, database from Jan 1 2014 to Feb 15, 2023. Only large-scale ($n > 20,000$) were reviewed. A total of 3 articles were included in our final qualitative synthesis review.

Results: An increased rate of ASD and ADHD are observed in children of mothers with insulin resistance, demonstrated by Type 2 Diabetes (T2DM) and GDM (Kuan-Ru Chen, et al.). T2DM had the strongest association with ASA and ADHD when looking at other neurodevelopmental disorders (Chen, et al.). GDM severity correlates to increased risk of ADHD (Xiang, et al.). Maternal obesity as a risk factor for ASA and ADHD has confidence intervals in the same ranges as immune dysregulatory disorders including Asthma and Autoimmune disorders (Woelfenden, et al.).

Conclusions: Pathomechanism of neurodevelopmental disorders involves maternal oxidative stress and inflammation. Maternal T2DM and obesity are pro-inflammatory states that can be targeted as modifiable risk factors of ASD and ADHD in children. Preconception metabolic optimization and tight glycemic control in pregnancy are two ways clinicians can start to address the rates of rising ASD and ADHD.

Disclosure of Interest: None Declared

EPV0160

Early language intervention and IQ of children with non-syndromic orofacial clefts

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Introduction: Children with non-syndromic orofacial clefts are at higher risk for developmental difficulties. Speech and language are commonly affected developmental domains in these children.

Objectives: The aim of the current study was to explore the effects of early interventions for speech and language on later cognitive outcomes in this patient population.

Methods: A combined retrospective/prospective-comparative study was carried out at the Department of Pediatrics of the University of Pécs in Hungary. The participants were children between 6 and 16

years of age. The study consisted of a self-designed demographic questionnaire and an IQ test (WISC-IV).

Results: A total of 41 children with non-syndromic orofacial clefts and 44 age-matched controls participated in the study. Children of the cleft group were examined by pedagogical professional services and required special education plans significantly more often than controls ($p < 0.001$ and $p = 0.02$, respectively). Participants of the cleft group who received early speech and language therapy score higher on the Verbal Comprehension Index ($p = .005$). Full-Scale IQ score was also higher for cleft participants who received therapy, however not significant but borderline ($p = 0.08$).

Conclusions: Early language and speech interventions for children with non-syndromic orofacial clefts may have a positive effect on verbal skills and overall cognitive development. Future longitudinal studies examining baseline cognitive functioning of infants are needed to provide more conclusive evidence on the effects of interventional programs on speech and language development in cleft patients.

Disclosure of Interest: None Declared

EPV0162

Emotion dysregulation in adolescents: the associations with clinical symptoms, risky-behaviors, and environmental factors

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Introduction: Emotion dysregulation (ED) is transdiagnostic domain that plays a pivotal role in the emergence and persistence of numerous mental disorders. Examining the extent of ED within non-clinical populations may shed light on whether ED is indeed linked to symptoms as observed in clinical settings. This investigation constitutes a crucial milestone toward the development of preventive strategies.

Objectives: To investigate the correlations between ED, psychopathological symptoms, risky behaviors, and environmental factors in adolescent students.

Methods: A total of $N = 610$ students (16 years; 72% females) completed self-report standardized questionnaires measuring depression, anxiety, impulsivity, childhood trauma, relations with classmates, and family functioning. Lifetime risky-behaviours were recorded using an ad-hoc checklist, and ED through Difficulties in Emotion Regulation Scale (DERS). The sample was then divided into subgroups based on percentiles of DERS Total scores: $N = 210$ low ED, $N = 187$ moderate, $N = 214$ high.

Results: Participants exhibiting high ED displayed higher level of depression, anxiety and impulsivity (Table 1). There was an observable trend linking higher levels of ED with a greater proportion of youths reporting risky behaviors (Table 2). The high ED group reported an increased frequency of childhood traumatic

experiences, less favorable relationships with family members and classmates (Table 3).

Table 1. Clinical symptoms by level of ED in students ($N = 610$)

	low	moderate	high	Sig.
Patient Health Questionnaire (depression)	5.33(± 3.51)	8.94(± 4.05)	14.57(± 5.53)	<.001
Screen For Child Anxiety Related Emotional Disorders (anxiety)	59.27 (± 9.61)	68.61 (± 10.88)	79.39 (± 11.61)	<.001
Barratt Impulsiveness Scale-Brief (impulsivity)	15.14 (± 3.52)	16.70(± 3.81)	18.01(± 4.17)	<.001

Table 2. Risky behaviors by level of ED in students ($N = 610$)

	low	moderate	high	Sig.
Binge drinking	$N = 73$ (29.6%)	$N = 78$ (31.6%)	$N = 96$ (38.9%)	.097
Self-harm ideation	$N = 35$ (13.4%)	$N = 73$ (28%)	$N = 153$ (58.6%)	<.001
Self-harm	$N = 30$ (15%)	$N = 49$ (24.5%)	$N = 121$ (60.5%)	<.001
Binge eating	$N = 60$ (22.9%)	$N = 78$ (29.8%)	$N = 124$ (47.3%)	<.001

Table 3. Environmental factors by level of ED in students ($N = 610$)

	low	moderate	high	Sig.
Childhood Trauma Questionnaire (trauma)	30.99 (± 6.89)	35.39(± 9.1)	39.54(± 10.94)	<.001
Child And Adolescent Social Support Scale (classmate)	51.19 (± 11.7)	46.55 (± 10.96)	44.91(± 12.4)	<.001
Family Assessment Device (family functioning)	117.58 (± 14)	108.8 (± 17.48)	103.38 (± 20.11)	<.001

Conclusions: Findings provide robust support for the association between ED and compromised personal functioning, even within a non-clinical sample. The trend observed in the relationship between ED, clinical symptoms and risky behaviors is consistent across all variables. Overall, these results contribute to the growing body of evidence advocating for preventive interventions aimed at addressing ED in adolescents.

Disclosure of Interest: None Declared

EPV0163

A multidisciplinary approach to the treatment of children and adolescents with Beckwith-Wiedemann syndromeM. Tripković^{1*}, I. Bakija², D. Horvat¹, P. Lederer¹ and I. Begovac¹¹Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb and ²Department for Integrative Psychiatry, Psychiatry Clinic Sveti Ivan, Zagreb, Croatia

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Introduction: Beckwith-Wiedemann syndrome (BWS) is a rare and complex congenital disorder characterized by a spectrum of symptoms and somatic findings. The prevalence of classic BWS is 1:26,000 births in Europe, and is equal in both sexes. The causes of the disorder are complex and are related to alterations in the expression of one or more genes in the region of chromosome 11. The heterogeneity of the clinical picture results in a spectrum of clinical features, the most common of which include: excessive growth of one side or certain parts of the body, macroglossia, abdominal wall deficits such as umbilical hernia, hypoglycemia, enlarged abdominal organs and an increased risk of developing certain types of tumors in adulthood.

Objectives: The aim of this article is to highlight the importance of an early multidisciplinary approach in the management of children and adolescents with BWS.

Methods: Using clinical practice and a review of the existing limited literature, we examined the complexity of the disease and the importance of psychiatric, psychotherapeutic, and psychological interventions in the treatment of children and adolescents with rare diseases such as BWS.

Results: According to our clinical practice, a number of uncertain physical symptoms and possible complications may in some children with BWS lead to psychomotor retardation and lack of self-confidence due to the often impaired physical appearance. Affected children and adolescents are more likely to be exposed to abuse at school, show more behavioral and learning difficulties, difficulties in social adjustment, and resultant emotional difficulties. After initial genetic and pediatric treatment and subsequent regular monitoring, it is necessary to pay additional attention to the development of psychological sequelae in order to involve them and their families in psychotherapeutic treatment, and intervene in a timely manner so that they can achieve or maintain psychological stability and functionality. Many adolescent patients with BWS do not have significant somatic difficulties that would require pediatric intervention, but often present with symptoms of mental illness.

Conclusions: Psychological stress in children and adolescents suffering from rare somatic diseases represents a negative experience of an emotional and social nature, which affects the course of the disease and interferes with the treatment. Due to a number of possible physical manifestations and outcomes of such diseases, extensive psychological support and care by child and adolescent psychiatrists and the entire medical team is required. A multidisciplinary approach is crucial in the treatment of these patients and results in improved functionality and quality of life.

Disclosure of Interest: None Declared

EPV0165

ADHD symptoms are associated with bully victimization in non-clinical populations tooM. R. Glans^{1*} and S. Bejerot²¹Örebro University, School of Medical Science and ²Örebro University, School of Medical Sciences, Örebro, Sweden

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Introduction: Individuals with ADHD are at higher risk of being bullied than individuals without ADHD^{1,2,3}. Over the past decades, there has been a shift from a categorical to a dimensional conceptualization of ADHD⁴. It remains unknown if the association between ADHD and bullying also extends to non-clinical populations.

Objectives: To assess if subclinical ADHD symptoms associates with bully victimization in childhood and adolescence.

Methods: 1557 non-clinical adults completed the 6-item Adult Self-Report Scale Screener (ASRS) and answered questions concerning bully victimization. ADHD and ASD diagnoses served as exclusion criteria. Prevalence rates of bully victimization (defined as bullied \geq twice monthly) were compared at different time periods between those with- and without a positive ASRS-screener (cut-off score $\geq 4/6$) by chi-square tests. Moreover, logistic regression evaluated the association while adjusting for candidate covariates age and sex.

Results: Out of the total sample 1332 individuals (mean age=42, 60% female) scored negative and 217 individuals (mean age=36, 70% female) scored positive on the ASRS-screener while 8 had missing data on age or sex. Prevalence rates of bully victimization comparing those with- and without a positive score were as following: 20% vs 11%, $p < .001$ at 7-9 years, 26% vs 15%, $p < .001$ at 10-12 years, 20% vs 13%, $p = .005$ at 13-15 years and 6% vs 2%, $p = .002$ at 16-18 years. The statistically significant associations seen in the prevalence comparisons up until working life remained in the logistic regression models.

Conclusions: More pronounced subclinical ADHD symptoms were associated with approximately twice as high prevalence of bully victimization in childhood and adolescence. Thus, ADHD characteristics appear to have serious consequences across the full clinical and non-clinical parts of the spectrum.

Disclosure of Interest: None Declared

EPV0167

Exploring Early Autism Markers in High-Risk Infants: Implications for Timely InterventionM. Negm¹ and N. Khoweiled^{2*}¹Health Education England, Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom and ²University of Strasbourg, Strasbourg, France

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doi: 10.1192/j.eurpsy.2024.941

Introduction: Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by challenges in social

communication and behaviour. Timely identification of ASD is pivotal for effective intervention. However, significant gaps persist in our understanding of early signs and biomarkers, particularly among infants with older siblings already diagnosed with ASD. Furthermore, factors during the perinatal and neonatal period remain underexplored.

Objectives: This systematic review aims to investigate early autism markers within this specific cohort and assess their potential impact on intervention strategies.

Methods: A thorough search of electronic databases, including PubMed, PsycINFO, and Scopus, was conducted, initially identifying 161 relevant papers related to ASD and resilience published from 2013 to 2023. After excluding studies focused on environmental determinants of resilience in ASD, 75 papers remained. We concentrated on studies examining early identification of autism, especially in infants with older siblings with ASD, biomarker discovery, or predictive factors within this unique population. The search strategy employed a diverse set of keywords encompassing ASD, genetics, neurobiology, and the perinatal period to ensure comprehensive coverage of pertinent studies. Quality assessment of each study followed standardized criteria, and data synthesis utilized a thematic analysis approach.

Results: Our systematic exploration revealed a spectrum of early markers associated with ASD in high-risk infants, spanning behavioural, neurodevelopmental, genetic, and perinatal domains. Recognizing these early indicators offers promise for timely and potent intervention strategies, potentially refining long-term outcomes for children at risk of ASD.

Discussion: The synthesis of existing research in this systematic review underscores the significance of studying early markers within high-risk populations. Early intervention, guided by these markers, holds the potential to enhance the quality of life for at-risk children with ASD and their families. This review contributes to our understanding of the early identification of autism and emphasizes the imperative need for continued research in this critical area.

Conclusions: This systematic review sheds light on the current state of research on early signs and biomarkers of autism in infants with older siblings diagnosed with ASD. The findings carry significant implications for the development of targeted interventions that can be implemented at an earlier stage of development. Future research should further investigate these markers and their potential role in guiding early and effective intervention strategies. Keywords: Autism Spectrum Disorder, early signs, biomarkers, infants, older siblings, early intervention, high-risk population.

Disclosure of Interest: None Declared

EPV0168

Food intake restriction in patient with autism spectrum disorder and Moebius syndrome, a strong association. A case report

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Introduction: A 7-year-old male diagnosed with autism spectrum syndrome and moebius syndrome was admitted to the psychiatric inpatient unit for a 3-week history of food restriction

Objectives: To show the importance of exploring symptoms of autism in patients diagnosed with moebius syndrome in order to optimize the intervention of the difficulties that may arise.

Methods: Case report and literature review

Results: This is a patient with a history of Moebius Syndrome, who required trauma surgery for a clubfoot in April 2019. In early childhood he needs early psychomotor care. He has an IQ of 91. A diagnosis of autism was made in 2018 highlighting high difficulty for social interaction and communication, with repetitive patterns of behavior and marked restricted interests. The patient came to the emergency room after 3 weeks of food restriction. His parents explain that about a month ago the patient witnessed one of his classmates having an episode of vomiting. Since then he has been afraid that he might vomit. They explain that he constantly asks about food expirations, needing to ask before each meal if it will sit well in his stomach. He has noticeably decreased the amount of food he eats and is becoming more selective with food. In the last week he has lost 2 kilograms. During the hospitalization we worked with the patient on his fears about intakes, achieving a weight recovery and normalizing his eating habits.

Conclusions: This case points out the association between Moebius syndrome and autism spectrum disorder. In addition, it reflects the importance of early diagnosis, since in this case it was essential to know the patient's tendency to literalism and rigid thinking in order to receive effective treatment to achieve renutrition. Moebius syndrome is a rare congenital disorder with a prevalence of less than 0.05%, characterized by congenital facial paralysis associated with absence of abduction of the eyes due to alterations of the VI and VII cranial nerves. It presents multiple craniocephalic, musculoskeletal, neurological or ophthalmological manifestations. Different studies have found an association between autism spectrum disorder and Moebius syndrome, with comorbidity between 25-40%, varying according to the studies.

Disclosure of Interest: None Declared

EPV0169

Vortioxetine as an effective drug in the treatment of depression in adolescents with long QT index. A case report

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Introduction: This is a 13-year-old female patient admitted to the psychiatric unit active suicidal ideation.

Objectives: the objective is to show through a clinical case how vortioxetine can be safe in adolescents.

Methods: Case report and literature review

Results: She has a history of daily consumption of at least 2 units of cannabis per day. She presents high emotional distress secondary to academic failure, consuming the substance as a coping strategy. Due to prohibition and control by her parents, the patient stopped taking the substance, presenting severe depressive symptoms, self-injury and suicide ideation. For this reason she is admitted to the inpatient psychiatric unit. The electrocardiogram performed on admission shows a corrected QT index of 524. Exploring physical symptoms, she recognized episodes of syncope and palpitations. Coordination was made with cardiology, who performed an echocardiogram with normal results and began follow-up with them without prescribing medication. It was agreed not to use drugs that could prolong the QT index. Evaluating the clinical situation, it was decided to start treatment with Vortioxetine up to 10 mg. With this treatment there was no worsening of the electrocardiogram and the patient's mood improved, anxiety and ideas of death were remitted.

Conclusions: This work aims to show how vortioxetine has been effective and safe at the cardiological level in the case of moderate-severe depression in an adolescent with prolonged QT index

Disclosure of Interest: None Declared

EPV0170

Psychopharmacological management in patients with Di George syndrome

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Introduction: It is widely described in the scientific literature that patients who suffer from some type of congenital syndrome such as Di George Syndrome are more likely to present some type of psychopathological alteration during their development that may require intervention and treatment by infant and juvenile mental health teams in coordination with neuropsychiatry (1). On this occasion, we will present the clinical case of a patient who regularly attends psychiatry consultations for management of anxious symptoms with impulse control deficits associated with intellectual disability, diagnosed since childhood with tetralogy of Fallot and later with Di George syndrome. In this type of case, treatment is usually considered taking into account possible comorbidities at the organic level (since there may be cardiological involvement, which can be an added difficulty when taking into account the adverse effects of some psychotropic drugs) (2).

Objectives: This is followed by the presentation of the clinical case, which can serve to exemplify this type of case and clarify any doubts that may arise regarding treatment.

Methods: Presentation of the clinical case and review of updated scientific literature on the subject.

Results: Patient who first came to the infantile-junior consultations at the age of 8 years due to delay in the acquisition of verbal language and impulsivity. The patient had a history of pediatric follow-up since birth for different physical symptoms that finally led to the diagnosis of Di George syndrome.

Given the difficulties he presented both at home and at school, different psychometric tests were performed and it was determined that it could be beneficial to initiate treatment with extended-release methylphenidate. Prior to treatment, psychomotor restlessness (without aggressiveness) and difficulty in concentration prevailed, which improved significantly after upward adjustment of the dose to a guideline corresponding to his age and weight. It was not necessary in this case to administer other treatments (the possibility of starting Aripiprazole in case of episodes of agitation was considered, but it was not necessary). The patient has continued to be monitored by cardiology to assess the possible side effects of the treatment (since it can increase heart rate and blood pressure (3), but so far no complications have been detected).

Thanks to psychotherapeutic and educational intervention, language acquisition was achieved, although to date he still requires support due to the difficulties he still presents.

Conclusions: It is important to take into account the possible side effects of psychopharmacological treatment in patients with an associated congenital syndrome. Intensive and comprehensive follow-up by psychiatry and pediatrics (and later by their primary care physician) should be performed.

Disclosure of Interest: None Declared

EPV0171

Case-study: Patient with acquired epileptic aphasia in childhood

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Introduction: Acquired epileptic aphasia or Landau-Kleffner syndrome (LKS) is a disorder with onset in the childhood between the ages of 2 and 8 years. The main defining psychopathological symptom of Landau-Kleffner syndrome is the acquired aphasia with epileptiform electroencephalographic abnormalities. The aphasia has both receptive and expressive features. The onset is usually subacute and the course is usually progressive with spontaneous improvements and exacerbations. The electroencephalographic abnormalities include pathological findings in the temporal and parieto-occipital brain regions.

Objectives: An 11 year old girl with generalized tonic-clonic and partial seizures is referred to our child and adolescence outpatient service due to language impairment. Her first generalized seizure has been at the age of 11 months old, caused by high temperature. The presence of articulation difficulties has raised suspicion for intellectual disabilities. She has been diagnosed with Epilepsy, grand mal seizures and has had continuous treatment with sodium valproate since the age of 3 years.

Methods: We used medical history, EEG-recordings, clinical observation and psychological assessment.

Results: Patient's language development has been normal till the age of 3 years old. She has started using single words properly at the age of 1 year and 6 months old. Her first simple sentences have appeared at the age of 2 years old. At the age of 3 years old after severe generalized tonic-clonic seizures she has stopped talking for a month. After this month she had started vocalizing and using simple words, but she had lost her ability to form sentences. She has had some mild difficulties in understanding verbal information and following instructions. Her speech has had bad articulation and deficits in the verbal fluency. Her gross and fine motor development, her social skills and problem-solving abilities have all been intact and age-appropriate. She has worked with speech therapist for 5 years and achieved partial recovery from the acquired aphasia. She continues to have problems with the articulation – the speech is still with mild dysarthria. We used WISC-IV to assess her IQ (IQ=108).

Conclusions: The patient has already developed age-appropriate speech prior to the onset of the language impairment. Considered as secondary or acquired, the observed aphasia together with the medical data for her epileptic seizures allows us to diagnose the patient with Acquired epileptic aphasia or Landau-Kleffner syndrome. Later development will be presented and discussed.

Disclosure of Interest: None Declared

EPV0172

First episode psychosis in a young person with a diagnosis of Autistic Spectrum Disorder: A Case report

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Introduction: Psychotic disorders are significant comorbidities in young people with Autistic Spectrum Disorder (ASD). Evidence suggests that ASD & psychosis present with overlapping clinical features & cognitive symptoms leading to misdiagnosis (Trevisan *et al.* Front.Psych 2020;11:548). Clinicians encounter diagnostic dilemma during assessment of psychosis in adolescents with ASD.

Objectives: To discuss the clinical challenges in the assessment & treatment of young people with ASD & comorbid psychosis.

Methods: A case report of a young girl with ASD & comorbid psychotic illness.

Results: A young girl with ASD was admitted to CAMHS inpatient Unit with unusual beliefs & perceptual disturbances. She reported hearing the voice of 'Hydrogis' who was talking to her about his girlfriend. She made a voodoo doll & tried to set it on fire, as she believed that this would kill the girlfriend. She also heard voices of characters from a TV show, discussing her in third person. She absconded from home due to the distress associated. She attempted suicide by tying a ligature. She was seen responding to external stimuli, laughing incongruously & was thought disordered. Despite never being to USA, she spoke in American accent. She lacked insight & struggled to differentiate reality from fantasy. The aim of admission was to determine if the symptoms were part of ASD or a

psychotic disorder. She had medication free assessment but continued to be very distressed. We commenced Aripiprazole which was optimised. She responded well to the treatment & was discharged to the care of Early Intervention in Psychosis team with partial remission of symptoms.

Conclusions: Historically psychotic illnesses & ASD were thought to be closely linked. Research suggest that they are two separate disorders with specific onset, progress, signs & symptoms. ASD might be misdiagnosed as psychosis as difficulties in communication may resemble thought disorder, 'melt down' may mimic catatonia & difficulties in recognising others' intentions may mimic paranoia. Our patient was experiencing first episode psychosis in late adolescence. This age of onset is consistent with research findings. A study to differentiate between ASD & psychosis found that positive symptoms like hallucinations & delusions were suggestive of psychosis while odd emotional gestures, stereotyped speech & restricted interests indicated ASD. Our patient predominantly had positive symptoms of delusions, hallucinations & thought disorder, hence our diagnosis of psychotic episode. In some cases, it is difficult to differentiate childhood fantasies from delusional beliefs (Ribolsi *et al.* Front.Psych 2022;13:768586). Bleuler explains that children with ASD replace imperfect realities with imaginations & hallucinations but Michael Rutter claims that autistic children lack fantasy. There are varying views on this subject & this is the challenge we faced when treating this young person.

Disclosure of Interest: None Declared

EPV0175

Worsening symptoms in ADHD children caused by increased parental stress before, during and after Covid-19

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by high levels of inattention, hyperactivity, and impulsivity that are present before the age of seven, seen in a variety of situations, inconsistent with the child's developmental level and that cause social or academic damage. Parents may respond with high levels of verbal aggression and disciplinary measures to disruptive behaviors, which causes their children to respond negatively, influencing a bidirectional process of participating of a vicious circle. The pandemic has been a huge battle for everyone. Their anxiety in this extraordinary situation can also increase the children's psychological and behavioral problems.

Objectives: This literature review aims to explore the connection between the increase of parental stress among parents of ADHD children and worsening symptoms of ADHD, before and during COVID-19 outbreaks.

Methods: The literature review was performed by searching the following electronic databases (for all available years from 2005-2021): PubMed, PubMed Central, Springer Open, Hindawi, Google Scholar. We included studies with a primary focus on parenting stress in families that have children, aged 6-12 years old, with a clinical diagnosis of ADHD that was made by a specialist using the

diagnostic criteria of DSM-III/DSM-IV/DSM-V or ICD-10. The search was organized in chronological order by selecting studies published in the time period before, during and after the pandemic. **Results:** Parents of children with ADHD tend to use inappropriate parenting styles, they are more disapproving, critical and exhibit poorer monitoring and more corporal punishment than parents of children without ADHD who try to control disruptive behaviors. These parenting styles can affect the course of the disease, worsen its manifestations and cause the secondary development of psychiatric and maladaptive behaviors. In some of the studies, during the outbreak of the COVID-19 pandemic, is observed a high prevalence of depressive symptoms (62.5%) among caregivers, while 20.5% and 36.4% indicated anxiety and stress symptoms, respectively. Some parents reported deterioration of general well-being in their children and this manifested as oppositional/defiant attitudes and emotional outbursts, sleep problems and anxiety in this context. **Conclusions:** The pandemic has had psychological influences on parents with ADHD that affected their children's compliance with the medication and, consequently worsened their symptomatology. Society can be exposed to chronic stressors like Covid-19 anytime soon, so the main focus must be identifying needs to inform future interventions designed to support parents and ultimately their children. Psychoeducation of parents should be promoted in order to cope with the symptomatology of ADHD in the field of normality or under a chronic stressor.

Disclosure of Interest: None Declared

EPV0176

Prevalence and comorbidities of disruptive mood dysregulation disorder

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Introduction: Following the release of DSM-5 in 2013, a newly introduced diagnostic category emerged in psychiatric classification—the disruptive mood dysregulation disorder (DMDD). DMDD is a depressive disorder that begins in childhood and is marked by a consistently irritable or angry mood, frequently accompanied by temper outbursts that are notably severe.

Objectives: It is to study the prevalence and comorbidities of DMDD in Morocco, specifically at Arrazi University Psychiatric Hospital

Methods: Data were collected from youths aged 6 to 18 years who underwent a systematic assessment of symptoms. This assessment was extended to all patients consulting at Arrazi Hospital in Salé within the pediatric department over a period of four months (sample accrued from July 2023 to October 2023). The diagnosis of DMDD was established utilizing the diagnostic criteria outlined in DSM-5

Results: About 31% of the young participants met the operational criteria for DMDD. Those with DMDD exhibited increased comorbidity rates with attention-deficit/hyperactivity disorder (ADHD), another Depressive disorder and conduct disorder compared to those without DMDD. Additionally, they displayed elevated symptoms of aggressive behavior, rule-breaking, social issues, anxiety/depression, attention problems, and thought problems in comparison to all other participants without DMDD. It's noteworthy that youth with DMDD presented with at least one psychiatric comorbidity.

Conclusions: Given that DMDD is accompanied by other comorbid psychiatric disorders, particularly depression and anxiety, and appears to impact familial and occupational status in adulthood, the early detection and subsequent effective treatment of DMDD symptoms are of utmost importance.

Disclosure of Interest: None Declared

EPV0177

Attentional Bias to Angry Faces: Contrasting Responses in Typically Developing Children and Children with Autism Spectrum Disorder

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Introduction: Human faces generally attract immediate attention. However, it has been found that children with autism spectrum disorder (ASD) tend to allocate relatively less attention to faces. Previous research showed that typically developing children (TD) exhibited an attentional bias to angry faces, regardless of their anxiety levels, but it's unclear if this applies to children with ASD. Therefore, the present study aims to investigate attentional bias induced by angry and/or happy faces in children with ASD.

Objectives: We explored attentional bias toward angry faces in both TD children and children with ASD. We hypothesize that while TD children will show attentional capture effects in response to angry faces, children with ASD will not exhibit such attentional bias to facial stimuli, irrespective of their emotional content.

Methods: By now, five ASD participants (all male) and 34 TD participants (17 male), aged 6-12, have completed a continuous performance task. In this task, irrelevant distractors (angry or happy faces) appeared and disappeared abruptly, while the orientation of the target changed every 1,250 ms. Participants were asked to respond as quickly and accurately as possible to the orientation of the target. We designated the time when the distractor first appeared as T1, and subsequent time intervals at 1,250 ms increments were labeled as T2, T3, and T4. The time intervals when no distractor was present were labeled as TB (baseline). If the reaction time (RT) at T1 was significantly slower compared to TB, it indicated attentional bias by the distractor.

Results: For the RT data, separate repeated measures ANOVAs with 2 (emotion) * 5 (time) factors were conducted for each group. The results revealed a significant main effect of time ($F(4, 132) = 17.59, p < .01$) and a significant interaction between emotion and time ($F(3.27, 107.74) = 4.92, p < .01$) only in TD. Post hoc t-tests indicated that TD children exhibited significantly slower RT at T1 compared to TB, but this difference was observed only for angry faces ($t(33) = 4.84, p < .01$). In contrast, no significant effect was found in children with ASD. In other words, TD demonstrated attentional bias only when exposed to angry faces, while ASD children did not exhibit attentional bias to either emotion.

Conclusions: This study aimed to investigate attentional bias to angry faces in both TD and ASD children. The results indicate that TD children exhibited an attentional bias when exposed to angry faces, whereas ASD children did not display such bias. These findings are consistent with previous research suggesting that TD

children tend to show attentional bias towards angry faces, regardless of their anxiety levels. Furthermore, the absence of attentional bias to angry faces in ASD suggests that their characteristic of reduced attention to faces may contribute to the lack of attentional bias towards angry faces.

Disclosure of Interest: None Declared

EPV0179

Attitudes on pharmacotherapy among parents of children with autism spectrum disorders

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Introduction: Parent-mediated interventions for children with autism spectrum disorder (ASD) have been recognized as very valuable (1). There is a significant effect of parental attitudes towards treatment on treatment outcomes (2).

Objectives: To evaluate parental attitudes and need for professional support regarding pharmacological treatment of children with ASD.

Methods: We interviewed 67 parents (83.6% mothers) of children with ASD who are regularly treated at our institution. We created a questionnaire with sociodemographic information, clinical characteristics of the child, and parental experience/attitudes on pharmacological treatment.

Results: The average child age was 20.06 ± 4.43 ; 80.6% were male. The child clinical characteristics and parental sociodemographics are shown Table 1.

Table 1. Clinical characteristics of children with ASD/parental sociodemographics

Clinical characteristics – children	N	Valid %	X	SD
Speech - 4 words or more	35	52.2		
Epilepsy	13	19.4		
Intellectual disability	21	31.3		
Parental sociodemographics				
Current age of parent (informant)			50.93	6.91
Parent (informant) education				
Primary and secondary school	25	37.3		
Attended/finished university or postgraduate degree	42	62.7		
Parent (non-informant) education				
Primary and secondary school	31	47		
Attended/finished university or postgraduate degree	35	53		

Parental attitudes and feelings when child is treated with medication are shown in Graph 1.

Graph 1. Parental attitudes on medication

We also examined what would help parents in reaching the decision on pharmacotherapy for their children (the results shown in Graph 2).

Graph 2. Parental need of support for decision on medication

In our further analysis, it was shown that the feeling of guilt and helplessness was significantly more present in parents who feared side-effects of medication ($p=0.016$ and $p<0.001$, respectively).

Image:

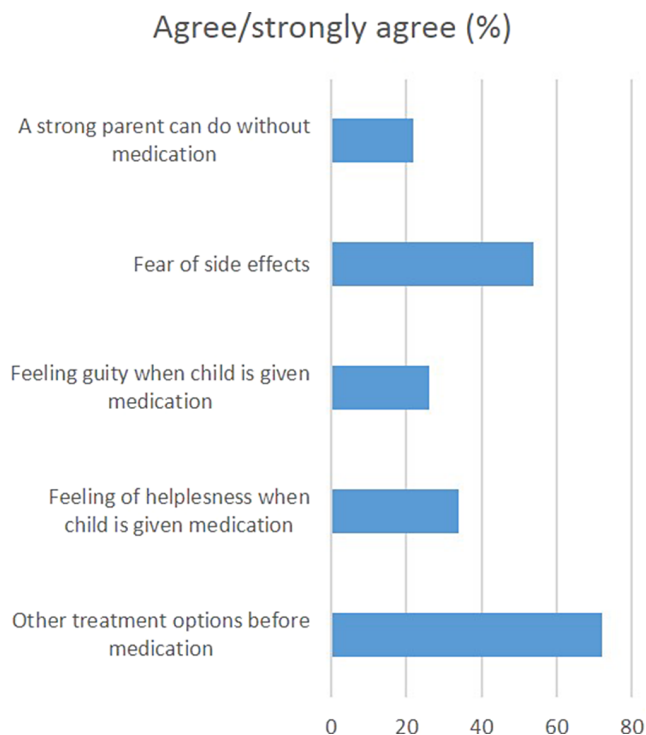
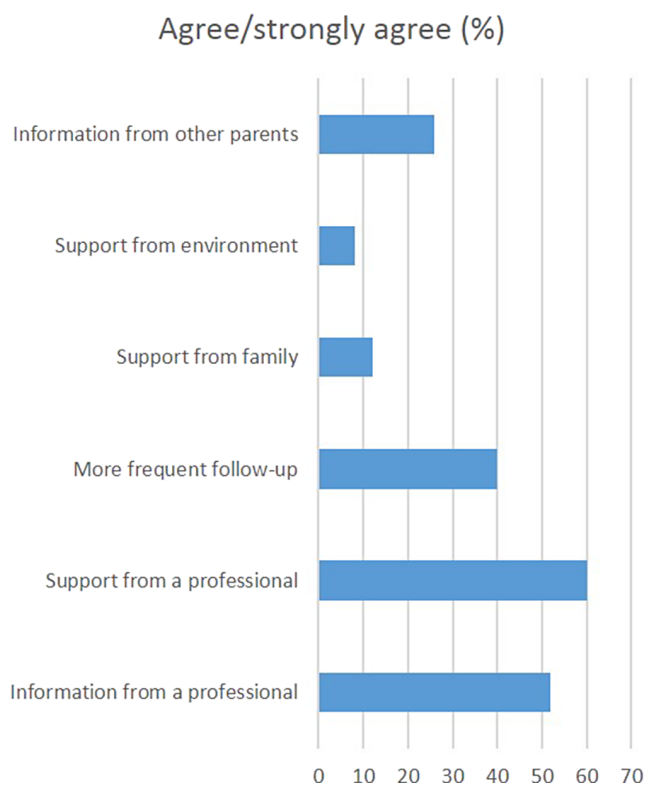


Image 2:



Conclusions: A significant number of parents battle with feelings of helplessness and guilt when medication is introduced in the treatment of their children. There is a great need for information provided by the clinicians as well as psychological support in reaching shared decisions regarding pharmacological treatment of children with ASD.

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Disclosure of Interest: None Declared

EPV0182

The effect of Self-Regulation Based Cognitive Psychoeducation Program on emotion regulation and self-efficacy in children diagnosed with attention deficit hyperactivity disorder

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Introduction: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder with early onset (Christiansen, H., et al. CPR 2019, 1–11), which is characterized by several symptoms, including lack of attention, hyperactivity, and impulsivity that are incompatible with age and developmental level (Caye, A., et al. 2020 JAACAP, 990–997)

Objectives: This study aimed to determine the effect of Self-Regulation Based Cognitive Psychoeducation Program on emotion regulation and self-efficacy in children diagnosed with attention deficit hyperactivity disorder (ADHD) and receiving medication.

Methods: The sample of this study with control group and pre-test, post-test and follow-up randomized experimental design consisted of children followed in the child and adolescent mental health outpatient clinic of a state hospital. The data were evaluated by parametric and non-parametric analyses.

Results: A statistically significant increase was determined in the internal functional emotion regulation mean scores of children, who participated in the Self-Regulation Based Cognitive Psychoeducation Program, measured before, immediately after, and 6 months after the intervention ($p < 0.05$). A statistically significant increase was also found in their external functional emotion regulation mean scores measured before and 6 months after the intervention ($p < 0.05$). In addition, a statistically significant difference was found between their internal dysfunctional and external dysfunctional emotion regulation mean scores measured before and 6 months after the intervention; however the mean scores of those in the control group 6 months after the intervention were higher than those in the intervention group ($p < 0.05$). Furthermore, there was a statistically significant increase in their self-efficacy mean scores measured before and 6 months after the intervention ($p < 0.05$).

Conclusions: The Self-Regulation Based Cognitive Psychoeducation Program was found to be effective in increasing the levels of emotion regulation and self-efficacy in children with ADHD.

Disclosure of Interest: None Declared

EPV0185

Interrelations of Intelligence and Social-Adaptive Skills in Adolescents with Multiple Developmental Disorders: A Pilot Study

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Introduction: The relationship between social adaptation and intelligence in adolescents with developmental disorders varies depending on various psycho-social factors. Adolescence is marked by pubertal changes in mental and physical development. Previous research has revealed a moderate correlation between intelligence and various groups of adaptive skills in adolescents with Down syndrome. However, studies involving adolescents with multiple developmental disorders are relatively scarce in the existing literature

Objectives: Determine the distribution of intelligence among adolescents with severe multiple disabilities; Identify the connection between intelligence and the level of adaptation in this group; explore the connection between intelligence and independence skills in the subjects.

Methods: The study included 11 adolescent participants enrolled in a comprehensive social skills development intervention program at the Center for Curative Pedagogics: 5 girls and 6 boys, mean age - 14,0 yrs. Age st.dev: 24,3 and 18,4. ICD-10 DS of participants were: F48.xx, F70.xx, F80.xx, F84.xx, G40.xx, G80.xx, Q74.xx, and Q90.xx. Following tools were used: Leiter-3 scales (LIQ), Vineland-3 Adaptive Behavior Scales (VSS); Perkins I.C.A.N. independence Scales (ICAN).

Results: Selected variables including were tested with the Shapiro-Wilk test. p-values of the SW test indicated that data were not distributed normally: LIQ ($w=0.953$, $p=0.685$); VSS ($w=0.964$, 0.821); ICAN ($w=0.877$; $p=0.095$).

For the identification of the connections between the intelligence (LIQ) and adaptive functioning (VSS) we used r-Spearman criteria. These parameters showed significant monotonic relationship ($r_s = 0.961$, $p<0.001$). Mean IQ level of the sample is characterized as mildly impaired (mean = 62.9). The adaptive and the independence skills level of the sample are also far below the low normative results (57.1 and 48.7 respectively). Images 1,2 and 3 shows the distribution of the data. The correlation between IQ (LIQ) and independence skills (ICAN) is not significant ($r_s = 0.671$, $p<0.024$), as well as the correlation between adaptive and independence skills ($r_s = 0.733$, $p<0.010$).

Conclusions: We made an exploratory study of the adolescent participants of the comprehensive social skills development intervention program at the Center for Curative Pedagogics. Results show that non-verbal intelligence of the participants shows strong connection to the adaptive skills, but not to the independence skills.

Sample size is very small, which is explained by the specifics of the intervention. Further research should be focused on the increasing sample and the expanding analysis parameters, such as social and family history, intervention details and the additional variables of the existing measurements.

Disclosure of Interest: None Declared

EPV0186

Exploring the Impact of Wildfires on Children's Psychological Well-being: A Comprehensive Review of Recent Literature

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Introduction: Wildfire disasters have become increasingly rampant. There is a critical need for all to fully understand the mechanism and impact of these disasters on humans, with a special emphasis on the mental health effects they pose on the affected individuals and communities. This article specifically presents a scoping review of the psychological reactions of children and adolescents post-wildfire disaster.

Objectives: This review aims to synthesize currently available literature regarding the impact of wildfire on mental health, specifically the psychological reactions of children to wildfires.

Methods: We identified 8 research articles using 6 databases for this review. Data extraction was performed using a qualitative descriptive approach.

Results: The results identified post-traumatic stress disorder (PTSD), anxiety, depression, stress, alcohol/substance misuse, hopelessness, low resilience, reduced quality of life, and self-esteem as the psychological conditions manifesting in children and adolescents post-wildfire disaster. PTSD was the most evaluated psychological reaction in the participants (7 out of eight studies).

Conclusions: This review highlights that deleterious mental health effects, such as PTSD, depression, anxiety, and suicidality, can persist in children for years post-wildfire disaster. Factors such as gender, direct exposure to the wildfire, re-traumatization, and resilience informed or ameliorated the severity of the impact of wildfire on children and adolescents. Our findings further emphasize the need for multi-year funding and programs to support children and adolescents' mental health, including children with disabilities in the communities that have experienced wildfire disasters.

Disclosure of Interest: None Declared

EPV0188

Experience in the Psychotherapeutic Treatment of Eating Disorders in Children and Adolescents: A Brief Approach and EMDR Outcomes

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Introduction: This study is based on our experience at public hospitals and private clinics of Toledo and Madrid, where we have addressed the treatment of children and adolescents presenting with Eating Disorders (EDs). Our intervention focuses on the application of brief psychotherapy, with particular emphasis on the effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) in these cases.

Objectives: The primary objective of this study is to determine the benefits of applying EMDR in cases of pediatric and adolescent EDs in comparison to other psychotherapeutic techniques.

Methods: Over a period of one year, brief psychotherapy sessions were conducted with children and adolescents diagnosed with EDs. An integrative approach was used, combining family systemic therapy, cognitive-behavioural therapy techniques, and brief psychodynamic approaches, along with EMDR sessions. Pre and post treatment assessments were conducted to measure changes in symptoms and patients' quality life.

Results: The results obtained reveal significant improvements in patient symptomatology, including a notable reduction in food-anxiety, dietary restriction and compensatory behaviours. Furthermore, improvements were observed in body image perception and patients' overall quality of life. Incidence of relapse cases was minimal.

Conclusions: Our experience suggests that the application of a brief psychotherapy approach, combined with EMDR sessions, can be highly effective in treating children and adolescents with EDs. Early intervention and individualized adaptation of therapies are essential for achieving positive and lasting outcomes in this patient group. These findings underscore the importance of considering integrative approaches in the care of EDs in young population.

Disclosure of Interest: None Declared

EPV0189

The relation between autism and psychosis: overlapping and differing features

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Introduction: Autism spectrum disorders (ASD) and schizophrenia (SCZ) have a strong historic connection. At the beginning of the 20th century when referring to schizophrenic patients Eugen Bleuler used the term autism to describe the apparent withdrawal from the outside world. Other authors also emphasized the association between this two entities. In fact, only in DSM-III were these disorders placed in different diagnostic categories. Today, even though this nosological vision still prevails, a growing number of studies have shown significant overlaps between the two disorders. Patients with the diagnosis of ASD often experience psychotic symptoms and similarly schizophrenic patients have a high prevalence of autistic traits.

Objectives: To clarify the distinction between ASD and psychotic disorders, namely to help the clinical and phenomenological distinction between patients with a primary psychotic disorder versus patients with the diagnosis of an autism spectrum disorder that might also experience psychotic symptoms.

Methods: Research on UpToDate using the terms “Autism Spectrum Disorders”; “Schizophrenia” and “psychosis”.

Results: Delusional beliefs and paranoid ideation are common findings in autistic individuals in the same way that they constitute one of the main features of schizophrenia spectrum disorders. However, in ASD individuals one must be vigilant of its distinction with “childish fantasies”. Both disorders (ASD and SCZ spectrum disorders) share Theory of Mind (ToM) impairments that contribute to the development of paranoia.

Sensory anomalies are common in ASD and might be confused with hallucinations. However, anomalous perceptual experiences can and do often happen in ASD and are clinically overlapping with hallucinatory phenomena. In the case of a neurodevelopment disorder, however, they could probably be better understood as a part of it more than the signal of a co-occurring psychotic disorder. Attenuated psychotic symptoms pose an even more complex subject because of the overlap between autistic symptoms and subclinical psychotic symptoms. Another area that poses diagnostic difficulties has to do with the distinction between negative symptoms seen in schizophrenia and autistic symptoms. Lack of emotional reciprocity in ASD can be confused with “blunted” affect in schizophrenia. Other overlapping features between these two entities can be identified.

Conclusions: The diagnostic boundaries between ASD and SCZ are not always clear. Their overlapping characteristics and potential co-occurrence might pose important diagnostic challenges in clinical practice. The clinical course of both diseases frequently represents a key element for the differential diagnosis between autism and psychosis. The profound knowledge of these two entities is of extreme importance contributing to the implementation of more targeted and effective management strategies.

Disclosure of Interest: None Declared

EPV0191

Preadolescent and Adolescent Victims of Cyber Victimization in Tunisia

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Introduction: Nowadays children and adolescents are exposed to cyber victimization. This modern form of aggressive behavior has a negative impact on the psychological of victims, self esteem, and social interaction

Objectives: To investigate the relation between cyber victimization and depression in tunisian preadolescents and adolescents

Methods: The Arabic validated version of the “cyberbullying assessment instrument” was distributed through social media groups of preadolescent and adolescents in Tunisia. The participants were also invited to answer items about social and demographic characteristics. The participation was voluntary, without confidential data.

Results: Fifty four preadolescent and adolescent aged between 9 and 16 years old have participated. The average age was 12.4 years old. 64% of participants were girls. More than 80% of children have

their own smartphone and a personal count on social media. Among those respondents, 12 (22.2%) reported being cyberbullied at least once in the year. The children most likely to be bullied were girl aged between 9 and 12 years old with a poor socioeconomic level. Low self esteem, depressive symptoms, anxiety symptoms are associated with cyber victimization.

Conclusions: The level of cyber victimization among preadolescents and adolescents is underestimated. Psychiatric disorder associated to this phenomena have to be considered in order to develop strategies and intervention to reduce the cyberbullying among vulnerable population.

Disclosure of Interest: None Declared

EPV0193

Association and predictor role of MASC scores in pharmacological or psychological treatment indication in a sample of children and adolescent in Spain

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Introduction: Anxiety is one of the most common Mental Health diagnosis in underage population. We decided to study if there was any variable that would lead us to a specific treatment indication using the MASC (Multidimensional Anxiety Scale for Children).

Objectives: Prevalence of psychiatric disorders and comorbidities in an underage population.

Possible association between MASC questionnaire scores and the indication for pharmacological and/or psychological treatment.

Methods: This is a descriptive, observational, retrospective, quantitative study with data from patients between June 2016 and 2023. **Inclusion criteria:** 3-18 year-old-spanish-speakers who met criteria for a ICD-11 disorder. **Exclusion criteria:** absence of legal representatives, intellectual disability. **Variables:** Age, sex, psychiatric family history, ICD-11 diagnosis, treatment indication and MASC's subscales (physical symptoms, harm avoidance, social anxiety and separation anxiety). **Statistical analyzes** were performed with STATA-15 program, using as **independent variables** MASC questionnaire, and **dependent ones** the indication treatment and diagnosis.

Results: The sample contains 1024 patients, with a mean age of 12 (SD 4.028). **Table 1** shows that the most frequent diagnosis is ADHD, with combined presentation with a prevalence of 22.27%, followed by Anxiety Disorders, without differentiating by subtypes (17.93%). It also shows that Defiant and Oppositional Disorder is the most prevalent comorbidity (9.66%) followed by Anxiety Disorder not specified (4.99%). **Table 2** stands that there are significantly higher scores in all MASC subscales in those patients who do have prior psychiatry family history. We found in **Table 3** statistically significant differences were found between the score on the Physical Symptoms subscale based on whether the patient was undergoing previous treatment, both pharmacological (8.45 vs. 7.59) and psychological treatment (9.01 vs. 7.95) compared to those who were not (pharmacological 7.36 vs. 7.06), psychological (7.21 vs. 6.92). All these data have been adjusted.

Image:

Principal diagnosis (ICD-11)	% in our sample	Comorbidities	% in our sample
Without ICD-11 diagnosis	14.6	Without ICD-11 diagnosis	57.47
Attention deficit hyperactivity disorder, predominantly inattentive presentation (ICD-11 6A05.0)	12.7	Attention deficit hyperactivity disorder, predominantly inattentive presentation (ICD-11 6A05.0)	0.88
Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation (ICD-11 6A05.1)	0.68	Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation (ICD-11 6A05.1)	0.2
Attention deficit hyperactivity disorder, combined presentation (ICD-11 6A05.2)	22.27	Attention deficit hyperactivity disorder, combined presentation (ICD-11 6A05.2)	2.25
Social anxiety disorder (ICD-11 6B04)	1.23	Social anxiety disorder (ICD-11 6B04)	0.88
Generalized anxiety disorder (ICD-11 6B00)	1.27	Generalized anxiety disorder (ICD-11 6B00)	0.1
Separation anxiety disorder (ICD-11 6B05)	4.1	Separation anxiety disorder (ICD-11 6B05)	1.27
Agoraphobia (ICD-11 6B02)	0.2	Agoraphobia (ICD-11 6B02)	0.1
Anxiety or fear-related disorders, unspecified (ICD-11 6B0Z)	8.5	Anxiety or fear-related disorders, unspecified (ICD-11 6B0Z)	4.99
Obsessive-compulsive disorder (ICD-11 6B20), including PANDAS syndrome	2.73	Obsessive-compulsive disorder (ICD-11 6B20), including PANDAS syndrome	1.76
Tic disorders (ICD-11 6A05.6)	1.07	Tic disorders (ICD-11 6A05.6)	0.88
Body-focused repetitive behaviour disorders (ICD-11 6B25)	0.3	Adjustment disorder (ICD-11 6B43)	1.37
Adjustment disorder (ICD-11 6B43)	3.83	Body distress disorder, unspecified (ICD-11 6C20.2)	0.29
Body distress disorder, unspecified (ICD-11 6C20.2)	2.93	Collective mutism (ICD-11 6B08)	0.1
Selective mutism (ICD-11 6B06)	0.29	Hypochondriasis (ICD-11 6B23)	0
Hypochondriasis (ICD-11 6B23)	0.3	Specific phobia (ICD-11 6B03)	0.39
Specific phobia (ICD-11 6B03)	1.56	Dissociative neurological symptom disorder (ICD-11 6B40)	0.2
Dissociative neurological symptom disorder (ICD-11 6B40)	0.39	Panic disorder (ICD-11 6B01)	0.39
Panic disorder (ICD-11 6B01)	0.88	Euphoria (ICD-11 6C09.0)	1.08
Euphoria (ICD-11 6C09.0)	0.88	Depressive disorders (ICD-11 6A7)	1.66
Depressive disorders (ICD-11 6A7)	8.25	Mood disorders, unspecified (ICD-11 6A8Z)	0.39
Mood disorders, unspecified (ICD-11 6A8Z)	0.29	Psychosis or other primary psychotic disorders spectrum (ICD-11 6A2)	0.1
Schizophrenia or other primary psychotic disorders spectrum (ICD-11 6A2)	0.49	Autism spectrum disorder (ICD-11 6A02)	0.49
Autism spectrum disorder (ICD-11 6A02)	1.86	Feeding or eating disorders (ICD-11 6B88)	0.78
Feeding or eating disorders (ICD-11 6B88)	6.74	Post-traumatic stress disorder (ICD-11 6B40)	0.1
Post-traumatic stress disorder (ICD-11 6B40)	0.1	Disorders due to substance use or addictive behaviours (ICD-11 6C4, 6C5)	1.56
Disorders due to substance use or addictive behaviours (ICD-11 6C4, 6C5)	0.88	Oppositional defiant disorder (ICD-11 6C09)	9.65
Disinhibited social engagement disorder (ICD-11 6B45)	0.1	Developmental learning disorder (ICD-11 6A89)	0.1
Developmental learning disorder (ICD-11 6A89)	0.49	Disorders of intellectual development (ICD-11 6A00)	1.27
Disorders of intellectual development (ICD-11 6A00)	0.1	Other specified factors influencing health status or contact with health services (ICD-11 QF4Y)	8.41
Other specified factors influencing health status or contact with health services (ICD-11 QF4Y)	0.29	Dilatula	0.2
		Sleep-wake disorders (ICD-11 07A)	0.29

Image 2:

		Psychiatric family history		
		Yes	No	t test*
MASC Questionnaire	Physical symptoms	8,68 (7,43)	7,04 (7,01)	*
	Harm avoidance	12,61 (8,25)	11,15 (8,18)	*
	Social anxiety	9,57 (7,68)	8,46 (7,69)	*
	Separation anxiety	7,44 (5,86)	6,62 (5,86)	*
		% altered		chi2
		32,5	25	*
	Physical symptoms	66,67	59,64	*
	Harm avoidance	26,39	21,99	
	Social anxiety	35	29,67	
	Separation anxiety			

Image 3:

MASC QUESTIONNAIRE	Distribution by sex				Previous pharmacological treatment				Previous psychological treatment			
	Total Mean(SD)	Male Mean(SD)	Female Mean(SD)	t test*	Yes	No	t test*	Yes	No	t test*	Yes	No
MASC Physical symptoms	7,16 (7,21)	5,96 (6,00)	9,56 (7,86)	*	8,45 (7,59)	7,36 (7,06)	*	9,01 (7,95)	7,21 (6,92)	*		
MASC Harm avoidance	11,66 (8,23)	10,5 (8,04)	13,02 (8,24)	*	11,48 (8,24)	11,4 (8,23)		12,50 (8,13)	11,42 (8,25)			
MASC Social anxiety	8,85 (7,71)	7,35 (6,91)	10,01 (8,17)	*	9,05 (7,87)	8,8 (7,62)		9,86 (8,07)	8,55 (7,57)	*		
MASC Separation anxiety	6,91 (5,67)	6,21 (5,74)	7,72 (5,92)	*	6,30 (5,31)	7,09 (6,02)		7,12 (5,72)	6,85 (5,91)			
	% de alterados		chi2		% altered		chi2		% altered		chi2	
MASC Physical symptoms	27,64		17,93 - 38,98	*	33,47		25,89	*	35,06		25,47	*
MASC Harm avoidance	62,1		55,25 - 70,13	*	62,29		62,06		65,8		63,03	
MASC Social anxiety	33,54		19,02 - 28,81	*	19,92		24,62		27,27		22,45	
MASC Separation anxiety	33,54		22,54 - 36,1	*	27,54		30,74		34,63		30,64	

Conclusions: Anxiety disorders are the most common form of Mental Disorder in young people, with a global prevalence of 6.5% (Rapee et al.2023). However, in our sample the most common one is ADHD as our center is specialized in it. We found that the most prevalent one was Oppositional Defiant Disorder, as it is the most frequent comorbidity of ADHD (Vallejo-Valdivielso et al,2019; Faraone et al,2021). The increase of one point in the Physical Anxiety subscale increases the probability of indicating pharmacological treatment, which could be explained because of how functional limitation these symptoms cause. The increase in all the subscales of the MASC implies an increase in the probability of an indication for psychological treatment as it is the gold-standard treatment for anxiety in children.

Disclosure of Interest: None Declared

EPV0194

Relationship between MASC scores and diagnosis in a sample of children and adolescents in Spain

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Introduction: Anxiety is one of the most common Mental Health diagnosis in underage population. We decided to study if there was any variable that would lead us to a specific diagnosis, using the MASC questionnaire (*Multidimensional Anxiety Scale for Children*).

Objectives: 1. Describe the prevalence of the different anxiety disorders and the differences in its prevalence according to sex. 2. Examine possible differences and associations between MASC questionnaire scores and a specific anxiety diagnosis.

Methods: This is a descriptive, observational, retrospective, quantitative study with data from patients between June 2016 and 2023. **Inclusion criteria:** 3-18 year-old-spanish-speakers who met criteria for a ICD-11 disorder. **Exclusion criteria:** absence of legal representatives, intellectual disability. **Variables:** sex, ICD-11 diagnosis, MASC's subscales (Physical Symptoms, Harm Avoidance, Social Anxiety and Separation Anxiety) and CGI. **Statistical analyzes** were performed with STATA-15 program, using as independent variables MASC questionnaire and dependent one Anxiety Diagnosis.

Results: The sample contains 1024 patients. Figure 1 shows the distribution of Anxiety Disorders: Unspecified Anxiety Disorder (47%), Separation Anxiety Disorder (23%), Simple Phobias (9%) and Social Anxiety Disorder (7%). Figure 2 represents the distribution by sex, with the differences being statistically significant (p<0.05) for all anxiety disorders, meaning that girls have higher prevalence of all anxiety disorders. Figure 3 shows how age correlates significantly and directly with all the subscales, meaning the older the patients are the higher the scores. We also found that boys have lower scores and a lower percentage of alteration in all subscales. CGI scale also correlates positively with all the subscales, specially with Physical Symptoms. All these data have been adjusted.

Image:

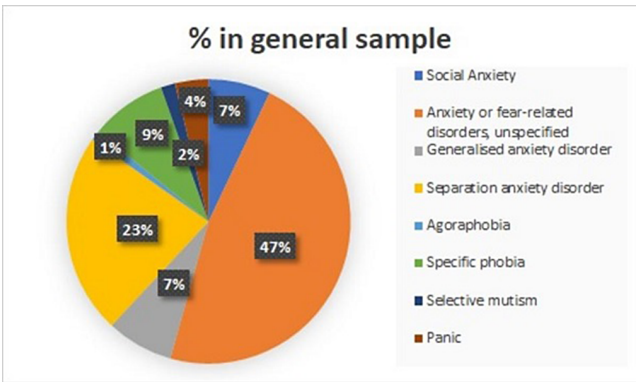


Image 2:

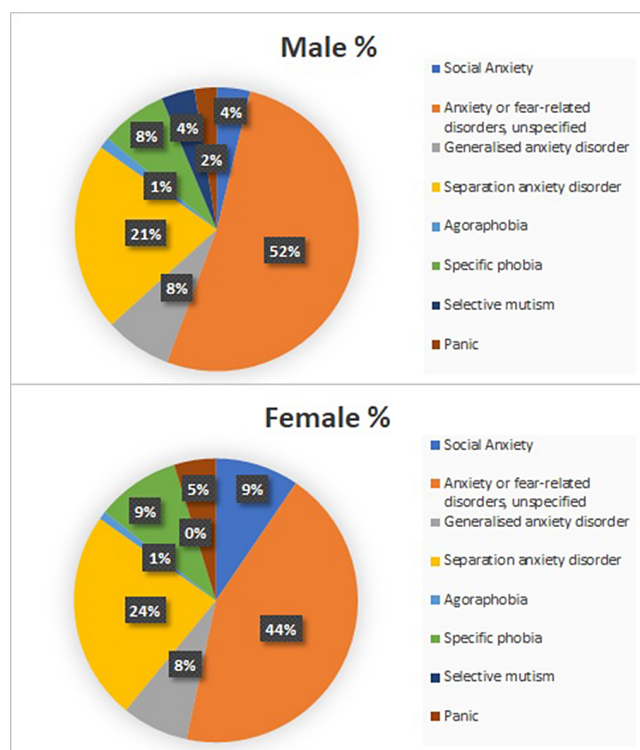



Image 3:

Q2 VS BASAL	EDAD	AFS	AEP	AS	AxS	CGI
Age	1					
Physical symptoms	0,2436	1				
Harm avoidance	0,1932	0,7351	1			
Social anxiety	0,1946	0,6911	0,7213	1		
Separation anxiety	-0,0079	0,617	0,7881	0,6661	1	
CGI	0,1818	0,1431	0,0736	0,1021	0,679	1



r = -1
r = +1

Conclusions: Anxiety disorders are the most common form of Mental Disorder in young people (global prevalence of 6.5%, Rapee et al.2023). Prevalence for specific Anxiety Disorders in underage population are less reliable, because of the unequal age of samples (Rapee et al.2023). Separation Anxiety disorder is the most prevalent among children (La Maison et al., 2018), while Social Anxiety disorder is among adolescents (Lawrence et al.2015). We did not categorized our sample, being Separation Anxiety disorder the most frequent followed by Social Anxiety. We observed a correlation between some subscales and a specific diagnosis: the risk of presenting a Social Anxiety disorder is multiplied by 1.08 for each point of increase in that subscale and the risk of presenting a Separation Anxiety disorder is multiplied by 1.05 for each increase of 1 point in Separation Anxiety subscale. However, the diagnosis of Simple Phobia decreases with the increase in scores in all subscales, maybe due to the fact that there are not many items that specifically evaluate fears.

Disclosure of Interest: None Declared

EPV0196

Influence of genetic background on the clinical picture of bipolar affective disorder in a population of children and adolescents

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Introduction: Bipolar disorder in children is characterized by a different course than in adults, which is a diagnostic difficulty. DAT-1 is a dopamine transporter gene that regulates dopaminergic neurotransmission through the mechanism of active reuptake of this neurotransmitter from the synapse. Polymorphisms within the described gene can result in changes in dopamine levels, which may have implications for the development of bipolar disorder.

Objectives: The aim of the project was to analyze the relationship between single nucleotide polymorphisms (SNPs) within the dopamine transporter gene DAT-1 and the risk of development of bipolar disorder in a population of children and adolescents.

Methods: 21 healthy controls (12 females, 9 males) have been recruited into the study and 13 patients (9 girls, 4 boys) with bipolar disorder diagnosis from Department of Psychiatry and outpatient clinic, were recruited for the study group. Questionnaires such as the KSADS-PL were carried out and blood was taken for laboratory tests of four SNPs within the DAT-1 transporter. PQStat, Microsoft Excel 2013 and StatSoft STATISTICA were used to perform the statistical analysis.

Results: SNPs within the dopamine transporter gene and environmental risk factors influenced the risk of developing bipolar disorder in the population of children and adolescents.

Conclusions: The ambiguity in results emphasizes the necessity for further investigations into correlation between genetic factors in bipolar disorder etiology. Future research should involve more participants. The results of this project are likely to make a significant and valuable contribution to the current knowledge of bipolar disorder and to the development of innovative diagnostic methods, making a significant contribution to the advancement of science.

Disclosure of Interest: None Declared

EPV0198

Projective technique “Bird’s Nest Drawing” in child clinical psychology

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Introduction: The “Bird’s Nest Drawing” technique is one of expressive drawing projective techniques. In Russia it has been

used since the 2020s. We suggest the pilot version of using this projective technique in child clinical psychology. There were investigated the cognitive and emotional components of performance by children with different types of ontogenesis.

Purpose: pilot application of the technique of “Bird’s Nest Drawing” (BND) in the psychological diagnosis of children with different types of ontogenesis.

Objectives: 69 children and adolescents 6-17 years old (28 male), examined at the Mental Health Research Center. 1. hospital patients (11-16 years old, 18 persons) diagnoses F20.8, F21.4, 2) outpatient clients with psychological diagnostics (7-16 years old, 45 persons), most of them have psychiatric diagnoses and some of them came for a consultation independently of doctors (there were family and behavior problems). 3) children conceived with the help of assisted reproductive technologies (IVF) - participants in a program for studying cognitive and emotional-personal development (5-13 years old, 8 people). Control group of normal children (14 persons).

Methods: Bird’s Nest Drawing (D.Kaiser, 2003, Kuftyak, 2021) - clinical expert assessment of the drawing parameters (size, location, quality, compliance with instructions) and the emotional component (color, self-assessment of the drawing).

Results:

Table 1. Frequency of different indicators of BND in compared groups of children.

Groups	N	Central place	High Quality of drawing	Nest out of tree	birds / eggs	Different colors	Safety of nest	High Assessment by participants	High positive emotional expression Assessment by experts
Hospital patients	18 (4 m)	12	4	10	4	10**	4	13**	5**
Outpatient clients	45 (22 m)	38	13	19	17	32	10	25**	17
Children IVF	8 (2 m_)	7	2	4	3	6**	1	6	3
Normal children	14(6 m)	14	3	7	4	12**	4	13**	11**

** - significance of the differences (p≤0,05 by φ criterion).
Based on the data obtained, it can be noted that the most different between groups turned out to be an indicator for using different colors, subject's assessment his picture and emotional expression assessment of picture by experts. Other parameters are similar: please of drawing,

Discussion: We have obtained our own results about BND method in children with different type of ontogenesis. These data are similar to D.Kaiser and E.Kuftyak in opportunity of good diagnostic practice of BND method in children and adolescents with different type of ontogenesis in scientific

Conclusions: BND method is a good test for child clinical psychology as a projective one. Restrictions of this investigation - small groups, simple parameters for assessment. We plan to continue this work with more clinical (diagnosis, syndrome et cetera) and sex and age characteristics.

Disclosure of Interest: None Declared

EPV0199
Application of the identity disorder questionnaire AIDA+LoPF in adolescents with affective pathology and schizotypal disorder

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Introduction: To assess the difference in the personality functioning of adolescents with schizotypal disorder and affective disorders, we used the AIDA + LoPF questionnaires, which are well established as questionnaires for identifying identity disorders in adolescents. We hypothesized that adolescents with affective pathology are much more likely to have identity disorders than adolescents with schizotypal personality disorder. Clinical assessment of diseases was carried out by psychiatrists using ICD-10

Objectives: Adolescents with affective disorders -10 (F31), schizotypal disorder adolescents – 11 (F21). Age 12-18

Methods: AIDA+LoPF questioners by authors K. Goth & K. Schmeck, Russian version by M. Zvereva & S. Voronova & N. Zvereva

Results: The table presents statistical analysis data using the Mann-Whitney non-parametric test

Table 1. Significant scales of the AIDA questionnaire

SCALES AIDA	U-CRITERIA	P
TOTAL SCORE: IDENTITY INTEGRATION AIDA	86,000	0,02
Consolidating emotional self-experience	84,000	0,03
COHERENCE	86,500	0,02
CONSISTENCY IN SELF CONCEPTS	88,500	0,01
AUTONOMY, EGO-STRENGTH	88,000	0,02
INTEGRATING COGNITIVE SELF-EXPERIENCE	88,000	0,02

Table 2. Significant scales of the LoPF questionnaire

SCALES LOPF	U-CRITERIA	P
Identity	89,000	0,01
Coherence (Ego-strength)	88,000	0,02
SELF-DIRECTION	89,000	0,01
SELF CONGRUENCE	88,000	0,02
PURPOSEFULNESS	86,000	0,02

Conclusions: We have obtained preliminary results that show a difference between the identity disturbance of adolescents with affective pathology and those with schizotypal disorder. Adolescents with affective pathology are much more likely to have various types of identity disorders than adolescents with schizotypal disorder. To clarify this, a larger sample and a wider range of disorders are required

Disclosure of Interest: None Declared

EPV0201

Melatonin and self harm behavior in youth, beyond the sleep impact

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Introduction: Sleep disorders in youth are associated to psychiatric disorders and may lead to significant negative effects on cognitive skills, emotional regulation and behavior such as self harm.

Objectives: The aim of our study is to highlight the melatonin effects on reducing self harm behaviors in the youth.

Methods: Our work is a literature review based on the PubMed interface and adapted for 2 databases: Science Direct and Google Scholar using the following combination (self harm [MeSH terms]) AND (melatonin [MeSH terms]) AND (youth [MeSH terms]) .

Results: We initially reviewed 6 articles published between 2012 and 2022. We retained 3 articles which corresponded to the aim of our study.

Self harm behaviors were mainly described in youth during adolescence. In fact, self injurious release may be considered as way to release emotional tension and physical discomfort.

Melatonin prescribed in youth for the treatment of sleep disorders not only improved sleep ,but also mood disorders and impulsivity. Melatonin restores indirectly serotonin levels through a continuous bidirectional connexion . Therefore it is efficient on psychiatric comorbidities, especially anxiety and depression which are associated with intentional self-harm.

Conclusions: Melatonin is the most prescribed drug for sleep disturbances in children and adolescents, its impact covers a large spectrum of disturbances including the self harm behaviors.

Disclosure of Interest: None Declared

EPV0202

Gender diversity and autism spectrum disorder in child and youth population

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Introduction: Interest in the co-occurrence of gender dysphoria and autism spectrum disorder has gained prominence in recent years. Gender dysphoria refers to the distress experienced when there is an incongruence between gender identity and sex assigned at birth. On the other hand, autism spectrum disorder is characterized by difficulties in communication and social interaction, as well as restrictive and repetitive patterns of behavior.

Objectives: The aim of this paper is to review the current available literature in order to expand our knowledge about gender identity and dysphoria in the population with autism spectrum disorder.

Methods: A qualitative review was conducted over the last 20 years, using the Medline database through PubMed. Combinations of MeSH terms related to gender identity and people with autism spectrum disorder were used, selecting those studies in English, French or Spanish that met the objectives of the review, excluding references in other languages. The scientific evidence obtained was analyzed and synthesized.

Results: The development of gender identity of people with autism spectrum disorder can be a complex process. Comparing the general population with the population with autism spectrum disorder, a higher prevalence of gender dysphoria has been evidenced in the population with autism spectrum disorder, and within this group when segmented by gender, greater in women than in men.

Conclusions: This review highlights the importance of increasing knowledge about sexuality and gender dysphoria in people with autism spectrum disorder in order to facilitate the development, understanding and acceptance of their gender identity and sexual orientation of these people.

Disclosure of Interest: None Declared

EPV0203

Sensory reactivity in children and adolescents with autism

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Introduction: The gut-brain axis establishes the relationships between bacteria, neurotransmitters and psychophysiological responses associated with a neuronal and behavioral correlate in autism and different mental disorders.

In recent years, there has been an increase in studies on the implications of the gut microbiota (MI) in children with autism spectrum disorders (ASD).

Objectives: 1. To study if there is a dysbiosis or alteration of the MI can trigger the appearance of ASD symptoms.

It is considered that there is a frequent comorbidity with gastrointestinal symptoms (GS), pain and sensory reactivity in ASD, and that these are indicators of a possible alteration in the gut-brain axis.

Methods: In this sense, children with ASD have hypersensitivity to certain visual, olfactory, tactile, etc. stimuli. which makes them be more picky about food and have certain repetitive patterns of behavior, as a consequence they present gastrointestinal symptoms such as constipation and abdominal pain. Sensory reactivity can influence both feeding and sleep patterns in autism.

Results: Currently, there are measuring instruments for sensory reactivity, pain and gastro-intestinal symptoms. However, there are several limitations of these instruments and especially with sensory reactivity in autism because: (1) the items had not been developed in collaboration with interested parties (pediatricians, neuropsychologists, etc.) and (2) the lack of structural validity analysis. Thus, it appears that most validation studies do not meet the criteria of sufficient psychometric quality according to the COSMIN guidelines. Additionally, there is a lack of consensus around terminology (e.g., sensory

overreactivity, hyperreactivity, SOR, etc.) and components relevant to sensory functioning.

Conclusions: In the present work, preliminary data are presented on new measures to take into account to evaluate sensory reactivity and pain in the population with autism. This is a first step to obtain an index of the gut-brain axis for the ASD population.

Keywords: ASD, gut-brain, sensory reactivity, pain

Disclosure of Interest: None Declared

EPV0204

Childhood and adolescent schizophrenia and networking

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Introduction: Reviewing the histories of patients with childhood and adolescent schizophrenia, on numerous occasions, traumatic factors with great emotional and social impact are observed, such as situations of mistreatment, abuse and emotional deprivation, where help is requested but resources are scarce and the approach is limited without work in network.

Objectives: 1. Analysis of the consultation pathways in adolescents with severe psychiatric and socio-familial symptoms and the time delay in optimal guidance. 2. Evaluate the services involved. 3. Evaluate the clinical control of treatment with aripiprazole.

Methods: Retrospective observational analysis, 5 months, of prodromal symptoms of childhood psychosis and help-seeking pathways in a 13-year-old adolescent, as well as a description of the pharmacological approach and professional teams involved.

Results: A 13-year-old adolescent who went to the emergency room with her mother for ingesting anti-cockroaches with self-inflicted intent. Reviewing his medical history, 4 serious autolytic gestures were detected in the last 2 months. Referred to Mental Health who did not attend.

On clinical examination, florid psychotic, with perplexity, self-reference, ideation of harm, language and behavioral disorganization. Auditory and kinesthetic hallucinations. A situation of neglect of the minor and abuse by the parents is detected; the risk had not been previously reported. Oral aripiprazole (up to 15 mg/day) was prescribed with good tolerance and progressive improvement in symptoms.

We worked jointly with Social Services, the Juvenile Prosecutor's Office, Education and the hospital Psychiatry unit. In some of the resources the situation was already evident, the scope of their action was limited and delaying attention for months.

Conclusions: Based on cases like this, we ask ourselves if psychiatrists are sensitized to the comorbidity of serious mental pathology and the existence of risk situations in minors and if they are oriented toward multiprofessional management. Networking provides us with an early diagnosis, improving the therapeutic approach.

Disclosure of Interest: None Declared

EPV0205

Characteristics of the stressors associated with suicidal behavior in adolescence

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Introduction: In the assessment of suicidal behavior, recent studies describe the great influence of an environmental component with adverse life events and stressors that can influence ideation and self-harm.

Objectives: -1. We propose to analyze the reasons for consultation of adolescents between 12 and 16 years old who consult for suicidal ideation/behavior. 2. Estimate the frequency of different socio-family life events.

Methods: -A retrospective review of emergency consultations in the last 4 months is performed. Sociodemographic data, vital events, reason for consultation and evolution in the following 40 days after the first consultation are collected.

Results: -Data are collected from 16 adolescents who consult due to suicidal ideation/gesture in a period of 4 months, of which 42% (7) are women and 57% (9) are men. The reasons recorded as stressful life events were: 32% unstructured family environment, 13% death of a close relative, 37% poor parental supervision, 26% end of a romantic relationship, 15% legal problems, 2% sexual or physical abuse, 68 % academic problems, 13% bullying. It was observed that in 63% of the cases they had more than one adverse experience.

Conclusions: -Different adverse life events frequently precede suicidal ideation and behavior that can be minimized or go unnoticed and undervalued. A meticulous clinical history can clarify some of the reasons that influence the hopelessness and clinical anguish that suicidal patients present. Its early detection provides the opportunity for an early and specialized approach

Disclosure of Interest: None Declared

EPV0207

General features of existential depression in youth

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Introduction: The axial symptom of existential depression in youth is overvalued ideas about the meaninglessness of human life, its inconsistency with a certain "spiritual self-ideal"; ideas of humiliation, insolvency, low value, imperfection of society are noted, which accompanies varying degrees of severity of suicidal thoughts. The high suicidal risk, insufficient knowledge of such conditions makes it important to study.

Objectives: Determination of the clinical and psychopathological consequences of existential depression in youth.

Methods: 53 male 16-25 years old with F31.3, F31.4, F32, F33 (ICD-10) with the existential depression were examined with clinical-psychopathological method, psychometric assessment of

depression was carried out using the HDRS scale, assessment of suicidal intentions - using the C-SSRS scale. Also were analyzed: premorbid personality structure, hereditary burden in first-degree relatives, the role of exogenous provocations. Statistical data processing was carried out using the STATISTICA software package 10.0 for WINDOWS (StatSoft, USA, was used Pearson χ^2 test, Student t-test. The critical level of statistical significance is $p \leq 0.05$. **Results:** A significant role in the manifestation of existential depression was played by exogenous provocations ($\chi^2=9.47$, $p=0.05$), especially psychotrauma: the most common were the death of a close relative or friend, unrequited love, and failure to enter the desired university. According to the premorbid personality structure schizoid (56.7%) and psychasthenic personalities (30.2%) prevailed. When assessing hereditary burden ($\chi^2=9.59$, $p=0.047$), pathocharacterological features were noted in first-degree relatives in 32.1% cases, affective disorders in 26, 4%. In terms of social and labor status ($\chi^2=9.47$, $p=0.05$), university students naturally predominated (56.6%). The average age of onset of depression was 17.8 ± 1.2 years, duration 3.7 ± 1.5 months. Non-suicidal self-harm was observed in 32.1%, especially in the initial stages of depression. Among suicidal tendencies ($\chi^2=9.58$, $p=0.048$), anti-vital thoughts (50.9%) and passive suicidal thoughts (34%) dominated; 5.7% of patients attempted suicide. On the HDRS scale, patients scored an average of 18.2 ± 1.7 points, which reflected the severity of depression; the total score on the C-SSRS scale was 2.12 ± 0.34 .

Conclusions: In the formation of existential depression, a significant role of exogenous provocations, especially psychotrauma, was discovered; a high suicidal risk was confirmed. Existential depressive states differed in duration; patients of the identified typological varieties scored high on the HDRS and C-SSRS scales. In the future, it is planned to study the follow-up group for the purpose of a detailed analysis of the dynamics of such conditions and their nosological affiliation.

Disclosure of Interest: None Declared

EPV0208

Challenges Associated with the Identification of Autism Spectrum Condition Symptomatology in Girls: A Grounded Theory Lite Approach

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Introduction: Female Autism Spectrum Conditions (FASC) often go without a proper diagnosis, receive misdiagnoses, or are diagnosed late in life compared to males. These circumstances can lead to negative consequences in their overall health, emotional well-being, educational attainment, job opportunities, and independence. There is a growing body of literature highlighting distinctions between females and males in the context of autism. Regrettably, these insights are not effectively making their way into practical applications. While shifting entrenched perspectives among practitioners is a gradual process, there is an immediate and pressing need for change in this regard. Numerous misconceptions persist regarding the presentation of FASC, hindering the recognition of its

diverse effects based on an individual's cis-gender identity or other factors.

Objectives: The purpose of this study is to identify key challenges associated with the identification of ASC symptomatology in girls, with the goal of informing future research and clinical practice.

Methods: Using constant comparative analysis applicable to grounded theory lite with an inductive approach, this study employs an interpretative research methodology with a focus on generating theory from qualitative data, albeit with certain shortcuts or less resource-intensive steps. Data were collected through interviews providing insights into their experiences, behaviors, and developmental history, observations enabling to capture real-time behavioral and communicative patterns, and notes during first and initial developmental assessment, as well as using ADOS-II with some participants (according to referrals and parents' decision), in the period of 3 years (2020-2023) from 25 girls age 18 months to 15 years and their mothers, and occasionally both parents.

Results: Preliminary findings indicate a complex interplay of behavioral, communicative, and social challenges in these girls, shedding light on potentially distinctive patterns of symptom expression in comparison to boys. Furthermore, barriers hindering parental involvement in the diagnostic process have also been identified. This study holds significant importance as it may inform future research efforts aimed at addressing these challenges that currently impede clinicians in the early identification of FASC, which manifests quite differently in girls compared to boys.

Conclusions: Taking into account certain study limitations, the significance of this research lies in its capacity to influence future research initiatives. By illuminating the obstacles that hinder clinicians in the early detection of FASC, which manifest distinctively in girls compared to boys, it emphasizes the pressing need to address these challenges. This, in turn, enhances early detection and support systems for FASC, ultimately contributing to their well-being and quality of life.

Disclosure of Interest: None Declared

EPV0209

Pineal gland cyst and ADHD in a juvenile patient: a case report

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Introduction: The role of the pineal gland in psychiatric disorders is poorly investigated. There are studies, primarily on adult patients, that indicate a higher presence of pineal gland abnormalities in patients suffering from depression, schizophrenia and attention-deficit/hyperactivity disorder (ADHD). When it comes to ADHD, there is speculation about the role of melatonin and the influence of the pineal gland on the dopaminergic system. Data on the association between pineal gland cysts and ADHD in juvenile patients are particularly scarce.

Objectives: Due to all of the above, our goal is to present the case of a nine-year-old male patient who has a confirmed cyst of the pineal gland and is being treated for ADHD.

Methods: The patient was examined by a neuropsychiatrician, EEG and brain MRI were performed. He was also examined by a psychologist and by a psychiatrist. Endocrinological, hematological, rheumatological, pulmonological treatment and karyotyping were performed.

Results: MRI of the brain revealed a cyst of the pineal gland with an anteroposterior diameter of 1 cm without significant compression. The EEG was mildly slowed and paroxysmally dysrhythmic for the age, ie. paroxysms of high-voltage delta waves were described. The EEG findings after sleep deprivation were paroxysmally altered with rare focal changes in the right temporoparietal region. Through psychological analysis, it was determined that specific deficits persist in the area of verbal understanding, perceptual organization and visual processing, information processing speed, numerical reasoning, attention and short-term memory. On the level of visuomotor perception and coordination, deviations are observed by organic type. He is motorically more active, impulsive, emotionally immature, easily distractible.

Conclusions: The etiology of ADHD is poorly researched, and so is the role of the pineal gland, its cyst and melatonin. There is scant knowledge for other psychiatric disorders, but primarily from researches on adult psychiatric patients. Additional researches are definitely needed on this topic, especially in the field of child and adolescent psychiatry.

Disclosure of Interest: None Declared

EPV0211

The biological modeling of autism spectrum disorders

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Introduction: Autism Spectrum Disorders (ASD) are heterogeneous pathological conditions characterized by difficulties in establishing social contacts and the manifestation of repetitive behavior. An atypical trajectory of brain maturation, impaired neurogenesis, synaptogenesis, and an imbalance in the excitatory and inhibitory systems of the CNS form the morphofunctional basis of the ASD

Objectives: scientific publications

Methods: scientific analysis

Results: These pathological changes appear at different stages of brain maturation. They are the result of multifactorial environmental influences. To understand the functioning of this complexly organized system in time and space, a three-dimensional model is needed. The closest in vitro model of the human brain from early embryonic stages to aging is brain organoids. Human brain organoids are self-organizing three-dimensional cell aggregates derived from pluripotent stem cells. Organoids summarize neurogenesis, gliogenesis, synaptogenesis, cell migration and cell differentiation, gyrification of the cerebral cortex, reflect the connections of brain regions. The use of a 3D brain model makes it possible to simulate diseases, reactions to drugs in cells obtained from patients. The use of telencephalon organoids in the ASD model revealed that neuronal migration deficiency, acceleration and disruption of cell cycle synchronization, aberrant cell proliferation, abundant synaptogenesis, temporary deviations in the development of the cortex,

increased branching of neurons, unbalanced inhibitory differentiation of neurons, high activity of ion channels are the result of impaired activity FOXG1. FOXG1 is responsible for the overproduction of GABAergic neurons. The shift towards GABAergic neurons induced by FOXG1 is positively correlated with the severity of ASD symptoms and is seen as a precursor to the future of ASD

Conclusions: Thus, ASD as a socially significant disease with a heterogeneous type of inheritance, multi-link pathogenesis, realized in different periods of ontogenesis and involving different brain loci, requires special attention of researchers for the personification of diagnosis and therapy. The hiPSCs can provide insight into the cellular mechanisms underlying ASD as a neuropsychiatric disorder, providing access to the development of platforms for in vitro drug screening and patient-tailored therapy.

Disclosure of Interest: None Declared

EPV0213

Borderline personality disorder in adolescents as a predictor of social anxiety

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Introduction: Borderline personality disorder (BPD) is a mental disorder characterized by unstable relationships, a tendency to self-destruction, affective and behavioral dysregulation and BPD are a clinical problem

Objectives: Early detection and timely intervention for BPD is becoming a new public health priority as it helps prevent the adverse personal, social and economic consequences of the disorder. Borderline personality disorder first manifests itself, as a rule, in adolescence, so it is easy to mistake it for manifestations of "difficult age" characteristic of the period of growing up. In this sense, the typical signs of borderline personality disorder are not original: low self-esteem, emotional excitability, impulsive behavior and sudden mood swings, to one degree or another characteristic of all adolescents. An alarming exception is, perhaps, only a tendency to self-harm and, the so-called, desocialization of a teenager, the loss of social skills and connections (for example, friendships). Recently, experts have increasingly mentioned desocialization in connection with the development of Internet technologies and gadgets that replace communication in real life for many teenagers

Methods: An anonymous survey of 57 older teenagers conducted. The degree of borderline personality disorder assessed using IPDE, STAI, and CDI. Statistical processing of the results carried out in Microsoft Excel using measures of the central trend (arithmetic mean, standard deviation) and correlation analysis. The significance of the differences between the groups was determined using the Student's t-test ($p < 0.05$)

Results: On average, the level of BPD among the respondents was at a low level of 9.81 (± 4.43) points. The severity of personal anxiety was at a high level of 45.02 (± 13.25) points, situational anxiety was also at a high level of 41.14 (± 14.93). The severity of depression was above average and amounted to 55.84 (± 14.33) points

Conclusions: Teenage girls are more prone to anxiety and depression than boys are. High anxiety causes a tendency to depression,

and these two factors affect the occurrence of PRL. The average score does not affect the manifestations of anxiety, depression and the occurrence of BPD

Disclosure of Interest: None Declared

EPV0215

Is body image misperception associated with sociodemographic factors and life habits? a cross-sectional study 1399 Tunisian school-adolescents

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Introduction: Understanding adolescents perceptions of their weight status and the factors influencing these perceptions is pivotal for developing targeted interventions and policies to counteract the rising obesity trends.

Objectives: This cross-sectional study aimed to determine the accuracy of weight status perceptions among Tunisian adolescents compared to objective metrics and to identify sociodemographic characteristics and life habits associated with the underestimation of weight status.

Methods: A cross-sectional, school-based study was conducted among a randomized sample of adolescents attending secondary schools in Sousse, Tunisia. A total of 1399 students participated, with anthropometric measurements taken, and a pre-tested Arabic questionnaire administered to gather sociodemographic data and perceived weight status, assessed using the Figure Rating Scale (FRS). The accuracy of perceived weight status was determined by comparing the measured weight status with participants' self-reported perceptions. We evaluated the association between body weight distortion and life habits which included regular physical activity, screen time (time spent on internet per day), number of fruits and vegetables consumed per day, and fast-food consumption.

Results: The study achieved an 86.68% response rate, with over half of the participants being female (60.5%), and the average age being 17 years. The majority of adolescents (41%) perceived themselves as having normal body weight, while 34.5% perceived themselves as underweight, 16.6% as overweight, and 7.9% as obese. However, based on BMI categories, 72.6% had a normal measured weight, 20.4% were overweight, and 6.9% were obese. A substantial proportion of participants (45.6%) underestimated their weight status, with a significant proportion being objectively overweight or obese (26%). Furthermore, we found a significant association between the perception of weight accuracy with four correlates: gender, mother educational level, regular physical activity, and the number of fruits and vegetables consumed per day.

Conclusions: The findings revealed a disparity between perceived and actual weight status among Tunisian adolescents, with a

significant underestimation of weight status, particularly among those who are overweight or obese. The results highlighted the crucial need for interventions that address weight perception inaccuracies and promote healthy weight awareness and management among adolescents in Tunisia. The study underscored the importance of further research to understand the development and progression of body weight underestimation throughout adolescence and the roles of lifestyle behaviors in shaping weight perceptions.

Disclosure of Interest: None Declared

EPP0374

Watersports Inclusion Games: The Benefits for Participants and the Impact of COVID-19 on Access

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Introduction: The Watersports Inclusion Games is a free annual weekend event, where young people with a range of physical and intellectual disabilities and their families/siblings participate in various inclusive watersports activities.

Objectives: This study aims to assess the psychological benefits of watersports for young people with various physical and intellectual disabilities and investigate the extent of the impact of the COVID-19 pandemic on their access to watersports.

Methods: Following a literature review, a survey containing both quantitative and qualitative aspects was constructed using Survey-Monkey and circulated to the parents/guardians of participants three times following the event. The survey was completed anonymously on an opt-in basis and 28 responses that met our criteria for analysis were collected. Qualitative data from free-text responses were grouped under themes and quantitative data was analysed using SPSS.

Results: Despite 64% (n=18) of respondents indicating that their disability increased their vulnerability to COVID-19 in some capacity, the effect of the pandemic on accessibility was not statistically significant. This could be due to the small response number, or the everyday limitations participants faced prior to the pandemic. 92% (n=25) of participants indicated that there was great inclusion in the watersports activities and that they were "very beneficial" regarding the possibility of the whole family's participation [p=0.005]. The survey also found a statistically significant association between the event's activities being considered both "accessible" and "very beneficial" in terms of boosting self-confidence, with 57.1% of responses indicating agreement to this. (p=0.016)

Conclusions: Full-family participation and accessibility of activities were key facilitators to the enjoyment and benefit of participants. Programmes should be established that allow able-bodied siblings and young people with disabilities to participate in the same activities.

Disclosure of Interest: None Declared

Classification of mental disorders

EPV0216

Paraphrenia – current psychopathological and diagnoses landmarks

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Introduction: Paraphrenia, classically known as a chronic delusional-hallucinatory psychosis, currently has an uncertain nosological status, not being included in DSM-5 either. It can be integrated into the group of schizophrenic and delusional psychoses, but with obvious distinctive attributes. Currently, in the context of the increase in the incidence of childhood autism, the psychopathological pictures from the spectrum of psychoses in adulthood are also diversifying. Paraphrenic clinical pictures retain their specificity regarding the subject’s functioning in life roles and the absence of cognitive impairment despite the absurdity of delusional ideas while maintaining a good insertion in reality.
Objectives: We refer to patients who can be classically classified in the diagnosis of paraphrenia, with the aim of bringing back into question the validity and authenticity of this nosological entity.
Methods: The case descriptions aim to highlight the common clinical-evolutionary attributes and the distinctive ones between paraphrenia and other schizophrenic and delusional psychoses, emphasizing the differentiations corresponding to the involvement of personality and the ability to function in life roles.
Results: It is confirmed that in the case of subjects who can be classified as paraphrenic, fundamental personality structures are preserved, a good adaptation in roles with insignificant cognitive deterioration phenomena, a well-preserved insight but with a high potential of unpredictability so characteristic of the world of psychoses.
Conclusions: We believe that paraphrenia remains a psychopathological and clinical entity within which, although opposites coexist, the reporting and adaptation to objective reality is preserved - thanks to “double accounting”. From this perspective, paraphrenia confirms its distinct nosological status.

Disclosure of Interest: None Declared

EPV0219

Sex differences in diagnostic stability in first episode psychosis after 1-year follow-up

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Introduction: Diagnostic stability is a controversial issue in first episode psychosis (FEP) due to heterogenous symptoms and unclear affective symptoms. Differencing affective and non-affective psychoses is important as treatment strategies are different. Initial affective symptomatology has low specificity for predicting the subsequent diagnosis of affective psychosis. Sex has proven to be relevant for clinical and functional outcomes but it remains unclear how sex may contribute to diagnosis switch of FEP.
Objectives: To determine the role of sex in diagnostic stability in a sample of FEP after 1-year follow-up.
Methods: Diagnoses of FEP patients from Hospital del Mar of Barcelona were assessed at baseline and 1 year after. Univariate analyses was performed for all diagnoses and dichotomic variable (affective/non-affective). Logistic regression model was performed to know which variables predict diagnosis switch.
Results: 256 patients were enrolled. No differences were found at baseline between completers and non-completers (**Table 1**). No significant differences between men and women at baseline diagnosis were found, neither all diagnoses (p=0.274) nor the dichotomic variable affective/non-affective (p=0.829) (**Table 2AB**). Significant differences were found at 1-year follow-up between men and women, for all diagnoses (p=0.043) and the dichotomic variable (p=0.039). Sex was the only variable that predicted diagnosis switch (**Figure 1**), PANSS, CDSS, YMRS, GAF and cannabis did not.

Table 1. Baseline characteristics of participants

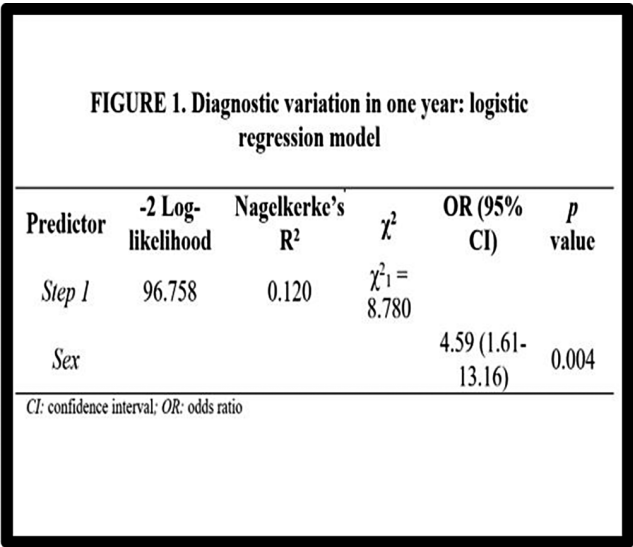
	Completers (n=188)	Non-completers (n=68)	p
Women (n, %)	71 (37.8)	30 (44.1)	0.111
Age (M, IQR)	24 (20-28)	22 (20-28)	0.899
Cannabis use (M, IQR)	5.5 (0-18)	7 (0-21)	0.231
DUP (M, IQR)	45 (12.5-130)	36 (11.25-115.75)	0.213
PANSS (m, sd)	44.55 (10.17)	40.93 (10.42)	0.761
CDSS (M, IQR)	2 (0-7)	3 (0-5.5)	0.199
YMRS (m, sd)	19 (9.64)	17.6 (9.15)	0.845
GAF (M, IQR)	30 (25-50)	30 (25-35)	0.114

TABLE 2A and 2B. Diagnosis comparison (n, %)

	Baseline Men	1-year follow-up Women	Total	Men	Women	Total
Psychosis NOS	69 (59)	39 (54.9)	108 (57.4)	28 (23.9)	10 (14.1)	38 (20.2)
Schizophreniform disorder	22 (18.8)	16 (22.5)	38 (20.2)	14 (12)	9 (12.7)	23 (12.2)
Induced psychosis	4 (3.4)	0 (0)	4 (2.1)	15 (12.8)	4 (5.6)	19 (10.1)
Affective psychosis	17 (14.5)	9 (12.7)	26 (13.8)	24 (20.5)	25 (35.2)	49 (26.1)
Schizophrenia	0 (0)	0 (0)	1 (0.4)	30 (25.6)	14 (19.7)	44 (23.4)
Brief psychotic disorder	5 (4.3)	7 (9.9)	12 (6.4)	6 (5.1)	8 (11.3)	14 (7.4)

	Baseline Men	1-year follow-up Women	Total	Men	Women	Total
Affective psychosis	17 (14.5)	9 (12.7)	26 (13.8)	24 (20.5)	25 (35.2)	49 (26.1)
Non-affective psychosis	100 (85.5)	62 (87.3)	162 (86.2)	93 (79.5)	46 (64.8)	139 (73.9)

Image:



Conclusions: Sex has proven to be the main predictor of switching initial diagnosis of FEP.

Disclosure of Interest: None Declared

EPV0220

Impulsivity: A Dimensional Perspective in PD and ED. Comparison of Results in a Case-Control Study.

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Introduction: Personality Disorders (PD) - specifically Borderline Personality Disorder (BPD), and certain Eating Disorders (ED) share common clinical features. One of these features is impulsivity, studied individually in each diagnostic group, and scarcely used to encompass specific profiles of these patients. Understanding the common clinical variables of this patient population would facilitate therapeutic efforts and enable greater precision regarding the prognosis of these patients.
Objectives: This study aims to study impulsivity in a group collectively formed by BPD and ED, compared to a control group, in contrast to the individualized study approach typically conducted in the literature.

Methods: A cross-sectional descriptive study is conducted to assess impulsivity as a common diagnostic variable in a group of PD and ED in comparison with a healthy control group. The sample was collected between 2016 and 2019 at the Hospital Clínico San Carlos, totaling 108 subjects.
Results: A statistically significant difference is observed ($p<0.005$ in all scales) in total impulsivity, cognitive impulsivity, motor impulsivity, and unplanned impulsivity in the cases group comprising patients diagnosed with PD and ED, compared to the control group from the general population.
Conclusions: Impulsivity is closely related to the concept of borderline personality disorder. This analysis also includes eating disorders, with the difference from the control group still statistically significant. The presence of common clinical variables in these groups (PD and ED) may have clinical and therapeutic implications that differ from those pursued thus far. This allows moving away from the categorical model and understanding these disorders from a more enriching and advanced dimensional perspective.”

Disclosure of Interest: None Declared

EPV0221

Non-Standard Diagnostic Assessment reliability in psychiatry: A study in a Brazilian outpatient setting using Kappa

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Introduction: The use of Structured Diagnostic Assessments (SDAs) is a solution for unreliability in psychiatry and the gold standard for diagnosis. However, except for studies between the 50s and 70s, reliability without the use of Non-SDAs (NSDA) is seldom tested, especially in non-Western, Educated, Industrialized, Rich, and Democratic (WEIRD) countries.
Objectives: We aim to measure reliability between examiners with NSDAs for psychiatric disorders.
Methods: We compared diagnostic agreement after clinician change, in an outpatient academic setting. We used inter-rater Kappa measuring 8 diagnostic groups: Depression (DD: F32, F33), Anxiety Related Disorders (ARD: F40–F49, F50–F59), Personality Disorders (PD: F60–F69), Bipolar Disorder (BD: F30, F31, F34.0, F38.1), Organic Mental Disorders (Org: F00–F09), Neurodevelopment Disorders (ND: F70–F99) and Schizophrenia Spectrum Disorders (SE: F20–F29) (Check table 1 about diagnosis hierarchy and observed frequency in sample). Cohen’s Kappa measured agreement between groups, and Baphkar’s test assessed if any diagnostic group have a higher tendency to change after a new diagnostic assessment. This research was approved by IPUB’s ethical committee, registered under the CAAE33603220.1.0000.5263, and the UTN-U1111-1260-1212.
Results: We analyzed 739 reevaluation pairs, from 99 subjects who attended IPUB’s outpatient clinic. Overall inter-rater Kappa was moderate, and none of the groups had a different tendency to change (Check table 2 for diagnostic change distribution). Our

tests achieved the followinf results: Cohen Kappa 0.70, IC: 0.66–0.74; Weighted Kappa 0.72, IC:0.72 – 0.72; Bhapkar Test $X^2 = 5.98$, Df = 7, P-value = .55; Achieved Power (w=0.1): 0.93

Table 2 Agreement between examiners for eight diagnostic groups

	ARD	BD	DD	DRD	ND	Organic	PD	SSD
ARD	39	3	9	0	2	0	3	3
BD	1	154	7	3	2	2	4	10
DD	9	10	71	0	0	2	5	9
DRD	0	2	0	4	0	0	0	2
ND	1	2	1	0	51	1	1	6
Organic	0	1	0	0	3	20	0	5
PD	4	2	1	1	0	0	33	3
SSD	5	20	11	2	8	5	4	192

Conclusions: NSDA evaluation was moderately reliable, but the lack of some prevalent hypothesis inside the pairs raised concerns about NSDA sensitivity to some diagnoses. Diagnostic momentum bias (that is, a tendency to keep the last diagnosis observed) may have inflated the observed agreement.

Disclosure of Interest: None Declared

Climate change

EPV0222

Exploring the connections between psychiatric disorders and climate change

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Introduction: Considering the increased occurrence of climate changes in the world and their consequences on human health and quality of life, there is an increase in psychiatric disorders, including anxiety disorders, mood disorders, and stress related disorders caused by climate changes.

Objectives: To explore the connections between psychiatric disorders and certain types of climate change.

Methods: Data from research related to climate change and its impact on mental health are presented.

Results: Research indicates an increase in psychological disorders related to climate change from several diagnostic categories, consequently to the acute and long-term effects of climate changes, depending on the type of climate event, individual sensitivity, socioeconomic conditions, community support and assistance, and response to therapeutic interventions.

Conclusions: In addition to raising awareness of the impact of climate change on psychological health, it is important to develop strategies for providing psychological and psychiatric assistance, both immediately after a climate event and during long-term exposure to adverse climate conditions, especially for vulnerable groups.

Disclosure of Interest: None Declared

EPV0223

The Psychosocial Impact of Climate Change and natural disasters

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Introduction: In this study we have studied the impacts of natural disaster yash on the development of PTSD in a rural hamlet of West Bengal.

Objectives: Correlation of natural calamity and trauma ie post traumatic stress disorder in exposed population.

Methods: Setting of the study was a relief camp operated for victims of climate change and natural disasters ie cyclone yash 2021.Tool for data collection - PCL 5 questionnaires, socio demographic pro forma, data was analyzed by using statistical SPSS.

Results: Analysis shows that there is statistical correlation between post traumatic stress disorder and subjects exposed to climate change events such as cyclone Yash.

PCL-5 cut-off score between 31-33 is indicative.

Conclusions: Our study clearly demonstrates the impact of climate change and natural disasters on the development of post traumatic stress disorder in the study group.

Disclosure of Interest: None Declared

EPV0226

Eco-anxiety, how can the awareness on fighting global warming is becoming a mental health problem

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Introduction: Although the issue of climate change usually brings thoughts of environmental impact and physical health concerns to our consciousness, climate change also affects people’s mental health. Nowadays there is an emerging condition about climate change anxiety (CCA), defined as negative responses associated with global warming, with apprehension and stress related to the anticipation of threats to the ecosystem and our species. It may include cognitive, emotional, and behavioral responses, for example, persistent worries, psychological distress, or sleep difficulties related to long-term consequences of climate change, and can result in functional impairment.

Objectives: A literature review to analyse the evidence, to be aware of individuals overconcerned about global warming, bring awereness and promote an appropriate seek of professional help when needed

Methods: Using the Medline database through the Pubmed search engine was used, with the keywords: “climate change anxiety”, “eco-anxiety”.

Results: Despite the lack of studies, CCA affects a substantial proportion, especially the younger population, aged from 16 to 25 years old worldwide. As a result of ecoanxiety, people are becoming anxious about their future and the future of the planet

as we currently know it, the terrifying and at some extent uncertainty of it. It is documented the importance of green and blue spaces (water places) specially in urban areas for mental wellbeing – as our environment is quickly changing with the global warming, the reduction/disappearing of these areas are ongoing; besides this direct consequence, the disruption of these places results in feelings of loss due to changes to personally significant places a phenomenon known as ‘ecological grief’. Additionally, the occurrence of natural disasters like heatwaves, hurricanes, flooding, wildfire, and drought, raising concern and the socially-mediated impacts of forced migration and conflict caused by it. Self-reported presentations may include panic attacks, insomnia, obsessive thinking, and/or appetite changes caused by environmental concerns. If prolonged symptoms, depressive, anxious disease, post-traumatic stress disorder, among others can develop.

Conclusions: To reduce eco-anxiety individuals can take steps to reduce their carbon footprint, engage in activism and advocacy, bringing more awareness to the subjects and thus taking measures to mitigate the effects of climate change and protect the environment. It's equal important to consider and address the mental health impacts of climate change, this additionally includes providing adequate emotional and psychological support to those affected.

Disclosure of Interest: None Declared

EPV0227

Impact of mean monthly temperature on psychiatric admissions: data from an acute inpatient unit

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Introduction: Psychiatric disorders are large contributors to the global disease burden and their prevalence is increasing. Global climate is also facing changes, including a rise in temperatures. Many clinical conditions are affected by meteorological factors and there are numerous reports on the effect of climate changes on such conditions. Psychiatric disorders are also influenced by climatic factors but the literature on the effects of climate changes on mental health is limited.

Objectives: The aim of this study is to investigate the impact of rising temperatures on the risk of acute exacerbation of psychiatric disorders.

Methods: Data were collected retrospectively for a total of 139 months, *i.e.* from January 2012 to July 2023. Recordings of mean monthly temperatures were obtained from registries of the meteorological station of the Department of Physics of the University of Turin. For each of the 139 months, deviations from the average temperature of that month of any year were computed (ΔTm). Anonymised socio-demographic and clinical data on patients admitted during the observation period to the acute psychiatric unit of San Luigi Gonzaga University Hospital (Turin, Italy) were extracted from the hospital registry. Linear regression analyses were used for statistical analyses.

Results: A total of 5420 admissions to our psychiatric ward were recorded over the observation period. Monthly deviations from average temperature and monthly number of admissions were

directly correlated, with regression coefficient 1.803 ($P = 0.0048$) (Fig.1A). Linear regression analysis was performed between ΔTm and number of admissions according to diagnostic group. The regression coefficient was 0.1336 ($P=0.5334$) for admissions of patients with schizophrenia and related disorders (SCZ) (Fig.1B), 0.4575 ($P=0.0295$) for bipolar disorders (BD) (Fig.2A) and 0.3381 ($P=0.0382$) for major depressive disorder (MDD) (Fig.2B).

Image:

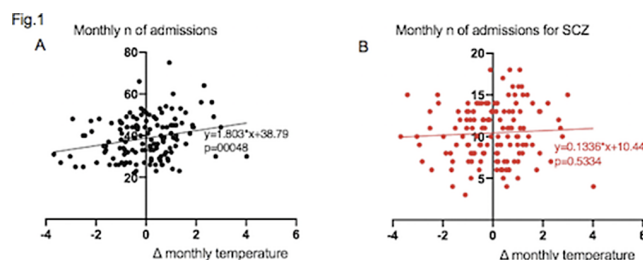
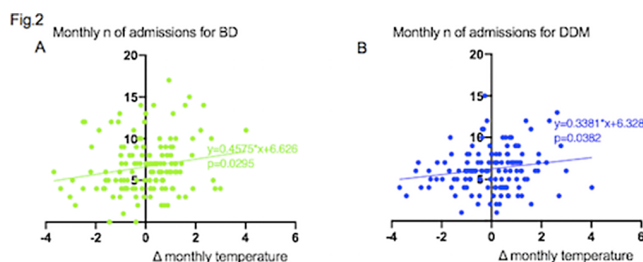


Image 2:



Conclusions: These results confirm the impact of meteorological factors on mental disorders. In particular, we observed a positive correlation between monthly temperature and the number of admissions to our acute inpatient unit. The correlation was significant when taking into consideration admissions for exacerbation of bipolar disorder and major depressive disorder, but not when considering admissions for schizophrenia. This highlights the importance of climatic factors especially in mood disorders, provides new insights into their etiopathological mechanisms and provides information that can be implemented for follow up and relapse prevention.

Disclosure of Interest: None Declared

EPV0230

The role of the community in providing psychological and social support after catastrophic events

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Introduction: Natural disasters are a risk for significantly disrupting the quality of life as a result of changes in life circumstances they bring, such as endangering health, property, existential issues, and can lead to social exclusion. They can also affect mental health and increase the risk of developing psychiatric disorders.

Objectives: To show the impact of natural disasters on the psychosocial functioning of people in the affected area and the importance of adequate preparedness of the social community, including mobile teams, with an emphasis on providing somatic, psychological, and social support.

Methods: Data were collected from research on the consequences of major natural disasters and providing psychological, psychiatric and social support to the affected population.

Results: After natural disasters, there are significant changes in social functioning with the possible development of mental health problems. It is especially evident in sudden and intense catastrophic events.

Conclusions: In addition to the immediate provision of psychiatric and psychological assistance to victims, people who have experienced a catastrophic event need to be provided with immediate and continuous assistance and socioeconomic support, due to the need for better social inclusion and return to their role in the community.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPV0232

Nomophobia, phubbing and social phobia in Portuguese young adults and adults

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Introduction: To our knowledge there is no study exploring the interrelationship between nomophobia, phubbing and social phobia in Portuguese young adults and adults.

Objectives: To explore the nomophobia, phubbing and social phobia levels, the interrelationship between these three constructs, in a sample of Portuguese young adults and adults.

Methods: 316 subjects, with a mean age of 25.71 years old ($SD = 8.231$; range 18 - 59) fulfilled a sociodemographic questionnaire, and the Portuguese validations of the Nomophobia Questionnaire, the Phubbing Scale and the Social Interaction and Performance Anxiety and Avoidance Scale.

Results: All the subjects presented nomophobia (100%, $n = 316$), with 62% ($n = 196$) presenting a moderate risk level and 22% ($n = 69$) an higher risk level. The mean of the 'total phubbing score' was of 21.50 ($DP = 5.50$) and 'smartphone obsession' was the phubbing subscale with an higher score ($X = 12.81$, $DP = 3.50$). The mean of the total nomophobia was of 80.0 ($DP = 22.83$) and 'not being able to communicate' was the nomophobia subscale with an higher score ($X = 24.75$, $DP = 9.95$). Considering social phobia scale, the mean of the 'anxiety/distress' subscale was of 95.36 ($DP = 25.14$)

and of the 'avoidance subscale' was of 89.56 ($DP = 25.53$). Almost 22% ($n = 69$) of the subjects presented 'social anxiety' and 24% ($n = 76$) presented 'social avoidance', suggesting probable social phobia cases (higher than the proposed cut-off scores). Positive and significant correlations were found between all the nomophobia and phubbing subscales (ranging from .30** to .61**). Positive and significant correlations, mostly with low magnitude, were found between nomophobia and social phobia subscales (ranging from .03** to .22**), except for 'social avoidance' subscale, which correlation was negative (-.021*). Females presented higher levels of nomophobia ($Md = 176.28$) and phubbing ($Md = 167.22$) than males ($Md = 124.73$, $U = 7301.500$, $p < .001$; $Md = 141.93$, $U = 9475.500$, $p = .019$, respectively). Total social phobia scores and nomophobia (not being able to access information and giving up convenience subscales) were significantly higher in young adults. **Conclusions:** Nomophobia, phubbing and social phobia are significantly intercorrelated. Future longitudinal studies are needed to clarify nomophobia and phubbing etiology. The level of nomophobia (100%) found in this sample is specially worrying.

Disclosure of Interest: None Declared

EPV0233

Addressing the Comorbidity Between Epilepsy and Psychiatric Disorders

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Introduction: The intricate and multifaceted nature of the link between epilepsy and psychiatric diseases is evident. Patients diagnosed with epilepsy frequently exhibit concurrent psychiatric illnesses, including but not limited to depression, anxiety, psychosis, and attention-deficit disorders. Gaining a comprehensive understanding of the fundamental mechanisms and implementing efficacious ways to effectively address this co-occurring medical condition is crucial in order to achieve the most advantageous results for patients.

Objectives: The objective of this study is to examine the frequency, neurobiological bases, and consequences for treatment of psychiatric comorbidities in patients diagnosed with epilepsy. The study aims to offer a thorough understanding of the subject and promote interdisciplinary collaboration.

Methods: A systematic review of literature was conducted, focusing on clinical studies, neuroimaging findings, and neurochemical changes in patients with both epilepsy and psychiatric disorders. Additionally, best-practice recommendations for the clinical management of this patient population were identified.

Results: The results suggest that the coexistence of epilepsy and psychiatric diseases may be affected by neuroinflammation, abnormalities in neurotransmitters, and shared genetic factors. In addition, the implementation of integrated therapy techniques that include both neurological and psychological components has demonstrated encouraging findings in enhancing patient outcomes.

Conclusions: The identification and proficient management of psychiatric comorbidities in individuals with epilepsy are of utmost significance. The establishment of interdisciplinary collaboration between neurologists and psychiatrists, supported by continuous research, is necessary in order to provide comprehensive treatment and enhance the overall well-being of individuals affected by these conditions.

Disclosure of Interest: None Declared

EPV0234

Impact of addictive comorbidity on bipolar disorder type I

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Introduction: Among all mental pathologies, bipolar disorder (BD) is the one in which addictive comorbidity is most frequent. Recent studies suggest that this comorbidity has harmful consequences, threatening patients' quality of life.

Objectives: Describe addictive comorbidity and determine its prevalence in a population of patients with BD I.

Study the impact of addictive comorbidity on the evolution of BD I.

Methods: A cross-sectional, comparative study was conducted over a six-month period in the after-care unit of psychiatric wards at Razi Hospital, including patients treated for BD I according to DSM 5 criteria and stable on treatment.

The study included two phases: first, sociodemographic, clinical and therapeutic characteristics were collected using a pre-established form. The CAGE, DUDIT and MARS scales, validated in Arabic, were then administered.

Results: We included 100 patients (60 men and 40 women) with a mean age of 43.55 years.

Substance use disorder (SUD) was reported in 31% of our population; 22 alcohol users with a mean CAGE score of 1.23 (0-3), while psychoactive substance use was reported in 19 patients with a mean DUDIT score of 13.37 (0-28).

Forensic history was higher in the group of patients with comorbid SUD ($p < 0.001$). Poor compliance with treatment and irregular follow-up were also significantly more associated with addictive behavior, respectively $p = 0.008$ and $p = 0.048$.

We found no association between SUD and suicidal behavior or evolutionary symptoms of the disorder.

Conclusions: SUD are generally factors in the poor prognosis of BD. It is important to identify the determinants of this comorbidity, so that these risk factors can be appropriately targeted through appropriate therapeutic interventions and thus limit these negative consequences.

Disclosure of Interest: None Declared

EPV0235

The impact of the severity of Obstructive Sleep Apnea syndrome on quality of life

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Introduction: The negative impact of obstructive sleep apnea syndrome (OSA) on the quality of life of affected individuals is one of the serious consequences of this pathology. Consideration of this quality of life as one of the therapeutic objectives is essential.

Objectives: to evaluate the impact of the severity of OSA on quality of life in affected patients

Methods: We conducted a cross-sectional study involving 40 patients diagnosed with OSA by polysomnography in the Sleep unit, department of Neurophysiology at Sahloul university hospital in Sousse, Tunisia. This study was based on a generic questionnaire (SF-12) to assess the quality of life.

Results: The mean age was 49.7 ± 7.87 years with a sex ratio of 1.10. The mean apnea-hypopnea index (AHI) was 29.72. OSA was mild, moderate and severe in 40%, 22.5% and 37.5% of cases respectively. The majority of our patients had an impaired quality of life with an average score of 42.78. There was a positive linear relationship between physical and mental components of the SF-12 and AHI ($p = 0.026$ and $p = 0.019$ respectively). Mental component of the SF-12 was significantly associated with treatment with CPAP (continuous positive airway pressure) ($p = 0.014$).

Conclusions: Our study has shown that the severity of OSA has an impact on different domains of quality of life. The management of this disease should not be limited to controlling the disease but should aim for overall patient satisfaction.

Disclosure of Interest: None Declared

EPV0236

Thyroid dysfunction: an unlikely culprit behind psychotic symptoms

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Introduction: A number of studies have demonstrated that hyperthyroidism increases the prevalence of psychiatric disorders and the likelihood of depressive symptoms, anxiety and hypomania. Apathetic hyperthyroidism is a syndrome, which presents with symptoms of depression, apathy, somnolence or pseudodementia in the absence of the usual symptoms and signs of hyperthyroidism. This condition is more common in the elderly although it has also been described in young adults and adolescents.

In the majority of cases, treatment of hyperthyroidism results in an improvement in neuropsychiatric manifestations in parallel with

an improvement of psychical (somatic?) symptoms and psychotropic medication is deemed unnecessary.

Approximately one-third of patients with Graves' hyperthyroidism are prescribed psychotropic drugs. Sometimes to treat mental symptoms like psychosis or severe agitation, sometimes to treat mental symptoms remaining after amelioration of hyperthyroidism, and sometimes when the diagnosis of Graves' hyperthyroidism has been missed and the patient is treated as having a primary psychiatric disorder.

Objectives: To present a case of a patient with neuropsychiatric symptoms caused by thyroid dysfunction.

Methods: Case presentation and non-systematic review of existing literature on Pubmed using the following keywords: hyperthyroidism, psychiatric disorders, psychiatric symptoms, depression, psychosis.

Results: We report the case of a 21-year-old female without history of psychiatric illness who presented to the emergency department with somnolence, apathy, cognitive impairment (answering "I don't know" to most questions), poverty of speech, abulia, perplexity and delusional belief of ruin, in addition to physical symptoms namely alopecia and weight loss. According to her father, she was very active and dynamic person until two days prior, when he started noticing growing apathy, leading to job absenteeism. Urine analysis for elicit drugs was negative.

Investigation for organic disease was undertaken and the blood analysis revealed overt hyperthyroidism.

She was initially treated with aripiprazol. After thyroid dysfunction was identified, she was evaluated by an endocrinologist and started treatment with tiamazol and propranolol, presenting gradual remission of the psychiatric changes. Aripiprazole was discontinued and she was reevaluated in psychiatry consultation after about a month, with complete remission of psychiatric manifestations and normalized thyroid function.

Conclusions: Neuropsychiatric manifestations of thyroid dysfunction are often misdiagnosed as a primary psychiatric disorder. It is necessary to optimize the medical management of these patients in whom the psychiatric symptoms masks a curable organic cause.

Disclosure of Interest: None Declared

EPV0238

Substance use, anxiety and depression among Tunisian college students

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Introduction: Substance use and mental health symptoms are frequent among college students worldwide.

Objectives: This study examined the prevalence of substance use, anxiety and depression among college students and their associated factors.

Methods: A total of 115 college students aged between 19 and 30 years from different universities completed a self-reported online survey during March 2023. The questionnaire included items on demographic information, substance use and the Hospital Anxiety and Depression scale.

Results: Women represented 70% of our population. The average age was 25.1 ± 3.5 years.

Twenty-nine (25,2%) were smokers, thirty-three students (28,7%) consumed alcohol and nine students (7,8%) used cannabis. Five students used ecstasy. Four students used LSD. Three students used cocaine.

Average HADS anxiety score was 7.96 ± 4.26 . Twenty-one students (18,3%) had mild anxiety symptoms. Thirty-three students (28,7%) had moderate to severe anxiety symptoms.

Average HADS depression score was 8.59 ± 4 . Thirty-one students (27%) had mild depressive symptoms. Forty-one (35,7%) had moderate to severe symptoms of depression.

Smoking was unrelated to gender, age, field of studies, economic or social status, family or personal history. It was related to drinking and doing other activities or hanging out with friends ($p < 0.001$). Drinking alcohol was related to the field and year of study, age, hanging out with friends and other substance use ($p < 0.001$). Using cannabis was related to psychiatric family history ($p < 0.05$). Using one substance was related to using other substances ($p < 0.05$). Anxiety was related to gender ($p < 0.001$). Depression levels were related to socio-economic status ($p = 0.041$). Poly-use was more frequent among older students ($p = 0.003$) and medical students ($p = 0.031$). Substance use was unrelated to anxiety and depression levels.

Conclusions: Tunisian universities should consider detecting students with substance and mental health problems and offer them support and treatment if needed.

Disclosure of Interest: None Declared

EPV0239

Epilepsy and psychiatric pathologies: A study of a case series

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Introduction: Psychiatric pathologies are more common in people with epilepsy than in the general population and have a negative impact on the quality of life of these patients.

Objectives: The objective of this work is to illustrate, through a series of cases, the complex relationship between epilepsy and psychiatric pathologies.

Methods: We report the cases of four patients with different psychiatric pathologies associated with epilepsy admitted to the psychiatry department of Hedi Chaker Sfax. We collected the clinical characteristics of these patients based on their medical files.

Results: The patients were aged 64, 45, 38 and 26 respectively. The first patient had a late-onset vascular epilepsy following the psychiatric pathology onset by 20 years. In the remaining cases epilepsy onset preceded the psychiatric pathology by 6, 3 and 1 year respectively. The aetiology of epilepsy was juvenile myoclonic epilepsy, and idiopathic in 2 cases. The psychiatric pathologies were schizophrenia, obsessive compulsive disorder with schizoid personality, schizoaffective disorder in the bipolar type and mild intellectual

disability with histrionic personality, respectively. Familial history of psychiatric disorders was found 2 patients and of epilepsy in one.

Conclusions: Epilepsy and psychosis have a complex and bidirectional relation. Not only are patients with epilepsy at a greater risk of developing a psychotic disorder, but patients with a primary psychotic disorder are also at greater risk of developing epilepsy. The fact that the association between these pathologies is more frequent than expected should prompt more in-depth studies concerning the underlying etiopathogenic mechanisms to improve their management.

Disclosure of Interest: None Declared

EPV0240

Depression, Ulcers and Confusion – A Clinical Case of Behçet's Disease with Psychiatric Presentation

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Introduction: Behçet's disease, a rare autoimmune disorder, can present a challenging diagnostic puzzle, particularly when neuropsychiatric symptoms take the forefront. In this case study, we delve into the diagnostic process of a 43-year-old patient without prior psychiatric history, who initially presented with depressive and catatonic symptoms. The trajectory from psychiatric admission to a final diagnosis of Behçet's disease with neuropsychiatric involvement underscores the importance of interdisciplinary collaboration and the consideration of rare diseases in psychiatric assessment. Clinical remission was achieved with immunosuppressive therapy.

Objectives: Presentation of a clinical case of Behçet's disease with neuropsychiatric manifestations.

Methods: Review of the patient's clinical data in SOARIAN platform and research on UptoDate and Pubmed using the terms "Catatonia," "Behçet disease," "Neuro-Behçet," and "Psychiatry."

Results: We present a clinical case of a 43-year-old patient, originally from India, not fluent in Portuguese or English, with no prior psychiatric history, who presented to the emergency department exhibiting mutism and was admitted to the psychiatry department with the diagnostic hypothesis of depressive episode with psychotic and catatonic symptoms. During hospitalization, severe vitamin deficiencies, gastrointestinal symptoms (vomiting, abdominal pain, and hematochezia), and gynecological symptoms (dyspareunia and vaginal discharge) were observed. From a psychiatric perspective, in addition to depressive and psychotic symptoms, atypical symptomatology incongruent with the initial diagnosis was identified, raising suspicion of an "organic" disease. There was an atypical fluctuation in symptoms, with periods of severe behavioral disorganization interspersed with periods of apathy and psychomotor retardation, significant alterations in attention and memory, and executive deficits. Additionally, there was a poor response to psychiatric medication and electroconvulsive therapy. A colonoscopy revealed ulcers at the ileocecal valve, and gynecological lesions suggestive of a vasculitic process were observed. Autoimmunity testing showed positivity for HLA B51/52. Given the

neuropsychiatric, gastrointestinal, and gynecological manifestations, along with suggestive autoimmunity, the diagnosis of Behçet's Disease with neurological involvement was established. Clinical remission was achieved only with immunosuppressive therapy. The case is enriched by the complex diagnostic journey, multiple complications encountered (including valproic acid-induced encephalopathy), and the challenges faced in treating neuropsychiatric manifestations.

Conclusions: This clinical case exemplifies the challenges in diagnosing a systemic disease with primary psychiatric presentation, as well as the therapeutic success resulting from multidisciplinary collaboration in a public hospital.

Disclosure of Interest: None Declared

EPV0241

Comorbidity of mental disorders in synthetic cannabinoids abuse: clinical dynamics, behavior, adaptation

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Introduction: The study of the phenomenon of deformation of mental disorders, clinical dynamics, behaviors, and adaptations in case of abuse of synthetic cannabinoids is of relevance.

Objectives: To study the phenomenon of deformation of mental disorders, clinical dynamics, behaviors, and adaptations in case of abuse of synthetic cannabinoids

Methods: Catamnestic, clinical-psychopathological methods (PANS, SANS, CGI, MMPI, CGI, STAI, LSI, TPA, ICD-10), statistical (Python 3.11.0).

Results: 291 men (age from 18 to 35 years) were examined: 240 - F12.2xx, of which 98 - F60.xx-F62.xx, 142 - F20.xx and 51 - F20.xx without substance abuse. The study took place from 2018 to 2023 based on psychiatric institutions of the Russia, Tomsk region, St. Petersburg, Noyabrsk and Nizhnevartovsk.

Conclusions: The phenomenon of abuse of synthetic cannabinoids is a factor in the deformation of mental disorders. Persistent exogenous visual and delusional disorders contribute to the symptoms of exacerbations of schizophrenia; schizophrenic symptoms are included in psychotic episodes in personality disorders. In remission of schizophrenia, there is a quasi-adaptation from socio-professional environments, mostly addictive and criminalized, a pronounced smoothing of emotional impoverishment, a stigmatizing symptom is mainly a volitional defect, as well as frequent rehospitalizations not indirectly related to drugs. In remissions of drug use in patients with personality disorder, persistent schizophrenia of behavior. In patients with schizophrenia and patients with personality disorders, there is a distortion of behavior with a predominance in patterns of inclinations to delict, nonconformity, isolation in an addictive environment, suspiciousness. Drug abuse may initiate auto-aggression predominantly in

individuals with personality disorders and to a lesser extent in patients with schizophrenia. True suicides in drug users include only episodes with depressive symptoms.

Disclosure of Interest: None Declared

EPV0242

Anxiety disorder and depressive disorders in teens

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Introduction: Anxiety and mood disorders are frequent causes of consultation in child psychiatry. In pediatrics, they can be the cause of life-threatening or psychological complications, such as suicidal ideation, anxiety attacks, scarification or suicide attempts.

Objectives: Discuss the clinical and therapeutic features of anxiety-depressive syndromes.

Methods: We shed light on anxiety-depressive syndromes through the study of complex clinical cases encountered in child psychiatric hospitalization.

Results: We report a case series of 10 patients, the majority of whom were female. The age range was 12 to 17 years. Clinical features included emotional manifestations such as sadness, tantrums and anxiety, as well as cognitive symptoms such as memory and concentration problems, with dark or suicidal ideation, and occasional endangerment behaviors such as scarification or suicide attempts.

Treatments range from psychosocial interventions, including therapeutic mediation, psychotherapy and social support, to pharmacological treatment with antidepressants, hypnotics, neuroleptics and, rarely, mood regulators.

Conclusions: The frequency and severity of anxiety-depressive syndromes in the absence of adequate care underlines the importance of screening, early diagnosis and treatment of children with these disorders.

Disclosure of Interest: None Declared

EPV0244

Adult Attention-Deficit/Hyperactivity Disorder and Borderline Personality Disorder: diagnostic and management challenges

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Introduction: Borderline Personality Disorder (BPD) and Attention-Deficit/Hyperactivity Disorder (ADHD), relatively common psychiatric pathologies (5% and 1-2% respectively), share several characteristics, specially impulsivity and emotional dysregulation. With different therapeutic approaches, it is therefore important to distinguish the entities for a correct approach to the patient. Clinical evidence has also demonstrated high comorbidity between two entities, and therefore this recognition is of equal relevance.

Objectives: Analyze the clinical evidence, in order to better understand the dynamics between the two pathologies as comorbid or differential diagnosis, for an appropriate approach to the patient.

Methods: Authors used the Medline database through the Pubmed search engine, with the keywords: "PBP", "PHDA".

Results: These two pathologies share impulsive and spontaneous actions with poor thinking about the consequences; nonetheless, ADHD individuals tend to show this impulsivity by being more impatiente when they have to wait, talking over other people, interrupting others; on the contrary, in BPD impulsivity can be showed more as self-harm behaviors.

As for the emotional dysregulation, that both entities share, in the comorbid case it is known that it is the most severe form. This characteristic is part of the central characteristics of BPD where these individuals experience intense and unstable emotions. They have difficulty regulating their emotions which can lead to rapid changes in mood, and they report feelings of emotional emptiness and difficulty in establishing stable relationships. As for ADHD individuals, despite present, it's not a core symptom, as they have more control over their emotions, and have more adaptative cognitive strategies. Attention deficit can be a core symptom of a subtype of ADHD and has not yet been reported in patients with PBP, except in comorbid situations. According to studies, 30-60% of patients with PBP report and score on attention deficit scales. Truth is both entities have intellectual disfunctionalities.

Results of genetic studies are very inconsistent, however epigenetic research and reseach focusing on hypothetized vulnerability genes or sites have been promising.

Conclusions: A complete clinical history is particularly important in these cases and sometimes difficult, as so, clinicians should be aware to prevent misdiagnosis and provide the best care for both disorders and the comorbidity. Given that treatment differs between both pathologies, psychotherapy in BPD, and the multi-modal approach in ADHD, it is imperative to distinguish the two entities. In comorbid cases, a combination of the two therapies has demonstrated effectiveness but much more studies are needed.

Disclosure of Interest: None Declared

EPV0245

"Unraveling the Diagnostic Dilemma: Unusual Presentation of Huntington's Disease with Predominant Psychiatric Symptoms and Late-Onset Motor Manifestations"

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Introduction: Huntington's Disease is a neurodegenerative disease inherited in an autosomal dominant fashion. The underlying genetic defect is unstable CAG trinucleotide repeat expansion with a repeat length longer than 36 resulting in pathological aggregation of abnormal protein causing cell death.

The clinical symptoms encompass 3 main domains-motor, cognitive and psychiatric. The psychiatric symptoms often in atypical form appear decades before other symptoms causing significant impact on patient's functioning and quality of life.

Here, we discuss an unusual presentation of Huntington's Disease causing diagnostic dilemma.

Objectives: Case report discussing the unusual presentation of Huntington's Disease.

Methods: Case: Mr X is a 61 year old Caucasian male. He had an uneventful birth and early childhood attaining milestones appropriately. He experienced childhood adversity in the form of sexual abuse between ages 2-14 years. His mental health difficulties started following sexual abuse when he attempted to end his life by hanging and overdosing at age 15. He got married twice, both of which broke down. There is a history of significant alcohol abuse between ages 40-50. Following this, he had a myocardial infarction and a stroke requiring stenting.

He presented to Psychiatric Outpatient Services in 2011 with auditory hallucinations, social anxiety with panic attacks, OCD type rituals, claustrophobia and feeling hot all the time. He was started on an antipsychotic medication for psychosis, but clinically deteriorated. He started having anger outbursts, marching on the spot, and head banging. He was diagnosed with Huntington's Chorea in 2021 after he had developed chorea. He currently has low mood and is head banging for hours.

Results: Psychiatric symptoms in HD can span a variety of domains but most common are symptoms of frontal lobe dysfunction-disinhibition, poor attention, irritability, impulsivity and personality change. Apathy, emotional blandness and social withdrawal are also prominent features.

Mr X had strong family history of Paranoid Schizophrenia (aunt and cousin). There was no family history of HD. His mental health problems started early in life with DSH, Depression and Harmful use of Alcohol. He presented predominantly with psychotic symptoms like auditory hallucinations, social anxiety, paranoia. Motor symptoms started late which he incorporated into voluntary movements like head banging which made it difficult to differentiate from deliberate self harm.

Conclusions: Psychiatric symptoms constitute the core of HD. Studies have shown that though depression and personality change are typical of HD, there are number of other psychiatric symptoms that can impair quality of life. Early diagnosis and treatment of these symptoms will help patients and families to cope better with severe symptoms of this progressive disease.

Disclosure of Interest: None Declared

EPV0246

Concurrent Gender Dysphoria/Incongruence and Autism Spectrum Disorder, a literature review

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Introduction: Several studies have found that ASD (Autism Spectrum Disorder) and GD (Gender Dysphoria by DSM-V)/GI (Gender Incongruence by ICD-11) tend to co-occur, and in recent years the interest and publications on this comorbidity has increased rapidly.

Objectives: To review the prevalence of ASD in individual with a diagnosis of GD/GI.

To better tailor and improve care offered in the National Health Service (NHS) Gender Identity Clinics (GICs) throughout the UK.

Methods: Systematic literature review was conducted via Pub Med, MEDLINE and PsycINFO by the author, for all English-language articles published between 2018 and 2023, containing keywords as ASD, GD (Gender Dysphoria), GI (Gender Incongruence), transgender, autistic traits, autism, gender diversity, gender variance.

Results: Rate of people with ASD appear to be higher in people accessing Gender Identity Clinics (GICs) than in the general population. Results from this literature review show increased prevalence of GD and GI in ASD population.

Conclusions: This comorbidity has highlighted the importance of better tailor transgender healthcare services for people with neurodevelopmental conditions and neurodiversity, to avoid delay in ASD individuals accessing care and gender affirming medical treatments. Services should strive to provide an effective and equitable service. It is also important to better identify potential barriers for ASD people in accessing gender care. Literature also shows the people with ASD have more difficulties in communicating and describing their gender narrative and to express their wishes for gender treatments. Symptoms including problems in communications and social skills, obsession and rigidity can also impact their assessment of GD/GI in gender identity services. Some studies showed that for individuals who have concurrent ASD and GD/GI, assessment in GICs may be extended to better review their wishes for gender identity and for gender affirming treatment. Further research is needed to better investigate and understand factors explaining the relationship between ASD and gender diversity. There is still limited research in the real life experiences of gender diverse and autistic people. There is also a need to improve Gender reassignment protocol nationally to better care for individual with ASD and GD/GI throughout GICs in the UK.

Disclosure of Interest: None Declared

EPV0247

Osmotic demyelination syndrome (ODS), and psychiatric manifestations

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Introduction: Hyponatremia can be potentially fatal if it is not corrected immediately. The rapid correction of chronic hyponatremia can cause demyelinating brain lesions.

Objectives: A fifty-six year old female was brought to the emergency department of the psychiatric clinic by her daughter, with incomprehensible speech and psychomotor agitation. She was diagnosed several years ago with bipolar disorder, with valproic acid and quetiapine being her current medication. She has been living alone, in a small suburban city. Approximately twenty four hours

before her admission to the hospital she visited her daughter, which aligns with the onset of symptoms.

Methods: After both the brain CT scan and the lab results came back normal, the patient was admitted to the psychiatric clinic of the General Hospital of Corfu. On the fourth day of the patient's hospitalization - when both her speech and the psychomotor agitation showed signs of improvement- we were informed that three days before her admission to the clinic she visited the emergency department of another hospital where she was treated for hyponatremia. The patient's hyponatremia was corrected over the span of twelve hours by 35 mEq.

Results: After receiving this information, we ordered a brain MRI scan which revealed a central pontine myelinolysis. The result can explain the clinical symptoms that our patient showcased before her admission and could have been caused by the rapid correction of hyponatremia.

Conclusions: The patient's speech was fully restored after four weeks and there were no symptoms consistent with any psycho emotional disorder.

Disclosure of Interest: None Declared

EPV0248

QTc prolongation in patients hospitalized in enclosed psychiatric facilities in Corfu

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Introduction: An undeniably significant amount of psychotropic medication can evidently affect the corrected QT (QTc) interval, which puts patients' lives at risk. More specifically, certain antipsychotic medication can increase the risk of QTc prolongation and by extension the risk of a potentially fatal arrhythmia or sudden cardiac death.

Objectives: Electrocardiograms (ECG) were contacted in one hundred and four (104) chronic patients, with psychosis, through out their hospitalization in several enclosed psychiatric facilities in Corfu. Almost the entirety of the patients along side their antipsychotic medication were also taking various other medication for their individual pathological issues. We observed any changes that might have occurred on the ECG in comparison with each patient's medication and it's potential effect on the QTc.

Methods: The measurements of the QT interval were made manually in lead V5 and the mathematical conversion was contacted using the Hodges correction formula.

Results: At least one ECG (n = 104) was performed. Among them 29,8% (n=31) had ECG abnormalities, including 13,5% (n=13) with a prolonged Qtc ($481.2 \pm 26,8$ ms). Covariates significantly associated with the QTc were gender (+17.2 ms if female, $p < 0.0001$) and age (+0.4 ms/year, $p = 0.0001$).

Conclusions: The QTc prolongation that was evident in a notable number of patients, emphasizes the importance of QTc monitoring in patients who are taking anti-psychotic medication. QTc prolongation risk factors should be assessed before the administration or prescription of any anti-psychotic medication.

Disclosure of Interest: None Declared

EPV0249

Persistent Adult-Onset Attention-Deficit/Hyperactivity Disorder (ADHD) Manifesting as Occupational Impairment: Highlighting the Therapeutic Potency of Methylphenidate

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Introduction: This case study emphasizes the significance of considering unrecognized adult-onset ADHD, particularly in patients with chronic forgetfulness and occupational inefficiencies refractory to standard treatment options. The case outlined involves a 33-year-old male with enduring cognitive impairments, leading to Extreme Anxiety Disorder with detrimental consequences on his professional progression and personal well-being.

Objectives: This necessitates the need for advanced research initiatives and broader awareness programs to facilitate improved diagnostic accuracy and optimization of therapeutic outcomes. Emphasizing ADHD as a potential cause of such symptomatology in adults and integrating effective treatment options can potentially pave the way to personalized therapeutic protocols.

Methods: The patient was approached via meticulous reconsideration of previous unsuccessful treatment paradigms that primarily included antidepressants and anxiolytics, which yielded cyclical patterns of negligible amelioration, compounded by intermittent emergence of suicidal ideation. Given the limited response, a differential diagnosis of Adult-Onset ADHD was entertained.

Results: The therapeutic intervention involving Methylphenidate administration led to a remarkable enhancement in the patient's mental health and occupational efficiency. Progress was also evidenced in the patient's improved confidence and self-esteem, with critical implications for his professional and personal life dynamics.

Conclusions: This case study underscores the transformative potential of precise ADHD management in adults with chronic cognitive impairments. Further research studies involving larger cohorts are warranted to enhance the understanding of adult ADHD, its prevalence, and therapeutic strategies, which could serve as key elements in improving the overall quality of life for these patients.

Disclosure of Interest: None Declared

EPV0250

The difficulties of Adult ADHD management within a Community Mental Health Team

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Introduction: ADHD is a neurodevelopmental disorder characterised by: inattention, hyperactivity and impulsivity. Diagnosis of ADHD in adults is complex, owing to the need for retrospective evidence that symptoms began in childhood as well as the high rates of comorbid mental health conditions. There are no public specialized clinics for adults with ADHD in Ireland. In their absence, referrals are sent to general adult psychiatry.

Objectives: An audit of standards of care received by patients with ADHD against those set by the NICE guidelines.

Methods: Care received pre and 8 weeks post MDT (multi-disciplinary team) educational session. Inclusion criteria: existing adult community mental health team (CMHT) patients with a diagnosis of ADHD. Recommendations as per NICE guideline used for assessment: Specialist MDT team input, OT/ Psychology input, MDT review of reports, Specialist consultant with training in diagnosis and treatment, Diagnosis based on structured assessment e.g. DIVA, Detailed psychiatric assessment, Physical health monitoring before commencing treatment (e.g. ECG), Ongoing physical health monitoring (BP, HR, weight), Patient regularly attending follow up

Results: There were 7 patients with diagnosed ADHD attending the CMHT, 4 male, 3 female aged 19-42yo. 4 patients were diagnosed privately (average age at diagnosis 31yrs). 2 were diagnosed by CAMHS. And 1 was diagnosed by primary care psychology (age 27). 8 weeks following MDT meeting; 2 patients had been commenced on ADHD medication. Those on the wait list for OT/ psychology remained on the wait list.

Conclusions: ADHD is a specialised area which requires a specialist MDT led by a consultant with expertise in diagnosis and treatment. As evidenced by this audit, despite the best efforts of adult psychiatric services, teams are not sufficiently resourced to meet the needs of adults with ADHD and fall short of the expected standards of care.

Disclosure of Interest: None Declared

EPV0251

'Comorbidity, Co-Pathology and Confusion': The Critical Importance of the ADHD - Anxiety Disorders Relationship

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Introduction: Given the widespread prevalence of ADHD and Anxiety Disorders, and their obvious impact on mood, cognitions, individual productivity, interpersonal relationships and self-esteem, accurate diagnosis and treatment of these disorders should rightly be considered paramount. ADHD shares several co-morbidities (including and especially the anxiety disorders). With the decades-long rise in the number of stimulant prescriptions, the increasing number of self-report measures, and 'confusing' DSM-5 criteria, concerns remain as to how accurately ADHD and/or

anxiety disorders are actually being diagnosed and treated, especially when comorbid with one another.

This presentation seeks to highlight the downstream consequences of overdiagnosis, underdiagnosis and missed diagnoses when it comes to both Anxiety disorders and ADHD. Its overarching aim is to offer clinicians a 'roadmap' through the ADHD and Anxiety Disorders diagnostic and treatment 'maze'. A pragmatic, guided evaluation of symptoms and functionality is outlined, striving for improved clinical understanding of how ADHD and Anxiety Disorders (when co-morbid) actually affect each other and whether they are, in fact, related disorders.

Objectives: Participants will be expected to have a more solid understanding of:

The extent and ramifications of underdiagnosis, missed diagnoses and overdiagnosis with respect to Anxiety Disorders and ADHD, as result of current DSM-5 diagnostic criteria, common clinical pitfalls and assumptions, as well as clinician biases.

How ADHD and Anxiety disorders can affect the presentation and prognosis of the corresponding comorbid disorder.

How clinicians should approach these two disorders (whether comorbid or not) in order to facilitate effective individualized treatment.

The hypotheses and evidence that ADHD and anxiety are different or that they are related subtypes of the same endophenotype.

The circuitry of, and inputs to, the Prefrontal Cortex and how this can be usefully applied in clinical practice.

Methods:

1. Literature Review of electronic research databases to include: PubMed, Google Scholar, and PSYCHINFO
2. Review of statistics of prevalence, incidence of the above two disorders, and number/type of prescriptions for ADHD and anxiety worldwide derived from the above as well as the CDC and NIMH
3. Review of existing North American, European and Australasian treatment guidelines as well as expert consensus recommendations for ADHD, Anxiety Disorders, as well as both disorders when comorbid with one another.

Results: To be provided by the presenters via Powerpoint slides at the open panel discussion

Conclusions: To be provided and discussed at the open panel discussion

Disclosure of Interest: None Declared

EPV0252

Suicidal behaviors in mental illness: A case-control study. Suicidal behaviors in mental illness: A case-control study

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Introduction: The assessment of suicide risk remains a critical concern, especially within the psychiatric community. Mental health professionals continually work to identify and support

individuals at risk, emphasizing the need for ongoing research and training in this area.

Objectives: The objectives of our study were to understand the characteristics of patients hospitalized after a suicide attempt (SA), analyze the characteristics of these attempts, identify risk factors associated with suicidal behaviors, and determine predictors for recurring suicidal behavior.

Methods: The study's methodology was retrospective, descriptive, and comparative. It was conducted with 277 patients hospitalized in the psychiatric department "C" of Razi Psychiatric Hospital in Manouba. The sample consists of 72 individuals who attempted suicide, divided into two groups: first-time attempters and recurrent patients, and 205 controls hospitalized for other reasons during the same period.

Results: Results showed a significant increase in the frequency of hospitalizations for SA, rising from 0.7% to 2.25% of the total admissions between 2018 and 2022. Those who attempted suicide were on average 32.5 years old, predominantly female, urban residents, with a moderate socioeconomic status, secondary or higher education, unemployed, unmarried, childless, and lacking strong family support.

The study identified several risk factors associated with suicide attempts, including risky behaviors, previous life events, type II bipolar disorders, personality disorders, the number of psychiatric hospitalizations, and the quality of follow-up. However, schizophrenia was negatively correlated with SA.

Suicidal recurrence was observed in 65.5% of attempters and was linked to personal psychiatric follow-up history, mood disorders, personality disorders, the presence of stress factors, and caustic substance ingestion.

Conclusions: In conclusion, the study underscores the importance of assessing suicide risk among individuals with mental disorders to implement appropriate prevention strategies.

Disclosure of Interest: None Declared

EPV0254

Alcohol-Induced Psychosis: Beyond Korsakoff. Case report and Literature Review

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Introduction: Chronic consumption of alcohol has clear deleterious effects on the nervous system. Among its less-recognized consequences are subacute and chronic alcohol-induced psychotic disorders. Lasègue, Garnier, Magnan, and Michaux provided exhaustive clinical descriptions of different presentations of *subacute alcoholic delusional disorder*, while Kraepelin, Allamagny, and Neveu defined the characteristics of *chronic alcoholic hallucinatory psychosis*. Both conditions are characterized by the occurrence of hallucinations and vivid dream-like content in their delusions, along with potential emotional detachment from the symptoms. Presently, both conditions are categorized under the generic term 'Alcohol-Induced Psychotic Disorder,' with limited available scientific literature.

Objectives: Our goal is to bring attention to the existence of subacute and chronic alcohol-induced psychosis in individuals with long-term alcohol users.

Methods: Case report using clinical records and a non-systematic literature review.

Results: A 63-year-old male, with a forty-year history of chronic alcoholism and no other prior mental health issues, was admitted in the emergency department. He conveyed vague delusional notions regarding his roommate and described vivid morning dreams in which he tried to communicate but couldn't speak. This led him to believe his roommate harboured harmful intentions. Additionally, he mentioned that for the past two months, he had developed a telepathic connection with his sister and his deceased mother, with whom he felt he communicated without speaking. He described feeling strangeness and anxiety concerning these experiences, which he firmly believed to be undeniably real. He reported being able to hear the voices of his mother and sister. He also described short-term memory problems dating back two years. He denied any other psychopathology and exhibited probable ideational and emotional impoverishment secondary to chronic alcohol consumption. Confirmation of the patient's account was provided by his family members. The prescribed treatment included antipsychotic medication and a recommendation for alcohol abstinence.

Conclusions: Descriptions of chronic and subacute alcohol-induced psychoses are found in early psychiatric textbooks but have been omitted from contemporary classifications. While their incidence is low among chronic alcohol users, they represent a severe clinical entity. These disorders are usually distinguished by the presence of delusions and vivid hallucinations characterized by dream-like content. This distinct symptomatology aids in the accurate differentiation from other psychotic disorders and clinicians should be aware of their existence.

Disclosure of Interest: None Declared

EPV0255

Unraveling the Enigma: Huntington's Disease Masquerading as Treatment-Resistant Psychosis - A Case Study

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doi: 10.1192/j.eurpsy.2024.1003

Introduction: This unusual case report unfolds a complex and emblematic scenario involving the diagnosis and management of a 46-year-old patient with treatment-resistant psychiatric symptoms, eventually revealing a significant association with Huntington's Disease (HD). The initial presentation at Obregia Hospital featured early signs of psychosis, such as mood swings, social withdrawal, and mild cognitive impairment. Despite predominant treatment with atypical antipsychotics, significant improvements remained elusive.

Objectives: Our primary objectives were to document the intricate diagnostic journey, the challenges faced in managing the patient's

psychiatric symptoms, and the eventual revelation of an underlying neurological disorder, Huntington's Disease. We aimed to emphasize the importance of a multidisciplinary approach to such complex cases.

Methods: The patient's clinical course was closely monitored, and the Positive and Negative Syndrome Scale (PANSS) was used to assess the severity of symptoms upon admission. The patient's severe psychotic state led to involuntary hospitalization. Clinical observations pointing to an underlying neurological disorder prompted a neurology consultation and further investigations, including brain CT and MRI scans, but also genetic testing.

Results: The CT scan revealed potential Huntington's Disease evolution, while genetic testing confirmed the presence of the specific HTT mutation. Brain MRI with contrast substance highlighted characteristic Huntington's Disease changes, such as cortical atrophy, necrosis, and substantial loss of brain tissue, particularly in the basal ganglia, cortical regions, and thalamic nuclei. The patient was hospitalized for nearly seven weeks, during which various psychiatric medications were trialed with limited success. However, a gradual increase of Trihexyphenidyl dosage, as well as a wash-up with saline solution and vitamin supplements (B1, B6, and C), was initiated. Subsequently, the introduction of oral haloperidol in gradually increasing doses led to significant improvements in psychiatric symptoms, dyskinesia, and overall functionality.

Conclusions: This complex case underscores the paramount importance of a multidisciplinary approach in diagnosing and managing patients with Huntington's Disease and concurrent psychiatric symptoms. The revelation of a confirmed Huntington's Disease diagnosis also necessitated genetic testing for the patient's two adult children, with the son testing positive. This case illustrates the challenges of adapting treatment strategies continuously in such multifaceted scenarios and highlights the compelling need for a collaborative and integrative approach.

Disclosure of Interest: None Declared

EPV0257

Implementing policies and predictive stochastic models to restrict borderline personality disorder's access to restricted medications: comorbidity with factitious disorder, functional neurological disorder and medically unexplained symptoms

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doi: 10.1192/j.eurpsy.2024.1004

Introduction: We are facing increased access to hospital beds and increased use of restricted medications by people with borderline personality disorder (BPD). Our former research shows BPD comorbidity with factitious conditions, functional neurological disorder and medically unexplained symptoms. We also registered that persons with BPD might craft or exaggerate symptoms to access restricted medications. In the worst cases, they might share these medications (benzodiazepines, hypnotics, and anxiolytics) with street values for profit or other recreational purposes.

Objectives: To generate forecasting models and preventive policies to deal with BPD factitious disorders and improve the effectiveness of the UK National Healthcare Service (NHS) in reducing unnecessary admissions to general and psychiatric hospitals. More selective policies will capture and discourage BPD's feigning and exaggerating symptoms for accessing restricted medications.

Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. We identify four major model components to be introduced in the model: BPD (A), factitious disorders (B), prescribing restricted medications (C), antisocial behaviours (D), and access to hospital beds (E).

Results: The Boolean expression becomes [A then B then C then D then E], or $[A \Rightarrow (B \Rightarrow (C \Rightarrow (D \Rightarrow E)))]$ with a truth density of 96.875% (Figure 1).

Conclusions: BPD should alert healthcare of the risks of symptom exaggeration and factitious mental diseases. These conditions are used to access often restricted medications, such as benzodiazepines, sleep tablets, and anxiolytics, for personal and communal use. Street sharing of these last increases local criminality. In worst cases, a hospital bed is granted without preventive triage. The risk is the indoor access to these medications. We advocate policies for the discontinuation of community prescription of these drugs.

Disclosure of Interest: None Declared

EPV0258

Prevalence of psychiatric disorders in patients with craniofacial malformations - a statistical analysis

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Introduction: Craniofacial malformations have long been associated with a heightened risk of psychiatric disorders. Understanding this link is crucial, as it can inform early intervention and support for affected individuals, enhancing their overall well-being. Research in this area aims to shed light on the prevalence and nature of these disorders within the craniofacial population, ultimately improving healthcare and quality of life for affected individuals.

Objectives: This study aims to establish a comprehensive understanding of the relationship between craniofacial malformations and psychiatric disorders. Specifically, our objectives include: assessing prevalence, identifying risk factors, evaluating impact and informing clinical practice. This research aims to improve the holistic care and mental well-being of individuals with craniofacial malformations, contributing to a more comprehensive approach in the field of psychiatry.

Methods: This cross-sectional study was conducted at a prominent referral hospital named Hospital de Clínicas de Porto Alegre during the month of August 2023.

Participant Selection: Patients with craniofacial malformations of all ages and both genders.

Data Collection: We conducted structured interviews with participants to gather demographic information, medical history, and details of their craniofacial conditions.

Medical Records Review: Medical records were reviewed to corroborate craniofacial diagnoses and identify any comorbid conditions.

Statistical Analysis: Data were analyzed using appropriate statistical techniques to assess the association between craniofacial malformations and psychiatric disorders.

Ethical Considerations: The study adhered to all ethical guidelines, with informed consent obtained from participants or their legal guardians. Ethical approval was obtained from the hospital's Institutional Review Board.

Data Handling: Confidentiality and data security were ensured throughout the study, with all data anonymized to protect participant privacy.

Results: In our study, we assessed 132 different patients, comprising 62 females and 70 males. The youngest patient was 2 months old, while the oldest was 56 years old. The mean age of the patients was 16.22 years, with a median of 9 years, a harmonic mean of 18 years, and a standard deviation of 15.23 years.

Among the patients, 24 exhibited psychiatric disorders, evenly split between 12 males and 12 females. Their average age was 16.21 years, with a median of 10 years, a harmonic mean of 6.13, and a standard deviation of 14.57. The youngest patient with evidence of a psychiatric disorder was 2 years old.

Image:

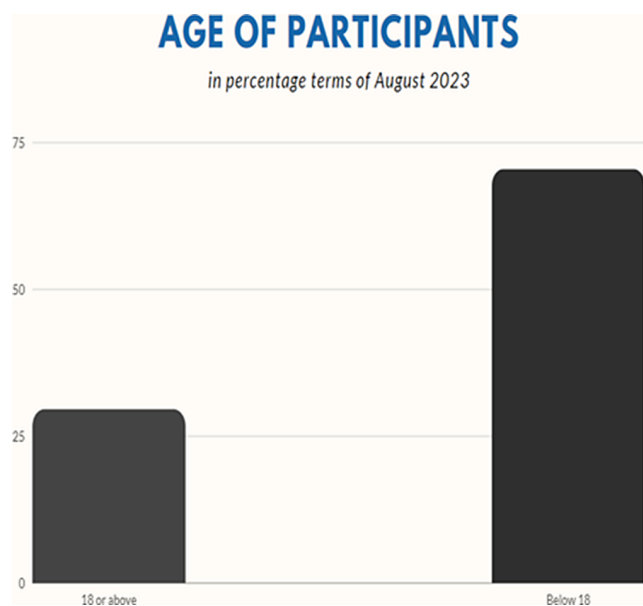
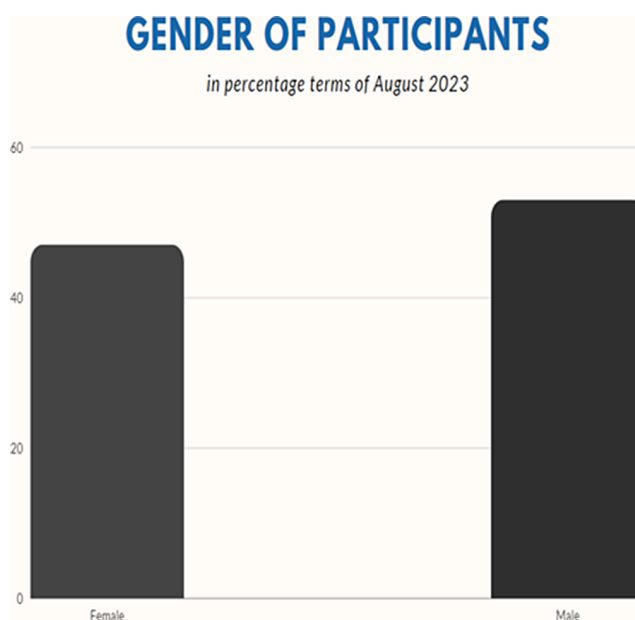


Image 2:



Conclusions: Our study underscores the prevalence of psychiatric disorders among craniofacial patients, which seems to be greater than the general population, emphasizing the need for integrated care that considers both medical and psychological aspects, thus enhancing the overall well-being of these individuals.

Disclosure of Interest: None Declared

EPV0259

Prevalence of Low Self-Esteem Among Patients Treated in the Craniofacial Surgery Department of an international Reference Hospital

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Introduction: Craniofacial surgery is a specialized field that addresses congenital and acquired deformities of the head and face. While the physical outcomes of craniofacial surgery are well-documented, less attention has been given to the psychological well-being of adult patients. This abstract aims to explore self-esteem issues among adult patients treated at the Craniofacial Surgery Sector of HCPA (Hospital de Clínicas de Porto Alegre), where a substantial proportion of adult patients have reported self-esteem problems.

Objectives:

1. To assess the prevalence of self-esteem issues among adult patients (≥ 18 years old) attending the HCPA Craniofacial Surgery Sector.
2. To examine potential contributing factors to self-esteem problems in this specific patient population.
3. To evaluate the impact of self-esteem on the mental health and psychosocial functioning of adult craniofacial surgery patients.
4. To propose recommendations for psychosocial support and intervention strategies tailored to the needs of adult patients in this context.

Methods: This cross-sectional study involved 132 adult patients who had undergone or were scheduled for craniofacial surgery at HCPA. Participants reported self-esteem issues in their talk with the hospital's physicians, and their medical records were reviewed to collect demographic and clinical data. Additionally, participants provided information about their mental health status and psychosocial functioning.

Results: Among the 39 adult patients included in the study, 37 (94.9%) reported experiencing self-esteem issues, such as lack of confidence or feeling unattractive. The most commonly reported contributing factors were visible facial differences, social interactions, and prior surgical experiences. Patients with lower self-esteem had a higher likelihood of reporting symptoms of depression and anxiety and reported lower overall psychosocial functioning compared to those with higher self-esteem.

Conclusions: This reveals a strikingly high prevalence of self-esteem issues among adult patients attending the Craniofacial Surgery Sector at HCPA. These findings underscore the importance of recognizing and addressing the psychological well-being of adult craniofacial surgery patients. Comprehensive psychosocial support, including counseling, peer support, and interventions to enhance self-esteem, should be integrated into the care of these patients. By addressing self-esteem concerns, healthcare providers can improve the mental health and overall quality of life of adult craniofacial surgery patients.

Disclosure of Interest: None Declared

EPV0260

Prevalence of psychiatric and cognitive disorders in patients with Pierre-Robin sequence - a statistical analysis

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Introduction: The Pierre-Robin sequence (PRS), characterized by micrognathia, glossoptosis, and cleft palate, has long been a subject of clinical interest. Recent research suggests a potential association between PRS and cognitive or psychiatric disorders. This study explores this intriguing connection, shedding light on

the complex interplay between craniofacial anomalies and mental health.

Objectives: This study aims to establish a comprehensive understanding of the relationship between Pierre-Robin Sequence and psychiatric disorders. Specifically, our objectives include: assessing prevalence, evaluating impact and informing clinical practice. This research aims to improve the holistic care and mental well-being of individuals with craniofacial malformations, contributing to a more comprehensive approach in the field of psychiatry.

Methods: This cross-sectional study was conducted at a prominent referral hospital named Hospital de Clínicas de Porto Alegre, an international reference in Pierre-Robin Sequence, during the month of August 2023.

Participant Selection: Patients with PRS. Inclusion criteria encompassed individuals of all ages and both genders.

Data Collection: Trained medical personnel conducted structured interviews with participants to gather demographic information, medical history, and details of their craniofacial conditions.

Medical Records Review: Medical records were reviewed to corroborate craniofacial diagnoses and identify any comorbid conditions.

Statistical Analysis: Data were analyzed using appropriate statistical techniques to assess the association between PRS and psychiatric disorders.

Ethical Considerations: The study adhered to all ethical guidelines, with informed consent obtained from participants or their legal guardians. Ethical approval was obtained from the hospital's Institutional Review Board.

Data Handling: Confidentiality and data security were ensured throughout the study, with all data anonymized to protect participant privacy.

Results: In our study, we assessed 28 different patients with Pierre-Robin Sequence, comprising 13 females and 15 males. The youngest patient was 2 months old, while the oldest was 22 years old. The mean age of the patients was 4.75 years, with a median of 3 years and a standard deviation of 5.36 years.

Among the patients, 6 exhibited psychiatric disorders, split between 4 males and 2 females. Their average age was 10 years, with a median of 9 years and a standard deviation of 4.2. The youngest patient with evidence of a psychiatric disorder was 5 years old.

Conclusions: This study underscores a concerning reality within the Pierre-Robin population, pointing to a high prevalence of psychiatric disorders. These findings highlight the urgent need for integrated care, emphasizing the importance of early psychiatric assessment and tailored interventions to enhance the overall well-being of individuals facing the challenges of PRS.

Disclosure of Interest: None Declared

EPV0262

Prevalence of skin disorders among psychiatric inpatients

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Introduction: The interface between dermatology and psychiatry is complex and of clinical importance. Skin disorders in psychiatric inpatients are common, serious and under diagnosed.

Objectives: The aim of our study was to assess the prevalence and profile of several skin diseases observed in psychiatric inpatients.

Methods: We conducted a cross-sectional study in the period from October 13, 2023 to October 20, 2023, among psychiatric male inpatients, hospitalized in psychiatry B department of the Hedi Chaker University Hospital (Sfax, Tunisia). We collected socio-demographic and clinical data using a pre-established form.

Results: Over a period of a week, 35 patients were included in our study. The mean age of patients was 39.97 years. Among them, 80% were single and 14.3% were married. Addictive behaviors were reported in 74.3% of cases. The level of hygiene was good in 74.3% of patients. The three most common psychiatric diagnoses were schizophrenia (31.4%), followed by bipolar disorder (28.6%) and schizoaffective disorder (25.7%). We recorded 13 cases of skin diseases (37.2% of patients). Dermatological lesions were dominated by traumatic origin in 14.3% of cases. They were of infectious origin in 11.4% of cases, immunoallergic in 8.6% and parasitic in 2.9%.

Conclusions: The prevalence of skin diseases is high in psychiatric inpatients, for whom proper skin care is necessary to improve their quality of life.

Disclosure of Interest: None Declared

EPV0264

Symptoms of anxiety and depression among osteoporotic women

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Introduction: Osteoporosis (OP) prevalence is on the rise as a result of an ageing population and lifestyle factors such as inactivity. Previous research has reported OP in individuals with depressive symptoms. Furthermore, OP has been shown to be a risk factor for anxiety.

Objectives: In this study, we aimed to describe anxiety and depression symptoms among osteoporotic women in a university hospital in Tunisia.

Methods: A cross-sectional study was conducted between January and June 2023 in a university hospital in Tunisia. Women with postmenopausal OP in the rheumatology department were interviewed. A hospital anxiety and depressive scale was used to describe anxiety and depression symptoms among patients. It consists of seven items for depression (HADS-D) and seven items for anxiety (HADS-A). For each component a score ≤ 7 indicated the absence of symptomatology.

Results: Seventy-two women diagnosed with post-menopausal OP participated in the study. The mean age was 72.5 (± 1.08). The median duration of menopause was 23 years (IIQ = [10.5-28.5]).

All patients were receiving bisphosphonates. Fifty-eight women (80.5%) were identified with depressive symptoms. The median depression score was 17.5 (IIQ = [9-19]). Physical activity was significantly and inversely associated with the presence of depressive symptoms ($r = -0.36$; $p = 10^{-3}$). Those who were overweight or even obese had significantly more depressive symptoms than those who were not overweight (94%, 57%, $p = 0.001$).

The median score of anxiety was 16 (IIQ = [9-17]). Sixty-three patients (87.5%) were identified with anxiety symptoms. Physical activity was significantly and inversely associated with the presence of anxiety symptoms ($r = -0.489$; $p = 10^{-3}$). Women who had bone fractures were significantly more anxious than those without a history of bone fractures (100%, 63%, $p < 10^{-3}$). Patients who were overweight were significantly more anxious than those with normal weight (96%, 57%, $p < 10^{-3}$).

Conclusions: Physical activity and obesity were associated with depression and anxiety among osteoporotic patients. These data are consistent with previous findings. That's why, promoting physical activity and weight loss is essential to preventing mental disorders among osteoporotic women.

Disclosure of Interest: None Declared

EPV0265

Anxiety in patients with ankylosing spondylitis in southern-Tunisia: Level and associated factors

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Introduction: Ankylosing spondylitis (AS) is the second most common rheumatic disease after rheumatoid arthritis. The significant functional impact of this chronic disease can affect patients' mental health.

Objectives: The aim of this study was to determine the prevalence of anxiety in subjects with AS in Southern-Tunisia and to identify its associated factors.

Methods: It was a retrospective study conducted in 2021 over a period of 5 years on patients with AS consulting the rheumatology department at the Hedi Chaker University Hospital in Sfax, Southern-Tunisia. The "Anxiety and Depression scale" was used to screen for anxiety. A score ≥ 11 defined confirmed anxiety symptoms.

Results: Of the 62 patients, 35 were male (56.5%), giving a male to female ratio of 1.3. Twenty-seven patients (43.5%) were aged between 35 and 50 years. The level of education was primary in 19 cases (30.6%) and university in 15 cases (24.2%). A family history of chronic disease was present in 32 cases (51.6%). Severe fatigue was noted among 27 patients (43.5%). Quality of life was poor in 39 patients (62.9%). The mean anxiety score was 11.35 ± 4.6 . Thirty-four subjects (54.8%) had confirmed anxiety symptoms and 19 (30.5%) had borderline symptoms. Confirmed anxiety was significantly associated with the educational level ($p = 0.03$) (illiterate:

87.5%, primary: 68.4%, secondary: 35% and university: 46.7%). Similarly, having a family history of chronic disease (OR=3.3; $p=0.02$), suffering from severe fatigue (OR=36, $p<0.01$), having associated depression (HAD score ≥ 11) (OR=19.5; $p<0.001$) and having poor quality of life [Ankylosing spondylitis quality of life questionnaire (Asqol) Score ≥ 13] (OR=15.8; $p<0.001$) were statistically associated with higher prevalence of confirmed anxiety symptoms.

Conclusions: It was found that patients treated for AS frequently suffer from psychological co-morbidities, particularly anxiety, which can lead to a further deterioration in their quality of life and even their withdrawal from active life. Thus, anxiety should not be ignored when treating these patients.

Disclosure of Interest: None Declared

EPV0267

Postictal psychosis : Case Report and Literature Review

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Introduction: The prevalence of psychosis in patients with epilepsy is estimated approximately 7.8%. However, postictal psychosis appears to be much less common, with a prevalence of 2% in epilepsy. Postictal psychosis is defined as psychotic episodes starting within less than one week after an epileptic seizure.

Objectives: Our aim was to study the clinical characteristics and the therapeutic options through a case report and a review of the literature.

Methods: Case report and unsystematic literature review were obtained by searching the Pubmed.gov database. Thirty-six articles were identified through searches of this database and thirty-five articles were included in the selection of in-text articles integral

Results: A 32-year-old men patient, without a personal or family history of psychiatric illness, was admitted to a psychiatric unit for a psychotic episode which has started three days before, mystical delusions, irritability, disorganized behavior, and aggressiveness, that had emerged shortly after a cluster of generalized tonic-clonic GTC seizures. Additionally, divided attention and memory deficits were noticed during psychiatric hospitalization.

Past medical history was relevant for epilepsy since he was 20 years olds. He did not regularly attend follow-up neurology appointments and had poor adherence to antiepileptic treatment. Last tomography images, a day before the hospitalization in psychiatry, had documented hypodense lesions in the periventricular white matter and subcortical semi-oval center distributed bilaterally and symmetrically suggestive of leukopathy. During the hospitalization, biochemical screening, renal and thyroid function were normal, serologies for B and C hepatitis were negative.

Psychotic symptoms subsided in the first 36 hours after admission upon treatment with Risperidone 4 mg/day, carbamazepine 600 mg/day, and 150 mg phenobarbital.

Conclusions: From our research, we can deduce that although these syndromes are widely recognized, standard diagnostic manuals fail to acknowledge them, resulting in a noticeable lack of

attention in the literature. Therefore, it is crucial for physicians to carefully examine patients with known risk factors for the symptoms of postictal psychosis.

Disclosure of Interest: None Declared

EPV0268

Post-Ictal Mania: A Case Report with Literature Review

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Introduction: While postictal mania is a well-recognized clinical condition, it has received less research attention compared to other postictal manifestations.

Objectives: Drawing upon an analysis of a case report that underscores the clinical and therapeutic challenges associated with comorbid epilepsy and mania, a literature review was carried out to investigate the connection between these two disorders.

Methods: We illustrate a case of comorbidity between mania and epilepsy and provide a concise review of the literature summarizing the key characteristics of this association.

Results: This case pertains to Mr. M, a 44-year-old male with a history of frontal epilepsy characterized by secondary partial generalization, which was partially controlled with sodium valproate. He was admitted to our service due to acute agitation following a loss of consciousness lasting a few minutes.

Upon admission, the patient exhibited symptoms of mental confusion. A neurological examination did not uncover any abnormalities. Brain computed tomography revealed mild frontal atrophy. Video electroencephalography conducted during the interictal period and outside the episodes of confusion did not reveal any abnormalities. The patient was restarted on sodium valproate (20 mg/kg/day) and clonazepam (2 mg/day). Following a lucid interval of ten days, the patient started to manifest psychiatric symptoms, which included irritability, hostility towards his spouse, increased talkativeness, thought pressure, and an unusual sense of familiarity, raising suspicion of post-ictal mania.

Conclusions: Based on this clinical case and the existing scientific literature, post-ictal mania occupies a distinct position among the mental disorders observed in the post-ictal period. Therefore, clinicians must be aware of these conditions to facilitate accurate diagnosis and appropriate management.

Disclosure of Interest: None Declared

EPV0269

Association between G6PD deficiency and schizophrenia A case report

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Introduction: G6PD is essential for the production of NADPH, which is a cofactor for many enzymes involved in antioxidant defense and neurotransmitter synthesis. A deficiency in this enzyme could lead to increased oxidative stress, impaired neurotransmitter and immune function. The latter have been implicated in the pathophysiology of schizophrenia.

Objectives: The present case is presented to underscore the infrequent and uncharacteristic manifestation of this condition, in the context of clinical symptoms and the trajectory of evolution of schizophrenia when associated with G6PD Deficiency. Moreover, it sheds light on the challenges clinicians encounter in the management of such cases.

Methods: A case report of a patient who was admitted to the Psychiatry Department ("Ibn Omrane") of Razi Hospital".

Results: Mr. M.T is a 26 year-old unmarried man. He comes from a non-consanguineous marriage and has an educational level of a bachelor's degree plus three additional years of study. He has a significant family medical history. His maternal uncle is under treatment for a chronic psychotic disorder. He has a personal history of G6PD deficiency and no specific habits to note. At the age of 24, he insidiously developed anxiety with incoherent statements of persecution accompanied by behavioral manifestations leading to mistrust and social isolation. He discontinued his studies for a year and began verbalizing suicidal thoughts accompanied by self-harm behaviors.

The family sought help from a psychiatrist who prescribed 5 mg of olanzapine, which was covertly administered to the patient.

At the age of 28, after a suicide attempt, he was involuntarily admitted to Razi Hospital. The clinical presentation was dominated by disorganization, with a partial response to treatment.

Conclusions: More research is needed to confirm the association between G6PD deficiency and schizophrenia and to determine the underlying mechanisms. Larger studies with well-defined populations and methodologies are needed. It is also important to study the interaction between G6PD deficiency and other genetic and environmental factors that contribute to schizophrenia.

Disclosure of Interest: None Declared

EPV0270

Spiritual awakening. Substance abuse, dual pathology

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Introduction: Kambó is considered an "ancestral medicine" by the indigenous tribes of the western region of the Amazon.

Objectives: Through this clinical case, the aim is to present the particularities of the symptoms and management of patients with consumption of not so common substances, such as Kambo or salvia divinorum, as well as the evolution that will occur in a patient with a previous diagnosis of a Depressive Episode.

Methods: We present the case of a 23-year-old male, Gestalt therapy student. History of tobacco, THC, and recent use of salvia divinorum and Kambo. He began follow-up by psychiatry in a private setting three years ago due to a severe depressive episode,

having required treatment with antidepressants, antipsychotics and benzodiazepines, and having been triggered by a serious assault. The episode is resolved and follow-up is discontinued. Family history of depressive syndrome and suicide.

He resumed contact through the Emergency Department, requiring hospital admission due to symptoms compatible with a manic episode with psychotic symptoms. It begins with behavioral alterations and global insomnia that are related to the consumption of some substance, initially unknown to them, making the skin lesions they presented suspect the consumption of kambo.

Results: We assess the risk of consuming these substances, which are sometimes used as alternative therapies, and especially in this type of patient, who is more vulnerable and perhaps seeks a way out of the problems they present.

Conclusions: In our case, it triggered a manic episode with psychotic symptoms, which consisted of delusional ideation of mystical content accompanied by auditory hallucinations. The episode took about a month to subside, despite treatment. Subsequently, there have been more episodes with similar characteristics, and they have not been associated with the consumption of kambó, but have been linked to the consumption of "natural medicinal substances."

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPV0274

Atypical psychosis in a patient with intracranial hypertension: clinical case and review

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Introduction: Several neurologic conditions can produce or mimic psychotic symptoms. It is important to make an exhaustive differential diagnosis between a psychiatric manifestation of an underlying neurological condition and a primary psychiatric one. We explore through the present clinical case of a young woman admitted to neurology the relationship between intracranial hypertension and a case of atypical psychosis that resolved itself with the treatment of the intracranial hypertension, without the need for anti-psychotic medication.

Objectives: To explore through the presented clinical case and the concerning literature the concept and management of psychotic-like symptoms in patients with intracranial hypertension.

Methods: We present a clinical case and a review of the existing literature concerning atypical psychosis or psychosis-like symptoms in cases of intracranial hypertension.

Results: We report the case of a 24 year old woman with no relevant medical history hospitalised in the neurology unit due to suspected encephalitis. Native to New Zealand, she is brought from the airport due to behavioural alterations. During the last few days before admission she had presented with incoherent speech, derailment, religious and persecutory delusions, and erotomania towards her cousin. She described feelings of strangeness with her surroundings and of time moving at a different speed than usual, either faster or slower. She also had a headache and visual alterations, as well as

memory errors concerning recent events, clouding of consciousness and inattention.

No fever or other relevant physical symptoms. A lumbar puncture is done, which shows an opening pressure of 37mmHg but no other anomalies. Body CT scan shows no relevant findings. Empirical treatment with dexamethasone is initiated for suspected encephalitis, progressively reducing the dosage until suspension in the following days. During her stay at the hospital she is assessed by ophthalmology, which finds no abnormalities in the eye fundus examination, and psychiatry. A second evacuating lumbar puncture is done to reduce intracranial hypertension. No antipsychotic treatment is initiated: the symptomatology remitted with the lowering of intracranial pressure. At time of discharge, the patient remained asymptomatic without treatment and was able to return home to continue outpatient neurologic study of the etiology of the intracranial hypertension.

Finally, we conduct a review of the existing literature concerning psychotic and psychosis-like symptoms in patients with intracranial hypertension, to explore the diagnostic and management options of this rare finding.

Conclusions: Our findings point to the existing relationship between intracranial hypertension and psychosis-like symptoms. Further studies on pathogenic mechanisms and therapeutic management are required.

Disclosure of Interest: None Declared

EPV0275

Hepatic encephalopathy in cirrhosis and alcohol dependence: complex clinical challenges and multidisciplinary management

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Introduction: Liver cirrhosis, a chronic liver disease, can be closely linked to chronic alcohol abuse, posing a significant medical challenge. Hepatic encephalopathy (HE), a neuropsychiatric condition resulting from liver dysfunction, commonly occurs in cirrhotic patients due to the accumulation of neurotoxic substances like ammonia and manganese in the body. Managing cirrhosis and alcohol addiction is crucial to enhancing the quality of life for these patients, as HE can manifest in various ways and with varying degrees of severity.

Objectives: To emphasize the importance of recognizing and treating hepatic encephalopathy as a potential complication of liver cirrhosis and sedatives during alcohol withdrawal.

Methods: We compiled clinical data, medical history, neuroimaging tests, and therapeutic interventions applied.

Results: A 55-year-old man with a complex medical history, including Child-B liver cirrhosis, portal hypertension, hypertension, diabetes mellitus, and chronic alcohol abuse with numerous prior hospitalizations for acute pancreatitis and severe head trauma related to alcohol consumption, presented to the emergency department with symptoms of alcohol withdrawal and suicidal thoughts, leading to lorazepam administration and a

recommendation for admission to a specialized Therapeutic Community. After 72 hours, he developed hepatic encephalopathy with symptoms such as confusion, sleep disturbance, sweet-smelling breath, abnormal hand movements, conjunctival icterus, and urinary difficulties.

An EEG revealed a globally attenuated and disorganized bioelectrical activity with triphasic waves. The magnetic resonance imaging showed signs of hepato-cerebral degeneration, including T1-weighted hyperintensity in the lentiform and mesencephalic nuclei due to manganese deposition. Treatment was adjusted to reduce sedative use, and therapy with Rifaximin and Lactulose was initiated to control blood ammonia levels. After a week, the patient exhibited significant neurological improvement, underscoring the importance of appropriate management in patients with hepatic encephalopathy related to liver cirrhosis and chronic alcohol abuse.

Conclusions: This case underscores the complexity of HE in patients with liver cirrhosis and alcohol dependence. HE can present in various ways, from subtle symptoms to severe episodes of confusion and coma. Findings on EEG, such as triphasic waves, are characteristic of HE and reflect brain dysfunction. Furthermore, manganese accumulation in the brain, as evidenced by magnetic resonance imaging, may contribute to neurological symptoms in cirrhotic patients. In this context, the early recognition and multidisciplinary treatment are emphasized to improve the quality of life and prevent the progression of this neuropsychiatric complication. EEG and magnetic resonance imaging findings play an essential role in the evaluation of these patients.

Disclosure of Interest: None Declared

EPV0276

Management of Acute Organic Change of Character cases by Liaison Psychiatry Unit

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Introduction: The Acute Organic Change of Character (AOCC) is an organic mental disorder subtype in which perception, thought, mood and personality impairment predominate. It consists in a change in the individual's general behaviour or attitude, which is shown to be closely associated with or caused by an underlying organic process, and which is rapidly resolved when the organic noxious agent is eliminated (Pintor et al. Journal of Psychiatry and Psychiatric Disorders 4 (2020): 354-358).

Objectives: To describe the importance of taking AOCC diagnosis into consideration and the role of liaison psychiatrists in AOCC management by presenting two AOCC cases admitted to the Hospital Clinic of Barcelona.

Methods: We retrospectively reviewed two AOCC cases in patients followed by our hospital's liaison psychiatry unit during the summer of 2023. We also searched for previous case reports of AOCC using a PubMed query.

Results: Case 1: A 50-year-old male who suffered a polytrauma with diffuse axonal injury (DAI). His relatives and the referring medical team observed a change in his behaviour consisting in irritability, suspicion, hostility and impatience. No cognitive impairment nor fluctuation in the described symptoms were observed. At the time of discharge character changes were still present due to DAI slow and unpredictable clinical course. Symptomatic treatment with risperidone 6mg/day and quetiapine 100mg/day was administered achieving a satisfactory clinical response.

Case 2: A 47-year-old woman with type 2 diabetes who suffered an infectious cellulitis that spread causing sepsis. The patient began to appear disruptive with verbose and tangential speech during her admission. No cognitive impairment nor fluctuation in the described symptoms were observed. Symptomatic treatment with risperidone 10mg/day and olanzapine 5mg/day was administered achieving a satisfactory clinical response. At the time of discharge character changes described before were almost resolved.

Conclusions: The clinical presentation of both cases suggested organic mental disorders in which a change in general behaviour predominates. Liaison psychiatrists play a key role in AOCC management by recognizing the clinical pattern, helping if needed with psychopharmacological treatment and ensuring a good understanding of the disorder both by the referring medical team and the patient's relatives. To our knowledge, it would be of great importance to achieve a better understanding of this clinical condition which to date we consider to be underdiagnosed.

Disclosure of Interest: None Declared

EPV0277

Unraveling a Psychiatric Puzzle: Corticosteroid-Induced Psychosis in Addison's Disease. A case report

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Introduction: The spectrum of neuropsychiatric adverse effects of corticosteroids ranges from unspecific symptoms to structured psychotic or affective episodes. We present the case of a 30-year-old woman admitted to our hospital due to behavioral alterations, coinciding with the initiation of treatment with corticosteroid boluses as part of a chemotherapy regimen for gastric adenocarcinoma. She had a previous diagnose of Addison's disease, undergoing treatment with supplemental corticosteroids.

Objectives:

- 1) To describe the clinical particularities of this case, focusing on the psychopathological aspects and their correlation with the corticoid treatment.
- 2) To review the available literature regarding the clinical characteristics and management of corticosteroid-induced psychosis, with special interest in patients with adrenal insufficiency that require long term steroid supplementation.

Methods: A review of the patient's clinical history and complementary tests were carried out. Likewise, we reviewed the available literature in relation to the clinical presentation of corticosteroid-induced psychosis and its pharmacological management.

Results: The patient was admitted to our hospital due to acute behavioural alterations, which temporally coincided with the 4th cycle of FOLFOX chemotherapy and corticosteroid boluses. She presented with incoherent speech, with *non sequitur* answers and glossolalia, as well as dysphoric affect and purposeless behavior. She presented a favorable clinical course after the initiation of treatment with antipsychotics and temporary suspension of corticosteroid treatment.

Manic symptoms are the most common presentation of "corticosteroid-induced psychosis", with the key characteristic being the temporal association with the corticosteroids administration. Although the discontinuation of steroids generally results in a sudden decrease in symptoms, additional treatment with antipsychotics such as haloperidol or olanzapine might be required for a symptomatic control. In patients with adrenal insufficiency, long-term treatment with lithium or anti-seizure treatments are effective strategies in relapse prevention when a higher steroid dose is required.

Conclusions:

- Corticosteroid-induced psychosis is a well described clinical phenomenon, that usually presents with manic symptoms rather than psychotic experiences.
- Progressive discontinuation of corticosteroid treatment usually results in complete cessation of symptoms, but additional psychopharmacological treatment might be required, especially in patients with adrenal insufficiency undergoing long-term corticosteroid treatment.
- This case outlines the psychopathological richness in the presentation of corticosteroid-induced psychosis, and illustrates the challenges in the pharmacological management in patients with adrenal insufficiency.

Disclosure of Interest: None Declared

EPV0278

Development and Validation of the Isotretinoin Hesitancy Scale

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Introduction: Isotretinoin is an effective treatment for acne vulgaris; however, many patients experience anxiety while deciding to get it. Isotretinoin, indeed, has significant adverse effects. On the other hand, effective treatment of acne vulgaris may reduce dermatological and psychiatric complications.

Objectives: The present study aims to develop and validate the Isotretinoin Hesitancy Scale to measure the patients' drawbacks to the treatment.

Methods: The specialists, including dermatologists and mental health professionals, determined an item pool of 30 items. Before the data collection, all items were checked by the researchers in terms of clarity and acceptability. Thus, the eight items were removed from the questionnaire due to having similar meanings, measuring the facts about treatments that are not the study's objective, and containing unclear statements. The final version of the questionnaire, which consists of 22 items, was applied to the participants.

Results: One hundred patients with acne vulgaris were recruited. Among the participants, 72% were women, and the mean age was 22.72. Most patients' acne severity was group 2 (40%) and group 3 (36%). Three items were removed because of having low item-total score correlations. Five items were removed in factor analysis because of low factor loading or cross-loading. Exploratory factor analysis results of the scale are presented in Table 1.

Table 1. Exploratory Factor Analysis Results of the Scale

	Factor 1 (min-max)	Factor 2 (min-max)	Factor 3 (min-max)
Isotretinoin treatment can lead to dryness of lips, nose, and eyes.	0.516-0.842		
Isotretinoin treatment may have many side effects.			
Isotretinoin treatment may cause damage to the liver.			
Side effects of isotretinoin treatment may affect my daily life.			
Isotretinoin treatment may cause depression.			
Isotretinoin treatment may cause elevation of cholesterol level.			
Isotretinoin treatment may cause infertility in men.		0.425-0.945	
Isotretinoin treatment may cause infertility in women.			
Isotretinoin treatment may prevent height gain.			
In case of pregnancy, isotretinoin treatment may cause congenital defects in the baby.			
I'm afraid of using isotretinoin for a long period.			0.569-0.890
I stop the isotretinoin treatment as soon as possible.			
I will wait as long as I can before using isotretinoin treatment.			
I need more reassurance about isotretinoin treatment.			

The Cronbach alpha score of the final form of the scale was found to be .81, the internal consistency of the first factor (hesitancy related to reversible adverse effects) was calculated as .79, the second factor (hesitancy related to irreversible adverse effects) was calculated as .78, and the final factor (isotretinoin-related anxiety) was found to be .72.

Conclusions: The Isotretinoin Hesitancy Scale is valid and reliable among patients with acne vulgaris.

Disclosure of Interest: None Declared

EPV0279

Brief Psychotherapeutic and Psychopharmacological Interventions as Facilitators of Bariatric Surgery Success in Patients on the Anxious-Impulsive Spectrum: A Pilot Study

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Introduction: Patients undergoing bariatric surgery often present with impulsive behavior and symptoms of anxiety. In this context, brief psychotherapeutic interventions such as nutritional education, cognitive restructuring, and behavioral activation have been shown to enhance pre-surgery weight loss and improve the likelihood of successful surgical outcomes. Furthermore, anorexi- genic pharmacological treatments involving fluoxetine, bupropion, naltrexone, eslicarbazepine, zonisamide, and topira- mate have been associated with increased success rates of the bariatric intervention.

Objectives: To assess the impact of brief psychotherapeutic inter- ventions and psychopharmacological treatments on the success of bariatric surgery in anxious-impulsive patients, investigating the effectiveness of combined strategies in enhancing preoperative weight loss and surgical outcomes.

Methods: Within the framework of a third-level hospital's Bar- iatric Surgery Protocol, a total of 63 obese patients were assessed using the MINI International Neuropsychiatric Interview (MINI), Hamilton Anxiety Rating Scale (HARS), and Barratt Impulsiveness Scale (BIS-11) during the pre-surgical evaluation. Patients with Axis I pathologies were excluded, leaving a sample of 56 participants (38 females; BMI: 43.58±8.72 kg/m2; age: 48.5 ±9.7 years). Individuals displaying mild anxiety (6-14 points on HARS) and moderate/severe anxiety (>14 points on HARS) and/ or those with a BIS-11 score exceeding 32.5 were selected for combined psychotherapeutic and psychopharmacological inter- ventions.

Results: Categorized by anxiety and impulsiveness levels, the patient distribution was as follows:
Mild anxiety without impulsiveness: 19 patients
Mild anxiety with impulsiveness: 31 patients
Moderate/severe anxiety without impulsiveness: 2 patients
Moderate/severe anxiety with impulsiveness: 15 patients
This pilot study explores the potential synergy between brief psycho- therapeutic interventions and psychopharmacological approaches in enhancing the outcomes of bariatric surgery for patients within the anxious-impulsive spectrum.

Conclusions: The results shed light on the feasibility and potential benefits of a combined treatment strategy, contributing to the optimization of bariatric surgery success in this specific patient population. Further research is warranted to confirm and general- ize these findings.

Disclosure of Interest: None Declared

EPV0280

Enhancing Physical Health in Patients with Severe Mental Disorder: Addressing Physical Multimorbidity

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Introduction: Over the last two decades, a growing volume of research has discovered a correlation between severe mental disorders (SMD) and early mortality. This is attributed to the elevated incidence of chronic physical illnesses and multimorbidity, resulting in a reduction of life expectancy by 10-20 years. Individuals with SMD exhibit lower rates of prevention, diagnosis, and treatment for medical comorbidities when contrasted with the general population (GP).

Objectives: The objective is to assess the prevalence of CPM and its impact on psychiatric treatment outcomes in individuals with SMD, and to propose preventive interventions to enhance physical health.

Methods: This nested cross-sectional study enrolled 343 SSD patients and 620 GEP.

Results: Individuals diagnosed with SMD encounter CPM earlier in life compared to the GP. Notably, individuals under 35 years old within the schizophrenia spectrum disorder have almost three times higher odds for experiencing CPM compared to their GP counterparts, a difference that is both clinically and theoretically significant. This disparity is especially pronounced among younger women, with the gap widening the younger the patient is in comparison to peers in the general population. CPM has been identified as a factor affecting the outcomes of psychiatric treatment.

Conclusions: The treatment approach for SMD should be tailored to accommodate the diverse physical multimorbidity patterns of patients. It's imperative for future research to delve into how CPM impacts the outcomes of SMD treatments. There's a pressing need for detailed treatment guidelines addressing CPM in patients with SMD.

Disclosure of Interest: None Declared

EPV0281

A Study on Irritable Bowel Syndrome (IBS) in Mental Health Professionals and the Psychosocial Factors Affecting This

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Introduction: The present study investigates irritable bowel syndrome in mental health professionals and the characteristics of psychosocial factors that affect this.

Objectives:

Methods: The present study selected an irritable bowel syndrome group among 291 mental health professionals based on the Rome III criteria, and investigated demographic variables. The Hospital Anxiety Depression Scale (HADS), Psychosocial Well-being Index (PWI), and Korean Occupational Stress Scale (KOSS) were used to evaluate psychosocial factors. An independent t-test and chi-square test were used to determine differences between the groups, and a

logistic regression analysis was used to determine the odds ratio (OR) of IBS based on occupational stress. SPSS 21.0 (IBM Statistical Package for the Social Sciences 21.0) was utilized for all statistics.

Results: Differences in demographic variables based on IBS group were not statistically significant. Depressive symptoms ($t = -4.767$, $p < 0.001$) and anxiety ($t = -4.068$, $p < 0.001$) were higher in the IBS group, and psychosocial well-being was lower ($t = 2.288$, $p < 0.05$). The OR of IBS based on depressive symptoms was 5.737 (95% CI = 2.24–14.69). There were significant differences in occupational stress based on IBS within the subordinate domains of physical environment ($t = -3.160$, $p < 0.01$), job demand ($t = -3.273$, $p < 0.01$), interpersonal conflict ($t = -2.295$, $p < 0.05$), job security ($t = -3.005$, $p < 0.01$), and lack of reward ($t = -2.046$, $p < 0.05$). The OR of IBS based on the subordinate domains of occupational stress was 3.708 (95% CI = 1.20–11.41) in physical environment, and 3.759 (95% CI = 1.33–10.56) in job demand.

Conclusions: The results of the present study verify that psychosocial factors in mental health professionals have a close correlation with IBS. Accordingly, improvements in both IBS symptoms and quality of life should occur through proactive intervention in these variables.

Disclosure of Interest: None Declared

EPV0282

Role of mental health and quality of life in adherence and effectiveness of a motivational exercise program to improve weight and functionality: “The way to change diabetes”.

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Introduction: Exercise and other lifestyles are key treatment strategies to improve diabetes outcome, prevent cardiovascular risk and may also result in further results in quality of life and emotional symptoms.

Objectives: To evaluate the effectiveness of an exercise intervention program for people with diabetes or cardiovascular risk.

To evaluate the influence of previous mental health and quality of life status in the results.

Methods: 61 people with a type 2 diabetes or cardiovascular risk factors were recruited from health primary health centers in

Ponferrada (EL Bierzo), including patients from the mental health association. After informed consent they were included in a 20 week, twice a week supervised walking training program to improve exercise and other lifestyles. A poster used for advertisement of the activity ("the way/walk to change diabetes") is displayed in image 1). Baseline and after 20 weeks BMI and Waist perimeter were assessed, quality of life was evaluated with EQ-5D-5L and WHO-5 scales and the weekly steps walked were recorded previously and after the intervention with the subject usual mobile device. Differences in the variables were compared with Paired Ts and repeated ANCOVAs measures adjusted by gender, age and initial steps.

Results: 46 subjects (75.4%) completed more than 90% of the sessions and 3 more 70-90%. The 19.7% that did not complete had worse scores in SF-12 Role Physical ($t:2.261$, $p=0.041$) and Role Emotional ($t:2.048$, $p=0.045$) and Mental Component Summary ($t:2.313$; $p=0.036$) and WHO5 Total Score ($t:2.101$; $p=0.040$) at Baseline. Main reasons for dropout (Image 2) were health related problems (50%) and adherence to exercise and motivation problems (31.25%).

Those who completed the training improve number of weekly steps (baseline: 42022.92 ± 18836.35 , final: 66448.06 ± 28914.58 ; $t:5.038$; $p<0.001$), BMI (29.45 ± 4.66 to 28.25 ± 4.09 kg/m²; $t:5.629$; $p<0.001$), waist (from 107.34 ± 9.98 to 102.88 ± 9.79 cm; $t:6.840$; $p<0.001$) and the EoQ-5D-EL VAS (from 72.88 to 82.42 ; $t:6.122$; $p<0.001$, image 3). The increase in the steps correlated directly with the improvement in the EoQ VAS ($r:0.308$; $p=0.033$).

Image:

Image 1. Poster used to advertise the activity in the health centers



Image 2:

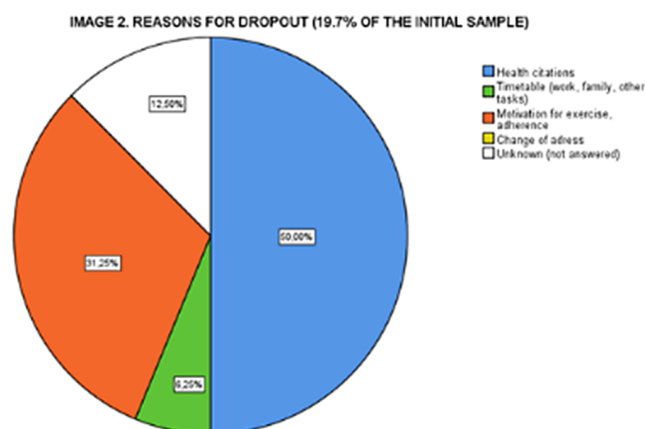
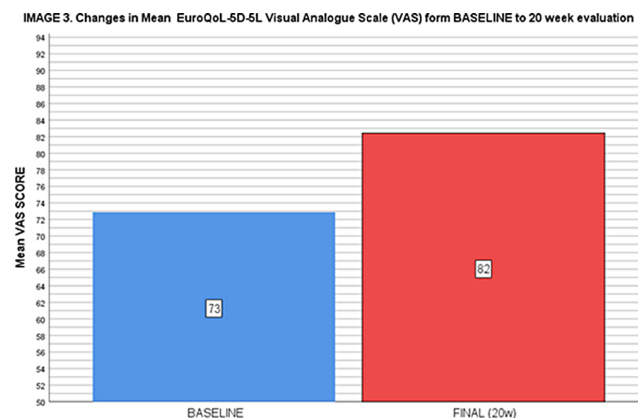


Image 3:



Conclusions: Exercise and lifestyle supervised intervention programs appear to be useful to improve physical health, wellbeing, emotional symptoms and quality of life in people with diabetes and cardiovascular risk.

Factors associated to higher dropout rates were previous limited quality of life scores and mental health worse status. These could be related with limited motivation and adherence to the program and may be of interest to develop specific strategies for these high-risk groups.

Studies focused on the long-term effect of the program are warranted.

Disclosure of Interest: None Declared

EPV0283

Self-perceived health of patients hospitalized due to non-psychiatric conditions: associations with psychiatric comorbidities and substance use

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Introduction: Self-perceived health (SPH) is an epidemiologically used variable, recognized as a subjective yet predictive indicator of mortality (Bopp *et al.* Plos One 2012; 7:e30795) SPH, among other subjective indicators, such as quality of life, contributes to understanding an individual's overall experience and well-being. While health information, including medical diagnoses given by physicians, forms a substantial part of an individual's subjective health (Falconer & Quesnel-Vallée, 2017; 190 227-236) the World Health Organization (WHO, 2014) defines health not only by the absence of somatic diseases but also encompasses components of social and mental well-being.

Objectives: This study aims to explore factors associated with a poorer level of self-perceived health in inpatients due to non-psychiatric conditions with a focus on mental health and substance use-related factors.

Methods: We recruited 800 patients during their hospital stay for various pathologies in cardiology, pneumology, internal medicine, and gastroenterology units. Self-reported sociodemographic variables and well-being-related variables, such as SPH, were collected during admission. The MINI Neuropsychiatric Interview was administered to screen for psychiatric conditions, the ASSIST scale assessed the risk related to the use of various substances. Data on the frequency and quantity of substance use, in the three months prior to admission, were also recorded by timeline follow-back. Information on the severity of somatic comorbidity was gathered using the Charlson Comorbidity Index. Non-parametric tests compared SPH in different groups, and variables showing significant differences were included in a multivariate linear regression analysis. This study obtained approval from the ethics committee.

Results: Significant and clinically relevant differences were found in the SPH of patients with anxiety disorders, depressive disorders, and bipolar disorders. These patients reported lower SPH than those without these comorbidities. Patients scoring medium or high risk on the ASSIST scale for tobacco, alcohol, and cannabis also demonstrated lower SPH compared to those with low-risk scores. In the multivariate analysis, accounting for confounding factors, including comorbidity severity, patients with depressive disorders maintained statistically significant lower levels of SPH ($\beta = -13.391$, $p < 0.001$), as did those with bipolar disorders ($\beta = -6.096$, $p = 0.019$).

Conclusions: Patients with anxiety, depressive, or bipolar disorders, as well as those with higher-risk use of tobacco, alcohol, and cannabis, exhibited lower SPH. After adjusting for other relevant factors, such as diagnosed somatic pathology, patients with affective disorders continued to score lower in SPH levels. Proper attention and management of psychiatric comorbidities and substance use are crucial in medical hospital settings.

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EPV0285

Psychosocial interventions for cardiac surgery patients: context of interdisciplinary interaction

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Introduction: Multi-staged and personalized in nature, psychosocial interventions for cardiac surgery patients explain the necessity of relying on the potential of interdisciplinary interaction

Objectives: To present the review of the model of interdisciplinary interaction of experts and institutions in the course of psychosocial interventions for cardiac surgery patients, which is currently used in the Chuvash Republic.

Methods: This model involves the experts and institutions of the regional healthcare system, the regional system of social care, the regional and federal system of education, non-governmental medical and health resort institutions, and private practitioners.

Results: In the center of this model is the Regional Cardiology Center, which interacts with the Psychotherapeutic Center and the Republican Mental Hospital's Helpline. It also involves the town hospitals and the central district hospitals, non-governmental clinics and private practitioners. The process of rehabilitation and follow-up care continues in the regional health resorts. The social service centers provide additional support. The institute of chief experts of the regional Health Care Ministry, which includes a psychiatrist, cardiologist, psychotherapist, and psychologist, oversees the overall activity. The clinic faculty professors and associate professors are involved in the development of the programs.

Conclusions: The practical results of using the regional model of interdisciplinary interaction enhance the potential of psychosocial interventions for cardiac surgery patients.

Disclosure of Interest: None Declared

EPV0289

The psychological profile of patients with hypertension and its role in patients' self-care

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Introduction: Hypertension is a major risk factor for premature death, cardiovascular disease, and stroke worldwide. However, due to the chronic nature of hypertension, patients are at an increased risk of developing mental and emotional disorders, which can affect their adherence to self-care.

Objectives: To conduct a systematic review to investigate the psychological profile, psychological characteristics, and personality traits of hypertensive patients and their role in self-care adherence.

Methods: A thorough and comprehensive literature search was conducted to identify relevant studies for this review. PubMed, Scopus, and APA PsycInfo databases were searched from their inception until March 7th, 2023. The protocol for this review will be registered in the International Prospective Register of Systematic Review (PROSPERO) in the future.

Results: After applying inclusion and exclusion criteria and removing duplicate results, 55 articles were selected, the majority of which were grouped into three main categories based on psychological profiles for accurate analysis and comparison.

Conclusions: This systematic review contributes to the investigation of the relationship between psychological profiles and self-care in hypertensive patients. Despite the prevailing controversy in the literature, a greater proportion of studies indicate that depression, anxiety, low quality of life, type D personality and neurotic personality have a negative impact on self-care in hypertension.

Disclosure of Interest: None Declared

EPV0290

Neuropsychiatric Manifestations of Tuberous Sclerosis in a young adult male in a Psychiatry Hospital in Botswana: a case report

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Introduction: Tuberous sclerosis complex (TSC) is a disorder that affects multiple systems and was first described in 1880. Its symptoms include seizures, intellectual disability, and adenoma sebaceum. TSC is caused by mutations in the TSC1 and TSC2 genes and is inherited in an autosomal dominant manner.

Objectives: This report highlights a case of a patient with an unusual psychological presentation evaluated in a psychiatric hospital.

Methods: The patient presented with psychotic features and abnormal behavior. A physical examination showed neurocutaneous lesions. After assessment a diagnosis of Tuberous sclerosis complex was confirmed through MRI Brain and genetic testing. Some of his relatives also showed similar neuropsychiatric symptoms.

Results: Tuberous sclerosis complex is diagnosed based on TSC Clinical Consensus Group guidelines of 2012. Our patient fulfilled 4 of the major criteria and genetic testing also yielded a pathogenic variant. A TAND checklist (TSC-Associated Neuropsychiatric Disorders) is used to guide clinicians on areas to prioritize when managing TSC patients.

Image:

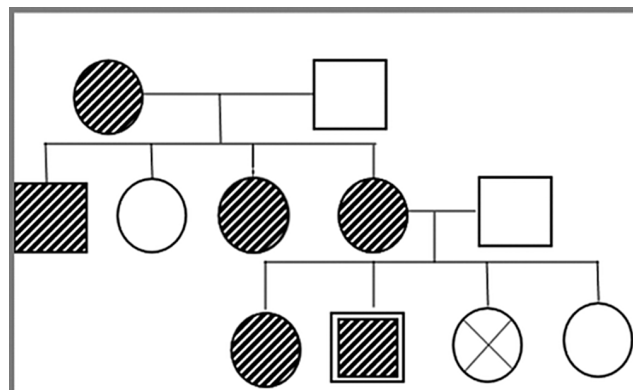
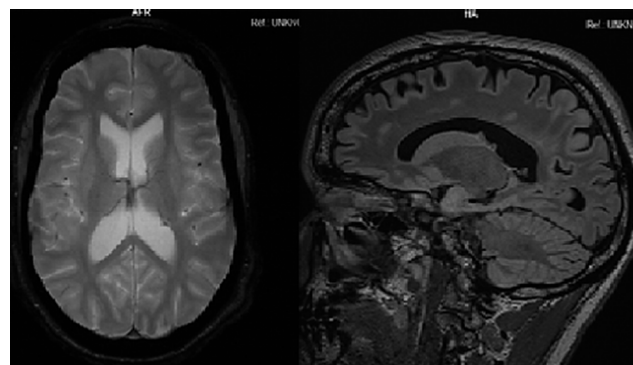


Image 2:



Image 3:



Conclusions: Given that psychiatry may be the first contact for TSC patients, especially in low-resource settings. Patients referred to psychiatry, therefore, need to be thoroughly examined to exclude neuropsychiatric disorders, and a multidisciplinary team approach is vital in investigating and managing these cases.

Disclosure of Interest: None Declared

EPV0292

Elevated Soluble ST2 Blood Levels in Patients with Depression and Comorbid Heart Failure: A Correlative Study

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Introduction: Depressive disorders frequently coexist with chronic medical conditions like heart failure (HF), significantly impacting patients' overall health and quality of life. This study aims to explore the correlation between soluble ST2 molecule levels and the presence of depressive disorders in patients with heart failure.

Objectives: A total of 200 patients, all diagnosed with heart failure, were included in this study. Among them, 30 patients were mentally healthy, and the remaining 170 exhibited medium-level depressive disorders. Blood samples were collected and analyzed for soluble ST2 levels to assess the potential correlation between depressive disorders and soluble ST2 levels in patients with heart failure.

Methods: A total of 200 patients, all diagnosed with heart failure, were included in this study. Among them, 30 patients were mentally healthy, and the remaining 170 exhibited medium-level depressive disorders. Blood samples were collected and analyzed for soluble ST2 levels to assess the potential correlation between depressive disorders and soluble ST2 levels in patients with heart failure.

Results: The study demonstrated a statistically significant finding, indicating that the levels of soluble ST2 were 1.6 times higher in patients with depression and comorbid heart failure compared to mentally healthy individuals with heart failure.

Conclusions: This study elucidates a statistically significant correlation between medium-level depressive disorders and elevated soluble ST2 levels in patients with coexisting heart failure, shedding light on the potential role of soluble ST2 as a biomarker in identifying and managing depressive disorders in heart failure patients. The observed 1.6-fold increase in soluble ST2 levels in heart failure patients with depression emphasizes the importance of mental health assessment and intervention in individuals with chronic medical conditions, particularly heart failure, to enhance overall care and outcomes.

Disclosure of Interest: None Declared

EPV0293

Intractable Singultus: Causes, diagnosis and treatment. A case report

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Introduction: Hiccups are involuntary, spasmodic contractions of the diaphragm and intercostal muscles that cause inspiration and are interrupted by closure of the glottis. Most sources define the term "persistent hiccups" as lasting more than 2 days and "intractable" as lasting more than 1 month. Both are most likely associated with a pathologic process. "Intractable hiccups" should lead to investigation of organic pathology. If it does not improve, it can interfere with the patient's ability to eat, socialize and sleep, leading to a significant worsening of quality of life. "Intractable hiccups" are more frequent in men (91%), over 50 years of age. Women suffer from psychogenic hiccups more frequently than men. Anxiety or stress can trigger hiccups. Multiple neurotransmitters are involved.

Objectives: We present a theoretical review on the topic.

Methods: A bibliographic review on the topic.

Results: In recent years, new trials and case series have been published, and regulatory agencies have issued new recommendations on the use of pharmacologic agents for this indication. The literature has described the efficacy of several pharmacologic agents in the empiric treatment of persistent and intractable hiccups. Most of these target dopaminergic and GABAergic receptors.

Based on limited efficacy and safety data, Baclofen and Gabapentin can be considered as first-line treatment for intractable and persistent hiccups, as they suggest efficacy and are less likely to cause long-term side effects than standard neuroleptic agents. Dopamine blocking agents such as Metoclopramide, Chlorpromazine, and Haloperidol, could be used as second line. In one study, withdrawal of Benzodiazepines or addition of Pregabalin was found to help reduce hiccups.

The patient we consulted came for persistent hiccups or singultus of 2 years of evolution. Organic pathology was ruled out. She related the onset of the symptoms to different stressors that had caused her anxiety. We administered Escitalopram and Gabapentin and indicated withdrawal of Bromazepam, which she started taking months ago. In follow-up appointments she reported a decrease in the intensity and frequency of the symptoms, with a notable improvement in her quality of life.

Conclusions: Considering all available evidence, a treatment algorithm with Baclofen is recommended as first-line therapy for persistent and intractable hiccups. Gabapentin may also be safe and effective in the long-term treatment of this condition, especially for patients with CNS disease. Metoclopramide is no longer recommended for long-term treatment of hiccups. Clinical experience also supports the use of Chlorpromazine and other neuroleptics for acute, but not long-term, treatment. Going forward, large multicenter studies will be needed to create an adequate evidence base for the treatment of persistent and intractable hiccups. Until then, guidelines will continue to be based on unreliable data and clinical experience.

Disclosure of Interest: None Declared

EPV0294

Psychiatric disorder in prolonged post-concussive syndrom : clinical assessment, physiopathology and management review of the literature

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doi: 10.1192/j.eurpsy.2024.1030

Introduction: According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), post concussive syndrome (PCS) is given a diagnosis of either major or mild neurocognitive disorder (NCD) due to traumatic brain injury TBI. However Persistent post-concussion symptoms (PPCS) are more complex, and typically involve multidisciplinary assessment and management. The symptoms are varied, non-specific and the therapeutic process is defiant for psychiatrist.

Objectives: To investigate the semiology of persistent post-concussion syndrome (PPCS) and the therapeutic challenges it poses.

Methods: A literature review was made on Pubmed, Google Scholar and Cochrane library using keywords: "post-concussive syndrome", "psychiatric disorder", "depression", "post-traumatic stress disorder", "treatment", "physiopathology".

Results: The physiopathology of persistent PCS is controversy. The Symptoms are due to the Concept of "Symptom Generators" which results from the alterations in neurophysiology and neuropathology secondary to the injury, and pre- or post-injury psychological factors physiological concussion. The Global cerebral metabolic disturbance, the autonomic nervous system dysfunction and the cerebral blood flow dysregulation induce biochemical cascade, excitotoxic reaction and immunotoxicity.

Clinical diagnoses associated with PPCS are: Major depressive disorder, Post traumatic stress disorder, Anxiety disorder, Substance abuse disorder, Psychotic disorder and Antisocial personality disorder. For the non pharmacological management: A systematically early information and a graded physical exercise in addition to other treatment are essential.

Antidepressant, benzodiazepine and mood-stabilizer are the most recommended treatments for psychiatric symptoms. Atypical neuroleptics are indicated in delirant disorder, behavior disorder and antisocial personality disorder. Some studies suggest the methylphenidate and biperiden to treat several cognitive impairment and severe behavior disorder.

Conclusions: (PPCS) is far from being a subjective complaint by patients. It is a complex clinical entity that groups symptoms that overlap with other psychiatric diagnoses, such as depression, post-traumatic stress disorder, and mood disorders. Early neuropsychiatric assessment and personalized pharmacological and psychotherapeutic treatment are essential factors in the prognosis of the disease.

Disclosure of Interest: None Declared

EPV0295

Late-onset mania as a manifestation of neurosyphilis: A Case Report

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doi: 10.1192/j.eurpsy.2024.1031

Introduction: The evaluation of manic behavior with later onset is crucial, as various organic factors such as medications, infections, metabolic disturbances, tumors, and epilepsy can serve as potential etiological causes. While not universally observed, most studies indicate a connection between late-onset mania and neurological disorders like neurosyphilis.

Objectives: Our study aims to investigate the relationship between late-onset mania and neurosyphilis.

Methods: In this paper, we present a case of neurosyphilis presenting exclusively with symptoms of mania.

Results: A 72-year-old Tunisian woman with no prior medical or psychiatric history was referred to the psychiatric emergency room due to alterations in her mental state and behavior over the past ten days. During the psychiatric assessment, she displayed increased motor activity, fluctuating emotions, and rapid flow of ideas. The general physical examination yielded no notable findings. The serum Venereal Disease Research Laboratory (VDRL) test returned a strongly positive result (+++), and the TPHA examination confirmed a positive result at a titer of 1/60. In the serologic analysis of cerebrospinal fluid, VDRL was also positive, thereby confirming the diagnosis of neurosyphilis (NS). The diagnosis of mania secondary to a medical condition was established. The patient was treated with ceftriaxone and antimanic medications, resulting in a significant improvement in her psychiatric symptoms within a few days.

Conclusions: This case underscores the importance of conducting serologic testing for syphilis in patients who present with manic symptoms, experience a late-onset mental disorder, and have no prior history or family history of affective disorders.

Disclosure of Interest: None Declared

EPV0296

Psychological meanings reported by patients with Graves' Disease in hyperthyroidism but without ophthalmopathy about their quotidian life: A qualitative study conducted in a Brazilian university specialized outpatient service

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Introduction: To handle well clinical treatments, it is crucial to know the expectations of patients who seek help. We need to ask ourselves: how do patients interpret subjectively their diagnosis,

treatments, and self-care? Medical Psychology brings us theories for this understanding. Grave's Disease is an autoimmune disorder, a form of hyperthyroidism with a goitre, affecting also the eyes and the skin, as well as emotional manifestations. Weight loss, sometimes psychologically welcome, although due to a disease, can mean a psychoanalytic secondary gain. So, the medicine that leads to clinical improvement can be taken with ambivalence and bad adherence to treatment. It is important to differentiate between disease, a scientific entity explained by the clinical professional, and illness as a patient's subjective perception of an un-health.

Objectives: To understand psychodynamically the fantasies, desires, and views related to Graves' Disease as reported by patients in hyperthyroidism but without ophthalmopathy interviewed at an endocrinology-specialized outpatient clinic. (in the EPA-2023, it was presented the qualitative results of a sample in hyperthyroidism, with ophthalmopathy, studied at the same service).

Methods: Clinical-Qualitative Method designed by Turato. Data collected through Semi-Directed Interviews with Open-ended Questions in-Depth; and Field Notes, transcript fully. Treated by the Seven Steps of Clinical-Qualitative Content Analysis of Faria-Schützer, using psychodynamic concepts from Balintian Medical Psychology. Although we have extracted categories that permit us interesting discussions, we intend to close the sample (through the information saturation criterion by Fontanella) when we obtain other categories. The interviewer, a male psychologist, is the first author. The findings are validated by peer-reviewers of the Lab of Clinical Qualitative Research of the State University of Campinas.

Results: Three categories were chosen for this presentation: 1) "An atomic bomb in my life": How drastic changes of a hormonal disease re-symbolize the patient's life; 2) "I didn't think the thyroid did that much": the disease seen as a metaphor in a psychological blaming language to own disease and to himself as a sick person. 3) "I have so much medicine!": a mode of referring to treatment that would justify an undisciplined use of medications.

Conclusions: Our findings can help clinical professionals to have a better understanding of some psychological meanings which have sense in the patients' conscience, often not verbalized clearly in the conversation, and so to handle better the patients and relatives. In this way, it can reduce the patient's resistance to recommended treatment, as well as encourage the clinical team to construct empathy with them.

Disclosure of Interest: None Declared

EPV0297

A Study of Dry Mouth and Gastrointestinal Disorders in Patients Taking Antidepressant

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Introduction: Dry mouth is a subjective symptom of the feeling of dehydration inside of the mouth and is closely linked to reduced salivary secretion. The occurrence of dry mouth and GI disorders due to antidepressants greatly affects the course of the mental disorder and medication compliance, but it has barely ever been studied.

Objectives: The purpose of this study was to identify the characteristics of dry mouth and gastrointestinal (GI) disorders in antidepressant patients.

Methods: The study included 103 antidepressant-taking patients. Antidepressants were classified according to their mode of action. The GI disorders were investigated using the medical records of the patients. The Patient Health Questionnaire-15 and a questionnaire for assessing dry mouth symptoms were used in this study. The questionnaire for the evaluation of dry mouth symptoms, a visual analog scale (VAS)-based instrument, developed and evaluated for reliability by Lee et al. was used to assess dry mouth. In the questionnaire, 6 VAS items were assessed for the extent of dry mouth (0-100 points): 1) dry mouth at night or when waking up in the morning, 2) dry mouth during the day, 3) dry mouth when eating, 4) difficulty in swallowing, 5) subjective evaluation of the volume of saliva in the mouth, and 6) overall discomfort in daily life. Additionally, four items examined behaviors due to dry mouth (1-5 points): 1) frequency of waking up from sleep due to dry mouth, 2) frequency of preparing drinking water before going to bed, 3) frequency of drinking water when eating solid foods, and 4) frequency of eating hard candies or chewing gums to help dry mouth.

Results: The score for "overall discomfort due to dry mouth in daily life" (31.72 ± 33.82), "dry mouth at night or in the morning" (47.86 ± 35.87), and "dry mouth during the day" (39.83 ± 31.67) were slightly higher than "discomfort in chewing or swallowing foods". According to somatization severity, the mean values were 116.36 ± 113.34 in the mild, 213.18 ± 136.98 in the moderate, and 277.59 ± 201.44 in the severe, the between-group difference was significant ($F=10.294$, $p<0.001$). According to the class of antidepressants, the mean score was 180.00 ± 147.5 for vortioxetine, 194.25 ± 169.33 for selective serotonin reuptake inhibitors (SSRIs), 223.61 ± 156.70 for serotonin and norepinephrine reuptake inhibitors (SNRIs), 75.00 ± 57.00 for norepinephrine dopamine reuptake inhibitors (NDRIs), 201.67 ± 174.66 for Nasser, and 116.67 ± 132.03 for agomelatine. A total of 67 (65.0%) patients had at least one GI disorder.

Conclusions: The study findings are expected to help increase medication compliance in antidepressant patients by better controlling the side effects experienced by the patients.

Disclosure of Interest: None Declared

EPV0298

Personalization of therapy of psychopathological complications of cardiac surgery in artificial circulation conditions

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Introduction: The study of the clinical and phenomenological features of psychopathological complications of cardiac surgery (CS) in artificial circulation conditions (ACC), the development of modern approaches to early diagnosis and prognosis of

psychopathology is an effective way to solve this problem has valid medical and social significance.

Objectives: To increase the effectiveness of prevention of psychopathological disorders in cardiosurgical interventions based on personalization of their correction.

Methods: The examination included the use of socio-demographic, instrumental, biochemical, clinical-psychopathological, psychometric, and statistical methods.

Results: The study sample consisted of 700 patients who were treated by CS in ACC at the SI “Heart Institute of the MH of Ukraine”.

It was found out that the most common complication is postsurgeon cognitive dysfunction (PCD) (72.0% of patients), postsurgeon encephalopathy (PE) (31.0%) is less common, and cerebral infarction (CI) is the least common (12.2%).

It was revealed that the core psychopathological symptoms associated with CS are cognitive disorders (72.0% of the examined) and affective symptoms, represented by depressive (38.1%) and anxiety (33.9%) manifestations of mild and moderate expressiveness, and auxiliary constructs – dysomnic (29.7%), asthenic (17.9%) and somatovegetative (9.0%) disorders. The highest prevalence of psychopathological symptoms was found in patients with CI, somewhat less in patients with PE, and the lowest in patients with PCD. Signs of mild depressive disorder were found in patients who underwent CS in ACC, elevated levels of adynamic depression indicators, depression with fear and agitated depression, as well as increased levels of anxiety: the average level of anxiety, mental and somatic anxiety. The indicators of expressiveness of depression and anxiety in patients with CI turned out to be the highest, in patients with PE – lower, and in patients with PCD – the lowest. We proposed a mathematical model for predicting the development of psychosocial maladjustment (PM) in patients who have undergone CS in ACC. It is based on a comprehensive assessment of three key vectors that can have a mutually potentiating pathogenetically related effect on the course of the formation of PM: surgical, neurological, and psychopathological. A complex of diagnostic, corrective and preventive measures for each of the risk groups has been developed.

Conclusions: Verification of the proposed model on a representative sample of patients confirmed its high predictive ability and reliability in use.

Disclosure of Interest: None Declared

COVID-19 and related topics

EPV0300

Predictors for Burnout Among Healthcare Workers in a Post -Covid Era

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Introduction: We aimed to study predictive factors for burnout (BO) among healthcare workers in a tertiary hospital in Singapore.

Objectives: We hypothesized that burnout would be associated with singles, females, and foreign born staff recently moved into this country, unaccompanied by family members.

We further hypothesised that BO would be associated with those scoring less on resilience. Recognising that social support mitigated against stress and burnout, we hypothesized that those who perceived less support would be more prone to BO.

Methods: The study questionnaire was sent via corporate email to all staff with email access. We stressed that data would be fully anonymised. No financial rewards were given for participation which was carried out on a voluntary basis.

The following instruments were used, viz. F-SozU K-6, a brief form of the perceived social support questionnaire; Connor Davidson Resilience Scale; Oldenburg Burnout Inventory; Patient Health Questionnaire-4 item; Demand Control Support Questionnaire and Leisure Time Satisfaction Scale. Ethics approval for the study was sought from the SingHealth Centralised Institutional Review Board, which granted exemption of participant consent.

Analyses were performed using Stata version 17.0 (StataCorp. 2021), with statistical significance set as 2-sided 5% ($p < 0.05$). The reliability and internal consistency of the scales used were assessed using Cronbach Alphas and Confirmatory Factor Analysis (CFA).

Results: Neither males nor females were more at risk for BO. And contrary to what we hypothesised those who recently moved to this nation were not at greater risk for BO ($p > 0.05$). Multivariate analyses showed that younger workers displayed higher burnout scores ($p < 0.001$). The psychological demand sub-score was positively associated with burnout [0.61 (95% CI 0.45 to 0.77), $p < 0.001$]. Conversely, decision latitude [-0.33 (95% CI -0.44 to -0.21), $p < 0.001$] and support [-0.47 (95% CI -0.60 to -0.35), $p < 0.001$] were negatively associated with BO.

Those who experienced anxiety or depressive symptoms were respectively more likely to experience burnout [0.30 (95% CI 0.02 to 0.58), $p = 0.035$ and 0.72 (95% CI 0.41 to 1.02), $p < 0.001$], with a clear association between higher PHQ-4 scores and risk for burnout ($r = 0.619$).

Moreover, satisfaction with utilisation of leisure time was inversely related to BO [-0.55 (95% CI -0.68 to -0.41; $p < 0.001$)]. We could not find any association between number of years worked, profession, marital status and perceived social support and BO, on multivariate analysis ($p > 0.05$).

Conclusions: Stress reduction interventions should be made available for all staff, especially addressing those at highest risk for burnout.

Disclosure of Interest: None Declared

EPV0301

The COVID-19 pandemic as a traumatic experience in the general population

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Introduction: The COVID-19 pandemic has significantly affected everyday life in most countries of the world. Researches conducted in 2020 showed that COVID-19 was a traumatic experience for 18-60% of respondents in the general population, depending on the country where the research is conducted. Researches for later periods are rare, although we can expect significant changes. We found only one study from 2023 on this topic, although not on the general population.

Objectives: That is why we were interested in what the situation is like after 3 years of the pandemic, when we have been living without non-pharmacological anti-pandemic measures for almost a year.

Methods: The research was conducted at the beginning of 2023. 48 respondents who were not treated psychiatrically or are medical workers were surveyed, because it was shown that these groups were exposed to a greater risk of impaired mental health during the COVID-19 pandemic. To assess the level of traumatic experience, i.e. the risk of developing PTSD as a consequence of the COVID-19 pandemic, we used the Impact of Event Scale With Modifications for COVID-19 (IES-COVID19). A score on that scale of 27 to 34 indicates a clinically significant level of trauma, i.e. there is a 75% chance of developing PTSD. A result of 35 and above suggests that it is necessary to seek professional help.

Results: Our research included 19 (39.6%) men and 29 (60.4%) women. The average age of the respondents is 60.4 years. 29 (60.4%) respondents know that they have recovered from COVID-19. 2 (4.2%) subjects were treated in the hospital due to COVID-19. 8 (16.7%) respondents have a traumatic experience of the COVID-19 pandemic. 5 (10.4%) respondents are in the category of clinically significant level of trauma, while 3 (6.3%) respondents are in the category that should seek professional help. The group traumatized by COVID-19 does not have significantly more respondents who recovered from COVID-19 ($p=0.510$) nor does it differ in terms of gender representation ($p=0.984$).

Conclusions: At the beginning of the COVID-19 pandemic, there were discussions about whether it can even be classified as a traumatic experience and whether we can talk about PTSD as a consequence of the pandemic. With this time lag, it seems that in part of the population we are finding PTSD symptoms that are a consequence of the pandemic, but to a lesser extent than research at the beginning of the pandemic suggested. Certainly, additional research is needed on this topic. Also, it is necessary to examine risk factors for possible prevention, as well as therapeutic possibilities.

Disclosure of Interest: None Declared

EPV0302

Contagion beyond the virus: A case obsessive-compulsive disorder centered on Covid-19

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Introduction: The Covid-19 pandemic has generated an unprecedented impact on multiple levels (health, occupational, economic,

and social) which affected the general population and has been an enormous stress factor for individuals with obsessive-compulsive disorder (OCD), particularly for those with contamination symptoms. Many patients, as well as healthy individuals, experienced new obsessive-compulsive-like symptoms centered on COVID-19 during the pandemic. However, data on this population are still scarce.

Objectives: To present a case exemplifying the association between the Covid-19 pandemic and the onset of OCD.

Methods: Case presentation and non-systematic review of existing literature on Pubmed using the keywords: Covid-19, OCD, pandemic, depression.

Results: We report a case of a 30-year-old female who presented to the emergency department due to depressive mood and suicidal ideation associated with exacerbation of OCD symptoms, namely intense fear of being infected with Covid-19. These symptoms led to avoidance of touching objects, surfaces or even herself in addition to frequent and long rituals of hand-washing and showers. She was asymptomatic prior to being infected with Covid-19, when she started developing obsessive ideas of contamination. She sought psychiatric support and was medicated with fluoxetine, olanzapine and clonazepam. Due to insufficient symptom control, she was admitted to the psychiatry ward, where treatment was initiated with aripiprazol and fluvoxamine. After dose titration, gradual remission of OCD symptomatology and depressive mood was observed.

Conclusions: The present case illustrates the correlation between Covid-19 and the onset of OCD symptomatology. Existing studies demonstrate that the pandemic worsened the landscape of symptoms of OCD, both in diagnosed patients as well as in previously healthy individuals. However literature is still limited thus, multi-national and cross-cultural, longitudinal studies are warranted to gain further insights on this topic.

Disclosure of Interest: None Declared

EPV0303

Online T group experiences during COVID-19 pandemic

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Introduction: Online group therapy has become more popular in the past few years. But as a result of the COVID-19-caused pandemic, it developed suddenly. Due to the conventional face-to-face format no longer being possible and the need for psychotherapists to conduct psychotherapy online, the pandemic has had significant effects on group psychotherapy and the interactions between group therapy members. While therapists are becoming accustomed to the modern form of psychotherapy, its efficacy is being questioned due to technical issues, the problem of the therapeutic alliance, the environment, the ability to read nonverbal signals, breaking group

norms, etc. Since the pandemic did not abate, as a part of specialist education training groups were also held online.

Objectives: The pandemic changed the basic settings of our Group-Analytic Training Group, forcing us to switch to online sessions. This study aimed to find personal experiences that varied throughout online and face-to-face meetings.

Methods: Seven out of the twelve participants accepted to take part in the group therapy/training after it was recommended by the group leader that they write a paper. After 30 sessions, the group turned from face-to-face to online group therapy, and the members were asked how they felt about the difference between the two types of therapy. A questionnaire was produced by the group's leader and a number of other participants, who then forwarded it through email to every group member.

Results: Everyone who participated thought that because one can more quickly pick up on non-verbal signs in a face-to-face scenario, it was simpler to notice feedback from the other group members. Most participant comments focused on the leader's role. The majority of members claimed that taking part in the experiential group had benefited both their personal and professional lives. However they thought the in-person setting was better since it was more interesting and complex.

Conclusions: Since there were no other options during the epidemic, group therapy has moved to virtual environments, although there are still a lot of problems to this method. The formation of group cohesion becomes difficult by the absence of group members' physical presence and by the inability to completely understand nonverbal communication.

Disclosure of Interest: None Declared

EPV0304

Relationship between changing cognitive domains and atypical antipsychotic treatment in bipolar disorders: a three-year observational study in a psychiatric rehabilitation center during COVID-19 pandemic

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Introduction: Bipolar Disorders have been consistently associated with cognitive dysfunction across a broad range of cognitive domains (patients, who usually took psychiatric drugs, sometimes presented changes of cognitive disorders). Many studies have focused on improving the illness severity of patients with MDD or BD by combining mood-stabilizing drugs with atypical antipsychotics (AA). However, the results are contradictory and have not confirmed the certain superiority of AA to other therapeutic strategies. Among these, the cognitive remedy has demonstrated important effectiveness on cognitive variations in this group of patients.

Objectives: In our study, we tried to evaluate some changes in cognitive function in patients with BD treated with antipsychotics related to critical problems with typical cognitive tests.

Methods: In our observational study, we recruited forty-three inpatients (20 females, 23 males) affected by Bipolar Disorder

(DSM-5 criteria; particularly 78.5% affected by BD-I), in a psychiatric rehabilitation center. All patients were included in the ordinary rehabilitation treatment. All patients were treated with mood stabilizers (lithium n. 14; valproate n. 29), and at least one AA. The AAs have been the following: quetiapine, aripiprazole, and olanzapine (authorized in Italy)(Table 1). The observation period lasted three years, during three significant waves of the COVID-19 pandemic.

All patients at baseline (T0) (March-April 2020), T1 (Maj-June 2021), T2 (April-Maj 2022), and T3 (April – June 2023) were administered the following rating scales: BPRS, YMRS, GAF, and HAM-D

The data were statistically analyzed with the EZAnalyze 3.0 software for the Excel platform.

Results: In Table 2 and Graphic the results obtained with the rating scales and statistical analysis are shown. In BRPS the data shows a statistically significant reduction in the total score in all periods analyzed. Similar results were found in the GAF and YRMS scales. However, with the HAM-D Scale, there was evidence of an increase in T2, although the differences were not statistically demonstrated. The differences in mean scores are more evident for quetiapine and olanzapine.

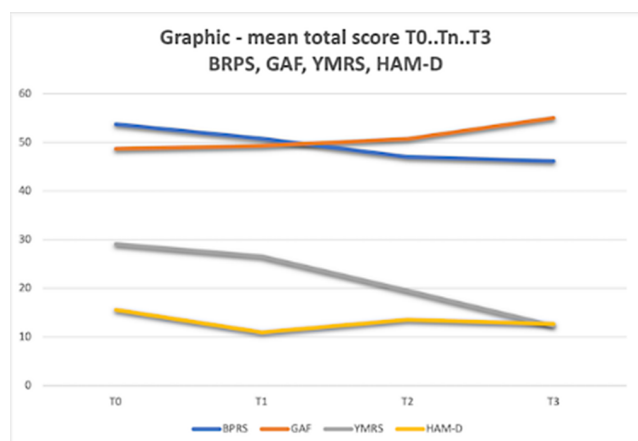
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Table 1 - Epidemiological data and Drugs			
	Number	Age (mean YRS ±SD)	
Total	43	41,88	13,10
Felames	20	41,95	13,13
Males	32	41,83	13,36
mean daily dosage (mg)			
Aripiprazole	11	12.82	
Olanzapine	12	17.34	
Quetiapine	20	564.55	
Lithium	13	321.59	
Valproate	20	923.54	

Image 2:

Table 2 – EZAnalyze rating scales						
	BPRS T0	BPRS T1	BPRS T2	BPRS T3	P	Eta Squared
Mean:	53.744	50.791	47.000	46.163	0.000	0.368
Std. Dev:	10.050	9.244	7.792	9.131		
Comparison	Mean Difference	T-Value	P - Unadjusted	P - Bonferroni	Eta Squared	
BPRS T0 vs T3	7.581	6.294	0.000	0.000	0.480	
	GAF T0	GAF T1	GAF T2	GAF T3	P	Eta Squared
Mean:	48.698	49.302	50.721	55.023	0.000	0.347
Std. Dev:	7.984	6.951	6.526	7.751		
Comparison	Mean Difference	T-Value	P - Unadjusted	P - Bonferroni	Eta Squared	
GAF T0 vs T3	6.326	5.440	0.000	0.000	0.408	
	YMRS T0	YMRS T1	YMRS T2	YMRS T3	P	Eta Squared
Mean:	29.118	26.559	19.500	12.324	0.000	0.640
Std. Dev:	5.564	7.033	8.232	7.413		
Comparison	Mean Difference	T-Value	P - Unadjusted	P - Bonferroni	Eta Squared	
T0 and T3	16.794	10.490	0.000	0.000	0.764	
	HAM-D T0	HAM-D T1	HAM-D T2	HAM-D T3	P	Eta Squared
Mean:	15.559	10.971	13.559	12.706	0.113	0.058
Std. Dev:	10.437	7.461	8.718	8.909		

The ANOVA results indicate that none of the repeated measures differed significantly

Image 3:

Conclusions: Our observational study showed that the atypical antipsychotics used in our work allowed a significant improvement of the symptoms in BD. However, the pandemic waves have no correlation with the treatment performed. New studies are necessary to highlight the relationship of the pharmacological treatment of BD with the progress of the COVID-19 pandemic.

Disclosure of Interest: None Declared

EPV0305

Persistent COVID an differential diagnosis with depression symptoms

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Introduction: We present the case of a 48-year-old woman, a nurse, referred from the Internal Medicine department for evaluation of depressive symptoms and accompanying somatic presentation following COVID-19. The aim is to highlight a recently emerging condition that we are increasingly encountering in our clinics, which can complicate the diagnosis of an underlying affective disorder

Objectives: Diagnosed with COVID-19, confirmed by a positive PCR test, 6 months ago following an infection in the workplace. The clinical picture consisted of mild symptoms, with a ten-day course and apparent resolution at the time of hospitalization. She returned to her work activities and gradually began to report fluctuating symptoms, including headaches, mild shortness of breath, fatigue, as well as a tingling sensation in the upper extremities, especially in the hands. Additionally, she described feelings of restlessness,

depressive mood, and intense fatigue. In additional tests: (CT-Scan) there are signs of mild bilateral lower lung fibrosis.

Methods: Treatment with Duloxetine was initiated for a case of depressive symptoms with accompanying physical symptoms. The differential diagnosis considered Major Depressive Disorder, Single Episode, and Adjustment Disorder with Depressed Mood.”

Results: We are facing a clear case of depressive clinic that may have endogenous features, if we adhere to criteria such as those in the DSM-5, as it would meet the criteria for Major Depressive Disorder, Single Episode. However, we have a clearly identified trigger, so we also need to perform a differential diagnosis, primarily with Adjustment Disorder with Depressed Mood: here, the symptoms appear within 3 months following the stressful agent (in this case, SARS-CoV-2 infection). Unlike Major Depressive Episode, once the agent has ceased, the symptoms do not persist beyond 6 months (which we do not know because the physical symptoms causing disability have not disappeared). In addition to purely psychiatric diagnoses that we are accustomed to, we must consider a new diagnostic entity that is becoming more prevalent as the pandemic progresses, namely “long-covid” or persistent COVID. These are generally middle-aged women who, several months after infection, continue to manifest a multifactorial complex of symptoms. These symptoms persist over time, not only the classical ones but also many others that can appear during the ongoing course of the disease.

Conclusions: Beyond the purely psychiatric diagnoses we are accustomed to, we must also consider a new diagnostic entity that is becoming more prevalent as the pandemic continues to advance: Persistent COVID or ‘long-COVID.’ Generally, this condition affects middle-aged women who, several months after contracting the virus, continue to exhibit a multifactorial complex of symptoms. The most common symptoms include fatigue/asthenia (95.91%); general discomfort (95.47%); headaches (86.53%); and low mood (86.21%)

Disclosure of Interest: None Declared

EPV0306

Insomnia and pain in COVID-19 survivors: a cohort Tunisian study

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Introduction: The SARS-COV-2 infection emerging in 2019 caused over 600 million infected people worldwide leading to an explosion of multiple physical and mental health problems. In this study we brought the light to the persistent troubles in sleep and pain among the survivors of the pandemic.

Objectives: We aimed to assess the prevalence of insomnia and the severity of pain among covid-19 survivors, and to seek an association between the two disorders.

Methods: We conducted a prospective cohort study including 121 Tunisian COVID-19 inpatients who had been discharged alive from hospital. Each enrolled patient was asked about the period before the hospital stay, and the 6-9 month-period after hospital

discharge, using the *visual analog scale* (VAS) to assess pain, *insomnia severity index* (ISI) to evaluate insomnia severity and the *mMRC* (modified British Medical Research Council) to estimate dyspnea.

Results: The median age of participants was 59 years. Among them, 51.2% were females.

Our findings showed a significant increase in VAS score after COVID infection (1 [IQR (1-2)] vs 3 [1-6]; $p < 0.001$) as well as with the ISI score (1 [IQR (1-1)] vs 5 [IQR (1-9)]; $p < 0.0001$). The prevalence of insomnia and pain in long haulers was 30.56% and 26.4% respectively.

We found a significant correlation between insomnia and pain ($p < 0.0001$, $r = 0.398$). We also found a significant association between dyspnea and insomnia ($p < 0.0001$) and between dyspnea and pain ($p = 0.001$). The age of the patients was correlated with insomnia ($p = 0.028$) and with dyspnea ($p = 0.007$) but not with pain. Female gender was associated with developing insomnia ($p < 0.0001$) and with pain ($p = 0.001$) but not with dyspnea.

Conclusions: Screening for persistent symptoms after the pandemic is important to help the survivors getting a better recovery in the long term.

Disclosure of Interest: None Declared

EPV0307

Influencing factors of presenteeism among Portuguese workers in a private social solidarity institution in the aftermath of COVID-19

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Introduction: In ordinary circumstances, the employed individuals demonstrate significant levels of psychological distress and presenteeism, a situation that has been further intensified by the COVID-19 epidemic. Furthermore, a limited number of studies have examined the phenomenon of presenteeism in the context of the COVID-19 pandemic, therefore necessitating the undertaking of the present study.

Objectives: The goal of this study was to investigate the levels of presenteeism and its related characteristics, as well as job satisfaction and psychological distress, among a sample of employees employed at a Private Social Solidarity Institution (IPSS) in Portugal.

Methods: A cross-sectional survey was undertaken in 2022 to observe personnel from an IPSS located in the central area of Portugal. The research had a sample size of 71 workers who were provided with a signed authorization. The survey was designed to gather both general and professional information from participants. Additionally, it included the Stanford Presenteeism Scale (SPS-6), the Job Satisfaction Questionnaire (S20/23), and the Kessler Psychological Distress Scale (K10) as measurement tools.

Results: The occurrence of presenteeism was seen in 32 employees, accounting for 45.1% of the sample, whereas illness absence was reported by 38 workers, representing 54.3% of the sample. The majority of the individual assessments for S20/23 demonstrated a

higher degree of satisfaction (mean ≥ 4.5 points.), with the exception of the salary-related issue, which elicited a higher level of discontent (mean = 3.36 ± 1.9 pts.). Approximately 50.7% of the individuals had a high or very high susceptibility to experiencing or developing a mental condition. The correlation matrix revealed a statistically significant moderate positive association between presenteeism and work satisfaction, as well as a statistically significant moderate negative link between presenteeism and psychological distress ($p < 0.01$). The associated factors of presenteeism were found to be marital status, quality of sleep, illness absenteeism, health perception, and psychological distress. The combined effect of these predictors was shown to account for 35.8% of the variance in presenteeism.

Conclusions: It is expected that the outcomes of our research will stimulate more investigations into the tangible implications of presenteeism in promoting improved health and well-being within the workplace.

Disclosure of Interest: None Declared

EPV0310

Screening the dysfunctional grief and its associated factors due to a death from covid-19 in Tunisia

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Introduction: In Tunisia, the 2019 corona virus pandemic was a challenging health situation, with more than 28 000 confirmed deaths in May 2022. The pandemic was responsible for people losing their beloved ones in a sudden and brutal ways. Even though the numbers of bereaved people had been escalating, little attention was paid toward their mental health. Grief is a normal response to losing someone close. However, recent studies have shown that the covid-19 grief is more severe than other causes of grief. It not only causes a negative impact on the bereaved life aspects but also creates severe consequences in the society. Screening a possible dysfunctional grief is a major need to prevent serious outcomes.

Objectives: To identify the prevalence of covid-19 dysfunctional grief and find out the possible associated risk factors to it.

Methods: A cross sectional online survey designed using Google Forms and distributed on social media platforms (Facebook, Instagram, WhatsApp) was conducted from 16 February 2022 to 05 May 2022. The participants provided information related to socio-demographic data. Covid-19 grief scale was assessed using the pandemic grief scale, which was translated into Arabic but not validated.

Results: A sample of 106 participants were recruited to this study. The sample was composed of Approximately 72% female and 28 % males, most of them were aged between 26 and 35 years old (37.7%) . Overall, individuals who lost a loved one more than 06 months period were more frequent (81%). 91.7 % of the sample scored above the cut score of 7 on the PGS.

Covid-19 grief was higher among those who sought psychological help ($p = 0.02$). In this sample, there was no associated risk factors between different socio-demographic characteristics and

dysfunctional grief, as well as no correlation were found between period of time since the loss and dysfunctional grief ($\rho = 0.186$, $p = 0.56$).

Conclusions: Although our study did not find a significant high prevalence of dysfunctional grief giving the small number of participants. More studies and screening must be conducted to identify those at risk of developing dysfunctional grief to prevent the serious individual and general outcomes.

Disclosure of Interest: None Declared

EPV0311

The impact of Covid-19 on the Mental Health of the Portuguese Population

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Introduction: Covid-19 does not only have repercussions on the physical level, representing a new way of life, both individually and in society. The pandemic results in invisible consequences for the population's mental health.

Objectives: This study aimed to explore the consequences of Covid-19 on mental health in Portugal with a view to understanding and promoting the well-being and happiness of the Portuguese.

Methods: The study included 105 young people and adults, aged between 18 and 59 years ($M = 21.81$, $SD = 5.34$), with 43.3% males and 52.7% females. A sociodemographic questionnaire was applied to all participants, as well as the Échelle de Mesure des Manifestations du Bien-Être Psychologique (ÈMMBEP; Massé et al., 1998 - Portuguese translation by Monteiro, Tavares & Pereira, 2012) which translates into a response scale 5-point Likert type, with five subscales, including happiness. In addition, a semistructured interview with data collection instruments was administered.

Results: The results obtained demonstrate the negative impact of Covid-19 on the level of well-being, regardless of the participant's gender or age.

Conclusions: The data presented point to the need to sensitize individuals to the risk of the pandemic in terms of mental health, thus increasing society's awareness of the psychological effects of this new global disease. Therefore, coping mechanisms are essential to promote well-being and successfully overcome the pandemic.

Disclosure of Interest: None Declared

EPV0312

Post-traumatic stress disorder in adolescents during the Covid-19 pandemic: a cross-sectional study of 326 cases

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Introduction: Since December 2019, the coronavirus pandemic has led to the deaths of almost 4.37 million people worldwide and 21,905 people in Tunisia. Containment measures, stress due to fear of infection by the virus and death are likely to be traumatic events, particularly in adolescents, and may lead to the development of symptoms of post-traumatic stress disorder (PTSD).

Objectives: To determine the prevalence of PTSD in a population of adolescents during the COVID-19 pandemic and to identify the factors associated with it.

Methods: This study was a cross-sectional among a representative sample of students enrolled in secondary schools, in the region of Hama- Gabes. We used a pre-established information sheet comprising 27 questions exploring sociodemographic and family data and specific data relating to the COVID-19 pandemic. The Arabic version of The Child PTSD Symptom Scale (CPSS) was used to screen for PTSD symptoms.

Results: 326 adolescents were collected which the mean age was 16.6 years (14 to 18 years). The family environment was conflictual in 11.9% of cases. Among the adolescents, 5.5% had a history of somatic pathology. A history of psychiatric pathology was noted in 0.6%, dominated by depression. Personal infection by Covid-19 was noted in 4% of adolescents. A family member was affected in 27.3% of cases. Adolescents were exposed to the death of a close relative in 22.4% of cases. PTSD was diagnosed (according to the CPSS) in 37.4% of cases, with mild severity in 6.5%, moderate in 0.6%, moderately severe in 8%, severe in 5.2% and extremely severe in 17.2%. The analytical study showed that PTSD was correlated with a conflictual family environment ($p=0.017$), personal infection by COVID ($P=0.003$), infection of a close relative by COVID ($P<0.001$) and the death of a close relative by COVID ($p<0.001$).

Conclusions: According to our study, the frequency of post-traumatic stress disorder among adolescents during the COVID-19 pandemic was high, underlining the need to screen at-risk populations for populations for early intervention.

Disclosure of Interest: None Declared

EPV0313

Resilience among Tunisian adolescents during the COVID19 pandemic: about 326 cases

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Introduction: The COVID-19 pandemic has caused psychological distress in all the communities and through all ages. Some people seemed to be less affected and to be resilient because of a dynamic interaction between individual, relational and environmental factors.

Objectives: We aim on this present study to evaluate the resilience and factors associated with it among a representative sample of Tunisian adolescents during the COVID19 pandemic.

Methods: We conducted a cross sectional, descriptive and analytic study among Tunisian adolescents enrolled in secondary schools, in

the Hamma region of the city of Gabes during the period extending from 5 March to 26 May 2021. Students were asked to complete a pre-established questionnaire, which contains questions about socio demographic features, medical history and knowledge about the pandemic of covid-19. The Child and Youth Resilience Measure (CYRM-28) was used to evaluate the global resilience and resources contributing to it. The CYRM-28 contains three resources including individual, relationship with primary caregivers and contextual factors. Higher scores reflect higher levels of factors associated with resilience.

Results: A total of 326 adolescents aged between 14 and 18 years old participated on this study (mean age 16.65 years 1). There were 92 boys and 234 girls. In our sample, 4% of adolescents were infected by the Covid-19. The infection of a family member by this virus was noted in 27.3 % of cases. Adolescents were exposed to the death of a family member by Covid-19 in 22.4% of cases. The Global CYRM28 score was 105 ± 22.39 . We found that adolescents who had loosen a family member because of the COVID infection, were less resilient than others (100 vs 107; $p=0.023$). Adolescents with a moderate to low socioeconomic level were less resilient especially with regard to contextual resilience (35, 57 vs 37, 83; $p=0.019$). On the other hand, adolescents keeping means of leisure during this epidemic were significantly more resilient especially in the personal resources ($p=0.024$).

Conclusions: Our findings conclude to some individual, relational and contextual factors that contribute or alters the process of resilience. Recognizing the strengths and capacities of adolescents would allow the development of programs and resources that can help these young people develop resilience skills.

Disclosure of Interest: None Declared

EPV0315

The impact of the 2020 lockdown on the psychological functioning of outpatient psychiatric patients

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Introduction: The coronavirus pandemic has led to sudden changes in the lives of people around the world. The health threat, earthquakes and epidemiological measures caused certain psychological reactions in everyone. Psychiatric patients are particularly vulnerable to stress, so we were interested in how the changes at the beginning of the pandemic affected their psychological functioning. **Objectives:** To check changes in some areas of psychological functioning of outpatient psychiatric patients after the “lockdown” in 2020 and to examine their connection with some sociodemographic and treatment variables.

Methods: Patients of the University Psychiatric Hospital Sveti Ivan filled out a survey questionnaire designed for the purpose of

research, which consisted of sociodemographic data and items examining different areas of psychological functioning, when they arrived for an outpatient check-up.

Results: Variables were formed that examine: changes in unpleasant emotions, lack of support, lack of social interaction, changes in performing daily duties, changes in self-help behaviors and health concerns. Statistical analysis showed a significant increase in all variables, with the largest occurring in lack of social interaction, health concerns, and unpleasant emotions. The predictors of changes in psychological functioning were female gender, younger age in combination with cohabitation with parents, and the number of hospitalizations.

Conclusions: After the “lockdown” in 2020, psychiatric patients report a deterioration in psychological functioning.

Disclosure of Interest: None Declared

EPV0316

Deaths of patients diagnosed with psychotic disorder due to SARS Cov-2 in Avilés, Spain

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Introduction: Psychotic patients are a vulnerable population from a social and health point of view. The SARS Cov-2 pandemic affected millions of people around the world, however, its effects on psychotic patients in Avilés Spain, have not been analyzed.

Objectives: The objective of this study was to determine and compare the mortality of patients with psychosis due to SARS Cov-2 in Avilés, Spain with others regions and countries in the European Union. Determine the influence of social condition and antipsychotic treatment on the condition of these patients.

Methods: This is a descriptive, observational study, in which patients diagnosed with psychosis in the period 2020-2021 who contracted SARS Cov-2 infection in Avilés, Spain, were studied to determine those who died from this cause. The influence of social status and antipsychotic medication, as well as sociodemographic factors (age, sex, marital status) were analyzed and compared with other regions and countries of the European Union.

Results: Despite the high mortality rate in patients with psychosis, during the years of the pandemic SARS Cov-2 played an important role given the vulnerability of these patients.

Conclusions: The negative effects and deaths during the COVID-19 pandemic were at the time a major problem for public health worldwide. This study concluded that the morbidity and mortality of psychotic patients who contracted COVID-19 was lower than the rest of the population.

Disclosure of Interest: None Declared

EPV0317

The emergence of new obsessions and compulsions after COVID-19: a case report

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Introduction: The coronavirus pandemic has affected mental health since its outbreak in 2019 and several studies have revealed that obsessive-compulsive disorder (OCD) patients were adversely affected.

Objectives: The aim of our present report is to study the impact of the coronavirus infection on OCD.

Methods: We illustrate a case of new emerging obsessions and compulsions after a COVID-19 infection in a patient consulting at the Psychiatry C department of the Hedi Chaker University Hospital.

Results: Mr. HB first presented in our outpatient unit of the Psychiatry C department at the age of 32. His medical history was unremarkable except for a COVID-19 infection in June 2022 that did not cause any organic complications. His family history was negative without neurological and psychiatric diseases. Further history revealed that OCD symptoms already started before his infection with COVID-19. At that time, he suffered from compulsions with the urge to constantly wash his hands and check rituals, but his symptoms were not severe enough to make him seek a psychiatric consult or treatment. However, since July 2022, soon after his infection with COVID-19, he suffered from new obsessions and compulsions, he would spend hours calculating all the numbers he sees and counting the number of letters in the words he came across. Non-surprisingly, OCD symptoms caused relevant problems in social life, and at work, he had difficulties concentrating and working. Due to his symptoms, he had neglected hobbies, avoided social contact, spent less time with his family, and even had suicidal thoughts. Therefore, pharmacotherapy with clomipramine was initiated with a maximal dose of 150 mg/d. Because of adverse events and lack of efficacy, he stopped medication and decided to consult our department to seek a different treatment. Therefore, sertraline was started at the dose of 50 mg/d along with psychotherapy.

Conclusions: People with OCD are likely to be more susceptible to the mental health impact of COVID-19. Responses to the pandemic are not only associated with an increase in all Obsessive-Compulsive (OC) symptoms and their severity but also the emergence of new types of obsessions and compulsions. Consequently, therapists should consider the effects of the pandemic on all OC symptom dimensions and adjust their treatment plans accordingly.

Disclosure of Interest: None Declared

EPV0318

Psychopharmacological factor in the course of COVID-19 among psychiatric inpatients

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Introduction: It is known that many psychopharmacological drugs have anti-inflammatory, as well as antibacterial and antiviral effects.

Objectives: To investigate the association between the severity and duration criteria of COVID-19 with psychopharmacotherapy in double-diagnosed patients.

Methods: A total of 169 case histories from a specialized infectious psychiatric department (May 2020 to January 2021) were evaluated. Progression indicators of severe and mild COVID-19, along with the duration of persistent SARS-CoV-2 viral shedding, were assessed in correlation with the administration of antidepressants, antipsychotics, and acid sphingomyelinase inhibitors (FIASMA-active drugs).

Results: The use of any psychotropic agents was associated with a 0.9% increase in the risk of severe course of COVID-19 for each unit increase in the systemic inflammation index PLR, specifically in patients with intellectual disability (ICD-10 codes F70-79), when compared to patients with schizophrenia (ICD-10 codes F20-29): $R^2_{McF}=0.138$; $AIC=181$; $\chi^2=25.8$; $df=9$; $p=0.002$. High PLR values and the use of FIASMA-active drugs were associated with prolonged COVID-19 duration, while antidepressant therapy and elevated C-reactive protein levels were associated with a reduced predicted duration of viral shedding in 13.8% of variance: $R^2=0.0864$; $AIC=1299$; $F=5.2(3)$, $p=0.002$. Including the nosology of psychiatric disorders in the regression model increased the proportion of explained variance to 22.8%.

Conclusions: Thymoanaleptic therapy for individuals with psychiatric disorders may act as a protective factor against COVID-19. There is no evidence suggesting adverse effects of antipsychotics on the severity and duration of COVID-19. Further research is necessary to investigate the effects of FIASMA-active psychopharmacological agents within nosologically homogeneous groups.

Disclosure of Interest: None Declared

EPV0319

The factor structure the PHQ-9 in Russian patients recovered from COVID-19

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Introduction: The nine-item Patient Health Questionnaire-9 (PHQ-9) is the first choice for screening for depression in primary care and other medical settings. The PHQ-9 has been shown to be a reliable and valid measure of depression symptoms, but there is disagreement among researchers about the factor structure of this questionnaire. Recent systematic reviews have found four different factor models of the PHQ-9, with one- and two-factor models being the most common. This discrepancy may be due to linguistic, cultural and clinical differences between the populations studied. The factor structure of the Russian version of the PHQ-9 during the COVID-19 pandemic has not been examined in any study to date.

Objectives: The aim of our study was to determine the factorial structure and internal consistency of the Russian version of the PHQ-9 in COVID-19 survivors.

Methods: Fourteen thousand 725 (female - 11479 (78.0%), age - 18-79 years (M - 47.09, SD - 12.70) participants completed an online survey including the PHQ-9 and an ad hoc questionnaire focusing on sociodemographic and COVID-related characteristics. McDonald's omega coefficient was estimated to determine the internal consistency of the questionnaire. Exploratory structural equation modelling (ESEM) with weighted least squares mean and variance adjusted estimator and geomin rotation was performed in Mplus 7.

Results: ESEM provided evidence for a three-factor structure of the PHQ-9, representing affective (items 2, 6, 9), anergic (items 1, 3) and somatic (items 3, 5, 7, 8) dimensions of depression. These factors fit the data well (CFI - 0.998; TLI - 0.994; RMSEA (95% CI) - 0.028 (0.024 - 0.032)), better than a single factor (CFI - 0.955; TLI - 0.940; RMSEA (95% CI) - 0.089 (0.087 - 0.092)) and two-factor (CFI - 0.985; TLI - 0.971; RMSEA (95% CI) - 0.062 (0.059 - 0.065)). The McDonald's omega was 0.82.

Conclusions: Our study revealed a three-factor structure of the Russian version of the PHQ-9 in COVID-19 survivors. COVID-19. A high internal consistency of the Russian version of the instrument was confirmed.

Disclosure of Interest: None Declared

EPV0320

Investigation of the factor structure of GAD-7 in Moscow residents exposed to SARS-CoV2

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Introduction: Rates of anxiety in the general population increased significantly during the COVID-19 pandemic. Several studies have shown that people exposed to SARS-CoV2 are at increased risk for both exacerbation and de novo development of anxiety disorders. Therefore, screening for anxiety disorders in this at-risk population is essential. In pre-pandemic studies, the 7-item Generalized Anxiety Disorder Questionnaire (GAD-7) was one of the most commonly used self-report instruments. Its validity has been demonstrated in several studies. However, there is no agreement among researchers about its underlying internal structure. Both

one-factor and two-factor solutions have been reported. This discrepancy may be due to linguistic, cultural, and clinical differences between the populations studied. To our knowledge, no studies have been conducted to investigate the factor structure of the GAD-7 in the Russian-speaking community sample and the psychometric properties of this questionnaire in SARS-CoV2 exposed individuals.

Objectives: The aim of the study was to determine the factorial structure and internal consistency of the Russian version of the GAD-7 in a large sample of Moscow residents exposed to SARS-CoV2.

Methods: Fourteen thousand 725 (male - 11479 (78.0%), age - 18-79 years (M - 47.09, SD - 12.70) Moscow residents exposed to SARS-CoV2 completed an online survey including the GAD-7 and an ad hoc questionnaire focusing on socio-demographic characteristics. McDonald's Omega was used to assess internal consistency. Exploratory structural equation modelling (ESEM) with weighted least squares means and variance adjusted estimator and geomin rotation was used to assess the factor structure of the Russian version of the GAD-7.

Results: The McDonald's Omega of the Russian version of the GAD-7 was 0.85, indicating a good internal consistency of the questionnaire. ESEM provided evidence for a one-factor solution that fits the data well (CFI - 0.996; TLI - 0.995; RMSEA (95% CI) - 0.041 (0.037 - 0.045)).

Conclusions: In Russian people exposed to SARS-CoV2, the GAD-7 showed good internal consistency. Our results are consistent with those of previous studies that reported a single-factor solution for the questionnaire.

Disclosure of Interest: None Declared

EPV0321

Coping strategies facing Covid-19, perceived social support, and trait anxiety among Tunisian caregivers

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Introduction: Caregivers in the Sfax region, Tunisia, having been at the forefront in the face of the Covid-19 pandemic, were therefore faced with intense stress. It seemed useful and interesting to us to study their adaptation strategies during this period of pandemic.

Objectives: The aims of our study were to identify the coping strategies used by Tunisian Healthcare workers (HCW) during the Covid-19 pandemic and to study the links of the different coping strategies with perceived social support and trait anxiety.

Methods: A cross-sectional, descriptive, and analytical study conducted among 254 Tunisian HCW working at the Habib Bourguiba and Hedi Chaker university hospitals in Sfax, during period from January 2021 to April 2021. the questionnaire used included an information sheet and three scales; "Social support questionnaire 6" (SSQ-6), "State Trait Inventory Anxiety Form Y2" (STAI-Y2), and "Ways of Coping Checklist" (WCC).

Results: Using the WCC scale, the strategy most used by participants was the problem-focused one ($M = 2.98 \pm 0.53$), followed by the emotion-focused strategy ($M = 2.65 \pm 0.58$), and that centered on the search for social support ($M = 2.64 \pm 0.59$). Using the SSQ-6, the mean score for the availability of perceived social support was equal to 8.91 ± 4.59 and the score mean perceived satisfaction was equal to 28.63 ± 5.84 . The prevalence of trait anxiety was 50%, according to the STAI-Y2. Statistical tests showed that problem-focused coping was the strategy most adopted by non-anxious participants. They also showed that the higher the availability of perceived social support, the more the social support-seeking coping strategy was chosen, and the higher the perceived satisfaction with perceived social support, the less the emotion-focused strategy was chosen.

Conclusions: It seems necessary to propose a learning program for coping strategies to counter the potential emergence of ineffective strategies and to reinforce the use of effective strategies, in order to improve or maintain optimal well-being of health personnel.

Disclosure of Interest: None Declared

EPV0322

Psychiatric disorders in patients after hospitalization for COVID-19: Frequency, coping behaviours and associated factors

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Introduction: The COVID-19 pandemic caused an unprecedented major health crisis. Current data suggest that psychiatric sequelae may persist for a long time in survivors after infection.

Objectives: The objectives of our study were to determine the frequency of anxiety, depression, sleep disorders, and posttraumatic stress disorder in patients after hospitalization for COVID-19 infection, and to investigate factors associated with their occurrence as well as to identify coping behaviors in these patients.

Methods: This was a descriptive cross-sectional study conducted at Ibn Jazzar Kairouan Hospital between September and December 2021 among patients who consulted three months after their hospitalizations for COVID-19 infection. The assessment of the different psychiatric disorders was performed using the validated Arabic versions of the Hospital Anxiety and Depression Scale, Post-traumatic Stress Disorder Checklist for DSM-5 and the Pittsburgh Sleep Quality Index. Coping behaviors were studied using the Brief-COPE scale.

Results: Our work included 104 patients. The median age was 55.5 years [IQR:47-64]. The gender ratio M/F was 1.12. Anxiety and depressive symptoms were found in 26.9% and 25% of cases, respectively. The frequency of post-traumatic stress disorder was 22.1% and that of sleep disorders was 41.3%. Problem-solving strategies were the most widely adopted, followed by emotion-focused strategies. Younger age, female gender, persistence of a physical symptom, impairment of daily activity, and stigma were factors independently associated with psychological distress. No association was found between the intensive care unit stay and psychiatric disorders. Problem-focused and emotion-focused

coping were negatively correlated with the different psychological outcomes studied.

Conclusions: Psychological distress in COVID-19 survivors persists beyond the acute phase and results from an intricacy of several factors. This highlights the importance of regular psychiatric follow-up after hospitalization in order to identify and treat, as early as possible, psychiatric disorders.

Disclosure of Interest: None Declared

EPV0324

Impact of COVID-19 on community mental health care referrals

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Introduction: As the global community grapples with the aftermath of the COVID-19 pandemic, its reverberations extend beyond the realm of physical health, significantly impacting mental health care systems. This article delves into the multifaceted effects of COVID-19 on community mental health care referrals, scrutinizing the challenges, adaptations, and potential innovations that have emerged in the wake of this unprecedented crisis. By examining the nuanced interplay between the pandemic and mental health care access, we seek to shed light on crucial considerations for the future of community mental health services in a post-pandemic landscape.

Objectives: To understand impact of Covid 19 pandemic on number of referrals received by a specific community mental health service.

Methods: We analysed number of referrals to a specific community mental health services since July 2019 until July 2022.

Results: During the period assessed we noticed a significant decrease to number of new referrals to a specific community mental health service with onset of covid 19 pandemic. We also noticed a progressive increase to the number of referrals in the first six months of July 2022.

Conclusions: The COVID-19 pandemic has had a significant impact on attendance to healthcare appointments, leading to decreased attendance, shift to telemedicine, delays in care, increased no-shows, and rescheduling of appointments. The pandemic has also highlighted the importance of being prepared for and able to adapt to changes in the healthcare landscape.

Disclosure of Interest: None Declared

EPV0325

The fundamental beliefs held by individuals living with HIV and university students during the challenges posed by the second wave of the COVID-19 pandemic in Russia

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Introduction: Baseline beliefs, as conceptualized by R. Janoff-Bulman in her cognitive theory of mental trauma, represent an inherent internal framework that shapes how individuals perceive and assess traumatic events. It is widely acknowledged that the pandemic has had a profound impact on the global economy and the living conditions of individuals. Consequently, it is reasonable to assume that during a pandemic, one's ability to adapt to these altered circumstances is influenced by their foundational beliefs. Consequently, exploring these fundamental beliefs in two at-risk groups, namely university students and individuals with confirmed HIV, becomes a subject of significant interest.

Objectives: This study aims to examine the fundamental beliefs of patients with HIV and university students in the context of the second wave of the new coronavirus pandemic in Russia.

Methods: Data collection took place from January to July 2021 using a custom-developed Google form. The study involved 35 Russian university students majoring in humanities and 59 HIV-positive patients. We employed the WAS-37 methodology, adapted for use in Russia, to assess their baseline beliefs.

Results: We found that on the scales "Fairness" ($M = 21.00 \pm 3.73$ - students, $M = 20.53 \pm 4.63$ - patients, $p = 0.616$), "Luck" ($M = 31.74 \pm 5.06$ vs $M = 29.59 \pm 7.33$, $p = 0.129$) and "Control beliefs" ($M = 26.66 \pm 4.80$ vs $M = 27.12 \pm 4.42$, $p = 0.636$) students did not differ from patients. Scores on the Environment Benevolence scale were higher in students ($M = 35.46 \pm 7.33$ vs $M = 30.50 \pm 7.09$, $p = 0.002$) and on the Self Image scale were higher in HIV patients ($M = 26.63 \pm 6.97$ vs $M = 30.03 \pm 5.41$, $p = 0.010$).

Conclusions: During the latter stages of the COVID-19 pandemic in Russia, individuals living with HIV, when compared to students, tended to perceive the world around them as being more perilous and unfriendly, while simultaneously viewing themselves as possessing greater integrity. From our perspective, this latter observation could be interpreted as a means of self-defence against the perceived hostility of the external world. In such pandemic circumstances, it may be advisable to consider the use of supportive psychotherapy for individuals living with HIV.

Disclosure of Interest: None Declared

EPV0326

The quality of life for students pursuing humanities disciplines and individuals living with HIV during the second wave of the COVID-19 pandemic in Russia

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Introduction: The COVID-19 pandemic has had a significant impact on people's lives, affecting various aspects of society and potentially altering the quality of life of certain groups. The World Health Organisation defines quality of life as an individual's physical, psychological, emotional, and social health as perceived by themselves in relation to society. It appears that the pandemic disproportionately affected the most susceptible societal segments, comprising university students who encountered significant stress

due to the shift to remote learning, and individuals living with HIV who faced difficulties in accessing medical assistance.

Objectives: The study aimed to investigate the quality of life of students studying the humanities disciplines and HIV patients during the second wave of the COVID-19 pandemic in Russia.

Methods: Data collection was conducted from January to July 2021, using a Google form developed by the researchers. The study included 35 students from Russian universities studying humanities specialities and 59 HIV-positive patients. To check the quality of life, we used the WHOQOL-BREF questionnaire, adapted for use in Russia.

Results: We found that on the domains "physical and psychological well-being" ($M = 20.26 \pm 3.89$ - students, $M = 21.43 \pm 3.62$ - patients, $p = 0.144$) and "self-image" ($M = 19.11 \pm 3.53$ vs $M = 19.52 \pm 2.92$, $p = 0.553$) respondents from the two groups did not differ from each other. The domain "microsocial support" was more pronounced in students than patients ($M = 10.71 \pm 2.48$ vs $M = 9.17 \pm 2.96$, $p = 0.011$). A similar situation was observed in "social well-being" ($M = 27.23 \pm 4.33$ vs $M = 24.97 \pm 5.24$, $p = 0.034$).

Conclusions: During the second wave of the COVID-19 pandemic in Russia, individuals living with HIV experienced a lower quality of life compared to students in humanities disciplines. Individuals living with HIV reported lower satisfaction with their relationships within their immediate environment, including family and friends, as well as their overall social well-being, encompassing factors like safety, material wealth, access to medical care, and transportation. In these pandemic conditions, it became evident that individuals with HIV required more extensive social support measures than students.

Disclosure of Interest: None Declared

EPV0327

The connection between professional burnout of medical workers and the specific working conditions during the COVID-19 pandemic in Russia

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Introduction: The COVID-19 pandemic has certainly become a stressful event for medical workers, so the aim of this research was to study the pandemic-specific working conditions that may be associated with the professional burnout of medical workers in Russia.

Objectives: To study the pandemic-specific working conditions that may be associated with the professional burnout of medical workers in Russia.

Methods: The Maslach Burnout Inventory (MBI) was used to measure the level of professional burnout. It was filled out by medical workers from January 2021 to November 2022.

The sample consisted of 314 medical workers (57 men and 255 women), whose average age was 36.97 ± 11.93 . According to the level

of education, the sample included specialists with secondary general education (4.14%), with secondary special education (19.4%), with incomplete higher education (11.46%), with higher education (59.87%) and PhD (5.1%). 35 people (11%) of the surveyed medical workers worked in the red zone.

Results: Working in the red zone is significantly associated with Emotional Exhaustion ($p=0.002$) and Depersonalization ($p=0.002$), but not with a Reduction in Professionalism.

The working conditions of medical workers who were significantly associated simultaneously with Emotional Exhaustion, Depersonalization and Reduction of professionalism (respectively): (1) Lack of confidence in support from the health system and the state in case of illness ($r=0.170$, $p=0.002$; $r=0.202$, $p=0.000$; $r=-0.171$, $p=0.002$); (2) Inability to meet the usual personal needs (daily routine, nutrition, communication with loved ones) as employment increases at work ($r=0.200$, $p=0.000$; $r=0.154$, $p=0.006$; $r=-0.186$, $p=0.001$); (3) Lack of confidence in their own professional competence in the fight against COVID-19 due to lack of knowledge about COVID-19 ($r=0.202$, $p=0.000$; $r=0.148$, $p=0.009$; $r=-0.211$, $p=0.000$); (4) Lack of confidence in their own effectiveness in the fight against COVID-19 due to the increase in the volume of work and the expansion of the scope of professional responsibilities ($r=0.234$, $p=0.000$; $r=0.152$, $p=0.007$; $r=-0.177$, $p=0.002$); (5) Lack of access to up-to-date information about COVID-19 ($r=0.190$, $p=0.001$; $r=0.158$, $p=0.005$; $r=-0.140$, $p=0.013$).

The Emotional Exhaustion scale is also associated with the fear of getting infected and getting sick with COVID-19 ($r=0.125$; $p=0.026$), as well as the lack of quick access to testing when COVID-19 symptoms appear ($r=0.169$; $p=0.003$).

Conclusions: Thus, not only work in the red zone, but also many specific working conditions during the COVID-19 pandemic can become a provocation factor for the deterioration of the emotional state of medical workers.

Disclosure: Research is supported by the Russian Science Foundation, project No. 21-18-00624.

Disclosure of Interest: None Declared

EPV0328

The connection between professional burnout of medical workers and the self-help methods during the COVID-19 pandemic

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Introduction: Many medical workers suffered from severe professional burnout while working in the conditions of the COVID-19 pandemic, but few of them had the opportunity to find psychological help.

Objectives: The aim of the research was to study the relationship between emotional burnout and self-help strategies in medical professionals during the pandemic.

Methods: The Maslach Burnout Inventory (MBI) was used to measure the level of professional burnout. It was filled out by medical workers from January 2021 to November 2022.

The sample consisted of 314 medical workers (57 men and 255 women), whose average age was 36.97 ± 11.93 . According to the level of education, the sample included specialists with secondary general education (4.14%), with secondary special education (19.4%), with incomplete higher education (11.46%), with higher education (59.87%) and PhD (5.1%). 35 people (11%) of the surveyed medical workers worked in the red zone.

Results: When medical workers experience severe Emotional Exhaustion and Depersonalization, they often try to help themselves by drinking alcohol ($r=0.156$; $p=0.005$; $r=0.184$; $p=0.001$), eating ($r=0.227$; $p=0.000$; $r=0.151$; $p=0.007$), taking medications ($r=0.204$; $p=0.000$; $r=0.212$; $p=0.005$), solitude ($r=0.204$; $p=0.000$; $r=0.133$; $p=0.019$), watching TV series ($r=0.173$; $p=0.002$; $r=0.146$; $p=0.01$). With an increase in the Reduction of professional skills, medical workers also eat more ($r=-0.148$; $p=0.009$) and try to learn something new, engage in self-development ($r=-0.137$; $p=0.015$). It is important to note that the desire to seek psychological help is associated only with Emotional Exhaustion ($r=0.121$, $p=0.032$), that is, he/she may be aware at an early stage of professional burnout, when the symptoms of depersonalization and reduction of professional skills have not yet occurred.

Conclusions: Thus, all the considered self-help methods are already used with pronounced symptoms of professional burnout, but do not lead to its pronounced decrease. It is important to note that seeking psychological help is possible with awareness of emotional exhaustion, but not with depersonalization and reduction of professional skills.

Disclosure: Research is supported by the Russian Science Foundation, project No. 21-18-00624.

Disclosure of Interest: None Declared

EPV0329

Comparison of perceptions about COVID-19 disease in patients and in medical professionals during the pandemic

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Introduction: The COVID-19 pandemic poses a serious threat to mental well-being both for patients who have suffered from coronavirus disease and for medical workers of this period. The difference in perceptions about COVID-19 in patients and those who care for them reflects the peculiarities of assessing the coronavirus pandemic and their own coping capabilities.

Objectives: The aim of the research was to compare the perceptions about COVID-19 in patients and medical professionals during the pandemic.

Methods: A Short questionnaire of Disease Perception (E. Broad-bent) was used to study patients' perceptions about COVID-19

disease. The same questionnaire was modified for the perceptions about the COVID-19 pandemic to study the peculiarities of the perceptions about COVID-19 by medical professionals.

The study was conducted from January 2021 to November 2022. The sample consisted of 314 medical workers (57 men and 255 women), whose average age was 36.97 ± 11.93 , and 390 patients (64 men and 326 women), whose average age was 28.58 ± 10.74 . 35 people (11%) of the surveyed medical workers worked in the red zone.

Results: Medical professionals and patients tend to assess the impact of the pandemic on life in the same way. However, according to medical professionals, the COVID-19 pandemic will last longer than according to patients (4.93 ± 2.81 vs 3.18 ± 2.29 , $p=0.000$). Doctors assess their ability to control the pandemic significantly worse than patients assess their disease as a result of coronavirus infection (2.82 ± 2.28 vs 5.30 ± 2.88 , $p=0.000$). Medical workers have a worse assessment of the effectiveness of the measures taken to combat the pandemic (4.75 ± 2.63 vs 5.50 ± 2.67 , $p=0.000$). Doctors are less likely to find symptoms of coronavirus (2.88 ± 2.32 vs 4.98 ± 2.75 , $p=0.000$) and less concerned about the spread of COVID-19 (3.75 ± 2.55 vs 4.20 ± 2.63 , $p=0.023$). Whereas patients have a worse understanding of what COVID-19 is (6.32 ± 2.87 vs 5.52 ± 2.83 , $p=0.000$), and they believe that COVID-19 affects their emotional state to a greater extent than doctors did (3.60 ± 2.66 vs 4.39 ± 2.90 , $p=0.000$).

Conclusions: Thus, the specifics of the perceptions about COVID-19 may largely depend on whether a person is faced with a coronavirus in the role of a patient or a medical worker. The emotional state of patients is more affected by the pandemic combined with a worse understanding of COVID-19, while medical workers feel less control and tend to regard the measures taken to combat the pandemic as less effective.

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Disclosure of Interest: None Declared

EPV0330

The connection between personal factors and burnout among medical workers during the COVID-19 pandemic

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Introduction: Work in the severe conditions of the pandemic has become a risk factor for the deterioration of the medical workers' psychological state, which together can lead to professional burnout and, as a consequence, to professional mistakes (Pervichko, Konyukhovskaya, 2020).

Objectives: The aim of the research was to study the connection between personal factors of medical workers and professional burnout during the COVID-19 pandemic.

Methods: The degree of professional burnout was assessed using Maslach Burnout Inventory (MBI) (Maslach, 2000; Vodopianova, Starchenkova, 2008), HEXACO Personality Inventory (short version) was used to study personality traits (Ashton, Lee, 2007; Egorova, et al., 2019).

The study was conducted from May 2020 to October 2022. The sample consisted of 197 medical workers (32 men and 165 women), whose average age was 38.85 ± 12.05 .

Results: Honesty as a personality trait is negatively significantly associated with emotional exhaustion ($r=-0.268$, $p=0.000$), depersonalization ($r=-0.323$, $p=0.000$) and positively associated with a smaller reduction in professionalism ($r=0.290$, $p=0.000$). Emotionality in medical workers is positively significantly associated with emotional exhaustion ($r=0.358$, $p=0.000$) and depersonalization ($r=0.243$, $p=0.001$) and with a greater reduction in professionalism ($r=-0.380$, $p=0.000$). Extroversion is negatively associated with emotional exhaustion ($r=-0.478$, $p=0.000$) and depersonalization ($r=-0.376$, $p=0.000$) and positively associated with a smaller reduction in professional achievements ($r=0.566$, $p=0.000$). Benevolence and conscientiousness reveal negative associations with depersonalization ($r=-0.248$, $p=0.001$; $r=-0.180$, $p=0.012$) and positive associations with a smaller reduction in professionalism ($r=0.190$, $p=0.008$; $r=0.301$, $p=0.000$).

Conclusions: Thus, the state of emotional exhaustion during burnout is associated with greater emotionality, less honesty and extroversion. Whereas depersonalization and a greater negative assessment of one's own professional competence and productivity is associated with less honesty, more emotionality, less extroversion, benevolence and conscientiousness.

Disclosure: Research is supported by the Russian Science Foundation, project No. 21-18-00624.

Disclosure of Interest: None Declared

EPV0331

The connection between the experience of the disease and perceptions about COVID-19 in patients

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Introduction: Since the COVID-19 pandemic has had a serious impact on the psychological state of the population, the individual experience of COVID-19 disease may affect the content of perceptions about coronavirus in those who have been ill with it.

Objectives: The aim of the research was to study the connection between patients' experience of the disease and their perceptions about COVID-19.

Methods: A Short questionnaire of Disease Perception (E. Broad-bent) was used to study patients' perceptions about COVID-19 disease. The wording "disease" was replaced with "COVID-19 disease".

The study was conducted from January 2021 to November 2022. The sample consisted of 390 patients (64 men and 326 women), whose average age was 28.58 ± 10.74 .

Results: The subjective assessment of the duration of COVID-19 disease and its impact on the patient's life is higher if the patient is still sick with COVID-19 ($r=0.340$, $p=0.008$; $r=0.312$, $p=0.000$), in a more severe form ($r=0.341$, $p=0.000$; $r=0.298$, $p=0.000$), less satisfied with the attitude of medical workers during illness ($r=0.151$, $p=0.003$; $r=0.143$, $p=0.005$), more afraid for the health of their loved ones ($r=-0.194$, $p=0.000$; $r=-0.181$, $p=0.000$). At the same time, greater concern about COVID-19 and a greater assessment of its impact on the emotional state is associated with patients' fear for the health of loved ones ($r=-0.267$, $p=0.000$; $r=-0.242$, $p=0.000$) and more severe course of the disease ($r=0.107$, $p=0.035$; $r=0.126$, $p=0.013$). Less sense of control in a COVID-19 disease situation is associated with a more severe course of the disease and greater fear for the health of loved ones ($r=-0.174$, $p=0.001$; $r=0.154$, $p=0.002$).

Conclusions: Thus, whether the patient has recovered after COVID-19 or not yet, how severe this disease was, how satisfied he was with the attitude of medical workers towards him during the illness and how much he fears for the health of loved ones during the pandemic, is related to such perceptions about COVID-19 disease as an assessment of the disease duration, its impact on life, emotional state, concern about one's own illness and understanding of its nature.

Disclosure: Research is supported by the Russian Science Foundation, project No. 21-18-00624.

Disclosure of Interest: None Declared

EPV0333

The Impact of the COVID 19 Pandemic on Psychiatric Hospitalizations in a Portuguese Department: A Retrospective Observational Study

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Introduction: The World Health Organization declared the coronavirus outbreak a pandemic on March 11th 2020. Since then, the containment measures were leading to increasing mental health problems in the general population and worsening of some pre-existing psychiatric conditions. To our knowledge, there are few studies characterizing the impact of the COVID-19 pandemic on psychiatric hospitalizations across the world.

Objectives: We aimed to compare the number and characteristics of the hospitalizations in the mental health department of a Portuguese psychiatric hospital from March 2nd 2019 to October 31st 2019 with those that occurred in the same period in 2020.

Methods: We conducted a retrospective observational study including all patients admitted to hospital during these periods ($n=805$). Sociodemographic data, clinical characteristics and information about the context of hospitalization were collected. Statistical analysis was performed using t Student Test, Mann-Whitney and Chi-square.

Results: In the pandemic period there was a marked reduction in the number of psychiatric hospitalizations. There was a statistically significant difference in the median length of stay and in the percentage of involuntary hospitalizations between the two periods. In 2019, the most frequent International Classification of Diseases (10th Revision) diagnostic categories were F30-F39 (mood disorders) and in 2020 were F20-F29 (schizophrenia, schizotypal and delusional disorders).

Conclusions: The reorganization of services and the decrease in admissions through the emergency department may explain these results.

Disclosure of Interest: None Declared

EPV0334

Enduring the unseen burden: a qualitative analysis on long-term emotional impact of COVID-19 on long-term care workers

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Introduction: Long-term care facilities, such as nursing homes and other assisted living facilities, have been hit particularly hard by the COVID-19. The overall pandemic created an enormous pressure on long-term care workers (LTCWs), making them particularly vulnerable to mental disorders. However, most of the existing evidence regarding the well-being of care professionals has predominantly focused on frontline healthcare workers.

Objectives: This study aimed to identify long-term psychological needs of LTCWs derived from the COVID-19 pandemic, as part of a project that is developing an intervention to reduce psychological distress in this population group.

Methods: We performed a qualitative study with a rapid research approach. Participants were recruited from long-term care facilities located in Catalonia, Spain. Between April and September 2022, we conducted semi-structured interviews inquiring about the most psychologically challenging stages of the pandemic, perceived emotions during those stages, main determinants of those emotions, and their emotional state at the time of the interview. We used a qualitative content analysis method with an inductive-deductive approach.

Results: Thirty LTCWs participated in the study. Mean age was 44 ($SD=11.4$), 87% were females and one third were from foreign nationalities. The period of the pandemic with highest mental health burden was the outbreak, with almost every worker having experienced some form of emotional distress. Emotional distress persisted over time in more than half of participants, with fatigue and nervousness being the main emotions expressed at the time of the interview. High workload, feeling that pandemic times are not over and poor working conditions that have remained since then,

have been the most frequently expressed determinants of such emotions.

Conclusions: Long after the pandemic outbreak, emotional distress is still relevant. The persistent burden of psychological distress points to a need for institutions to take action to improve working conditions and promote employees' wellbeing.

Disclosure of Interest: None Declared

EPV0335

Impact of the Second Wave of the COVID-19 Pandemic on the Quality of Life and Emotional Well-being of Students studying humanities disciplines in Russia

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Introduction: The second wave of the COVID-19 pandemic had a significant impact on the quality of life and emotional well-being of the Russian population, with increased emotional disorders such as depression and anxiety. This study focuses on the specific context of Russian university students studying humanities disciplines, who had to adapt to remote learning and self-education during the pandemic.

Objectives: This study aimed to assess the quality of life and measure the levels of depression, anxiety, and stress among Russian humanities students. Additionally, it examined the correlations between quality of life and emotional disorders.

Methods: Data collection was conducted between January and April 2021 using a customized Google form. The study included 35 students from Russian universities. Quality of life was assessed using the WHOQOL-BREF questionnaire, and levels of depression, anxiety, and stress were determined using the DASS-21 methodology, both adapted for use in Russia.

Results: The mean values for the quality of life domains were as follows: "physical and psychological well-being" ($M = 20.65 \pm 3.85$), "self-image" ($M = 19.21 \pm 3.54$), "microsocial support" ($M = 10.39 \pm 2.36$), and "social well-being" ($M = 27.93 \pm 4.15$). Notably, 54% of respondents exhibited no symptoms of depression, 66% showed no signs of anxiety, and 69% reported no stress. Correlation analysis revealed that there was no statistically significant relationship between stress and quality of life, and social well-being did not correlate with emotional disturbances.

Conclusions: During the second wave of the COVID-19 pandemic, the majority of Russian humanities students did not experience clinical manifestations of depression, anxiety, or stress. To improve their emotional well-being, students should prioritize their physical and psychological health, self-perception, self-esteem, and relationships with their immediate social circles, particularly their families. In this pandemic context, broader social factors such as recreational opportunities took a back seat in students' priorities.

Disclosure of Interest: None Declared

EPV0336

Fundamental beliefs, as well as levels of depression, anxiety, and stress experienced by Russian students during the second wave of the COVID-19 pandemic

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Introduction: A pandemic caused by a novel coronavirus is an immensely traumatic event. Researches indicate that such events significantly impact various aspects of individuals, including their physical, emotional, cognitive, behavioural, and social functions, affecting different components of their personality structure. However, the experience of trauma itself is influenced by implicit internal structures known as underlying beliefs. Consequently, emotional responses to traumatic events may be interconnected with these core beliefs.

Objectives: This study aimed to explore fundamental beliefs among Russian university students and analyze their associations with emotional reactions such as depression, anxiety, and stress.

Methods: Data collection took place from January to April 2021 using a custom-designed Google form. The study involved 35 Russian university students. We employed the WAS-37 methodology to investigate fundamental beliefs and the DASS-21 methodology to assess the levels of depression, anxiety, and stress. Both questionnaires were adapted for use in Russia.

Results: We found that the mean values of the "Benevolence of the surrounding world" ($M = 35.5 \pm 7.3$) and "Luck" ($M = 31.7 \pm 5.1$) scales are higher than the normative mean values for the Russian population. In contrast, the mean values of the "Fairness" ($M = 21.0 \pm 3.7$), "Self-image" ($M = 26.6 \pm 7.0$) and "Beliefs about control" ($M = 26.6 \pm 4.8$) scales are generally not different from the normative values. Depression has negative correlations with Self-image ($r_s = -0.590$, $p < 0.01$) and Beliefs about control ($r_s = -0.509$, $p < 0.01$). No statistically significant correlations of anxiety and stress with baseline beliefs were obtained.

Conclusions: During the second wave of the pandemic, Russian university students tend to view the world around them as less perilous than the broader population does, and they perceive themselves as more fortunate. Depressive feelings among students are linked to their lower beliefs in the value and importance of their self, as well as their perception that the world around them is not sufficiently controllable.

Disclosure of Interest: None Declared

EPV0337

Variations in self-regulation of behaviour among different groups of the Russian population during the second wave of the COVID-19 pandemic

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Introduction: During a pandemic, the population is required to adapt effectively to drastically altered environmental conditions to avoid the development of psychiatric disorders or other maladaptive responses. This adaptation is closely linked to an individual's ability to regulate their behaviour effectively and to develop traits such as pliability and autonomy.

Objectives: The research aims to investigate individual self-regulation among students studying humanities disciplines and individuals living with HIV during the second wave of the COVID-19 pandemic in Russia.

Methods: Data collection took place from January to July 2021 using a custom-designed Google form. The study involved 35 university students in Russia specializing in humanities and 59 individuals living with HIV. To assess the development of individual self-regulation and determine its specific profile, we utilized the "Behavioural Self-Regulation Style" questionnaire developed by V. I. Morosanova.

Results: We found that 43% of students have an average level of self-regulation, 37% - high and 20% - low. Among people living with HIV the distribution is similar: 53 % have an average level of self-regulation, 37 % - high and 10 % - low. The analysis of average results of the scales did not reveal statistically significant differences among the groups of respondents. The average profiles have no pronounced peaks and look as follows: planning ($M = 5.77 \pm 2.16$ - students, $M = 6.24 \pm 1.90$ - patients, $p > 0.05$), modelling ($M = 5.26 \pm 1.80$ vs $M = 5.69 \pm 1.90$, $p > 0.05$), programming ($M = 6.00 \pm 1.50$ vs $M = 5.93 \pm 1.66$, $p > 0.05$), performance evaluation ($M = 6.26 \pm 1.42$ vs $M = 5.78 \pm 1.60$, $p > 0.05$), pliability ($M = 6.17 \pm 1.87$ vs $M = 6.58 \pm 1.90$, $p > 0.05$) and autonomy ($M = 5.00 \pm 2.33$ vs $M = 5.56 \pm 2.08$, $p > 0.05$) were almost at the same level in both the student and patient groups.

Conclusions: During the second wave of the COVID-19 pandemic in Russia, there were no significant distinctions observed in the self-regulation behaviour styles between students and individuals living with HIV. The majority of participants from these chosen groups demonstrated a similar average level of effectiveness in self-regulating their behaviour, as well as comparable degrees of pliability and autonomy development.

Disclosure of Interest: None Declared

EPV0338

The Parent Attitudes about Childhood Vaccination against COVID-19 in Tunisia

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Introduction: The vaccination of children and adolescents against covid 19 is an ongoing debate. While in some countries the program of vaccination of children under 12 years old is already implemented, in others the balance of risk and benefits is a dilemma. Parents' perception and decision about covid vaccination is an important parameter to consider.

Objectives: The aim of this study is to evaluate the parents' attitude about childhood vaccination against Covid 19 in Tunisia.

Methods: The "vaccine hesitancy scale (VHS) adopted from WHO's Strategic Advisory Group of Immunization" with 8 items translated in tunisian dialect and an additional ten survey item about the Characteristics of parents and their vaccination status against Covid 19. The survey is distributed on social media groups of parents of tunisian children and adolescents.

Results: Thirty parents have answered the survey. More than 80% of the participants were female with an average age of 38 years old. Among 30 participants 24 were vaccinated against covid 19 at least for once, but only one of them 10% decided to vaccinate their children against covid 19, while 3% are indecisive about the subject. Although 97 % of the children and adolescents have already been vaccinated completely according to the national vaccination program. The most common reasons for the refusal were. Parents consider that routine childhood vaccines are safe, necessary and useful more than covid vaccine. Some parents reported that their children have been infected by the virus so they have doubts about the usefulness of the vaccination.

Conclusions: A year after the pandemic, covid 19 contamination and vaccination against the virus are still an issue. With the emergence of new variants, the decline in protective measures, vaccination against covid is in the process of integrating routine programs. But the lack of information on the effectiveness of the vaccine and the adverse effects are a source of hesitation and refusal for parents. A large-scale national study is necessary before.

Disclosure of Interest: None Declared

EPV0339

Prevalence and predictive factors of depressive and anxious symptoms among healthcare professionals at Farhat Hached University Hospital in Sousse during COVID-19

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Introduction: The COVID-19 pandemic was originally of a magnitude exceeding that of previous epidemics, placing a heavy burden on healthcare systems in general and healthcare professionals in particular.

Objectives: To assess the prevalence of depressive and anxiety symptoms among healthcare professionals at Farhat Hached Hospital in Sousse during the COVID-19 pandemic and to identify associated risk factors.

Methods: This is a descriptive cross-sectional study conducted among healthcare professionals practicing in the Farhat Hached Hospital of Sousse, which took place during the period extending between August and November 2021. The 9-item Patient Health Questionnaire (PHQ-9), the 7-item Generalized Anxiety Disorder (GAD-7), were used to assess depression and anxiety respectively.

Results: Our study included 326 healthcare professionals from the Farhat Hached University Hospital. The mean age of our population was 36.38 ± 10.19 years, with a clear female predominance of 81.3%. The prevalences of depression and anxiety were 46% and 35.3% respectively. Female gender and being a paramedical staff were risk factors for depressive and anxiety symptoms. On the other hand, professional seniority of over 5 years was statistically significantly associated with anxiety. Sporting activity was inversely associated with depressive and anxiety symptoms.

The multi-variate analytical study revealed that the practice of leisure activities other than sport was a protective factor against the occurrence of depressive symptomatology in healthcare professionals, while current smoking and the practice of a sporting activity were inversely associated with the occurrence of anxious symptomatology.

Conclusions: These findings underline the need for specific prevention strategies to reduce these symptoms and help healthcare professionals maintain their mental health. This will help to guarantee the quality and efficiency of work in the medical environment, to better control the pandemic.

Disclosure of Interest: None Declared

EPV0340

Hematological impact of COVID-19 mRNA vaccination in patients treated with Clozapine

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Introduction: Clozapine is an atypical antipsychotic that is primarily prescribed for treatment-resistant schizophrenia. Despite its proven efficacy, the prescription of clozapine is sometimes limited by its hematologic side effects, including agranulocytosis. During the SARS-CoV-2 pandemic, schizophrenia is recognized as a risk factor for developing severe forms of the infection. Early and complete vaccination of patients has been recommended. However, there is limited data on the effect of the vaccine on the risk of hematologic abnormalities in patients treated with clozapine.

Objectives: To study the hematologic effect of the mRNA vaccine against COVID-19 in a population of patients with treatment-resistant schizophrenia treated with clozapine.

Methods: Twenty-five patients hospitalized for schizophrenia at the forensic psychiatry department of Razi Hospital in Manouba, Tunisia, were included. Eighteen patients were treated with clozapine, and seven patients were treated with other antipsychotics. Consent from patients and/or their relatives was obtained before vaccination. The results of complete blood counts performed as part of the therapeutic protocol were compared between the two groups before and after administration of the vaccine.

Results: No patient experienced agranulocytosis induced by clozapine after vaccination against COVID-19. Blood cells counts, red blood cells counts, and platelets were within the normal ranges. However, a decrease in the number of WBCs, neutrophils, and lymphocytes was observed in patients treated with clozapine without significant difference compared to the patients treated with other neuroleptics, but there was no severe neutropenia or need to stop treatment.

Conclusions: The prescription of clozapine, the introduction protocol, and treatment administration have been greatly influenced by the COVID-19 pandemic due to the hepatotoxic risk of the drug. Vaccination is essential to prevent severe forms of the infection, especially in at-risk populations such as patients treated for schizophrenia. The potentiation of hematologic side effects induced by clozapine by the vaccine is not documented. The COVID-19 mRNA vaccine is safe even with clozapine

Disclosure of Interest: None Declared

EPV0341

The impact of COVID-19 mRNA vaccination on somatic and psychiatric symptoms in patients with treatment-resistant schizophrenia: a cohort study

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Introduction: Patients with mental illness, particularly those with treatment-resistant schizophrenia, are at increased risk of severe COVID-19. The protective effect of vaccination against severe disease has been demonstrated, and vaccination of vulnerable individuals was a priority during the vaccination campaign. However, the effect of vaccination on the psychiatric symptoms of the disease is not well understood.

Objectives: To investigate the impact of COVID-19 vaccination on psychiatric symptoms and somatic symptoms in patients hospitalized for treatment-resistant schizophrenia.

Methods: Thirty patients hospitalized for treatment-resistant schizophrenia with a history of medico-legal acts were admitted to the forensic psychiatry department at Razi Hospital in Manouba, Tunisia. The consent of patients and/or their relatives was obtained before vaccination, and potential side effects were explained to patients and their families. A neuropsychiatric assessment and clinical examination of patients were performed by their referring psychiatrist before vaccination and one month after.

Results: The patients were all male, with a mean age of 42.3 years. No patient had an allergic reaction to the vaccine. No patient was infected with the virus one month after vaccination. On the clinical level, 30% of patients had general symptoms such as fatigue and

myalgia, which improved spontaneously within a few days. On the psychiatric level, exacerbation of positive symptoms such as hallucinations and delusions was found in 26% of patients. No increase in the frequency of agitation episodes or risk of hetero-aggressive behavior was reported. Sleep disturbances such as difficulty falling asleep and fragmented sleep were reported. The most common functional complaints reported by patients were palpitations, which were a source of somatic concern.

Conclusions: Several side effects of the vaccine have been documented and are taken into account in the daily practice of practitioners, but psychiatric effects are poorly reported and are sometimes attributed to the underlying disease. A complete examination, objective assessment, and regular follow-up are necessary to identify symptoms early and prevent relapses. Because of the small size of the sample, results could not be generalized. Further studies on a larger scale should be conducted.

Disclosure of Interest: None Declared

EPV0342

Depressive symptoms, insomnia and dyspnea in COVID-19 survivors: a tunisian study

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Introduction: The coronavirus infection emerging in 2019 caused a plethora of physical and mental health problems around the world. Recent studies showed a persistent psychological distress even after few months of the infection.

Objectives: To determine the prevalence of depressive symptoms, insomnia and dyspnea among covid-19 survivors.

Methods: We conducted a prospective cohort study including 121 Tunisian COVID-19 inpatients who had been discharged alive from hospital. Each enrolled patient was asked about the period before the hospital stay, and the 6-9 month-period after hospital discharge. Patient Health Questionnaire-9 (PHQ-9) was used to assess depressive symptoms. We assessed *insomnia via the insomnia severity index (ISI)* and *dyspnea through the mMRC* (modified British Medical Research Council).

Results: The median age of participants was 59 years. The prevalence of depressive symptoms and insomnia increased significantly after the pandemic (5.7% vs 57.9%, $p=0.038$, $r=0.189$; and 4.9% vs 26.4%; $p<0.0001$, $r=0.349$ respectively). Younger patients presented more depressive symptoms ($p<0.0001$). females were more likely to suffer from depressive symptoms ($p<0.0001$). Dyspnea was more prevalent among survivors with depressive symptoms ($p=0.001$). Patients with depressive symptoms exhibited more insomnia ($p<0.0001$).

Conclusions: The pandemic of covid19 emerged a wide range of physical and mental health problems with complex physiopathology. The early detection of these disorders improves the quality of life of these patients.

Disclosure of Interest: None Declared

EPV0343

Multifaceted Impact of the COVID-19 Pandemic and Lockdown on Physical and Mental Health: Insights from a Cross-Sectional Study

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Introduction: The global COVID-19 pandemic and subsequent lockdowns have significantly impacted global wellbeing and highlighted the close link between mental and physical health. Social isolation and quarantine have proven to be major stressors, leading to emotional distress and unpredictable psychological consequences.

Objectives: We explored the pandemic's impact on individuals' physical and mental health and social relationships.

Methods: We conducted a cross-sectional study using a questionnaire which included among other socio-demographic questions, the Fear of COVID-19 Scale, the World Health Organization Quality-of-Life Scale (WHOQOL-BREF) and the Toronto Empathy Questionnaire (TEQ).

Results: A total of 511 adults (55.1% males) participated in this study. Participants reported increased social media use (more than 4-5 times/week) during the lockdown, which was associated with increased fear of COVID-19 and negative effects on mental and physical health, and social relationships ($p<0.01$). Conversely, non-work-related outings (once a week) were associated with lower fear ($p<0.01$) and better well-being ($p<0.05$). Higher fear, particularly for loved ones, was associated with negative effects. The level of physical health was moderate to high, with varying levels of satisfaction in different areas. Empathy correlated with increased fear ($p<0.01$) and reduced mobility ($p<0.05$).

Conclusions: The COVID-19 pandemic and lockdowns significantly affected physical and mental health, highlighting the importance of tailoring interventions for vulnerable populations and promoting adaptive coping strategies in times of crisis.

Disclosure of Interest: None Declared

EPV0344

Effects of the COVID-19 Pandemic on Anger and Life Satisfaction among Children Aged 10-12 years old in Preveza

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doi: 10.1192/j.eurpsy.2024.1074

Introduction: Children, who are particularly vulnerable in emergency situations, need tailored mental health strategies.

Objectives: We investigated the impact of the COVID-19 pandemic on anger and life satisfaction in children.

Methods: September 2021, we conducted a cross-sectional study in Preveza, Greece, interviewing 91 students aged 10-12 years from four elementary schools. The survey included socio-demographic questions, the Anger Expression Scale for Children (AESC), and the Satisfaction with Life Scale (SWLS). AESC scores range from 6 to 30 indicating anger severity, while SWLS scores between 5-9 signify extreme dissatisfaction and 31-35 extreme satisfaction.

Results: Significant correlations were found between the number of siblings (p 0.004), duration of electronic play (p 0.005), and duration of sleep (p 0.014) with life satisfaction. Children without siblings, with limited play consumption, and early bedtimes had lower life satisfaction. The presence of a television in their room (p 0.027) and daily use of television and social media (p 0.007) correlated with anger management and behavior. Social media/TV use was associated with better anger management.

Conclusions: Despite the pandemic lasting almost two years, children's anger levels in Preveza remained stable, possibly due to outdoor activities and online interactions. These findings provide insights for policy makers, healthcare professionals, and parents seeking to improve anger management of children.

Disclosure of Interest: None Declared

EPV0345

Atypical case of anterograde amnesia after cerebral infarction and anti-NMDA encephalitis post Covid 19 infection: A complex clinical case

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doi: 10.1192/j.eurpsy.2024.1075

Introduction: Only a few cases of primary anterograde amnesia with confabulation after severe complex brain damage have been described in the literature.

Objectives: To describe a case of anterograde amnesia with confabulation in a patient with severe and extensive brain damage.

Methods: case report

Results: Case presentation: A 48-year-old male patient with a medical history of diabetes mellitus type II, hypertension, presented to a psychiatric clinic for the first time. He was admitted to the hospital due to the manifestation of disruptive aggressive behaviour, aimless wandering, and excessive, impulsive expenditure of financial resources. At the time of hospitalization and during the hospital stay, the patient exhibited a state of elevated mood and anterograde amnesia compounded by the presence of prominent confabulation, easily irritable mood with a tendency to conflict. No physical limitations.

Background: The patient is an active long-distance driver for 15 years. A year before hospitalization in psychiatric clinic, he was travelling to Moscow, he had episode of headache and unconsciousness after which hospitalization. Diagnosed with multiple infarcts of embolic origin in the right frontal lobes, both cortical and subcortical, on the right side at the level of the uncus, in the medial anterior parts of the right occipital lobe, on the left side in the insula and at the level of the capsula externa, in the anterior basal part of the left temporal lobe. After hemodynamic stabilization, he was repatriated to Latvia. Stationary positive SARS-CoV-2 PCR, O2 support therapy required.

The patient develops auditory and visual hallucinations, which do not correct on antipsychotic therapy. Lumbar puncture was performed, which showed positive anti-NMDA antibodies, magnetic resonance - autoimmune limbic encephalitis with damage to the gyrus cinguli of the insula cortex of both temporal lobes and the right subfrontal part with spread throughout the right temporal lobe, bilaterally in the mediobasal structures of the temporal lobes and the right thalamus with progressive changes. The patient receives immunomodulatory therapy, plasma exchange and immune globulin. Hallucinations decrease on the background of therapy. At discharge - moderate ataxia in the legs, disorientation in time, severe short-term memory disorders.

The patient in his mind lives like nothing has happened and the same life continues.

Image:

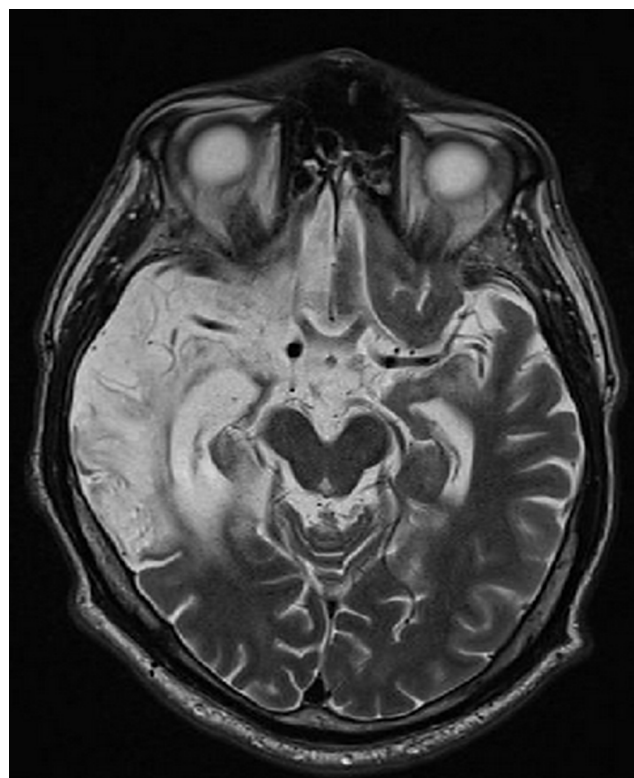


Image 2:

Conclusions: The long-term prognosis for the patient remains uncertain, given the multifaceted nature of the condition and the extent of brain damage. Continuous monitoring, rehabilitation, and ongoing support will be essential to assess cognitive recovery and improve the patient's quality of life.

Disclosure of Interest: None Declared

EPV0346

Mental well-being of Tunisian COVID-19 survivors: a cohort study

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Introduction: COVID-19 affected humankind worldwide in different aspects of life. Survivors still report the effects of the pandemic on daily life, physical health, and mental health.

Objectives: To assess effects of the pandemic on the mood and the quality of life of the survivors.

Methods: We conducted a prospective cohort study including 121 Tunisian COVID-19 inpatients who had been discharged alive from hospital. Each enrolled patient was asked about the period before the hospital stay, and the 6-9 month-period after hospital discharge, using several scales: the validated Arabic version of

"Patient Health Questionnaire" (PHQ-9) to screen for depressive symptoms, and "EuroQol five-dimension three-level" (EQ-5D-3L) to assess the quality of life.

Results: The median age of participants was 59 years, with extreme values ranging from 18 to 80. Among them, 51.2% were females. As compared with baseline status of patients, the depressive dimension assessed through PHQ was significantly impaired (7.05 vs 1.12; $p < 0.001$). The different dimensions of the EQ-5D-3L showed significant deterioration in mean scores (mobility: 1.09 vs 1.31, $p < 0.001$; selfcare: 1 vs 1.11, $p = 0.001$; daily activities: 1.09 vs 1.49, $p < 0.001$; pain and disturbance: 1.17 vs 1.49, $p < 0.0005$ and anxiety and depression: 1.07 vs 1.57, $p < 0.001$). Depressive symptoms were 10 times more frequent in post-COVID (57.9% vs 5.7%). The post-COVID PHQ-9 score was correlated with the post-COVID EQ-5D-3L score ($p = 0.033$).

Conclusions: This study points out the long-term impact of the COVID infection. Therefore, the clinician should screen for possible psychological distress even after resolution of the disease, in order to guarantee a better quality of life.

Disclosure of Interest: None Declared

EPV0347

Quality of sleep among trainee doctors at the Charles Nicolle Hospital after vaccination against COVID19

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Introduction: Sleep quality depends on several factors such as smoking, physical activity, diet, and certain pathologies, namely obstructive sleep apnoea syndrome. Indeed, following their vaccination against COVID19, several medical trainees complained about a deterioration of their sleep quality.

Objectives: To evaluate the quality of sleep of medical trainees who work at Charles Nicolle Hospital and who were vaccinated against SARS-COV2.

Methods: We conducted a descriptive cross-sectional study among medical trainees at Charles Nicolle Hospital who were vaccinated against COVID-19 during the period from March 2020 to August 2022. Sleep quality was evaluated by the Pittsburgh Sleep Quality Index (PSQI) questionnaire. Trainees were contacted during the period August 2022 to September 2022.

Results: Sixty-nine medical trainees, vaccinated against Covid19 joined our study. Forty-nine of them had a significant sleep disturbance: Pittsburgh Sleep Quality Index (PSQI) greater than five. The average age was 29.39 ± 3.04 years with a female majority (73.5%). No psychiatric history was found. The most affected category of trainees were residents (71.4%). Forty-three of them were inoculated with the messenger RNA vaccine and 4 with inactivated vaccine. Twenty-one patients vaccinated with the messenger RNA vaccine received two doses, seventeen received three doses and only one received a single dose. Sleep latency was high in 20,4% of cases. A sleep duration of less than five hours per night was found in 18,4% of the cases. Six participants reported using a sleep aid three to four times a week.

Conclusions: Our study revealed a significant sleep disturbance in medical trainees at Charles Nicolle Hospital. This could be due to the SARS-CoV2 vaccination but can also be explained by the night shifts and the stress to which they are exposed, especially during this pandemic period.

Disclosure of Interest: None Declared

EPV0348

Peculiarities of the first time diagnosed mental disorders formation in after the coronavirus disease COVID-19

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Introduction: The world community is only at the beginning of awareness of the peculiarities of the formation, course and outcome of the psychopathological consequences of the impact of the SARS-CoV-2 pandemic.

Objectives: To investigate the clinical and anamnestic features and their influence on the formation of psychopathological consequences in patients with first diagnosed mental disorders who have experienced COVID-19 and were exposed to the stressors of the SARS-CoV-2 pandemic.

Methods: 97 patients with first diagnosed mental disorders who have experienced COVID-19 and were exposed to the stressors of the SARS-CoV-2 pandemic were examined (F 32.0-32.2 – 34 patients, F 40-45 – 32 patients, F 06.3-06.6 – 31 patients). Clinical-psychopathological, clinical-anamnestic methods, including information about the experienced coronavirus disease COVID-19, the impact of the stressors of the SARS-CoV-2 pandemic, and methods of statistical analysis were applied.

Results: The conducted research made it possible to identify the phenomenological structure of mental disorders that develop after the coronavirus disease COVID-19. This structure includes depressive disorders (35.05%), neurotic, stress-related and somatoform disorders (32.99%), as well as mental disorders of organic genesis (31.96%). An important result of the study was the determination of the heterogeneity of mental pathology in the context of the influence of stressogenic factors of the pandemic and other psychogenies. In this aspect, all mental and behavioral disorders must be divided into 3 variants of pathology, which differ in the mechanisms of formation: caused by the pathoplastic factors of COVID-19 and the patient's personal reactions to the disease; related to the psychogenic effects of the stressors of the SARS-CoV-2 pandemic; with a combined mechanism of influence of pathoplastic and psychogenic factors. Certain diagnostic and phenomenological regularities characteristic of each of the options are defined. The influence of pathoplastic factors and personal reactions to the disease is associated with the formation of depressive disorders. Pandemic stressors most often cause the development of neurotic, stress-related and somatoform disorders. Under the influence of combined factors, disorders of organic genesis are formed to a greater extent. The initial manifestations of pathology also differ with different formation mechanisms: when pathoplastic factors predominate, asthenia, depression and sleep disturbances prevail; with leading psychogenic influences – anxiety and tension; when the above factors are combined – asthenia, stress and cognitive disorders.

Conclusions: The significance of the obtained data lies in the possibility of studying the role of the psychopathological consequences of COVID-19 in the genesis of mental disorders.

Disclosure of Interest: None Declared

EPV0349

The impact of the COVID-19 pandemic on the mental health of nursing professionals in the state of São Paulo

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Introduction: This is a descriptive cross-sectional clinical study with professionals from the Nursing Team (Nursing Assistant, Nursing Technician and Nurse).

Objectives: To assess the psychological impact of the Covid-19 pandemic on nursing staff professionals.

Methods: A descriptive, quantitative, cross-sectional study will be applied to a structured interview aimed at collecting sociodemographic and occupational data, Mental Health Scales evaluating professional exhaustion - Oldenburg Burnout Inventory and Beck's Anxiety Rating Scale to assess the state of anxiety.

Results: About 13,587 nursing professionals were interviewed, including nurses, technicians and nursing assistants. They were evidenced through the behavior indexes related to insomnia, the desire to cry and appetite variation may be related to the long working hours, the fear of contamination and the consequent absence from work, as well as the fear of getting sick may be related to the fact that the professional stops being a caregiver and starts to be cared for.

Conclusions: the study denotes the importance and need for interventions to promote and prevent mental well-being in health professionals exposed to COVID-19, these need to be implemented immediately, for nursing professionals, as they are on the front line, demanding attention Special. In this sense, the Nursing Council of the State of São Paulo created and implemented some bills such as the Obligation of Rest Rooms in Health Units, the Cuidando de Quem Cuida Program and the Yellow September Campaign in Allusion to actions for Nursing professionals for the prevention and promotion in mental health category.

Disclosure of Interest: None Declared

EPV0350

Coping self-efficacy and personal growth in the situation of the COVID-19 threat

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Introduction: In studies of the socio-psychological consequences of the COVID-19 pandemic, models focused on the negative aspects of stressors, dysfunctions, anxiety. We present the attempt to expand the context and include in the field positive personal resources for psychological well-being and even post traumatic personality growth after disasters. Sometimes separation from family and friends, lack of medicines and medical resources, loss of income, social isolation to humanity, do not automatically assume that a person is capable and responsible for effectively coping with life difficulties.

Objectives: 397 (students and patients of clinic average age 26, 2/3 are female

Methods: Peritraumatic Distress Index (CPDI) (Feng, 2020); Impact of Event Scale (Horowitz, 1979), Coping Self-efficacy Scale (Chespeu et al, 2006); Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996), MMI (Nuttin, 1986) – adapted by M. Magomed-Eminov.

Results: Significant negative correlation between coping self-efficacy and intensity of the impact of stressful events (IES) ($r_s = -0.140$, $p < 0.05$) was predictable.

CPDI and PTG showed significant correlation (Pearson's $r = 0.23$, $p < 0.01$) between Peritraumatic Distress Index and Post-Traumatic Growth indicators only in the group of respondents who have had COVID-19. The data is confirmed by the content analysis of incomplete sentences of the subjects of COVID group. The correlation between these indicators in the Non-Covid group was insignificant.

Moreover additional information we got from narratives of infected patients: the data has been split into 3 groups of narratives in the context of cultural-historical activity theory which shows the triadic outcome of survivor after trauma : a) suffering, b) adaptation, coping, resilience, c) personal growth.

Conclusions: To interpret the data the authors propose the meaning-activity approach and personality work with negative life experience (Magomed-Eminov, 1998, 2007, 2009, 2021). Authors suggest that further research on the positive consequences of stressful events beside coping styles and mechanisms that would expand the repertoire of tools predicted the ability of a modern person to cope with adversity and use experience for deeper involvement of human resources with the help of personality work with personal experience.

Disclosure of Interest: None Declared

Cultural Psychiatry

EPV0352

Confirmatory factor analysis and measurement invariance of the Depression, Anxiety, and Stress Scale (DASS-21) among Pakistani young adults

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Introduction: The Depression, Anxiety and Stress Scale (DASS-21) is recognized as being a widely used measure for the assessment of negative emotional states. While the DASS-21 has been widely used for assessing mental health in Pakistan, limited research has been done regarding its factor structure and measurement invariance.

Objectives: To assess the factor structure and measurement invariance of the DASS-21 among young adults in Pakistan.

Methods: A large sample of 1361 Pakistani young adults had completed the scale during the current study comprising 666 males and 695 females with a mean age of 24.51 years.

Results: Excellent internal consistency reliability was found for the overall DASS-21 and its three subscales (depression, anxiety and stress) ranging from $r = .86$ to $.71$ (Cronbach alpha). Moreover, the three subscales were strongly and significantly associated with one another. Additionally, the results showed a good fit of the three-factor model and the one-factor model of the DASS-21 aimed at assessing gender psychological distress. Strong measurement invariance was found regarding gender therefore showing that the DASS-21 is understood and interpreted similarly by males and females. However, little evidence was found regarding the three subscales (depression, anxiety and stress) for the measurement of three distinct constructs.

Conclusions: These findings confirm the utility of the DASS-21 for measuring mental health in Pakistan among young adults.

Disclosure of Interest: None Declared

EPV0353

Somatic Representation of Emotional Problems among Native Kyrgyz Speakers

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Introduction: The somatization problem has been one of the most acute in mental health for half a century (Kirmayer, L., 2000). Patients with somatic complaints turn to specialists in various fields but rarely to psychologists and psychiatrists, although the connection between bodily suffering and psychological difficulties sometimes lies on the surface (Molchanova E., 2016). In the last twenty years, the mechanisms of somatization have been considered by several disciplines, one of which is cultural psychiatry, which has become relevant. Unfortunately, most of the research focuses on the cultural characteristics of migrants living in the United States (Groleau, D. and Kirmayer, L. 2004). There needs to be more research on the cultural features of somatization in Kyrgyz culture.

Objectives: The goal of the study is to discover the distinctive features of the process of somatization in Kyrgyz culture

The objectives are:

To create a vocabulary of somatic phrases and idioms used to represent somatic problems to find the most commonly used somatic idioms for emotional complaints by native speakers of the Kyrgyz language.

To describe the mechanism of transformation of the emotional symptom into a specifically located and presented somatic complaint.

Methods: The research used a mixed, qualitative, and quantitative design.

The first stage is qualitative, including ten semi-structured interviews with linguists, culturologists, historians, and specialists in folk art.

The second stage included four focus groups (12 people in each group) with a follow-up analysis. The recruitment of respondents was carried out through social networks, announcements, and the snowball method.

The third stage was quantitative. With the help of the dictionary compiled at the first stage, 250 participants ranked the frequency of somatic idioms, which were used to express the emotional problems

Results: There have been found more than 200 somatic idioms, which are used to present emotional problems. The most frequent ones describe the heart, liver, and joints. Heart metaphors are associated with despair and anxiety, joints - with depression, and liver metaphors - with some personality characteristics, such as conformity and kindness. The created map of somatic representation of emotional problems shows the most frequent localization of somatic symptoms in disorders featuring somatic symptoms in native Kyrgyz speakers.

Conclusions: There is a culturally shaped specifics of somatic representations of emotional problems among native Kyrgyz speakers. More research needs to be conducted to interpret the nature of people's emotional problems represented by somatic symptoms.

Disclosure of Interest: None Declared

EPV0354

Applications of art therapy/occupational therapy in neuropsychic disorders: raw art objectives: stimulation, creativity, catharsis, socialization

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Introduction: Art therapy, occupational and play therapy support the idea that man becomes what he is through activity. We accept man in his totality, we oppose the rigid boundaries between “sick” and “healthy”, there is no contradiction between these states, but only an unbroken chain of neighboring nuances, of gradual differences of human life.

Objectives: Therapies based on the visual arts are also used in the discharge of repressed experiences, called in psychoanalytic terms “catharsis”, with the aim of preventing or remedying dysfunctions, facilitating maximum adaptability of the beneficiary, regardless of the degree of handicap. The activities of occupational therapy and ergotherapy has and productive objectives, in accordance with the outstanding, hidden skills, correlated with the current demands on the labor market. Art forms called: “Raw Art” can be practiced.

Methods: Traditional crafts and visual arts are reinvented as therapeutic methods. We use pottery and sculptural artistic ceramics with elements from the history of archaic arts connected with contemporary visual arts (pictures, sculpture, graphics, mixed arts and multimedia)



Results: The creative process and symbolic communication, associated with narration and imitation, develop new ways of communication, new ways of self-expression, new ways of seeing things. Throughout this process, people are more productive, more efficient, focused, calm and self-satisfied. (2014- Emilia Chirilă The role of art therapy in self-knowledge, self-esteem and interpersonal relationships in children with emotional disorders”- THE SECOND WORLD CONGRESS ON RESILIENCE: FROM PERSON TO SOCIETY may 8-10 Timisoara Romania 1139-1145 editors: M Tomita, S.Cace – MEDIUMOND- INTERNATIONAL PROCEEDINGS copyright 2014 by MEDIMOND srl 40065 Piamond (Bologna) Italy -Printed May 2014 by Editografica.Bologna Italy - ISBN 978-88-7587)

Image:



Image 2:



Image 3:



Conclusions: People who do not have a sufficiently developed vocabulary to be able to express themselves feel very good practicing art as a natural means of communication. Discovering the skills of the beneficiary, through the artistic product and the awareness of emotions and feelings open up ways to a more effective non-verbal communication.

Disclosure of Interest: None Declared

EPV0355

Cultural Diversity and Mental Health Care: A Case Study

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Introduction: In today's world of global migration and cultural diversity, mental health care grapples with persistent challenges. Despite efforts to promote cultural competency and person-centred approaches, it's vital to delve into the issues surrounding cultural differences and linguistic diversity in mental health care. This exploration highlights the complexities where culture, language, and healthcare intersect (Brisset et al., 2014; Desai et al., 2021).

Objectives: Our aim is to analyse cultural and linguistic barriers in mental health care for migrants and assess their impact on access and quality of care.

Methods: Literature review, drawing from sources such as PubMed, ResearchGate, and Google Scholar. This review will be framed around the case of a 34-year-old man from Bangladesh, who has been residing in Lisbon for a year. His clinical presentation includes depressive symptoms, disorganized behaviour, and psychotic manifestations, such as persecutory delusions. He does not speak Portuguese or English, thereby limiting his access to essential mental health treatment services. Through this review, we intend to elucidate the intricate dynamics surrounding cultural and linguistic barriers in mental health care.

Results: Migrants from diverse backgrounds face many challenges, including the loss of homes, livelihoods, and family, often leading to mental health issues like depression, anxiety, and post-traumatic stress disorder. Two primary challenges include adapting to a new life and experiencing discrimination and marginalization (Amri et al., 2013; Satinsky et al., 2019). Social stigma and mistrust hinder access to mental health services. Limited culturally competent services widen the gap between mental health needs and help-seeking attitudes. Language barriers significantly contribute to disparities in access to services (Amri et al., 2013). Additionally, mental health care providers' organizational culture often prioritizes 'ideal' patients who are native speakers, favouring individual-oriented treatment over community-focused care (Desai et al., 2021).

To address these barriers effectively, it is crucial to employ specific strategies. The Multi-Phase Model of Psychotherapy, Social Justice, and Human Rights (MPM) equips mental health counsellors to better serve immigrant communities while addressing social stigma. This comprehensive framework comprises five phases of intervention: psychoeducation, culturally responsive service delivery, cultural orientation, collaboration with local healers, and connecting patients to essential resources (Amri et al., 2013). Additionally, practitioners should receive training in effective collaboration with interpreters to provide multilingual healthcare (Brisset et al., 2014).

Conclusions: Addressing cultural and linguistic barriers in mental health care is vital. The Multi-Phase Model of Psychotherapy offers a promising approach, while collaboration with interpreters remains essential.

Disclosure of Interest: None Declared

EPV0357

Dissociative Identity Disorder from a Palestinian Perspective: A Case Report

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Introduction: Dissociative Identity Disorder (DID) is the presence of two or more distinct personality states within an individual. It is a rare dissociative disorder where usually self-non-integration arises as a response to significant stress. As is the case for many other psychiatric disorders, the diagnosis and management of DID is highly dependent on cultural variables and contexts.

Objectives: To present a case of DID in Palestine in which the diagnosis was dependent on noticing minor changes in the patient's dialect at different times. To highlight the importance of understanding each patient's environment, values, and culture when assessing DID to avoid under- or over-diagnoses.

Methods: A case report in which we present a case of a 17-year-old Palestinian girl who suffered from three months of general fatigue, restlessness, poor coordination, and peripheral numbness. She was seen by several doctors who excluded organic causes and several spiritual healers without benefit. This caused severe deterioration of social and academic functioning. The family noticed a change in her articulation and memory issues, so they presented her to a psychiatrist. Data was collected by interviewing the patient and her family weekly for a month. The psychiatrist noted that the patient has subtle differences in accent, and directed the family to record any change in tone of voice or articulation. The patient was found to have three different accents on top of her native one, representing a total of four personalities with no memory integrity among them. She was started on Escitalopram (gradually increased) and Alprazolam (gradually decreased).

Results: The psychiatrist detected the theme of being "stuck" throughout the personalities, each in its own way, according to the context of their roots. It was revealed that the patient is engaged to a man she doesn't approve of and has "no way out" due to the social and familial significance of this relationship. Family counseling and trauma-informed psychoeducation were done, where the patient's choice was reaffirmed. This led to significant improvement in terms of mood, identity integration, and social functioning with complete resolution of split personalities in just short of one-and-a-half months.

Conclusions: This case report asserts the importance of cultural understanding and sensitivity when assessing psychiatric patients. Symptoms, triggers, psychotherapy, and psychoeducation have a universal baseline, yet are highly culturally-dependent. Through this case study, we emphasize the importance of translating universal criteria into context-specific practices.

Disclosure of Interest: None Declared

EPV0358

Exploring the legacy of Ibn Imrân's Treatise on melancholia in contemporary psychiatry

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Introduction: Melancholia is a concept deeply intertwined with the history of mood disorders in psychiatry. Ishâq Ibn Imrân, a prominent Arab-Muslim physician of the 12th century, contributed significantly to the understanding of melancholia in his era, its. His treatise is the oldest surviving work entirely dedicated to melancholia, making it a pivotal milestone in the history of psychiatry. It is noteworthy that Ibn Imrân's work has often been overlooked in Western psychiatry. This oversight highlights the enduring relevance of his insights within the context of modern psychiatry.

Objectives: The objective of this study is to assess the clinical and therapeutic aspects delineated by Ibn Imrân in his treatise on melancholia for their contemporary accuracy and relevance within the field of modern psychiatry.

Methods: The review method for the Ishâq Ibn Imrân treatise involves a detailed analysis of the original Arabic text and its French translation by Adel Omrani and Radhi Jazi from the Tunisian Academy of Sciences, Letters, and Arts Beit el Hekma. This includes studying the content, structure, and historical context, as well as comparing the Arabic and French versions for accuracy.

Results: The treatise is divided into two parts to clinical examination and treatment. While some of the terminology may differ from contemporary classifications, the core observations resonate with modern psychiatric knowledge. The clinical form is described as sadness, loss of pleasure, social withdrawal, dark thoughts, and loss of interest, along with somatic manifestations: sleep disturbances such as onset insomnia or hypersomnia, as well as weight loss. Additionally, perceptual disturbances, including elementary visual hallucinations (black silhouettes), are mentioned. Regarding etiologies, perinatal factors are mentioned in the treatise ("mood of the uterus"), along with six postnatal acquired causes that must be balanced in an individual: movement and rest, sleep and wakefulness, food and drink, depletion and retention, ambient air and location and psychological torment. A seasonal pattern is described, with an association between melancholia and autumn. Several clinical forms are described, with the most prominent being catatonia compared to epilepsy, in its two agitated and inhibited forms. The second part of his treatise is dedicated to treatment, focusing on individualized approaches such as talk therapy, music therapy, and dietary interventions. Ibn Imrân also describes mental strategies to correct false beliefs. For the pharmacological treatment, specific herbs have been used via oral, nasal, or intra-rectal.

Conclusions: In conclusion, Ishâq Ibn Imrân's treatise on melancholia represents a timeless cornerstone in the history of psychiatry. This historical treasure serves as a reminder of the enduring quest to understand and alleviate the complexities of mental health.

Disclosure of Interest: None Declared

EPV0359

Grief in modern multicultural Europe – a way out of "disenfranchisement"

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Introduction: The recent addition to both ICD-11 and DSM-V of "Prolonged Grief Disorder" "PGD" raises questions regarding the complexity of the clinical manifestations and the nuances of "normal/abnormal" grief. The lack of consensus in diagnosing emphasizes grief as a non-homogeneous process highly dependent on cultural nuances and the proportion of losses.

Objectives: Provide an open discourse on (PGD) emphasizing its multicultural aspects in the diagnosis, and debate whether it reinforces mental health stigma by "pathologizing" grief in today's multicultural society.

Methods: Non-systematic review of literature using key words "Grief", "Prolonged Grief Disorder", "Multicultural aspects of Grief", "Major Depressive Disorder" and "Disenfranchised Grief", on the platforms PubMed, Medline, Google Scholar, "European Commission", "International Migration Outlook 2022" and "Pordata".

Results: Literature has not clearly provided a universal definition of grief, grief processes or the threshold of abnormality. Grief lasting longer than expected is often equated to Major Depressive Episodes, given symptomatic similarities. Migration, war and the pandemic have played a significant role in how people currently grieve. Evidence showed that in 2021 alone there was a 22% increase in the permanent immigrant population. Moreover, the top five nationalities applying for first time asylum in the EU (2022) were: Syrian, Afghan, Venezuelan, Turkish, Colombian, and as of September 2022, 5 million Ukrainian refugees were registered. These figures are not neglectable and show the multiculturalism of today's EU population. However, the development of transcultural psychometric tools assessing grief has not been uniform, lacking consistency in validating various transcultural factors. On the other hand, actively diagnosing "Prolonged Grief Disorder" has shown helpful to clinicians in recognizing the debilitating effects of some pernicious grief responses and quickly providing the necessary help.

Conclusions: Diagnosing "PGD" might lead to "psychiatrization" and "medicalization" of normative emotional processes, given different cultural backgrounds, especially due to the absence of universally applicable tools validating transcultural factors. Consequently, an inadequate consideration of context leaves patients feeling invalidated, non-supported and disenfranchised. A culturally sensitive approach is crucial, focusing on individual differences for effective grief intervention and support.

Disclosure of Interest: None Declared

EPV0360

The psychosocial well-being of an individual is a driver for illegal immigration: a clinical case study

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doi: 10.1192/j.eurpsy.2024.1088

Introduction: The European Border and Coast Guard Agency (Frontex) detected 330,000 irregular border crossings last year. Tunisian nationals are among the top three nationalities reported. While there are many reasons for illegal immigration,the social driver is one of the most important to study.
Objectives: To highlight the role of the social environment in promoting illegal immigration and its impact on the psychosocial well-being of individuals in Tunisia through a clinical case study.
Methods: we reported the clinical case of a 32 years old tunisian patient who was diagnosed with severe major depressive disorder and post traumatic stress disorder after an illigale immigration to Europe.
Results: A 32-year-old Tunisian man from Tataouine,a region in southern Tunisia,was the subject of this case study.He was the youngest of four siblings,had a secondary education,and worked as a shepherd.His socio-economic status was moderate,unstable and seasonal.He had already attempted to immigrate to Italy twice illegally,by sea,but had been deported both times.The patient sought consultation for depressive symptoms.In January 2023,he made a third attempt to immigrate to Europe,this time by plane.He traveled with two of his cousins,aged 18 and 20,and paid 22,000 Tunisian dinars for the trip.Both cousins died during the journey,one from hypothermia and the other from police pursuit. The patient was deported again and was diagnosed with post-traumatic stress disorder (PTSD) and a major depressive episode.

Hamilton Depression scale	PTSD checklist scale	Rosemberg self esteem scale
22 severe depression	66 sup 44	Poor self esteem 21

Tataouine is konwn as “little Paris” a region in the south-east which,according to the National Institute of Statistics,had 71 emigrants/1000 inhabitants or 7.1% of the population.Where the soci-ety promotes youth immigration through societal values.
Conclusions: The social environment in Tataouine,which has a high rate of emigration,promotes the idea that immigration is a way to achieve social status and economic security. This can lead to young people feeling pressured to immigrate, even if they are not prepared for the risks involved.
Disclosure of Interest: None Declared

EPV0361

“They say I’m crazy, but I’ve lived through hell.”

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doi: 10.1192/j.eurpsy.2024.1089

Introduction: Migration has been present in the evolution of human beings throughout history. Economic inequalities give rise to a permanent flow of people trying to improve their lives. In addition, there are people who are forced to seek asylum or refuge due to wars or political violence. Therefore, the migratory flow, gives rise to a clinical scenario in which, the arrival of immigrant people demands an adaptation of the psychiatric paradigm.
Objectives: The objective of this paper is to review the international scientific literature published on the impact of the migration process on mental health.
Methods: We propose a review of the international scientific literature published in recent years on psychiatry and migration. We present the case of a 27-year-old male, diagnosed with paranoid schizophrenia, who arrived in the Canary Islands after a 2-year migration process from his country of origin (Senegal).
Results: The limits between normality and pathology of certain types of behavior vary from one culture to another. In the case of a patient with a mental disorder who has undergone a migration process, an approach based on the cultural formulation of the case should be made, taking into account the process of adaptation to the culture of the host country, as well as the impact of the culture of origin on the patient’s interpretation of his or her psychopathology.
Conclusions: Culture can influence the acceptance or rejection of a diagnosis and treatment, affecting the course of the disease and recovery. Therefore, understanding the cultural context in which the disease is experienced is essential for a good diagnostic evaluation and effective clinical management.

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EPV0363

Urdu Translation and Validation of the Penn Inventory of Scrupulosity-Revised

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doi: 10.1192/j.eurpsy.2024.1090

Introduction: Scrupulosity is an Obsessive Compulsive Disorder in which an individual experiences persistent doubts and fears about committing religious and moral sins. Researchers have extensively used the Penn Inventory of Scrupulosity-Revised (PIOS-R), which has been translated into various languages.

Objectives: The present study translated and validated the PIOS-R into Urdu.

Methods: The PIOS-R was translated using the forward-backwards translation method. A sample of 443 Muslim University students (male 224 and female 119) with an age range of 18 to 33 years ($M = 21.56$, $SD = 2.02$) completed the Urdu version of the PIOS-R. Cross-lingual validity was established on a further 60 participants.

Results: Confirmatory factor analysis (CFA) confirmed the two-factor structure of the Urdu version of the PIOS-R. It provided an excellent model fit to the data with chi-square 238.72, CFI = .92, GFI = .93 and RMSEA = .03. The Cronbach's alpha coefficient of total scale, Fear of God Subscale, and Fear of Sins Subscale was .84, .74, and .78 respectively were satisfactory. The convergent validity of the Urdu version of the PIOS-R was demonstrated with significant positive correlations with measures of anxiety ($r = .21$, $p < .001$) and depression ($r = .26$, $p < .001$).

Conclusions: The Urdu version of the PIOS-R is recommended for use by researchers and practitioners. The results indicated good reliability and validity information for the Urdu version of the PIOS-R, which supports the measure's utility across cultures and faiths.

Disclosure of Interest: None Declared

EPV0365

Art therapy/occupational and play therapy: plastic expressiveness as a means of reducing loneliness, anxiety, sadness – research carried out during the period 2008-2022 with the theme: creation in / with elements from nature at the placement center

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doi: 10.1192/j.eurpsy.2024.1091

Introduction: Occupational therapy - which also includes art therapy - is an activity/test with a purpose, it involves coordination between the sensory, motor, cognitive, and psychosocial systems of the individual. "Sciences recognize the role of observation in research... All artists who practice art therapy are based on their own artistic activity and present a common recurring feature: they are always in line with "essential pragmatism". (McNIFF, Shaun, Trust the process: an artist's guide to letting go. Creative ability. Psychological aspects. Self-actualization (Psychology). Artist-Psychology, Shambhala Publication, Boston, 1998, p. 78)

Objectives: We seek to find new development solutions through stimulation, creativity, catharsis, and socialization to be authentic, spontaneous, feel fulfilled, emotionally balanced, and transformed, with the aim of fulfilling one's social role through contact with human and environmental factors. (Emilia Chirilă, ART THERAPY IN EMOTIONAL DISORDERS OF CHILDREN AND ADOLESCENTS, printed edition 2018) ISBN 978-973-0-27683-1)

Methods: Through the graphic gesture, the child expresses various issues related to his feelings, like the search for his identity, the generated anxieties, the family and professional environment, and the situations of neglect and abuse. (MALCHIODI, Cathy A, Handbook of Art Therapy, The Guilford Press, New York and London, 2003, p. 157).

Results: The following reactions can be identified: aggression, frustration, dominance tendency, low self-esteem, fraternal rivalry, hopelessness, sadness, compensation mechanisms, self-defense, other significant psycho-traumatic aspects. The disappearance of frustrations and negative feelings due to the disinterest of parents who do not visit the beneficiaries was achieved by gaining authority over the environment and by improving pre-existing skills. emotional disorders of children and adolescents" - Journal of Neurology and Psychiatry of Children and Adolescents from Romania - 2012 - vol. 15 - no. 3- p 121-136 - ISSN (printed): 2068-8040)

Image:



Image 2:

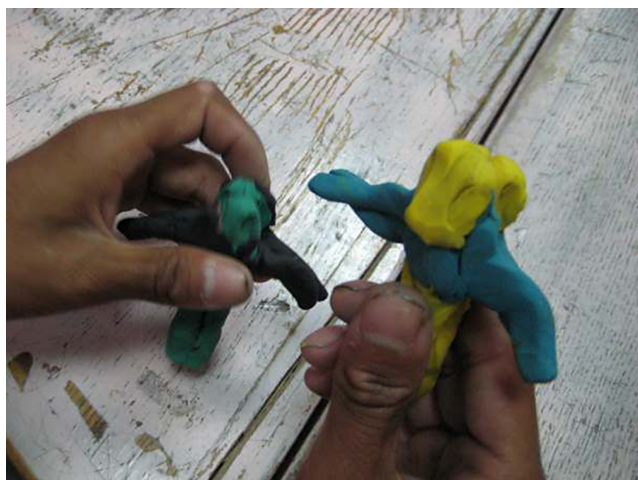


Image 3:



Conclusions: Through the creative process and symbolic communication, associated with narration and imitation, we realize the development of outstanding and hidden abilities, we develop new ways of communication, new ways of self-expression, and new ways of seeing things, to increase the ability to face existential problems. (2018 Emilia Chirilă - Art therapy in emotional disorders of children and adolescents: "Festina lente - Hurry slowly!" Harmonizing the rhythm with those around us ,print edition, ISBN 978-973-0-27683)

Disclosure of Interest: None Declared

EPV0366

Modifying Conventional Psychiatric Practice to Serve Indigenous People

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Introduction: Psychiatry has historically underserved Indigenous people. Earlier, cross-cultural psychiatry assumed that psychiatric disorders were universal and varied little across cultures. We must acknowledge their different views of mind and mental health.

Objectives: In our auto-ethnographic approach, we introduce or re-introduce participants to cultural beliefs, values, and methods for treating addictions, including narrative methods (storytelling), which receive greater acceptance by indigenous and marginalized peoples. Indigenous philosophy states that we see the world using the stories we have absorbed or constructed to explain our perceptions. Using substances is a story that is connected to poverty and adverse childhood events.

Methods: We create new stories to develop a sense of agency, that one's actions can make a difference in one's life. We present our experiences and findings from providing psychiatric and addiction services in rural and remote Indigenous settings in Canada (Saskatchewan and Northern Ontario) and in Maine (USA). We present data on a modified approach to psychiatric evaluations and services that emphasizes Indigenous values and begins with a life story interview that determines positive aspects of the client's history and problem areas and engages the client in therapy from the beginning of the evaluation.

Results: We will demonstrate how this process changes the process of the psychiatric interview, engages Indigenous clients, and results in better outcomes. We discuss how psychotherapy must change to engage Indigenous clients and to be effective with addictions. She will present data on this area. We present the lessons learned and the results of using this approach with a tribal population in Maine. Some key concepts include (1) reframing the person's self-story about being addicted within a threat-power-meaning network, (2) working with stories about the spirit of the addiction and the consequences of ingesting spirit-laden substances without knowing their songs and protocols, (3) constructing future-self-narratives that explore right relationships and meaningful conduct, (4) constructing stories about the intergenerational transmission of addictions and exploring the question of "whom will be the recipient of your addiction?" We understood that the client sets their goals and defines what recovery means for them, which is the heart of a harm reduction approach.

Conclusions: Indigenous cultures across the world are different but share some similarities including a highly relational approach to defining the self, a collectivist mindset in which the needs of the group can supersede the needs of the individual, a reliance upon stories for transmission of knowledge and culture, and a commitment to a biopsychosocial and spiritual approach, which is often symbolized by the metaphor of the Four Cardinal Directions.

Disclosure of Interest: None Declared

EPV0367

Developing scale for affective response: anxiety, anger, depression

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doi: 10.1192/j.eurpsy.2024.1093

Introduction: People experience various negative emotions when they encounter stressful events, and these negative emotions contribute to the onset of illnesses. These emotional responses are not limited to just one; a person can experience multiple emotions at once, and the primary emotional reactions can vary depending on the severity and duration of the illness or life events. This is reason why we created a self-report scale to assess short-term emotional responses, focusing on the current emotional state experienced subjectively by patients.

Objectives: The purpose of this study was to develop an affective response scale (ARS) and examine its validity and reliability.

Methods: We established clusters of affective via a literature review and developed preliminary items based on the structure. We conducted expert content validation to converge on the final items, followed by construct validity and reliability analyses.

Results: The research findings indicate that the Affective Response Scale was composed of three main dimensions: anxiety, anger, and depression. Content validity results confirmed the validity of most items. The scale developed in this study was found to be valid in both exploratory and confirmatory factor analyses, and it was identified to be stable and consistent through the analysis of the internal reliability.

Conclusions: These results indicate that the ARS is highly reliable and valid, and that it can be utilized as an effective measure of the patient's emotion and its severity.

Disclosure of Interest: None Declared

Depressive Disorders

EPV0368

Circadian Preferences and Coping Styles to Stressful Life Events in Depression Patients

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doi: 10.1192/j.eurpsy.2024.1094

Introduction: Depressive disorder is a common public health problem that significantly impairs quality of life and has a high risk of mortality and morbidity.

Objectives: The aim of this study was to investigate circadian rhythm differences, stressful life events and coping styles in patients with depression.

Methods: The study involved 100 participants, including 50 patients with depression and 50 healthy controls, recruited from the psychiatric clinic of one-university hospital. The participants completed a sociodemographic information form, Beck Depression

Inventory (BDI), Life Events Checklist (LEC-5), Coping Inventory for Stressful Situations-Short Form (CISS-21) and Morningness-Eveningness Questionnaire (MEQ).

Results: The mean age of the patients with depression was 31.88 ± 10.6 years, and the control group was 29.84 ± 8.02 years. There were no significant relationships between the variables including gender and some other sociodemographic characteristics except education level. There were significant differences between the depression and control groups in terms of coping styles for stressful life events. Emotional coping was significantly higher in patients with depression compared to the control group, whereas task-oriented coping was significantly lower than the control group ($p < 0.05$). The majority of both depression and the control group consisted of intermediate type. Natural disasters, severe suffering, and other stressful events or experiences were more frequent stressful life events in the depression group. Task-oriented coping scores and emotional coping scores showed significant discrimination with sensitivity and specificity values.

Conclusions: Recognizing stressful life events and the coping strategies used to deal with them is important for identifying future mental problems such as depression and developing treatment and follow-up plans. Longitudinal studies are needed to fully understand how the reporting of mature and dissociative coping methods interacts with depression in recovery from traumatic events.

Disclosure of Interest: None Declared

EPV0369

Mentalizing Abilities in Major Depressive Disorder and Borderline Personality Disorder: Measuring Hypermentalization and Implicit Mentalization with the Hungarian Version of the MASCD. Karakas-Török¹, E. Fábi¹, M. Szennai¹, C. Csuta¹, O. Kelemen^{2,3}, T. Tényi¹, B. Czéh^{4,5} and M. Simon^{1,5*}

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doi: 10.1192/j.eurpsy.2024.1095

Introduction: Borderline Personality Disorder (BPD) is the most common personality disorder in psychiatric care. BPD often co-occurs with Major Depressive Disorder (MDD). Both BPD and MDD are associated with various impairments of social functioning. Among these, mentalizing disturbances are the most extensively studied.

Objectives: The Movie for the Assessment of Social Cognition (MASC) is an ecologically valid video-based test, which is suitable for measuring both hypermentalization and implicit mentalization. Based on the literature, it is sensitive enough to detect mild deficits in mentalization capacities. In this study, we investigated mentalization deficits with a special focus on implicit mentalization and hypermentalization in patients with MDD and MDD+BPD with a set of well-established mentalization tests including MASC.

Methods: We examined patients with MDD (n=43) during the depressive episode. A subgroup of these patients was also diagnosed with BPD (MDD+BPD group; n=23), the other group had no comorbid personality disorder (MDD group; n=20). We assessed the patients' mentalization abilities using the Hungarian version of the Reading the Mind in the Eyes test, the Faux Pas test, and the MASC test. Additionally, symptom scales (measuring the severity of anxiety, and depression), WAIS (Wechsler Adult Intelligence Scale), the Childhood Trauma Scale, as well as scales measuring affect regulation and attachment were used during the assessment.

Results: There were no differences between the two groups in terms of age, IQ, or the severity of depression and anxiety. The MDD+BPD group exhibited significantly poorer performance in the MASC total mentalization score (MW U=118, df=1,41, $p < 0,001$), as well as in the hypermentalization score (MW U=98,5, df=1,41, $p < 0,001$). The MDD+BPD group achieved significantly lower results on the emotion recognition and mentalization measures in the RMET test ($t=2,883$, df=1,41, $p < 0,001$). The MDD+BPD group performed significantly worse on the Faux Pas test measuring mentalization (MW U=144,5, df=1,41, $p < 0,001$). In the whole sample, MASC performance correlated with overall IQ.

Conclusions: The MASC, RMET, and Faux Pas tests show a consistent trend and indicate significant differences between the mentalization abilities of MDD+BPD and MDD patients. Our findings are in line with data in the literature: BPD patients' implicit mentalization with a predominance of hypermentalization is impaired. This impairment is detectable when we compare their performance with MDD patients without BPD. In the future, a larger sample size, additional tests, and the inclusion of a control group are needed to further investigate MDD and MDD+BPD patients' mentalizing deficits. However, our results emphasize the significance of mentalization-based therapies in the therapy of patients with BPD and depression.

Disclosure of Interest: None Declared

EPV0370

Depression among patients with ankylosing spondylitis in southern Tunisia: Prevalence and associated factors

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Introduction: Ankylosing spondylitis (AS) is one of the most common inflammatory rheumatisms. It is a chronic, sometimes disabling and it could cause both physical and psychological problems among patients, including depression.

Objectives: With this in mind, the objective of our work was to study the prevalence of depression among patients with AS and to determine its associated factors.

Methods: This was a retrospective descriptive and analytical study, carried out in 2021 over a period of 5 years in southern Tunisia on patients with a confirmed diagnosis of AS established in accordance with the ASAS diagnostic criteria (Assessment of Spondyloarthritis

International Society) or the modified New York criteria for AS. Depression was assessed using the *Hospital anxiety and Depression (HAD) score*. A HAD score >10 means certain depression.

Results: A total of 62 patients were included in our study. The median age was 39 years with an interquartile range (IQR) = [32-50 years]. There were 35 men (56.5%). Inflammatory back pain was noted among 51 patients (82.3%). Extraarticular manifestations were noted among 14 cases (22.6%) and were mainly ocular (11 cases; 78.4%). The diagnosis was confirmed by ASAS criteria in 55 cases (88.7%). AS was treated symptomatically in 58 cases (93.5%), specifically by basic treatment among 17 patients (27.4%) and by additional physical rehabilitation among 15 patients (24.2%). Depression was certain among 30 patients, giving a global prevalence of 48.4%. The factors statistically associated with this disease among patients with AS were having a low level of education (illiterate or primary) (Odds Ratio (OR) = 2.87; $p = 0.044$), being clinically suffering from severe fatigue (OR= 7.14; $p < 0.001$), have a poor quality of life [Ankylosing spondylitis quality of life questionnaire (Asqol) Score ≥ 13] (OR=4.52; $p = 0.007$) and have certain anxiety (HAD>10) (OR=19; $p < 0.001$).

Conclusions: In addition to its clinical impact on patients, the psychological impact of AS was considerable in terms of depression. The factors associated with it were individual, clinical, and psychological. Thus, psychological support must be coupled with AS medical management in order to prevent psychological disorders among patients, particularly depression.

Disclosure of Interest: None Declared

EPV0371

Alcohol Use Disorder and Depression: The Complexity of Comorbidity

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Introduction: Alcohol Use Disorder (AUD) and depression are among the most prevalent mental health concerns on a global scale. The co-occurrence of alcohol use disorder (AUD) and depression has been well acknowledged, leading to intricate issues in diagnosis, treatment, and prognosis.

Objectives: This study aims to analyse the complex correlation between AUD (Alcohol Use Disorder) and depression, with a specific emphasis on examining common underlying causes, reciprocal influences, and potential implications for clinical treatment.

Methods: An exhaustive review of literature was undertaken, emphasizing epidemiological studies, neurobiological research, and the efficacy of combined treatment modalities. The review also delved into the potential role of genetics, environmental factors, and psychosocial stressors in co-occurrence.

Results: The available evidence indicates that there exists a reciprocal relationship between depression and alcohol use disorder (AUD), wherein each disease can serve as a triggering factor for the other. This interplay between depression and AUD forms a detrimental cycle that intensifies the severity of both conditions. The comorbidity of various disorders may be attributed to the presence of shared neurochemical pathways, with a particular emphasis on the serotonin system. Furthermore, the co-occurrence of both illnesses frequently leads to heightened symptom severity, reduced treatment efficacy, and a higher risk of suicide.

Conclusions: The complex relationship between alcohol use disorder (AUD) and depression underscores the need for a comprehensive and integrated therapy strategy. The effective management of this comorbidity necessitates the implementation of multidisciplinary collaboration, patient education, and early intervention.

Disclosure of Interest: None Declared

EPV0372

Post-psychotic depression: what are its characteristics?

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Introduction: Depression in psychosis has been more or less neglected as a field of study, due to its vague nosographic framework. Some studies have nevertheless focused on certain features of depression in psychosis, such as post-psychotic depression. This is a frequent phenomenon with a nosographic and etiopathogenic complexity that can lead to confusion.

Objectives: To study the characteristics of post-psychotic depression and compare results with those in the literature.

Methods: It is a prospective, descriptive, case series study conducted at the Ar-Razi psychiatric hospital in Salé. Inclusion criteria were patients diagnosed with a brief psychotic disorder, schizophreniform disorder or schizophrenia, in remission, who met the criteria for a DSM 5 characterized depressive episode. Data are collected during the psychiatric interview with the patient, using a questionnaire.

Results: Ongoing

Conclusions: Ongoing

Disclosure of Interest: None Declared

EPV0374

The peak of the 'Blue Monday' depression and winter blues.

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Introduction: For many people, January is the most depressing month of the year. "Blue Monday" encompasses the generally

accepted belief that Monday is the hardest day of the week compared to Friday and Saturday, which are the most anticipated days of the week. The connection between the color blue and Monday is in the emotional stage, which is presented as emotional anger. The third Monday in January is currently known as the most depressing day of the year. Speaker Cliff Arnall was the first to declare that day in 2014. The theory says that this is the time of the year when respiratory diseases are common, the day is shorter, the weather conditions are worse, and the time when people are burdened with guilt about whether they will achieve their New Year's resolutions.

Objectives: The aim of this work was to investigate that on third Monday in January there were more suicide attempts and that there were more depressive disorders in emergency psychiatric admissions.

Methods: In the research, we included participants who were examined at the Emergency Psychiatric Admission of the Clinical Hospital Center in Split, in the period from 2019. until 2023. Inclusion criteria were respondents of both sexes, examined in the outpatient clinic on Mondays in January for five years.

Results: There were 198 of them in total. The primary outcome of the research is to determine the occurrence (incidence) of psychological deterioration in patients diagnosed with the anxiety-depressive spectrum. The secondary research outcomes are of a descriptive nature, patient follow-up, examination outcome, and psychiatric heredity.

Conclusions: For now, there are no strong scientific foundations that justify the formula of "the most depressing day" of the year, some scientists believe that it is a marketing trick to achieve higher tourist revenues. However, the post-holiday period can have an impact on individuals.

Disclosure of Interest: None Declared

EPV0376

"It was all yellow" first patient with resistant depression treated with esketamina

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Introduction: Esketamine, an active Ketamine isomeric form that indirectly inhibits the GABAergic neuronal pathways, has been recently approved to treat severe, resistant depressive disorders. Here, we present the case of a 64 years old woman diagnosed with severe, resistant depression and an initial score of 28 points in the Hamilton Depression Rating Scale who was treated with Esketamine with excellent response and a HDRS of 8 points after 4 months.

Objectives: To expose our experience with the first patient treated with Esketamine in our Hospital.

Methods: Describing the patient's pathobiography and the different treatments lines tried in first place and exposing the experience among Ketamine treatment and the final results.

Results: We present the case of a 64 years old woman, divorced and retired, who lives with her son since the aggravation of the depressive symptomatology, with no medical nor surgical background and no history in Mental Health before her first psychiatric internment in 2020. Between February 2020 and June 2023, 5 different treatments options with supervise intake were tried, including increment of the dose, antidepressant rotation, the combination of Desvenlafaxine + Mirtazapine and adding Topiramate and Lithium, with no improvement. Among this years, 3 psychiatric internments were needed because of the depressive symptoms and 1 more hospitalization in Internal Medicine was required because of the patients severe, malnutritional state. In June 2023 and after two complete analysis, a MR and a score of 28 points in the Hamilton Depression Rating Scale treatment with Esketamine was started with no incidences. She described one dissociative episode during which she assures “she was surrounded by soft, rubbery, yellow bubbles”. After 4 months of treatment the patient has recovered her previous functional rate and has an 8 points score in the HDRS.

Conclusions: In conclusion, we can affirm that Esketamine is an effective and secure option for Resistant Depression Disorder. Nevertheless, Before considering a Depressive Episode as “resistant to treatment”, treatment adherence and other medical, surgical and psychiatric comorbidities must be studied.

Disclosure of Interest: None Declared

EPV0377

Tardive Dysphoria: can antidepressants cause depression?

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Introduction: tardive dysphoria is a relatively new term used to describe the phenomenon of clinical worsening of depression after long-term antidepressant use. Most of the theories proposed to explain this talk about antidepressants tachyphylaxis that implies the loss of efficacy with its prolonged use, or even a pro-depressant effect of antidepressants when used for long periods of time.

Objectives: to explore the concept of tardive dysphoria, potential causes and clinical implications, by making a literature review on the topic. Moreover we pretend to understand the challenges in its diagnosis and treatment.

Methods: bibliographical search in PubMed database, using the key-words “long-term antidepressant”, “tardive dysphoria” and “antidepressant tachyphylaxis”, limited to works published in the last twenty years.

Results: from our search resulted 53 articles, 26 were chosen for further analysis.

Conclusions: the concept of tardive dysphoria is controversial, namely doubt persists if it constitutes a clinical entity by itself caused by long-term antidepressant use or if it simply relates to cases of treatment-resistant depression. We conclude that it is necessary further investigation in this area given the significant implications on clinical practice specifically in the psychopharmacological

treatment with antidepressants, which is very common in psychiatric and general practices, with antidepressants being used to treat many mental health conditions.

Disclosure of Interest: None Declared

EPV0380

Depression in the elderly and dementia with Lewy bodies: A case report of a challenging diagnosis

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Introduction: Depression and dementia with Lewy bodies (DLB) are two fairly common pathologies in the elderly which can have similar presentations or be associated and therefore pose a diagnostic challenge.

Objectives: We propose to illustrate, through our case, the diagnostic and therapeutic challenge of these two pathologies.

Methods: We present the case of Ms. S. BA aged 67, without organic or psychiatric history, admitted to the psychiatry department for massive anxiety and insomnia. The troubles date back to nineteen months when the patient isolated herself, remained bedridden, lost her appetite and no longer slept. The evolution quickly led to the appearance of an excessive agitation. The patient became distracted, talking and laughing to herself, and ran away from the house. She consulted several free-lance psychiatrists and received several antipsychotic medications without improvement. The admission interview revealed a very anxious patient with a difficult contact. Her speech was centred on well-detailed visual hallucinations with themes of death. The neurological examination was difficult at first. She was started on haloperidol and clonazepam. After 2 days, neurological examination showed a parkinsonian syndrome and a temporal disorientation. Other cognitive functions were difficult to assess. The two diagnoses evoked were DLB and a characterized depressive episode with psychotic features. Standard workup showed mild anaemia and thrombocytopenia. Brain MRI and electroencephalogram and immune tests were normal. However, PET imaging was not available in our hospital. Haloperidol was immediately stopped and the patient was treated with an anticholinergic corrector in combination with quetiapine at 200 mg. The evolution was characterized by a significant reduction in anxiety and visual hallucinations with a marked improvement of the parkinsonian syndrome. Depressive symptoms took the forefront of the clinical presentation; hence we associated sertraline with quetiapine. The subsequent evolution showed a clear improvement in the depressive symptoms with total resolution of the parkinsonian symptoms and a normal cognitive evaluation.

Results: In our case, the clinical evolution constituted a key element in the diagnostic orientation. So far, it is unlikely that our patient has DLB and the diagnosis retained was a characterized depressive episode with psychotic and melancholic features. Depression in the elderly can have atypical presentations, and raise the possibility of other differential diagnoses. Diagnostic uncertainty should not delay the implementation of treatment.

Conclusions: The choice of molecules must take into account the associated somatic symptoms for a better tolerance. In the absence of a biological or iconographic examination with good sensitivity and specificity, the therapeutic test remains the only way to decide.

Disclosure of Interest: None Declared

EPV0382

Esketamine for resistant depression in older people with cognitive impairment: a case report

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Introduction: Depression represents a significant challenge in terms of disability among the elderly population and its responsiveness to conventional treatment approaches tends to diminish in this population group. Esketamine has shown both effectiveness and safety in addressing treatment-resistant depression in older patients.

Objectives: Currently, there is a lack of available literature regarding the use of esketamine in the treatment of patients experiencing both cognitive decline and treatment-resistant depression (TRD). We administered esketamine to a 79-year-old patient to evaluate the effectiveness and tolerance of the medication.

Methods: We recruited a 79-year-old female referred to the outpatient clinics of Pavia suffering from TRD with current Severe Depressive Episode (scoring 42 on the MADRS) with cognitive impairment (MMSE 16/30). The patient was on a fourth-line treatment. First-line treatment was started with paroxetine 40 mg from September 2021 to May 2022, switched to sertraline 50 mg. Second-line treatment with quetiapine 150 mg from June 2022 to December 2022 failed, despite optimal compliance for both lines of treatment. Then third-line treatment with fluoxetine 20 mg, olanzapine 10 mg was initiated from December 2022 to May 2023. Study duration was 12 weeks. Anamnestic data and psychometric (MADRS, HAM-D-21, HAM-A) and cognitive (MMSE and MoCA TEST) assessment were collected from medical records at baseline (T0), one month (T1) and three months (T2) follow-ups.

Results: MADRS, HAM-A and HAM-D values decreased significantly at T1 and T2 follow-ups. T0: MADRS 42, HAM-D 33, HAM-A 54; T1: MADRS 18, HAM-D 12, HAM-A 15; T2: MADRS 4, HAM-D 5, HAM-A 10. We also observed an improvement in cognitive test: T0: MMSE 16/30, MoCA test 4/30; T1: MMSE 18/30, MoCA test 6/30; T2: MMSE 20/30, MoCA test 8/30. The patient reported one episode of hypertension treated with clonidine after two months of treatment, and mild prolonged motor slowing lasting about two hours after esketamine in the first month.

Conclusions: This case documented a successful treatment using intranasal esketamine in combination with an SSRI (Fluoxetine) for an older individual with cognitive impairment and a persistent anxiety-depressive syndrome. This approach was employed as a therapeutic intervention after multiple unsuccessful attempts with other antidepressant medications. Our findings confirmed the safety and tolerability of esketamine in an elderly female with

cognitive impairment. Although a minor improvement in cognitive abilities has been noted, secondary dysfunction attributable to vascular-based cognitive decline remained. In terms of cognitive tolerance, derivatives of ketamine could potentially serve as an alternative to electroconvulsive therapy in cases of treatment-resistant depression, potentially improving short-term cognitive outcomes.

Disclosure of Interest: None Declared

EPV0389

The use of memantine for depressive symptomatology

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Introduction: Depression is one of the most prevalent and incapacitating disease in current times and depressive symptoms have important global functioning implications.

The serotonergic and glutamatergic systems are involved in the pathophysiology and treatment of depression. Ketamine is an N-methyl-D-aspartic acid (NMDA) receptor antagonist that has demonstrated an important role on depressive symptoms, but its use is restricted due to its dissociative effects and other possible adverse effects.

Memantine is a noncompetitive antagonist of the NMDA receptor that modulates glutamate transmission. Memantine is used for the treatment of moderate to severe Alzheimer's disease.

Objectives: In this review, we aim to investigate, organize and synthesize the current data about the use of memantine for depressive symptoms.

Methods: Our literature research focused on some of the most significant articles published in the last decade, including meta-analysis and systematic reviews.

Results: Most of the relevant literature suggests that memantine may effectively reduce depressive symptoms in patients with mood disorders.

The literature also supports that memantine's glutamatergic mechanism of action could reduce apathy and treat depression comorbid with alcohol abuse.

Memantine affects brain-derived neurotrophic factor (BDNF) production suggesting that glutamate assumes an essential role in the pathology and etiology of depression. Also, the relationship between depression and the NMDA receptor is further supported by the fact that people with major depressive disorder demonstrate higher glutamate levels in the brain and blood.

Moreover, current studies demonstrate that treatment with memantine as adjunct to selective serotonin reuptake inhibitors (namely sertraline) manifested a favourable safety and efficacy profile in patients with major depressive disorder.

Conclusions: Memantine may have a wide therapeutic use beyond its utility in neurodegenerative diseases.

More studies should be performed, especially larger controlled studies of longer duration focusing on long-term safety and efficacy.

Disclosure of Interest: None Declared

EPV0390

The Effects of a Chatbot-Based Interpretation Bias Modification on Early Adulthood Depression

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Introduction: Depression, particularly in early adulthood, presents a significant mental health challenge with far-reaching implications. Innovative approaches to address and alleviate depressive symptoms are of paramount importance in this context. One such approach involves the utilization of technology, specifically chatbot-based programs, to target specific cognitive biases associated with depression.

Objectives: The central objective is to empirically examine whether this program can effectively influence depressive mood and negative cognition in individuals grappling with depressive symptoms.

Methods: To ascertain the program’s efficacy, participants were divided into two groups: the CBM-I group (n=20), which underwent interpretation bias modification training, and the Mood Check group(n=20), which served as a control and engaged in a simple mood-checking exercise. A battery of psychological measures was employed, including assessments of depression, interpretation bias, suicidal ideation, resilience, and attention control.

Results: Analysis results showed that the CBM-I group had a significant reduction in depression (PHQ-9, CES-D) compared to the Mood Check group in the post-measurement. Moreover, resilience (CD-RISC) and attention control (ACQ) significantly improved in the CBM-I group.

Conclusions: This research serves as a stepping stone towards a deeper understanding of how chatbot-based interventions can contribute to the management of early adulthood depression, offering new perspectives and possibilities in the realm of mental health support and treatment.

Disclosure of Interest: None Declared

EPV0391

Obesity and depression: Review on common neurobiological mechanisms and identification of potential drug targets.

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Introduction: This review aimed to identify common pathophysiological mechanisms that exist between depression and obesity, as well as pharmacological strategies used in clinical trials and animal models. It is necessary to carry out larger studies that integrate the multiple neurobiological processes of these phenomena and the search for therapeutic targets that affect these pathways.

Objectives: Conduct a literature review on the common neurobiological aspects that exist between depression and obesity. Compare pharmacological and therapeutic strategies in the management of depressive patients by means of common neurobiological mechanisms.

Methods: We used the Pubmed search engine to search for the keywords: ((depression and obesity) OR (common pathways for depression and obesity) OR (therapeutic targets for depression and obesity) OR (neurobiology of depression and obesity) OR (treatments for depression and obesity))Once the predefined screening was carried out, 68 studies were identified. 54 articles were left for review and analysis. At the end of the review, 25 studies were discarded, including 29 studies with relevance to the objectives described in the study. These articles were selected when they provided information with adequate, concrete and specific reasoning towards the scientific and methodological elements of the review.

Results:

Table 1: Findings related to the NEGR1 gene and its involvement in processes associated with alterations associated with depression and obesity.

Table 2: Findings of inflammation associated with depression and obesity in clinical trials and animal models.

Image:

AUTHORS	STUDY SUBJECTS	FINDS
Lee et al. (2012)	Mouse deficient NEGR1 constitutive line and mutagenic ENU line with loss-of-function mutation (Negr1-187N)	Expression analyses confirmed the brain-specific distribution of NEGR1, strong expression in the hypothalamus. In vitro assays demonstrated NEGR1 promoted cell adhesion and neurite growth of hypothalamic neurons.
Carboni et al. (2020)	FSL Rats	Antidepressant treatments were able to influence the Negr1-Fgfr2 pathway and support the hypothesis that Negr1-mediated modulation of neuronal plasticity is activated by antidepressant treatment.

Image 2:

AUTHORS	OBJECTIVE OF THE STUDY	SUBJECT STUDIO	FINDS
Visser et al. (1999)	Assessment of overweight and obesity associated with low-grade systemic inflammation as measured by C-reactive protein level	16,616 non-pregnant men and women aged 17 years or older.	Elevated CRP level of 0.22 mg/dL or higher and a clinically elevated stricter CRP level of more than 1.00 mg/dL. A higher BMI is associated with higher concentrations of CRP, suggesting a state of low-grade systemic inflammation in overweight and obese individuals.
Capuron et al. (2008)	Relationship between MS and depressive symptoms in a population of 323 male twins, using the Beck Depression Inventory (BDI) and analyzing plasma CRP and IL-6 levels	323 male twins, with and without MS and free of symptomatic cardiovascular disease, drawn from the Vietnam Era Twin Registry.	MS is associated with a higher depressive symptomatology characterized mainly by neurovegetative traits. Inflammation is a determinant of depressive symptoms in people with MS.
You et al. (2011)	Detecting depression-like behavior in a rat animal model induced swelling in the spleen and brain by CMS	Wistar Rats	High expression of pro-inflammatory cytokines IL-1 β , TNF- α and IL-6, and low expression of anti-inflammatory cytokines TGF- β and IL-10. Decreased BDNF mRNA in hippocampus and hypothalamus of stressed rats.
Soto et al. (2018)	To evaluate behaviors and insulin action in the brains of diet-induced obesity (OID) mice with and without antibiotic treatment.	Male mice C57BL/6J.	OID mice exhibit insulin resistance in the brain, depression-like behaviors, and anxiety, and these improve with antibiotic treatment.

Conclusions: Alterations in the NEGR1 gene, inflammatory markers, HPA axis and microbiota demonstrate multiple pathophysiological mechanisms in the clinical pictures associated with obesity and depression.

Infliximab, pioglitazone, ondansentron, BVT.2733 and palmitoyl-ethanolamide showed anti-inflammatory regulatory effects with reduction in depressive symptoms and multiple anti-inflammatory markers.

Animal models for obesity and depression present ample and reliable evidence regarding the use of drugs that direct their

therapeutic profile towards the pathophysiological mechanisms involved in pathologies involving depressive and metabolic disorders.

Disclosure of Interest: None Declared

EPV0394

Effects of light therapy in the anxious-depressive clinic

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Introduction: Major depressive disorder (MDD) is defined as a mental disorder of multifactorial etiology, which presents with mood disturbance, mainly sadness associated with loss of interest or pleasure. Light therapy (LT) is a therapeutic intervention consisting of daily exposure to a light source. This study aims to evaluate the effects of LT on anxious-depressive symptomatology and sleep in a sample of patients diagnosed with depression.

Objectives: This study aims to evaluate the effects of LT on anxious-depressive symptomatology and sleep in a sample of patients diagnosed with depression.

Methods: Prospective case-control study, in which the cases are outpatients diagnosed with MDD and the controls are healthy individuals. Both groups underwent LT sessions and were assessed by means of validated scales, anxiety and depression symptoms before and after LT sessions, as well as changes in sleep patterns through a sleep measuring device.

Results: 11 cases and 18 controls were included in the study. Of the participants, 62.1% were female and 37.9% were male. The mean age of the sample was 54.03 ± 11.55 years. There were significant case differences in the pre and post LT scores of the depression scale. There were no significant differences in the changes in superficial, deep and total sleep and in the anxiety scale scores.

Conclusions: In the sample analysed, LT has significant effects on the cases at the level of the depression scale.

Disclosure of Interest: None Declared

EPV0395

Esketamine new tool for resistant depressive disorder. About a case

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Introduction: Depressive disorders represent the main cause of disability in the world, due to its prevalence, its impact on the patient's quality of life and its role as one of the main risk factors for suicide. Current antidepressant treatments can take weeks to take

effect and months to achieve response and remission. It is estimated that up to 30% of patients with major depressive disorder (MDD) are resistant to antidepressant treatment, in addition, approximately 30-45% of patients with depression do not achieve an adequate response to the first antidepressant treatment. According to the STAR*D study, the more lines of treatment are required, the lower remission rates are estimated, as well as higher relapse rates during the follow-up phase. With the appearance of intranasal dosage esketamine allows the release directly to the central nervous system, the mechanism of action of esketamine is based on the antagonism of the NMDA receptor, which entails the modulation of the excitatory transmission of glutamate and the release of BDNF, activating neurotrophic signaling and synaptogenesis.

Objectives: The objective is to expose the response after treatment with intranasal esketamine in a case of resistant depression.

Methods: A 55-year-old female patient, diagnosed with resistant recurrent depressive disorder. The patient had undergone treatment with different therapeutic lines with antidepressants, and potentiators with antipsychotics, observing little response in the current episode, for which reason we evaluated the indication of intranasal Esketamine. Scales: MADRS (Montgomery Asberg Depression rating scale) =37, Hamilton Depression Scale=25, PHQ-9=20, indicating severe depression.

Results: After starting treatment with intranasal esketamine, an early response was observed. After the first month of treatment, mild depression was scored at MADRS=10 and moderate depression at Hamilton=14, PHQ-9=12, and at week 14 of treatment, it was scored mild depression in both MADRS and Hamilton. Intranasal 56mg esketamine plus 20mg escitalopram, 30mg mirtazapine and 5mg aripiprazole.

Conclusions: Intranasal esketamine offers a rapid reduction in depressive symptoms maintained over time, reducing the risk of relapse and with a favorable tolerability profile, so its use in depression resistant to treatment presents a great advance.

Disclosure of Interest: None Declared

EPV0397

Cold water swimming as an add-on treatment for depression: a feasibility study

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Introduction: In Denmark, 14% of patients with depression develops treatment resistant depression (TRD) after the first hospital contact. Explanations for TRD include lack of clinical effect of pharmacological treatment and reluctance to treatment due to price, discomfort, and unacceptable side effects. Cold water swimming (CWS) describes swimming outdoors during the winter season in cold to ice-cold water on a regular basis. Many winter swimmers believe that exposure to cold water is beneficial for their health. However, evidence of health effects

have been anecdotal or based on results from small sample-size studies. The available studies report that winter swimming abolishes general tiredness, boosts self-esteem and improves mood and/or general well-being.

Objectives: Aims To test if it is possible for patients with depression to participate in two weekly sessions of CWS and to measure the effects of CWS on general well-being and depression.

Methods: All psychiatric in- and outpatients from the department of psychiatry at Little Belt Hospital, Vejle with a diagnosis of depression were eligible for inclusion. CWS-sessions included a dip in an inlet - and a short swim for a few minutes – depending on individual preferences.

Results: The average water temperature was 7.5 grades C. The lowest water temperature was 2.0 grades C. 13 patients were participating in CWS sessions. One of the patients participated in 40 CWS sessions and the average number of CWS session was 14.5 (sd: 11.2). The participating patients were on average overweight, and they had mild to severe sleep problems with an average score of 10.1 (sd: 3.7) on Pittsburgh Sleep Quality index. Patients with regular CWS have a wellscore of 39.2 and at the end of the swimming season, their score has increased to 54.0. Sleep: At index for regular swimmers, the score was 10.4 and at the end of season it had decreased to 8.0 while the patients' not regular swimming had an unchanged score of 11.3. After each CWS sessions, a cheerful and uplifted atmosphere spread among the participants and the conversation afterwards was often characterized by this.

Conclusions: The nurses had an important task and function in guidance to the participating patients due to the patients' symptoms from depression. It was surprisingly easy to get all the patients to swim in the cold water. Due to the design and small numbers of participants in this feasibility study, it is not possible to draw any statistically significant results. Nevertheless, we can conclude that it is possible to use CWS as a treatment opportunity for some patients with depression. The research group members are convinced that for some patients it will be an important part of recovery from depression. Further studies with control group and a statistical satisfying larger group of participants will probably generate more knowledge's on these issues.

Disclosure of Interest: None Declared

EPV0398

The risk for inflammatory joint disease in patients with severe or treatment-resistant depression: population-based cohort study in Sweden

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Introduction: Inflammatory joint diseases (IJD), including rheumatoid arthritis (RA), psoriatic arthritis (PsA), ankylosing

spondylitis/spondyloarthropathies (AS), and juvenile idiopathic arthritis (JIA), are more common in patients with depression. However, it remains unclear whether the strength of this association varies with the severity or level of treatment resistance of the depressive episode.

Objectives: To assess the risk for IJD in patients with severe depression and TRD compared to population comparators and patients with non-severe and non-treatment resistant depression.

Methods: We conducted parallel cohort studies among 600,404 patients with a depressive episode identified in Swedish nationwide administrative registers. The prospective risk for IJD, both overall and per IJD condition, in patients with depression of any severity was compared to matched population comparators. Additionally, we assessed the same associations comparing patients with depression to those with severe or treatment-resistant depression. Analyses were adjusted for comorbidities and sociodemographic covariates.

Results: Overall, patients with depression were at increased risk for later IJD compared to population comparators (adjusted hazard ratio (aHR) for any IJD 1.34 [95% CI 1.30-1.39]; RA 1.27 [1.15-1.41]; PsA 1.45 [1.29-1.63]; AS 1.32 [1.15-1.52]). The associations were not significantly different for patients with severe depression or TRD.

Conclusions: Patients with severe and treatment resistant depression are at higher risk for inflammatory joint disease than population comparators. This association does not seem to be stronger than for patients with non-severe or non-resistant depression. Severity and treatment resistance of a depressive episode as identified in register data may not be valid depressive phenotypes for predicting risk for inflammatory joint disease.

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EPV0399

The preponderance of major depressive disorder among women of reproductive age and the clinical utility of sertraline

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Introduction: Major depressive disorder (MDD) is twice as common in women than men and is more frequently reported during their reproductive years (Shi *et al.* Front. Psychiatr 2021; 12 589687). MDD affects up to 12.7% of pregnant women and can significantly impact foetal and maternal health. Hence, clinical practice guidelines recommend focused screening and expedited management of MDD in women (Guo *et al.* Obstet. Gynecol 2018; 131(4) 671-679). Despite this, drug labelling or dosing recommendations rarely account for gender or physiological differences between sexes, even though sex steroid level variations can impact drug absorption, distribution, metabolism, and activity both pharmacokinetically and pharmacodynamically (Soldin *et al.* Clin Pharmacokinet. 2009; 48(3): 143-157). Sertraline, an SSRI approved for the treatment of MDD, is one of the safer agents which can be given to childbearing or breastfeeding women (Cuomo *et al.* Expert Opin Drug Saf 2018; 17(7) 719-725). However, studies on the efficacy of sertraline for the treatment of MDD among women of childbearing age are limited.

Objectives: This post-hoc pooled analysis evaluated the efficacy of sertraline in women with MDD, with a particular focus on women of reproductive age.

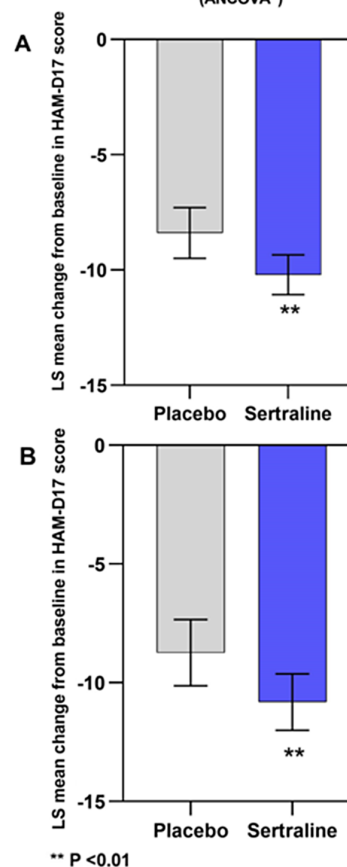
Methods: A pooled data analysis of 8 short-term clinical studies of sertraline in persons with MDD (comprising 1600 participants from North America and Europe, of whom 947 were females; with moderate to severe MDD [mean±SD baseline HAM-D17 score was 23.73±3.58 for sertraline and 23.37±3.47 for placebo]; sertraline dose, 50-200 mg) was performed. HAM-D17 total score was used to assess the efficacy of sertraline compared with placebo. The study period was 8 weeks. An MMRM method was used to analyse changes over time and ANCOVA to evaluate the change from baseline at week 8 with LOCF employed to manage missing data.

Results: The analysis set consisted of 947 women (sertraline, 612; placebo, 335). The change from baseline in HAM-D17 total score was significantly higher for sertraline than for placebo at the end of 8 weeks (LS mean difference, 95% CI: -1.81 [-3.01, -0.62], $p=0.0029$, Figure 1A). This change from baseline was statistically significant starting from week 2 and increased over time (Week 2-8; Figure 2A).

The analysis set for women of child-bearing age consisted of 572 participants aged 18-44 (sertraline, 359; placebo, 213) from 7 clinical studies. The change from baseline in HAM-D17 total score was significantly higher for sertraline than for placebo at the end of 8 weeks (LS mean difference, 95% CI: -2.08 [-3.52, -0.64], $p=0.0047$, Figure 1B). This change from baseline was statistically significant starting from week 2 (Figure 2B).

Image:

Figure 1. Least square mean (95% CI) change from baseline at end of 8 weeks (ANCOVA[#])

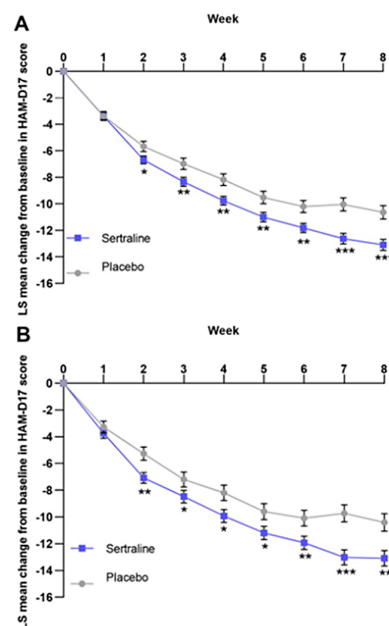


** $P < 0.01$

HAM-D17 total score change from baseline in A. all age groups B. women of childbearing age (18-44 years)
Analysis of covariance

Image 2:

Figure 2. Least square mean (95% CI) changes from baseline over time (1-8 weeks, MMRM[#])



* $P < 0.05$; ** $P < 0.01$; *** $P < 0.0001$

HAM-D17 total score change from baseline in A. all age groups B. women of childbearing age (18-44 years)

Mixed Model Repeated Measures

Conclusions: Significant improvement in HAM-D17 scores was observed in the analysis, suggesting that sertraline is efficacious in treating women with MDD, including those in the childbearing age.

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EPV0400

Antidepressants and suicide risk in children and adolescents

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Introduction: In recent years, the prescription of antidepressants for children has faced significant scrutiny due to studies suggesting an elevated risk of suicide among those treated with these medications. The primary objective of this study is to examine the causal connection between antidepressant use and suicidal behavior in children and adolescents.

Objectives: In this article, we will examine the current research on this topic and discuss the current status of practical guidelines and recommendations for prescribing antidepressants to children and adolescents.

Methods: We conducted a literature review using the Google Scholar database, employing keywords such as antidepressants, suicide, children, and adolescents.

Results: The literature yielded conflicting data. While it has been established that SSRIs moderately elevate the risk of suicide ideation and attempts, with venlafaxine, paroxetine, and sertraline showing a higher risk compared to other SSRIs like fluoxetine and citalopram, several studies indicate that their use is linked to a noteworthy reduction in suicide rates among children and adolescents.

Conclusions: The existence of a definitive causal relationship between antidepressants and suicidality in children and adolescents is currently uncertain, and the underlying mechanisms remain inadequately understood.

Disclosure of Interest: None Declared

EPV0402

Assessing the relationships between emotion regulation, depression, anxiety, and stress symptoms in a Tunisian University Setting

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Introduction: Difficulties in emotion regulation are known to be associated with various mental health problems, particularly depression, and anxiety.

Objectives: This study aimed to explore the relationship between emotion regulation, depression, anxiety, and stress symptoms in a Tunisian university setting.

Methods: A cross-sectional, descriptive, and analytical study was conducted among Tunisian students from August to September 2023. Data were collected through an anonymous online questionnaire, assessing sociodemographic characteristics, the Arabic version of the difficulties in emotion regulation scale short form (DRES-SF), and the depression, anxiety, and stress scale (DASS-21).

Results: A sample of 307 university students were enrolled. The sex ratio (M/F) was 0.28. In the assessment of emotional regulation difficulties, participants reported a mean total score of 42.47 ± 12.68 . The mean score of stress was 18.2 ± 11.36 , reflecting a mild severity. Participants with higher stress levels have more difficulties in emotional regulation ($r=0.658$, $p=0.00$). Participants with depressive symptoms showed a higher DRES-SF total score ($r=0.629$, $p=0.00$). Participants had a mean anxiety score of 15.6 ± 10.57 , reflecting a severe severity. A significant correlation between total DRES-SF score and anxiety ($r=0.606$, $p=0.00$).

Conclusions: Our study concluded significant positive correlations between depressive symptoms, anxiety, and stress symptoms with emotion regulation difficulties.

Disclosure of Interest: None Declared

EPV0403

Adaptation and analysis of the Hungarian version of the Snaith-Hamilton Pleasure Scale

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Introduction: Anhedonia (loss of ability of experience pleasure) is a transdiagnostic symptom which is presented as a prominent complain in several psychiatric disorders, such as depressive

disorders, schizophrenia, bipolar disorder, addictive disorders, certain personality disorders etc. Specific instruments for assessment of anhedonia have been published in the international literature but their Hungarian versions are not available so far, however, the prevalence of affective disorders and suicide are also high in Hungary. The Snaith-Hamilton Pleasure Scale (SHAPS) is an instrument developed in 1995 (Snaith et al. *Br J Psychiatry* 1995;167:99-103) which purposely has been constructed with items that can be easily translated into other languages.

Objectives: The aim of our study was to translate the 14 items into Hungarian and analyse its reliability and sensitivity in a Hungarian sample consists of patients and control persons. Further aim was to explore the differences of anhedonia profiles among diagnostic categories and subgroup of major disorders.

Methods: We recruited 170 subjects (101 controls and 59 patients; 78 men and 82 women; mean age=37,9±6,1y) into our study. Among the patients there were 27 subjects with major depressive disorder (MDD), 10 subjects with bipolar disorder (BD), 9 patients with schizophrenia (SCZ), 6 patients with addictive disorder (AD) and 7 patients with anxiety disorder (ANX)±. We created two major subgroups from the different diagnostic categories: affective and psychotic subgroups to compare the anhedonic profiles. Differences of mean values between case and control, men and women and subgroups were analysed by t-tests and diagnostic categories by ANOVA tests performing in SPSS 20.0 software.

Results: Among the MDD, the BD, the SCZ, the AD and the ANX groups, patients with MDD produced the highest score (6.9±3.5; 3.9±2.4; 5.9±3.9; 2.8±2.7; 2.3±1.8, respectively), while controls prohibited 1.6±1.3. The case group scored significantly higher on the SHAPS than the control group (5.3±3.6 vs. 1.6±1.3; $p=0.0001$). The means of SHAPS did not differ significantly between the affective subgroup and the psychotic subgroup (6.0±3.7 vs. 4.8±3.2; $p=0.24$). Among the subgroup of women, the age was significantly associated with the SHAPS score ($p=0.04$), however, this association has been not detected in men.

Conclusions: The Hungarian version of the SHAPS detected marked difference between cases and controls with good reliability and sensitivity. The instrument can be useful in daily clinical routine because subjects could fill it easily and quickly. In case of patients with pronounced anhedonia, treatments with specifically targeting anhedonia can be preferred (e.g. rTMS as it was demonstrated in our earlier publications, see Lazary et al. *Sci Rep* 2021;11:8867; Elemery et al. *Front Psychiatry* 2022, 13:806731). This study was supported by the grant EFOP 5.6.2.

Disclosure of Interest: None Declared

EPV0404

Breath Gas Markers in Depression and Their Relationship with Brain Metabolism

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Introduction: Dysfunctional changes in the glutamatergic system play an important role in the pathophysiology of depression. Glutamate regulates various neuronal function, such as nerve migration, excitability, plasticity, as well as long-term potentiation and long-term synaptic depression. Failures in this process might cause emotional/cognitive changes associated with stress-induced depressive symptoms, a part of our current understanding of the pathophysiology of depression. These changes might be related to deviations in biochemical blood parameters, but also to volatile organic compounds (VOCs) measured in breath.

Objectives: 1) To replicate our previous finding that concentration of volatile organic compounds in expiratory breath gas and metabolites derived from MR spectroscopy distinguish unmedicated depressed patients from healthy participants, (2) to determine whether the amount of these VOCs is associated with severity of depression and anxiety, and (3) to correlate breath-VOC-content with glutamatergic neurotransmission and energy metabolism derived from MR spectroscopy.

Methods: 25 antidepressant-free patients with major depression according to DSM V (18-65 years of age) are recruited from our out- and inpatient clinics. The controls will consist of 25 healthy age- and sex-matched participants. Breath gas analyses will be carried out at awakening, and 30 and 60 minutes thereafter, and at 5pm using PTR-TOF-MS with direct on time measurement through a special sampler. A 7 Tesla Siemens Terra MRI scanner will be used to undertake spectroscopic measurements. Concentrations of glutamate and β -hydroxybutyrate levels in the pregenual and dorsal anterior cingulate gyrus will subsequently be assessed.

Results: Statistical analysis for differences between groups corrected for multiple measurements will be carried out. Concentration of VOCs will be correlated with brain metabolism and severity of symptoms.

Conclusions: VOCs in breath are proposed to be an efficient and non-invasive marker for depression-related biochemical changes related to disease severity, and eventually useful for personalized treatment planning.

Disclosure of Interest: None Declared

EPV0406

Effects of a Cognitive Bias Modification Training on Resting State EEG Microstates in Patients with MDD and Healthy Controls

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Introduction: Major Depressive Disorder (MDD) is associated with a high burden of disease and notable economic costs. Standard treatments (e.g. medication or cognitive therapy) have been shown to be effective, but some patients remain unresponsive. With the knowledge that MDD patients have been shown to display an attentional cognitive bias towards negative stimuli,

Cognitive Bias Modification (CBM)-training to focus attention on positive information is thought to improve emotional processing and depressive symptoms. Some studies imply reduced duration and occurrence of microstate D in MDD compared to healthy controls. However, the effect of CBM on microstates is still unclear.

Objectives: (1) To replicate previous findings that duration and occurrence of microstate D is reduced in patients with MDD compared to healthy controls in an independent sample and (2) to investigate the effect of an active CBM-training versus a control-training on microstates and its association with symptom improvements.

Methods: Thirty patients receiving outpatient treatment with MDD according to DSM V (aged 18-60) will be recruited in Essen and Aachen. The control group will consist of 30 healthy age- and sex-matched participants. Psychological testing will be administered and all participants will be randomized to either an active or a control training. During the next visit, resting state EEG and a GoNoGo Task with positive, neutral and negative pictures will be measured. The participants will take a tablet home to undergo 10 sessions of CBM within 14 days. The training will be consisted of a dot-probe-task. In the active condition the probe will be more likely to appear behind a positive versus a neutral picture, while appearing randomly in the control condition. After 14 days, a second EEG will be recorded.

Results: Differences in duration and occurrence of microstate D between patients and healthy controls will be analyzed by conducting ANCOVAs with age and sex as covariates. ANCOVAs for repeated measurements will be calculated to study effects of time (pre- vs. post-training) and group (patients vs. healthy controls in active training; patients in active vs. patients in control-training), on duration and occurrence of microstate D.

Conclusions: CBM-training is proposed to be an effective treatment option for MDD patients, reflected in a reduced topographical bias of microstate D in EEG.

Disclosure of Interest: None Declared

EPV0407

Larks under pressure: The genetic background of the morning chronotype may contribute to depression in interaction with stress

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Introduction: Depression is a highly prevalent, multifactorial, complex disorder, its etiology is assumed to involve both genetic and environmental factors. Genetic factors, including biological clock genes such as *CLOCK* and *SIRT1*, have been linked to depression, particularly its symptom related sleep disturbances. Environmental factors also play a crucial role in the background of depression, particularly in interaction with genetic factors. Known

environmental stress factors include stress caused negative life events or childhood adversities.

Objectives: This study aims to delve into the chronotype-specific impacts of genes previously correlated with circadian functionality on the pathomechanism of depression in interaction with environmental stress factors.

Methods: A genome-wide association study on the 'morning chronotype' phenotype was conducted with Plink2, utilizing data from the UK Biobank discovery sample (N = 139135). Using LDpred2we derived a polygenic risk score (PRS) for the NewMood Hungarian dataset (N = 1820). We performed pathway-specific analyses including genes implicated within the genetic pathway, drawing on prior research findings. Specifically, we selected the top genes (with a false discovery rate-corrected p-value < 0.05) from the "responders vs. non-responders" analysis conducted by Jerome C. Foo et al. Transl Psychiatry 2019; 9 343). We performed a main effect analysis investigating the pathway specific PRS's effect on BSI depression scores and interaction analyses using life course (number of negative life events in the past life) and recent (number of negative life events in the past year) stress scores to investigate how the interaction term predicts depression in our target sample.

Results: Our primary analysis revealed a nominally significant protective effect (beta = -20.90938, p = 0.070218). Subsequently, in the context of our interaction analysis, we identified significant risk associations, both with lifetime stress (beta = 13.7416, p = 0.0171) and recent stress (beta = 24.6034, p = 0.0038)

Conclusions: Our study unveiled a protective role in our primary analysis, juxtaposed with risk associations in our interaction analyses. This intriguing dichotomy underscores that this genetic pathway, associated with circadian dysregulation, exerts a protective influence in association with the morning chronotype. However, it transitions into a predisposing factor for depression when influenced by environmental stress factors.

Considering these findings, our study substantiates the hypothesis that both circadian genes and chronotype contribute to the pathogenesis and clinical manifestation of depression. Additionally, it underscores the pivotal role of stress as a contributing factor in the intricate pathogenesis of depression.

Disclosure of Interest: None Declared

EPV0408

Depression: Biological Non-Pharmacological Interventions. A Review.

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Introduction: Major depressive disorder stands as one of the most significant mental health issues in the general population. It impacts the patients' quality of life and increases both morbidity and mortality. Response and tolerability to available

pharmacological treatments are often inefficient, sometimes requiring extended periods to achieve acceptable remission through combinations or augmentations. Non-pharmacological approaches constitute an element in the therapeutic options for this mental disorder. In recent years, there has been a growing interest in non-pharmacological biological treatment interventions. Among the principal ones are Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), Deep Brain Stimulation (DBS), and Vagus Nerve Stimulation (VNS).

Objectives: The aim of this paper is to review the current available literature to expand our knowledge about biological non-pharmacological treatment in depression, particularly ECT, TMS, DBS, and VNS.

Methods: A qualitative review was conducted over the last 5 years, using the Medline database through PubMed. We selected studies in English or Spanish that met the objectives of the review, excluding references in other languages. The scientific evidence obtained was analyzed and synthesized.

Results: There is growing evidence in this area. TMS, whose place in clinical guidelines remains unclear, is a less available treatment but might be considered in patients with moderate to severe depression who cannot receive pharmacological treatment. DBS, which shows good results in treatment-resistant major depressive disorder, achieves response rates greater than 50%. VNS has accumulated studies since its approval for treatment-resistant depression, showing some latency of response but demonstrating improvement persistence for at least two years, although some studies have not clearly shown a benefit. We also found studies demonstrating the effectiveness and favorable cost-benefit balance of ECT.

Conclusions: This review highlights the importance of increasing knowledge in these types of treatments. They have shown significant progress in recent years. We have a better understanding and use of the technique of ECT, while newer options have gained evidence in effectiveness over these years, with improvements facilitating their use in patients with treatment-resistant depression.

Disclosure of Interest: None Declared

EPV0409

Neurocognitive Targets for Psychological Assistance in Patients with the Anhedonia Phenomenon within the Framework of Affective Pathology

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Introduction: Anhedonia is a transdiagnostic psychopathological phenomenon that is considered a key feature for several disorders, primarily affective spectrum disorders. It exhibits a significant association with social and occupational maladjustment, reduced quality of life, and increased suicidal risk among psychiatric patients.

Objectives: The aim of this study is to identify recommendations for psychotherapeutic assistance for patients with affective spectrum disorders.

Methods: A total of 26 patients with affective spectrum disorders (ICD-10 code - F33, F31) and the phenomenon of anhedonia were examined. We utilized neuropsychological methods aimed at investigating a wide range of cognitive functions (Dynamic praxis; Color interference test; Arithmetic Tasks; Number of skips and impulsive errors; Reverse and straight rows; Verbal fluency; Design fluency; Rey-Osteritz figure) and psychometric methods designed to diagnose various types of anhedonia (consummatory (TEPS), anticipatory (TEPS), social (RSAS), and physical (PAS)).

Results: Among patients with depression, the consummatory type of anhedonia was the most pronounced. A relationship was found between anticipatory anhedonia and phonetic verbal fluency ($r = 0.487$; $p < 0.01$). Additionally, there were correlations between immediate (consummatory) pleasure experience and Rey figure errors ($r = -0.349$; $p < 0.05$). Social anhedonia was associated with phonetic verbal fluency productivity ($r = -0.509$; $p < 0.01$) and performance in visual fluency productivity ($r = -0.473$; $p < 0.01$).

Conclusions: The obtained results allow us to hypothesize that anhedonia is associated with difficulties both in evaluating and imagining possible positive stimuli, which leads to a lack of emotional response to the current stimulus. Thus, the availability of current pleasure may be linked to memory accessibility and regulatory function. When these domains are weakened, the respondent loses the ability to associate the current stimulus with positive past experiences, making it challenging to generate an emotional response in the current stimulus situation and disrupting the anticipation of pleasure. Based on the results, we propose the effective use of behavioral activation and work on the actualization of past experiences. Behavioral activation can be implemented by gradually introducing behaviors associated with past pleasures into the patient's life, followed by cognitive restructuring aimed at focusing the emotional response on past and current stimuli. In addition to this, from a neurocognitive perspective, an additional element of therapy could involve training various types of cognitive functions, with an emphasis on the auditory modality.

Disclosure of Interest: None Declared

EPV0410

Sexual dysfunction, depression, and the impact of antidepressants

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Introduction: Sexual dysfunction is a common side effect of antidepressants and can have significant impact on the person's quality of life, relationships, mental health, and recovery. The reported incidence of sexual dysfunction associated with antidepressant medication varies considerably between studies, making it difficult to estimate the exact incidence or prevalence.

Objectives: The focus of this e-poster is to explore the incidence, pathophysiology, and treatment of depression disorder and antidepressant iatrogenic sexual dysfunction.

Methods: A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: depression, sexual dysfunction, antidepressant.

Results: Sexual dysfunction is a common symptom of depression. Although decreased libido is most often reported, difficulties with arousal, resulting in vaginal dryness in women and erectile dysfunction in men, and absent or delayed orgasm are also prevalent. Sexual dysfunction is also a frequent adverse effect of treatment with most antidepressants and is one of the predominant reasons for premature drug discontinuation. Selective serotonin reuptake inhibitors are the most widely prescribed antidepressants and have significant effects on arousal and orgasm compared with antidepressants that target norepinephrine, dopamine, and melatonin systems. The availability of an antidepressant that does not cause or exacerbate sexual dysfunction represents an advance in pharmacotherapy for mood disorders and should reduce treatment noncompliance and decrease the need for switching antidepressants.

Conclusions: The sexual problems reported range from decreased sexual desire, decreased sexual excitement, diminished or delayed orgasm, to erection or delayed ejaculation problems. There are a number of case reports of sexual side effects, such as priapism, painful ejaculation, penile anesthesia, loss of sensation in the vagina and nipples, persistent genital arousal and nonpuerperal lactation in women.

Disclosure of Interest: None Declared

EPV0412

Psychotic Depression, Mannerisms and Alzheimer's Disease: a case report

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Introduction: We present the case of a 56-year-old patient with two depressive episodes with psychotic symptomatology in a period of three years, who began with mania and developed Alzheimer's disease.

Objectives: The case is presented with the aim of providing a brief review of psychiatric symptomatology as a prodrome of Alzheimer's disease.

Methods: A 56-year-old patient, with no psychiatric antecedents of interest, who presented a depressive episode with psychotic symptoms, requiring admission to a short hospitalisation unit, as well as antidepressant treatment with sertraline at 200mg daily and olanzapine 20mg. He remained stable for two years and was able to withdraw treatment progressively. However, after remaining euthymic without pharmacological treatment for six months, he had another episode with psychotic symptoms. In this last episode, he did not require hospital admission, but he did require a change in

antidepressant treatment, given that he did not tolerate treatment with sertraline. Treatment was therefore started with duloxetine 120mg, aripiprazole 20mg and as no clear improvement was observed, months later it was decided to use lamotrigine 100mg as a stabiliser.

Results: In this last episode, despite the significant affective improvement and maintaining psychopathological stability, without presenting psychotic symptoms, the patient presented marked dysfunction in day-to-day life due to a striking attention deficit, lack of concentration and reduced short-term memory. At the same time, he also exhibits mannerisms which are observed in the consultation room, in the form of repetitive hand movements.

For these reasons, it was decided to request MRI and SPECT, obtaining results compatible with possible incipient cognitive deterioration.

Conclusions: It seems that up to 40% of patients with dementia have depressive symptoms. It seems that depression at an advanced age may in fact be a prodromal symptom of dementia.

Disclosure of Interest: None Declared

EPV0416

Esketamine in resistant depression: a case report

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Introduction: Major depressive disorder is a common psychiatric condition affecting around 264 million people worldwide (WHO: Depression Fact Sheet. [Apr;2021]). Despite pharmacological advances, many patients still do not respond to antidepressant treatment or do so partially.

It is estimated that only 50-70% of patients respond to the initial antidepressant treatment according to the STAR-D study. 15% percent of cases do not respond significantly to various pharmacological and psychotherapeutic attempts (Rush AJ et. STAR-D report. *Am J Psychiatry*). The current consensus places resistant depression for a practical approach in one that has been treated with two different antidepressant strategies in adequate doses and time and has not been remitted (Souery D et al, Treatment-resistant depression. *J Clin Psychiatry* 2006). We present a clinical case of a patient with Major Depressive Disorder, resistant to several therapeutic lines, in which intranasal esketamine was initiated.

Objectives: The main objective is to report the result of treatment with esketamine in a clinical case.

Methods: This work analyzes the clinical evolution and response of a 62-year-old patient after initiating intranasal esketamine.

This is a patient with a single depressive episode, with no personal psychiatric history of interest that, after exhausting several options of pharmacological and non-pharmacological treatment.

Regulated psychotherapy based on cognitive behavioral therapy was carried out along with different pharmacological strategies according to the recommendations of the main clinical guidelines: antidepressant dose increase, antidepressant change, combination of several antidepressants and potentiation with another drug. We

measured clinical changes with MADRS Scale (Montgomery-Asberg Depression Rating Scale) at different times.

Results: From the fifth administration of esketamine the patient presented a clear improvement. At three months, the score on the MADRS scale improved markedly and at 6 months, the patient reported euthymia.

Score MADRS:

- Basal 46
- 3 Months 14
- 6 Months 1

As for the adverse effects, the patient presented in all administrations very mild dizziness.

Conclusions: The use of esketamine is a new therapeutic approach, being fast, safe and well tolerated in patients with depression who do not respond to other treatments (Sapkota A et al. Efficacy and Safety of Intranasal Esketamine in Treatment-Resistant Depression in Adults: A Systematic Review. *Cureus*.2021 Aug 21;13(8)). In our patient has proven to be effective and fast.

Disclosure of Interest: None Declared

EPV0417

Deafness and depression in the workplace: is there an association?

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Introduction: Chronic exposure to damaging noise can lead to hearing loss. People suffering from hearing problems find it increasingly difficult to communicate and become withdrawn. This lack of contact can lead to the onset of anxiodepressive disorders.

Objectives: To study the epidemiological and clinical particularities of hearing loss in patients with psychoaffective disorders.

To study the impact of this association on the medical aptitude for work.

Methods: Retrospective descriptive study of depressive patients with hearing loss who consulted the Occupational Medicine Department at Charles Nicolle Hospital over a six-year period from January 2016 to November 2022.

Results: Out of 150 patients with hearing loss who consulted our service, 10 patients had an axio-dépressive disorder. Seven were men and three were women. The mean age was 43 ± 5 years and the mean job seniority was 11 years [3-20]. They belonged to the telecommunications (n=6), industry (n=2), printing (n=1), and transport sectors (n=1). The job positions were: teleconsultant (n=6), operator machine (n=3) and driver (n=1). The symptoms presented by the patients were hearing loss (n=4), otalgia (n=1), dizziness (n=1), tinnitus (n=1). The average time to onset of symptoms was 13 ± 8 years [1-35]. The hearing deficits presented by the

patients were: sensorineural hearing loss (n=7), mixed hearing loss (n=1) and conductive hearing loss (n=2). The mean of Hearing loss were 34 ± 9 dB in the right ear and 34 ± 6 dB in the left ear. A declaration of the deafness as an occupational disease was indicated in two of the cases. The univariate statistical study showed that anxiety-depressive disorders were associated with tinnitus ($p=0,036$, OR=4,2[0,99-17,659]) and the position of teleconsultant ($p=0,009$, OR=5,622[1,338-23,627]). Eviction from exposition to noise was indicated in seven cases.

Conclusions: According to our study, hearing loss in patients with anxiodepressive disorders is associated with tinnitus and teleconsultant job position. Early screening of people at risk is recommended.

Disclosure of Interest: None Declared

EPV0418

Attachment disturbance in women with depressive spectrum disorder, its connection with hostility

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Introduction: The results of the study of psychological factors of hostility in depression are presented. The topicality of the study is due to hostility considered, on the one hand, as a property of depression, and on the other hand, as a risk factor, associated with the likelihood of auto-aggressive behavior.

Objectives: The aim of the study was to analyze the relationship between hostility and attachment disorders in endogenous depression.

Methods: The study involved 49 patients with depressive disorder (mean age $19,8 \pm 4,5$). All patients were assessed using the Hamilton Depression Rating Scale (HDRS-17 mean $21,03 \pm 6,02$). All completed the following methods: Revised Experiences in Close Relationships (ECR-R); Symptom Check List-90-Revised (SCL-90R); Aggression Questionnaire by Buss and Perry (BPAQ); I-structural test by G. Ammon (ISTA). According to the "depression" parameter of the SCL-90R, the group was divided into subgroups with high and medium severity of depression. Analysis of variance (ANOVA) or Mann-Whitney test were. Correlation analysis (Spearman) and stepwise multiple regression analysis were also used.

Results: At high levels of depression, the indicators of "hostility", "destructive" and "deficit aggression" are statistically significantly higher. The severity of depression significantly correlates with the severity of "anxiety" in attachment (close relationships), as well as with pathological "narcissism", "destructive external self-delimitation", "deficient internal self-delimitation".

For the measure of depression, regression analysis showed that the regression model explained more than 76% of the variance, with the measures of "interpersonal sensitivity", "deficit narcissism", and "avoidance" in attachment making significant contributions. For the "hostility" the regression model explains about 62% of the

variance, while a significant contribution is made, as in the analysis of “depression”, by the indicators of “interpersonal sensitivity” and “avoidance”, however, unlike “depression”, the contribution of the “destructive narcissism” is noted in contrast to the “deficit narcissism”.

Conclusions: With severe depressive symptoms, indicators of hostility are increased. Hostility in depression is associated with factors caused by a violation of early interpersonal relationships (anxious attachment), which causes increased sensitivity in relations with others, “building a barrier” between oneself and the external environment perceived as hostile in the narcissistic pathology, problems in emotional regulation. One of the targets of psychotherapeutic work may be the ambivalence between desire for symbiotic dependence and the experienced hostility.

Disclosure of Interest: None Declared

EPV0419

Clinical and psychometric characteristics of depression in the elderly

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Introduction: Depression in the elderly represents a multifaceted and critical area of study within the realm of geriatric mental health. As the global population continues to age, the prevalence and impact of depression among older adults have garnered increased attention from researchers and clinicians.

Objectives: This abstract delves into the comprehensive exploration of the clinical and psychometric characteristics of depression in the elderly population. This study aims to contribute to a deeper understanding of depression's manifestation in the third age, providing invaluable insights that can inform tailored interventions, improve diagnostic accuracy, and enhance the overall quality of life for older adults.

Methods: A cross-sectional study was conducted that gathered 80 patients. Their common characteristics were the signing of the consent, their admission to the Psychiatry Clinic in Timișoara and their main diagnosis with one of the ICD-10 codes F32.x, F33.x or F06.8.

This selection resulted in three groups: patients younger than 65 years old, patients older than 65 years in whom depression began before this age, and patients older than 65 years in whom depression began after 65 years of age. Anamnestic data, paraclinical, socio-demographic data, psychometric scales that measured the level of depression as well as personality scales were collected. The data that was obtained was compared and examined to find significant correlations between the 3 batches.

Results: The results show that there are no significant differences between patients with depression from rural or urban areas, showing the universality of the occurrence of this disorder among the population, regardless their environment. Depression in the third age is most often found in the elderly who have only finished secondary school, education levels playing a role in depression prevalence suggest the significance of socio-economic factors,

warranting targeted outreach and education efforts in vulnerable populations. Correlations were also found between the level of depression and certain blood parameters. The integration of these findings for an understanding of the etiology of depression can pave the way for new therapeutic approaches. Certain personality traits were correlated more with certain items on the scales that evaluated depression, thus in those with a neurotic personality it is very strongly correlated with the appearance of guilt as a symptom, agreeableness with psychomotor slowness, paranoid with insomnia, and anankastic and dependent personalities were correlated much more with social isolation.

Conclusions: By recognizing the distinct clinical features and implications of depression in older adults, we can pave the way for improved mental health care and better quality of life for this growing population. This study reinforces the importance of continuous research and collaboration in the field of geriatric mental health.

Disclosure of Interest: None Declared

EPV0420

Depression, anxiety and stress among flight crews in Tunisia

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Introduction: The mental health of flight crews is of paramount importance. Due to the demanding nature of their work, crew members are subject to various stress factors such as irregular working hours, time differences, operational demands and high passenger safety responsibilities.

Objectives: We aimed to evaluate the mental health of Tunisian flight crews working for a private airline.

Methods: This is an exhaustive cross-sectional study which included all flight crews working for a private airline in Tunisia who consulted the occupational medicine and pathology department at the Farhad Hached University Hospital in Sousse as part of their periodic check-up. Data collection was based on a pre-established questionnaire which included socio-demographic data, lifestyle habits and professional data. The DASS21 questionnaire was used to assess depression, anxiety and stress.

Results: Our study included 160 participants. The median age was 42 years with a female predominance. More than half were smokers (58.8%). Alcohol was consumed by 41.3% of flight crews. The vast majority drank coffee (84.4%). With regard to professional data, 71.3% were flight attendants. The median length of service was 15 years. The majority of participants had operated a medium-haul flight (< 5 hours) during the last month (65%). The majority of participants (85.6%) had a normal depression score. Almost a third of the participants (28.5%) had anxiety scores ranging from mild to moderate. One participant had extremely severe anxiety scores. The majority of flight crews

had a normal stress score (90%). After multivariate analysis, unmarried marital status, working more than 2 days a week and stress were factors independently associated with anxiety.

Conclusions: Work-related psychosocial risks can have a major impact on workers' mental health. It is therefore essential to take these risks into account and put in place preventive measures to protect workers' mental health and promote their well-being at work.

Disclosure of Interest: None Declared

EPV0422

Emotional reactivity to daily events in adolescents with clinical depression and subthreshold depression: an experience sampling study

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Introduction: Adolescents with depression have distinct affective reactions to daily events, but current research is controversial. The emotional context insensitivity theory suggests blunted reactivity in depression, whereas the hypotheses of negative potentiation and mood brightening effect suggest otherwise. While nonlinear associations between depression severity and affective reactivity have been observed, studies with a separate subclinical group remain rare. Subthreshold depression (SD), defined by two to four symptoms lasting for two weeks or more, provides a dimensional view to the underpinnings of affective reactivity. In this study, we compared positive affect (PA) and negative affect (NA) reactivity to positive and negative daily events (uplifts and stress) among adolescents with Major Depressive Disorder (MDD), SD and healthy controls (HC) using experience sampling methods (ESM).

Objectives: We hypothesized a stepped difference in affective reactivity along the depression spectrum: the MDD group will have the strongest reactivity of PA and NA to uplifts and stress, followed by SD and HC.

Methods: Three groups (MDD, SD, and HC) of adolescents were recruited from an epidemiologic sample entitled 'Hong Kong Child and Adolescent Psychiatric Epidemiologic Survey: Age 6 to 17'. Group status was determined by the Diagnostic Interview Schedule for Children Version 5. They completed an experience sampling diary on smartphone for 14 consecutive days, with 5-10 entries per day. Momentary levels of PA (happy, relaxed, contented), NA (irritated, low, nervous), uplifts and stress experienced before the entry were measured on a 1-7 Likert scale.

Results: The sample consisted of 19 adolescents with MDD, 30 with SD, and 59 HC. The M:F ratio was 17:19. The age range was 12-18 with a mean of 14.8. The overall ESM completion rate was 46%. The MDD group had the highest levels of stress and NA, and the lowest levels of uplifts and PA, followed by the SD and HC groups respectively ($p < 0.01$). Across groups, levels of PA were positively

associated with uplifts and negatively associated with stress, whereas levels of NA were positively associated with stress and negatively associated with uplifts. The Group x Uplift interaction effect on PA was significant, with greater PA reactivity in SD ($p < 0.01$) and MDD ($p = 0.07$) when compared with HC. The Group x Uplift interaction effect on NA was significant, with greater NA reactivity in SD than HC ($p < 0.01$). The Group x Stress interaction effect on PA was significant, with greater PA reactivity in SD than HC ($p < 0.01$) and MDD ($p < 0.01$). The Group x Stress interaction effect with NA is non-significant.

Conclusions: Contrary to our hypothesis, adolescents with SD experienced strongest PA and NA reactivity in uplifts and PA reactivity in stress. It provides evidence towards a nonlinear relationship between severity of depression and affective reactivity.

Disclosure of Interest: None Declared

EPV0423

Tolerability of intranasal esketamine, a case series of 15 patients

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Introduction: Intranasal esketamine has recently been approved for the treatment of treatment-resistant depression in adults, with different studies showing its efficacy and tolerability. However, the real-world tolerability of this treatment is still unclear.

Objectives: Evaluate the tolerability of intranasal esketamine in a case series of 15 patients.

Methods: Our case series includes 15 patients, who received treatment with intranasal esketamine during 2022-2023. In order to evaluate the tolerability of intranasal esketamine, patients were asked to complete the TSQM and a side effect questionnaire on different moments of the treatment (one week, six weeks and six months after the beginning of the treatment).

Results: The most common adverse effects were dissociation, dizziness, and somnolence, which resolved within the hours following the administration. All of them were mild or moderate in severity, having a minor impact on the patient, so none of the patients discontinued the treatment due to adverse effects. Other adverse effects noticed were: transitory increment of blood pressure in several patients, and worsening of obsessions in a patient with previous obsessive-compulsive symptoms.

Conclusions: Our data suggests that intranasal esketamine is well tolerated, with transient and mild adverse effects. In all cases the risk-benefit ratio must be evaluated, but until more studies are done, it seems to be a safe treatment for treatment-resistant depression.

Disclosure of Interest: None Declared

EPV0424

Role of Omega 3 Fatty Acid as an Adjunct Treatment to Depression in Different Age Groups of the Patient Population - A Current Literature Review

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Introduction: Depression is a widespread problem that affects individuals of all ages. This study looks at the use of omega-3 polyunsaturated fatty acids (PUFAs) as an additional therapy for depression in people of different ages. Depression has an impact on everyone, from youth to the elderly, causing therapeutic concerns such as treatment resistance and recurrence. Omega-3 PUFAs, which may be found in fish and flaxseed, are important because of their impact on neurochemistry, inflammation, and neuroprotection. While pharmacotherapy, including antidepressants, has proven beneficial for many, the likelihood of remission and recurrence remains substantial. In recent years, there has been a growing interest in the potential role of omega-3 polyunsaturated fatty acids (n-3 PUFAs) in mitigating depressive symptoms. The primary constituents of n-3 PUFAs are eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). Understanding the potential of omega-3 PUFAs across the lifespan can help address the multifaceted challenges posed by depression and improve mental health outcomes for diverse age groups.

Objectives: This review aims to assess the role of omega-3 fatty acids in depression treatment across different age groups: children and adolescents, adults (18–60), and the elderly (60+). It investigates the effectiveness and potential differences in omega-3 supplementation among these age cohorts.

Methods: A comprehensive literature search was conducted from 2003 to 2023 using PubMed, Google Scholar, and EMBASE, using specific keywords. Studies with inadequate age group information or Omega-3 intervention were excluded.

Results: In children and adolescents, several studies indicate a positive association between omega-3 supplementation and improved depressive symptoms. In adults, results are mixed, with some studies showing benefits while others do not. In the elderly, omega-3 PUFAs appear to have a more consistent positive effect on depression. In contrast, a consistent positive association was observed in the geriatric population, suggesting that Omega-3 PUFAs may hold particular promise in the treatment of depression among older adults. However, variations in methodology, dosage, and study populations contribute to these mixed findings.

Conclusions: Omega-3 PUFAs show promise as an adjunct therapy for depression across different age groups. Further research with standardized methodologies and larger sample sizes is needed to clarify their role and establish optimal dosage guidelines.

Omega-3 PUFAs should be considered as a potential complement to conventional depression treatments, emphasizing the need for personalized approaches in depression management.

Disclosure of Interest: None Declared

EPV0425

Clinical Benefits, efficacy and tolerability of slowly titrated vortioxetine oral drops solution

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Introduction: Vortioxetine is mainly prescribed as oral tablets, usually starting at 5-10 mg per day, and is well tolerated by most patients. However, some patients may experience side effects, the most common of which is nausea, which occurs in 20.9-31.2% of people treated with doses of 5-20 mg/day (Baldwin et al, J Psychopharmacol. 2016;30:242-52). In some countries, vortioxetine is also available as an oral solution (1 drop = 1 mg), which allows a very slow titration schedule that may improve tolerability.

Objectives: To evaluate whether vortioxetine oral drop solution, started with 1-2 drops (1-2 mg per day) and increased by 1-2 drops per day to 10-20 drops (10-20 mg), is associated with better tolerability and a lower risk of nausea than that observed with oral tablets started with 5-10 mg per day, while maintaining efficacy. To provide pilot data for the design of a multicentre, prospective study.

Methods: Retrospective, single-centre, observational study. Participants were 58 consecutive patients (mean age 45 + 17 years, 55.2% female) treated with vortioxetine for a depressive episode. Vortioxetine was initiated and titrated up to 1 drop (1 mg) per day in 58.6% of subjects, and initiated and titrated up to 2 drops in 41.4% of subjects. Tolerability was assessed at all visits. CGI and MADRS scores were recorded at the following time points: T0-baseline, T1=week 1, T2=week 2, T3=week 4, T4=week 8). Comparisons were made using repeated measures ANOVA with Bonferroni correction.

Results: Nausea was reported by 8 subjects (13.8%) at T1, 4 subjects (6.9%) at T2, 1 subject at T3 (1.7%) and none at T4. Other adverse reactions (mainly dizziness, pruritus/itching, vomiting, diarrhoea, and xerostomia) were reported by a total of 6 subjects (10.3%) at T1, none at T2 and T3, and 1 subject (1.7%) at T4. The maximum dose administered was 20 mg in 75.9% of patients. No patients discontinued vortioxetine due to adverse events, but vortioxetine was discontinued prior to T4 (8 weeks of treatment) in 2 subjects due to lack of efficacy. The mean CGI at baseline was 4.3 ± 0.8. The mean value decreased to 3.9 ± 0.7 at week 1 and to 3.4 ± 0.6, 2.7 ± 0.6, 1.9 ± 0.5 at weeks 2, 4 and 8, respectively. All differences were statistically significant (p < 0.001) compared to baseline. Also from week 2, all scores were statistically significant compared to all previous assessments. The total MADRS score decreased from 28.3 ± 4.6 at baseline to 24.9 ± 4.2, 20.9 ± 4, 16.3 ± 3.6 and 10.9 ± 3 at weeks 2, 4 and 8, respectively. A significant decrease in MADRS total score was observed at each time point (p < 0.001) compared to baseline and previous assessments.

Conclusions: Slow titration with vortioxetine oral drop solution was associated with a very low percentage of patients reporting side effects in general, and nausea in particular, and with a relatively rapid improvement in depressive symptoms.

Disclosure of Interest: None Declared

EPP0646

Unipolar and Bipolar Depressed Inpatients: correlations with Vitamin D and Cognitive Symptoms

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Introduction: Cognitive symptoms are the main factor of discomfort in depressed patients, persisting even during clinical remission (Conradi et al. *Psychol Med* 2011;41:1165-74) and inevitably compromising their quality of life (Fehnel et al. *CNS Spectr* 2013;25:1-10). Several studies have suggested the neuro-protective role of vitamin D, both through actions on the genome and rapid non-genomic mechanisms; so, low serum vitamin D levels are related to poorer cognitive performance (Goodwill et al. *JAGS* 2017;2:1-8), depressive disorders (Kjærgaard et al. *Psych Res* 2011;190:221-225) and suicide risk (Umhau et al. *PLoS One* 2013;8:e51543).

Objectives: to investigate relationships between serum vitamin D levels, depressive symptoms and cognitive performance in unipolar and bipolar depressed adults hospitalized for Major Depressive Episode (MDE).

Methods: 80 patients (34 M and 46 F; average age 48,96 ± 14,17 years; 40% with bipolar depression) were examined. Depression was investigated using Hamilton Rating Scale for Depression (HAM-D), while cognitive functions were explored by: Rey Auditory Verbal Learning Test (RAVLT) and Rey-Osterrieth Complex Figure (ROCF) to assess verbal and visuospatial memory, respectively; Trail Making Test (TMT) and Stroop Color and Word Test to assess attention, spatial planning and cognitive flexibility. Venous blood sampling was used to determine serum Vitamin D levels (average level 15,67 ± 8,7 ng/ml).

Results: At first, the serum level of vitamin D was found to be inversely correlated with HAM-D scores ($p=0,0079$), so that lower concentrations of vitamin D is related to greater severity of depression. In addition, there were strongly significant positive correlations between low vitamin D levels and poorer RAVLT and ROCF scores and strongly significant negative correlations between vitamin serum level and higher scores in TMT and STROOP test, so that calcidiol deficit is associated with poor cognitive performance. Similarly, patients with higher HAM-D scores were found to have a greater cognitive impairment (lower RAVLT e ROCF scores and higher TMT e STROOP scores).

Conclusions: In accordance with previous works, our study supports the close relationship between serum vitamin D levels and

depressive morbidity. During MDE hypovitaminosis D is related to worse disease indices, such as severity of affective symptoms and cognitive impairment, without substantial differences between clinical manifestations of unipolar and bipolar depression, both in terms of affective and cognitive symptoms and disease severity. Considering that cognitive deficits are truly disabling because they may resist to common antidepressant treatments and, as a result, persist during stages of clinical remission, vitamin d supplementation, by minimizing cognitive dysfunction, could be a good strategy to reduce the risk of relapses and to improve patients' functioning and quality of life.

Disclosure of Interest: None Declared

E-mental Health

EPV0427

Evaluation of User Satisfaction in a Supportive Text Message Program for Public Safety Personnel

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Introduction: Public safety personnel (PSP) encounter traumatic events in their workplace, elevating the likelihood of mental health issues. Delivering efficient, evidence-backed interventions, like supportive SMS text messaging programs, can significantly enhance PSPs' mental well-being, garnering high user satisfaction rates.

Objectives: This study evaluates users' satisfaction, receptiveness, and perceptions of the supportive SMS text messaging intervention (Text4PTSI).

Methods: Participants enrolled in the Text4PTSI program and received one-way cognitive behavioural-based supportive text messages for six months. They participated in a web-based survey delivered through SMS text messages at enrollment, six weeks, three months, and six months after enrollment. The participants' perceptions and receptiveness of the program were evaluated through a 5-point Likert scale. Data were represented as categorical variables, and overall satisfaction with the Text4PTSI program was assessed on a scale ranging from 0 to 100.

Results: Of the 131 Text4PTSI program subscribers, 81 participants responded to the survey, yielding 100 responses across the three follow-up time points. The average satisfaction score was 85.12 (SD 13.35). A significant portion of respondents, constituting 79%, agreed or strongly agreed that Text4PTSI helped them manage anxiety. Additionally, 72% reported relief from depressive symptoms, and 54% (54 out of 100 responses) felt less lonely. Moreover, the majority (84%) of participants expressed that Text4PTSI connected them to a support system, improving their mental well-being, felt more hopeful about managing concerns about their mental health or substance use (82%), and helped enhance their overall quality of life (77%). The data also revealed that most participants consistently read the supportive text messages (84 out of 100 responses, 84%), took time to

contemplate each message (75 out of 100 responses, 75%), and revisited the messages more than once (76 out of 100 responses, 76%).

Conclusions: PSP participating in the 6-month Text4PTSI intervention expressed significant satisfaction and gratitude in the follow-up surveys. Their positive feedback indicates a promising path towards increased service utilization, potentially enhancing its effectiveness and impact on end users.

Disclosure of Interest: None Declared

EPV0428

Characterize and Address Mental health Problems in University Students (CAMPUS Study): preliminary results

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Introduction: The transition phase from late adolescence to early adulthood, which corresponds with the period of university life, is a time that offers important opportunities for personal growth. However, this developmental phase also concurs with the peak period of risk for the onset of mental health disorders. For this reason, the literature clearly identifies university students as a vulnerable population group for psychological distress and mental problems. Digital psychological interventions and e-mental health solutions are emerging as a promising solution for university students, particularly appealing due to their anonymity, portability and ease of access. Hence, the World Health Organisation has developed several psychosocial e-mental health tools including Doing What Matters in Times of Stress (DWM), which has been consistently shown effective in various vulnerable populations. These data provide the framework for the CAMPUS study that is intended for students attending the University of Verona.

Objectives: The main objective of this project is to adapt the WHO psychological intervention called “Doing What Matters in Times of Stress” (DWM) to this target population and to evaluate the effectiveness, feasibility, and acceptability of WHO’s DWM as a psychological strategy for effective mental health prevention and promotion, and for reducing psychological symptoms and distress in university students. Secondary objectives of the project include to evaluate the fidelity of DWM, to assess factors associated with its implementation and effectiveness and to co-create the necessary local conditions for implementation and up-scaling of DWM.

Methods: The CAMPUS study is a prospective non-randomized follow-up study. The target population is composed by university students of University of Verona, Italy. The online assessments, which are collected pre and post intervention, consist of an ad-hoc sociodemographic information page, and four self-administered questionnaires assessing psychological distress, depression and anxiety symptoms, and psychological well-being. In addition, implementation checklists will be administered to assess the acceptability, appropriateness and feasibility of the intervention.

Results: Preliminary results on a sample of 300 students attending University of Verona show that the adapted DWM intervention promote students’ psychological well-being and reduce the level of psychological distress as well as the risk for the later development of a psychopathology. Moreover we expect that future results would include data on the effectiveness, feasibility, and acceptability of the adapted DWM intervention among university students

Conclusions: These results provide valuable information for mental health promotion and support programs for university students, as well as insights into factors influencing its implementation and suggestions for future scaling of the intervention.

Disclosure of Interest: None Declared

EPV0429

The population-based Tromsø 8 study and e-mental health

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Introduction: Ageing populations with increased needs, rising costs of traditional services, and new technologies are some factors driving the use of e-health services. A Norwegian study with data from 2015-2016 found that 13.5% had used apps, 7.3% had used social media, and 5% had used video services for health purposes. Little is known about the effects of many online health services, but in general they seem to increase knowledge and make most people feel reassured, although some users feel more anxious or confused after using such tools. Recent technological developments have resulted in new online health services, including AI-based technologies. More updated knowledge regarding the population’s use of e-health services in general and e-mental health services in particular, is needed.

Objectives: The objective here is to provide information about an upcoming large population-based epidemiological study and how it addresses e-health and e-mental health.

Methods: We introduce the upcoming 8th version of the epidemiological Tromsø Study and discuss its importance to the field of e-mental health.

Results: The Tromsø epidemiological study has since 1974 taken place in the Norwegian municipality of Tromsø. It contains information on a range of topics within health and illness, including topics from many medical specialties, psychiatry and substance use. In the upcoming 8th version of the study (2025-2026), more than 33,000 people aged above 40 will be invited to participate. The main questionnaire will include questions relating to a wide variety of topics, including on e-health use. We suspect the importance of e-health and e-mental health have increased lately, and we will examine how the use of e-health may impact mental health.

Conclusions: Community-based studies, such as the Tromsø Study, allow researchers to study associations between many different variables, including mental health and e-health. The upcoming Tromsø 8 study will enable us to study e-health use and its

relationship to mental health in a large sample representative of the Norwegian population.

Disclosure of Interest: None Declared

EPV0430

E-Learning challenges and trainee teacher engagement: Lessons from the COVID-19 pandemic

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Introduction: The sudden emergence of the COVID-19 pandemic resulted in a compulsory shift to distance learning due to school closures. Consequently, all educational courses were delivered virtually. To facilitate this transition for students and educators, the Ministry of Education implemented digital learning platforms, such as Taalim.ma and TelmidTice. Furthermore, the Broadcasting and Television National Company reorganized its television channels to maintain continuity throughout the academic year. As a result, trainee teachers have effectively shifted to distance learning, using resources such as e-Takwine, MOOC classes, and digital classrooms.

Objectives: This study examines the factors that cause discomfort among trainee teachers and evaluates their influence on satisfaction with distance learning during the COVID-19 pandemic.

Methods: We conducted a descriptive study with 370 Moroccan trainee teachers, with a mean age of 28.30 ± 5.99 years. We collected data using a self-administered questionnaire that was divided into three sections. The initial section examined sociodemographic and professional factors, including gender, age, marital status, academic level, and training cycle. The subsequent section focuses on discomfort-inducing factors, including living arrangements during lockdown, digital skills, material availability, network connectivity, and training schedules. Finally, the concluding section analyzes the trainees' satisfaction and perceptions within their learning community.

Results: The study indicated that 75% of trainee teachers lived in homes with four to seven residents, leading to confined living arrangements. Furthermore, 55% of the participants did not have a designated workspace for studying, focusing, or engaging with instructors. Participants identified various obstacles to online learning, including 80% lacking digital skills, 60% having insufficient equipment, 73.33% experiencing connection and network issues, 78.33% being unfamiliar with online learning, and 68.33% facing an unsuitable training schedule. The study indicates a positive correlation between trainee satisfaction and engagement ($r = 0.422$, $p < 0.001$).

Conclusions: The COVID-19 pandemic has necessitated online education as a crucial resource for ensuring the continuity of education. This study highlights the paramount significance of developing effective e-training policies to direct novice teachers toward successful online learning by alleviating their discomfort factors.

Disclosure of Interest: None Declared

EPV0431

Navigating Mental Health Support in Tunisia's Digital Age: Preferences, Challenges, and Paradoxes-An online survey

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Introduction: The digital age has transformed mental health support in Tunisia. This study explores how individuals seek assistance for mental health concerns online, considering their comfort levels, preferences, and decision-making factors.

Objectives: This study aims to: Investigate the comfort levels of Tunisians when discussing mental health concerns online Identify preferred online sources for mental health support Explore factors influencing the choice between online sources and mental health professionals

Methods: To unearth these insights, an exhaustive online survey was meticulously conducted. This survey was posted online on different social media platforms and cast a wide net, drawing responses from an eclectic cross-section of Tunisian society. The survey methodically gathered data on participants' demographics, their inclinations towards online avenues for seeking assistance, and the multifaceted factors that sway their choices in this digital age.

Results: Intriguingly, the results of this study illuminate several key findings:

Comfort Levels: A striking 47% of respondents expressed their unease about discussing their mental health concerns online. This statistic vividly underscores the intricate interplay between digital platforms and the persistent social stigma surrounding mental health issues.

Preferences for Online Sources: The study notably revealed that mental health apps and online counseling websites are emerging as the favored choices among those seeking support. This underscores the surging significance of digital mental health solutions tailored to individual needs.

Factors Influencing Preferences: An array of factors sways the preference for online sources. Among them, the allure of anonymity, the appeal of convenience, and the perception of limited access to in-person mental health professionals were prevalent. Additionally, financial constraints emerged as a notable consideration in the decision-making process.

Trust in Online Information: In contrast, individuals who leaned toward seeking assistance from mental health professionals stressed the pivotal importance of professional expertise, personalized guidance, and a comprehensive understanding of their concerns. Importantly, 38% expressed reservations about the reliability of online mental health information, underscoring the critical role of trust in the process.

Conclusions: This study sheds light on the nuanced process of seeking mental health assistance in the digital age. It emphasizes the need to address mental health stigma and improve online resource credibility. The findings highlight the importance of comprehensive mental health strategies that integrate digital solutions and traditional professional care, catering to diverse preferences and needs in Tunisia.

Disclosure of Interest: None Declared

EPV0432

Exploring the Digital Mental Health Literacy of the Tunisian population: A Cross-sectional Online Survey

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Introduction: In the digital age, the landscape of mental health information dissemination and consumption in Tunisia has experienced a profound transformation. As the digital revolution continues to reshape our lives, understanding how individuals seek and interact with mental health information online has become increasingly critical.

Objectives: The primary objectives of this study are as follows:

- To comprehensively investigate the digital mental health literacy of individuals in Tunisia by administering an insightful online questionnaire.
- To delve into the multifaceted aspects of how Tunisians engage with mental health content on digital platforms, unveiling their comfort levels, preferences, and decision-making factors.

Methods: This study conducted an online survey comprising three sections. The first gathered demographic information to profile our diverse participants. The second explored internet usage patterns, unveiling their digital activities. The third delved into perceptions of mental health information on social media, revealing preferences. Our survey reached participants of various ages and locations in Tunisia.

Results: The findings of this study cast a revealing spotlight on the digital mental health landscape in Tunisia. A significant proportion of our respondents frequently engaged with various social media platforms. Notably, Instagram emerged as the favored platform for 80% of our participants, while 72% chose Facebook as their preferred digital sanctuary. Intriguingly, 57% of our respondents actively embarked on quests for mental health information on YouTube, with a distinct preference for video-based content.

In the labyrinth of online mental health information, our participants exhibited a discerning eye. They assigned paramount importance to source credentials, references to reputable sources, and unwavering adherence to established medical guidelines. However, beneath this discernment, a noteworthy 65% harbored doubts regarding the accuracy of online information, reflecting the inherent challenges and complexities of navigating the digital information ecosystem.

Furthermore, our study unearthed areas where social media platforms may still grapple with shortcomings in addressing the multifaceted needs of mental health consumers. Participants eloquently expressed concerns about the accuracy of information, the availability of reliable platforms, and the crucial need for a diverse array of perspectives in mental health content on social media.

Conclusions: This study offers key insights into Tunisia's digital mental health landscape. It highlights prevalent digital information consumption and preferences. Emphasizing the need for credible and diverse mental health information on social media is vital. This sample lays the foundation for enhancing available content, better supporting mental well-being in Tunisia.

Disclosure of Interest: None Declared

EPV0433

Psychiatrists' Readiness for Digital Psychiatry in Pakistan: A Multicenter CrossSectional Study with Regression Analysis

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Introduction: The concept of digital psychiatry, encompassing technologies such as mental health apps, Virtual Reality (VR), Artificial Intelligence (AI), and telepsychiatry, emerges as a potential solution to bridge the existing gaps in the mental health system of Pakistan. However, one of the major barriers to the implementation of these technologies is hesitancy to adopt digital tools by psychiatrists.

Objectives: This study aims to explore the current understanding of digital psychiatry, the barriers faced by psychiatrists in its' widespread implementation, and their willingness to adopt these services in clinical practice.

Methods: This cross-sectional study surveyed psychiatrists' knowledge, attitudes, and practices on digital psychiatry from 39 public hospitals across Pakistan using an online validated questionnaire from January to July 2023. Participants included psychiatry residents, fellows, and consultants practicing in Pakistan. Responses were analyzed with Raosoft software, Quirkos, and SPSS 26 using thematic analysis and correlation.

Results: A total of 200 participants responded to the questionnaire, primarily in the age range of 20-30 years (56%). The gender distribution was 55% male (N = 111) and 45% female (N = 89). Among the professional roles, 23% were consultants, 7% were registrars, 54% were psychiatry residents, and 17% were medical officers. Respondents came from both rural (N = 148, 74%) and urban (N = 52, 26%) practice settings. Regarding telepsychiatry, 46% strongly agreed that they are familiar with telepsychiatry, while 58% agreed that telepsychiatry can save time and money. Additionally, 22% strongly agreed that it's a viable approach for patient care. Concerning perspectives on Artificial Intelligence (AI) in digital psychiatry readiness, only 40% of participants had received AI training. However, 55% expressed interest in collaborating with international centers on AI-related projects. In terms of mental health apps, 62% of respondents reported limited familiarity with them. Nevertheless, 65% believed that these apps could potentially

save time and money for psychiatric health systems. Lastly, concerning Virtual Reality (VR) in psychiatric care, 57% of participants were familiar with VR technology, but only 43% were acquainted with its applications in psychiatry. Notably, 71% did not view VR as a viable replacement for in-person psychiatric management.

Conclusions: This is the first study conducted on understanding digital psychiatry in Pakistan's healthcare system, which revealed multiple challenges to digital health competency among psychiatrists. This emphasizes on the need for formal training and funding towards resources to overcome obstacles in utilizing mental health technologies.

Disclosure of Interest: None Declared

EPV0434

Patterns of Internet Addiction in an Italian sample: 100% of the sample experience Nomophobia

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Introduction: Internet Addiction Disorder, a concept introduced for the first time by Ivan Goldberg in 1995, is one of the most recently identified forms of addiction, but already considered a real psychosocial phenomenon, capable of having a profound impact on different aspects of social and psychological life of individuals. One of its most recently identified manifestations is Nomophobia, a neologism formed from the combination of terms such as “no mobile”, “phone” and “phobia”, which can be understood as the fear of feeling disconnected. It is today considered a situational phobia, characteristic of contemporary times. The most common symptoms include excessive cell phone use and constant anxiety at the thought of losing the internet connection. Others are, for example, “Ringxiety”, ringing anxiety, or the “phantom vibration syndrome”.

Objectives: This study aims to examine the spread of Nomophobia in the Italian population, evaluating psychopathological correlations that can explain its diffusion.

Methods: Between January and May 2023, an anonymous online questionnaire was randomly sent to the general population. Alongside with tests to evaluate psycho-social features, the instrument used to study Nomophobia was the *Nomophobia Questionnaire* (NMP-Q) (Yildirim *et al.* Comput Hum Behav. 2015; 49:130–7), in its Italian version (Adawi *et al.* JMIR MHealth UHealth. 2018;6:e24).

Results: The sample consists of 308 people (189 F, 119 M), with an average age of 32 years (*sd* 14). In our sample, 100% of the subjects tested positive for Nomophobia. Values indicating a state of severe Nomophobia are found in 12.3% of the sample (F 15.9%, M 6.7%). The young population, between 18 and 25 years old, represents 54% of the affected population, but more than 60% of severe cases (95% confidence interval 50-65%). The severe cases correlate positively ($p < 0.05$) with findings of high impulsiveness. There are no other studies that investigate the psychopathological correlates of Nomophobia among Italians.

Conclusions: Despite possible *biases*, the data obtained are an alarming sign of the spread of internet addiction that characterizes our times, of which the excessive use of cell phones in the form of

Nomophobia is an expression. Despite their now undisputed usefulness, mobile devices are capable of causing the onset of serious health problems, starting from exposure to radiation capable of causing dermatitis, tumors, and infertility. Furthermore, they dramatically interfere with driving safety, becoming a major cause of road accidents. Considering these consequences, it appears to be extremely important to characterize the phenomenon, as well as its psychosocial determinants, in order to proceed with its better definition and prevention.

Disclosure of Interest: None Declared

EPV0435

Assessing empathy among caregivers: a cross-sectional study

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Introduction: Empathy plays an important role in everyday human relationships. It is the ability to put oneself in the place of others, to represent what they think and feel. In healthcare settings, several studies have highlighted its positive effects on patients in terms of physical and psychological well-being.

Objectives: Evaluate empathy among caregivers.

Methods: This is a cross-sectional study, conducted over a 1-month period and enrolling nursing staff working at Farhat Hached Academic hospital. Empathy was assessed using the Jefferson Scale of physician's empathy (JSPE) scale.

Results: A total of 92 caregivers were enrolled in this study. The average age was 40.41 years with a sex ratio of 0.95. The most represented category was nurses (64.1%) with an average seniority of 17.2 years. The average empathy score was 98.4. Scores above half were reported in 69.5% of cases. The presence of empathy was significantly associated with female gender ($p = 0.002$).

Conclusions: Empathy is a key point in the patient-caregiver relationship. Thus, the nursing staff must be aware of this concept in order to improve the quality of care.

Disclosure of Interest: None Declared

EPV0436

The opportunity for e-mental health to overcome stigma and discrimination

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Introduction: Many with mental illness do not seek treatment, often due to stigma; be it public, self, or institutional type. To improve outcomes, stigma needs addressing.

Objectives: Understand the opportunity for e-mental health to help overcome stigma and, to provide an expert opinion to foster its adoption.

Methods: We conducted literature searches using the terms ((mental health) AND ((stigma) OR (discrimination))) AND (((((digital tools) OR (digital services)) OR (healthcare apps)) OR (digital solutions)) OR (digital technology)), limited to 2007 – 2023, identifying 223 citations, 9 of which were relevant for this evaluation, including 4 systematic reviews (Table 1).

Results: Literature reports suggest that e-mental health may be useful for addressing stigma and reducing the treatment gap. While it was not consistently as good as face-to-face services, e-mental health tools were frequently shown to be effective in reducing stigma, improving mental health literacy, and increasing help-seeking behaviors. Tools included web-based breathing, meditation, and CBT; suicide prevention apps; and online videos and games. Experts from a 2022 global Think Tank session convened by eMHIC, opined and emphasised that embracing e-mental health must not leave people behind nor reinforce inequality and that structural barriers must first be acknowledged and overcome. Creating a shared understanding of the challenge and of terminology is essential, as is codesigning any solution together with people with lived experience.

Conclusions: Published data suggest that e-mental health is promising to reduce stigma and discrimination, with the potential to foster help-seeking and treatment engagement. Adoption requires attention to derailers and must foster inclusivity. There is an imperative to adopt e-mental health, especially evidence-based solutions.

Table 1. Systematic literature reviews

Study	Interventions	Findings
SLR + meta-analysis, 9 studies, n=1916 (Goh et al. Int J Ment Health Nu 2021;30:1040–1056)	<ul style="list-style-type: none"> - Web-based program - MIDonline - AboutFace - BluePages - MoodGYM - MHFA eLearning - Beyond Silence 	Online vs offline: similarly effective for reducing public stigma
SLR, healthcare setting (Pospos, et al. Acad Psychiatry 2018;42:109–120)	<ul style="list-style-type: none"> - Breath2Relax - Headspace - Meditation Audios - MoodGYM - Stress Gym - Virtual Hope Box - Stay Alive 	Identified tools provide a starting point to mitigate burnout, depression, and suicidality
SLR, 13 interventions for stigma (Johnson, et al. Indian J Psychol Med 2021;44:332–340)	<ul style="list-style-type: none"> - Web-based, psychoeducation interventions - Online games - Mobile app 	Most interventions increased help-seeking
SLR + meta-analysis, 9 RCTs, n=1832 (Rodriguez-Rivas, et al. JMIR Serious Games. 2022; 10: e35099)	<ul style="list-style-type: none"> - Video games - Virtual reality - Videoconferencing and online chat 	Interventions had a consistent effect on reducing public stigma

Disclosure of Interest: K. Subramaniam Employee of: Employee of Viatrix, A. Greenshaw: None Declared, A. Thapliyal: None Declared

EPV0437

Randomized controlled trial of work-map: telehealth metacognitive intervention for work performance enhancement of adults with attention-deficit/hyperactivity disorder

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Introduction: The literature has emphasized the importance of implementing evidence-based occupational therapy teleinterventions to enhance work participation in adults with attention-deficit/hyperactivity disorder (ADHD).

Objectives: This study aimed to evaluate the efficacy of an innovative metacognitive self-tailored teleintervention for adults with ADHD performance at work enhancement (Work-MAP). The outcome measures were efficacy of and satisfaction with the performance of self-selected work goals (Canadian Occupational Performance Measure), executive functions (Behavior Rating Inventory of Executive Function-Adult), and quality of life (Adult ADHD Quality of Life Questionnaire).

Methods: In this randomized controlled trial, participants were 46 adults with ADHD. Group A ($n = 31$) received the synchronous, hybrid-telehealth intervention in 11 weekly 1-hour individual sessions, while Group B ($n = 15$) completed the same intervention after a waiting phase.

Results: Following the intervention, participants demonstrated and maintained significant improvements in all outcome measures (strong-to-moderate significant effects) to the 3-month follow-up.

Conclusions: Work-MAP seems to be effective intervention for enhancing work participation (i.e., performance at work), executive functions, and quality of life of adults with ADHD. Future studies with larger samples and additional objective measures are needed to further validate these findings.

Disclosure of Interest: None Declared

EPV0438

Chatbots for Well-Being: Exploring the Impact of Artificial Intelligence on Mood Enhancement and Mental Health

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Introduction: Over the past few years, Psychiatry has undergone a significant transformation with the integration of Artificial Intelligence (AI). This shift has been driven by the increasing demand for mental health services, as well as advances in AI technology. AI analyzes extensive datasets, including text, voice, and behavioral data, aiding in mental health diagnosis and treatment. Consequently, a range of AI-based interventions has been developed, including chatbots, virtual therapists and apps featuring cognitive-behavioral therapy (CBT) modules. Notably, chatbots, as conversational agents, have emerged as valuable tools, assisting users in monitoring emotions and providing evidence-based resources, well-being support, psychoeducation and adaptive coping strategies.

Objectives: This study aims to investigate the impact of AI chatbots on improving mental health, evaluate their strengths and weaknesses and explore their potential for early detection and intervention in mental health issues.

Methods: A literature review was conducted through PubMed and Google Scholar databases, using keywords ‘artificial intelligence’, ‘chatbot’ and ‘mental health’. The selection focused on the most relevant articles published between January 2021 and September 2023.

Results: Mental health chatbots are highly personalized, with a primary focus on addressing issues such as depression or anxiety within specific clinical population groups. Through the integration of Natural Language Processing (NLP) techniques and rule-based AI algorithms, these chatbots closely simulate human interactions and effectively instruct users in therapeutic techniques. While chatbots integrating CBT principles have gained widespread use and extensive research attention, some also incorporate alternative therapeutic approaches, including dialectical behavior therapy, motivational interviewing, acceptance and commitment therapy, positive psychology or mindfulness-based stress reduction. AI chatbots provide substantial advantages in terms of accessibility, cost-effectiveness and improved access to mental health support services. Nonetheless, they also exhibit limitations, including the absence of human connection, limited expertise, potential for misdiagnosis, privacy concerns, risk of bias and limitations in risk assessment accuracy.

Conclusions: AI-based chatbots hold the potential to enhance patient outcomes by enabling early detection and intervention in mental health issues. However, their implementation in mental health should be approached with caution. Further studies are essential to thoroughly evaluate their effectiveness and safety.

Disclosure of Interest: None Declared

EPV0439

Starting well to stay well - randomised controlled trial of Whitu, an app for improving the well-being of university students

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Introduction: University students often face challenges to their well-being and up to a third develop mental health problems. Given high rates of smartphone use among this group, app-based digital mental health interventions may play a role in preventing these

problems. Previously demonstrated to improve well-being and mental health outcomes in young people aged 16-25, ‘Whitu: seven ways in seven days’ is a well-being app based on positive psychology, cognitive behaviour therapy (CBT) and psychoeducation principles.

Objectives: This randomised controlled trial was undertaken to evaluate the efficacy, usability and acceptability of Whitu with first year university students.

Methods: Ninety first year university students were recruited via a social media advertising campaign to take part in a prospective randomised controlled trial of Whitu against a standard university self-help website, with 45 participants in each arm. Primary outcomes were changes in well-being on the World Health Organisation 5-item well-being index (WHO-5) and short Warwick-Edinburgh mental well-being scale (SWEMWBS). Secondary outcomes were changes in depression on the Centre for Epidemiological Studies Depression Scale (CES-D), anxiety on the Generalised Anxiety Disorder seven item scale (GAD-7), self-compassion on the Self Compassion Scale- Short Form (SCS-SF), stress on the 10-item Perceived Stress Scale (PSS-10), sleep on the single-item Sleep Quality Scale (SQS), and self-reported acceptability of the app. Outcomes were evaluated at baseline, four weeks (primary study endpoint) and three months.

Results: At 4 weeks, participants in the intervention group experienced significantly higher mental well-being and significantly lower depression compared to controls. Emotional well-being among the Whitu group was greater in the intervention group at 3 months. Other outcomes did not differ between groups. User feedback was positive, with 88% of those who provided feedback saying they would recommend the app to a friend.

Conclusions: Our findings provide preliminary evidence that Whitu is an acceptable and more effective, scalable and multi-modal means of improving some aspects of well-being and mental health among university students than direction to a self-help website.

Disclosure of Interest: None Declared

EPV0440

Assesment of Generative AI abilities to diagnose and propose treatment in comparison with psychiatrists from Poland and Tunisia

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Introduction: Increasing popularity of Generative AI systems such as GPT provides us with new dilemmas concerning the future of diagnosis and novel tools to improve daily psychiatrists’s work.

Objectives: The aim of the study was to assess the abilities of generative AI to diagnose and propose treatment in comparison with real psychiatrists and performing a Turing test.

Methods: We examined the ability to diagnose and propose treatment of various Generative AI versions (CHatGPT/CHATGPTpro etc.) and then compare the results with 10 clinicians performing the same task. Then a group of 10 psychiatry specialists not involved in the first evaluation assessed whether the diagnosis and treatment were established by Generative AI or a clinician.

Results: The results showed that the generative AI systems were able to provide valid diagnosis in most of the cases with favour to newer and most proficient version of CHATGPT. Proposed treatment results were less accurate. The comparison between human and AI group was hard to accurately assess, with tendency to favouring psychiatrists group assessment as the right decision. There is huge need to further explore the possibilities and limitations of Generative AI use in psychiatry.

Conclusions: There is huge need to further explore the possibilities and limitations of Generative AI use in psychiatry.

Disclosure of Interest: None Declared

EPV0441

Evaluation of an App-based brief Cognitive Behavioral Therapy for individuals with Nonsuicidal Self-injury

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Introduction: Nonsuicidal self-injury (NSSI), the deliberate and direct destruction of one's own body tissue without suicidal intent, has represented a significant public health concern among adolescents and young adults worldwide, yet they have limited access to evidence-based interventions. App-based digital therapy, with its advantages of high cost-effectiveness, accessibility, and user receptivity, could be an effective intervention for NSSI. We expected that the use of an app-based brief cognitive-behavioral therapy (CBT) would improve depressive symptoms and emotion dysregulation, the most prevalent symptoms among individuals with NSSI.

Objectives: This study aimed to evaluate the efficacy of a 3-week app-based brief CBT program focusing on cognitive distortion correction for individuals with NSSI.

Methods: A total of 34 participants who engaged in NSSI were included in the final analysis, with 18 individuals assigned to the 'app group' and 16 to the 'waitlist group.' The brief CBT program consisted of three quizzes designed to prompt the users to identify cognitive distortions embedded in a series of short scenarios, develop more realistic perspectives, and imagine advising to significant others. The app group was instructed to complete three quizzes per day for three weeks, while the waitlist group received no intervention.

Results: Baseline and follow-up assessments of depression and emotion regulation were conducted. After the 3-week program, the app group showed a significant reduction in depressive symptoms ($F = 8.30$, $P = .007$) compared to the waitlist group. There was no group difference regarding emotion regulation.

Conclusions: Depression is a prominent symptom in individuals with NSSI. Our findings suggest that an app-based brief CBT

intervention targeting cognitive distortions can effectively alleviate depression in individuals with NSSI. The results also highlight the need for digital interventions that are tailored and designed to improve emotion regulation in this population.

Disclosure of Interest: None Declared

EPV0443

Mitigating Psychological Symptoms in Public Safety Personnel Through Supportive Text Messaging Program

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Introduction: Public safety personnel (PSPs) often suffer from mental health issues due to the challenging and intricate nature of their work. Various barriers may prevent them from seeking necessary support and treatment. Therefore, implementing innovative and cost-effective interventions can potentially enhance the mental well-being of PSPs.

Objectives: The study sought to assess the influence of the Text4PTSI program on symptoms of depression, anxiety, trauma, and stress, as well as the resilience of public safety personnel after six months of receiving supportive text message intervention.

Methods: PSP subscribed to the Text4PTSI program and received daily supportive 1 SMS text messages for six months. Participants were invited to complete standardized self-rated web-based questionnaires to assess depression, anxiety, posttraumatic stress disorder (PTSD), and resilience symptoms measured on the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 scale (GAD-7), Posttraumatic Stress Disorder Checklist-Civilian Version (PCL-C), and the Brief Resilience Scale (BRS), respectively. The assessment of mental health conditions was conducted at enrolment, six weeks, three months, and six months after enrollment.

Results: One hundred and thirty-one subscribers participated in the Text4PTSI program. A total of 31 participants completed the baseline survey, and 107 total surveys were recorded at all follow-up time points. The baseline prevalence of likely major depressive disorder (MDD) was 47.1%, likely generalized anxiety disorder (GAD) was 37.5%, low resilience was 22.2%, and likely PTSD was 13.3%. At six months post-intervention, the prevalence of psychological conditions. There was a decrease in the mean scores on the PHQ-9, GAD-7, PCL-C, and the BRS from baseline to post-intervention by 25.8%, 24.7%, 9.5%, and 0.3%, respectively. However, the decrease was only statistically significant for the mean change in GAD-7 scores with a low effect size ($t(15) = 2.73$, $p = 0.02$).

Conclusions: The results of this study suggest a reduction in the prevalence of likely MDD as well as the severity of anxiety symptoms from baseline to post-intervention for subscribers of the Text4PTSI program. The program has the potential to complement existing services, aiding in mental health support for public safety personnel.

Disclosure of Interest: None Declared

EPV0444

Hindering and facilitating factors in the implementation of digital mental health interventions within community settingsK. Turmaine^{1*} and K. Chevreul^{1,2}¹ECEVE1123, Inserm/Université de Paris Cité and ²ECEVE1123, URC Robert Debré, Paris, France

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Introduction: The digitalisation of the society has made inevitable the development and use of digital health. In mental health care, the use of digital tools has been questioned, although their capacity to improve accessibility to evidence-based information and tackle stigma has been recognised. The paradox of these virtual tools is that they need to rely on local resources to get used and disseminated.

Objectives: To identify the factors from the context that could help or hinder the set-up of an effective intervention in digital mental health.

Methods: Between 2018 and 2020, a digital mental health intervention, based on the promotion of StopBlues, a digital tool targeting psychic distress and suicide in the adult general population, was conducted in 32 willing French localities. In each of the latter, a focal person was designated among the officials to organise the promotion locally and liaise with the research team. Employing interviews and observations, we identified the factors from the context that were favouring or hindering the intervention.

Results: The qualitative approach unveiled the existing dynamics between local stakeholders and difficulties faced by the focal persons. It appeared that the political context particularly influenced the outcome of the intervention. In parallel, the endorsement by local hospitals and psychiatrists was equally crucial confirming the key role they play when they champion a cause at the forefront.

Conclusions: Real-world evaluations using both qualitative and quantitative methods of digital mental health interventions have to be implemented in order to understand how they can help people. If these interventions are in line with the 1986 Ottawa Charter in terms of patient empowerment, they still need to be supported by local stakeholders, both at the political and medical levels.

Disclosure of Interest: None Declared

EPV0445

Workplace mental health resilience: usability and impact study of a mental health coping mobile app on a corporate settingR. Maçorano^{1*}, F. Canais¹, M. Ribas², M. Parreira³ and H. A. Ferreira¹¹Neurosciences, Faculty of Sciences of the University of Lisbon, Lisbon;²Psychology and ³Neuropsychology, NeuroGime, Braga, Portugal

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Introduction: Mental health resilience is crucial to professional wellbeing and productivity, being that 57% of company employees are reporting burnout. Additionally, early-stage preventive mental

health interventions are not common, and typically employees only have access to mid-stage professional care.

Objectives: The aim of this project is to provide employees with a preventive self-coping tool, enabling open and inclusive care. Specifically, the aim is to assess the receptivity, usability and impact of the usage of a mobile app that provides coping strategies based on positive psychology and a burnout-risk screening.

Methods: A mobile app was used with the purpose of being accessible to everyone, independently of their financial capacity. The app also promotes inclusiveness, by aggregating several approaches and methods for mental health coping, which are recommended given the needs of each user. The app was released to a large Portuguese company with 700 employees, in which employees could download it voluntarily.

Results: After 7 months, the results showed 37% receptivity rate, 24% improvement on anxiety levels, 36% improvement on workplace wellbeing, 23% increase on mental health self-coping skills, and 21% improvement on burnout-risk levels. These metrics were acquired via app's back-end, self-reporting, and our model for burnout-risk screening.

Conclusions: First results showcase the positive impact of adding such a mobile solution to the employees' mental healthcare. Next steps will be conducting a longer study, adding control groups and productivity assessment.

Disclosure of Interest: None Declared

EPV0446

Investigating LSA - a 'legal high' analogue to LSD, frequently used in the digital realm with relatively unknown effects

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Introduction: Psychedelics are substances consumed for recreational use, the majority of these psychoactive substances are illegal and hard to obtain. Therefore, there is a demand for psychedelics legal and easier to access, these types of drugs are called 'legal highs'. LSA (lysergic acid amide) is one of these new psychoactive substances, this drug is searched because it is known to have an effect similar to LSD. LSA has negative effects on body functioning not fully understood by the medical field.

Objectives: This project aims to conduct a systematic review of the scientific health literature on LSA.

Methods: The following information was included in this review: articles reporting original data on physical effects, neurobiological effects, various bodily symptoms, social and cultural aspects in humans related to LSA, published in English, Portuguese, Spanish, Italian, and French. Studies involving animals, in vitro research, botanical studies, and non-original research were excluded. The following keywords were searched in the PubMed, Google Scholar, and Web of Science databases: (ergine or d-lysergic acid amide or LSA or d-lysergamide or lysergic acid amide). This study followed the PRISMA statement for systematic reviews and PRISMA checklist. The resulting data were tabulated and analyzed according to relevance.

Results: LSA, also known as ergine, is an ergot alkaloid with a chemical formula very similar to LSD. Ergine is found in plants of the Convolvulaceae family and is primarily consumed through chewing the seeds of these plants, soaking them in alcohol, or preparing an extract. The amount of LSA in each seed is inconsistent, making it unpredictable how much will be consumed, and these seeds may contain other harmful compounds.

LSA is a partial agonist and antagonist of serotonergic receptors, with a preference for 5-HT_{1A} and 5-HT₂, and stimulation of D₂ is related to nausea. It can cause symptoms including euphoria, hallucinations, anxiety, nausea, weakness, fatigue, tremors, and elevated blood pressure. In some cases, the use of LSA is associated with the use of other drugs, and there are case reports of LSA-induced PRES (Posterior Reversible Encephalopathy Syndrome), post-use suicides and the need for hospitalization due to psychosis-like states.

Studies conducted on the quality of information about LSA on digital platforms indicate misinformation with incorrect data that can be harmful to those who ingest the drug. Additionally, there are studies suggesting that LSA may improve symptoms of cluster headaches.

Conclusions: LSA is a legal drug in most countries, with widespread misinformation on the internet and limited control over its use. There are potential serious adverse effects caused by the drug, and it is often associated with other psychoactive substances. Greater knowledge about the drug is needed for diagnosing its use and abuse, as well as for educating the public.

Disclosure of Interest: None Declared

EPV0448

Psychological intervention online for adolescent: acceptability of Online Emotional Self-Regulation Improvement program

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Introduction: Given that child and adolescent mental health has been affected by several factors in recent years, such as the distance between home and specialized centers that provide psychological care to children, the lack of care resources, or the lockdown caused by the COVID-19 pandemic, online psychological treatments are becoming increasingly common among the child and adolescent population, although it is necessary to develop this type of treatment for children at psychosocial risk, since these have been developed mostly for the general population. To this aim, the Online Emotional Self-Regulation Improvement program (Mejora de la Auto-regulación para Menores, Online MAM@) was developed.

Objectives: To assess the acceptability of the Online Emotional Self-Regulation Improvement program, by the adolescent.

Methods: The intervention program was applied to a total of n = 32 children (n = 17 girls) between 11 and 15 years of age. The program consists of 7 target emotions to be worked on, and the acceptance, usability, usefulness, enjoyment of each module and

barriers to use by the children were assessed with an adaptation of the Venkatesh and Davis scale. These measures were taken post-test, once the intervention module was completed. The program was applied online for five weeks by the children, and their regular therapists contacted them to provide them with weekly access codes and reminders in case they were not completing the modules.

Results: It was observed that the best rated module was the anger module, the most useful module was the sadness module, the module considered to have the highest usability was the fear module, and the most enjoyed module was the sadness module, although all the modules had very high scores above the average and no significant differences were found in the rating of the modules between sexes. As for the most common barriers to use among the children, problems were found with the completion of the intervention, since they often forgot to access the web, and these did not apply what they had learned outside the intervention program.

Conclusions: The Online Emotional Self-Regulation Improvement program is the first program developed in Spanish language for adolescents at psychosocial risk, and may represent a breakthrough to consolidate these programs in the national scene and bring the therapeutic possibilities for adolescents to the same level as in other parts of the world. Focusing on future versions of the program, it would be advisable to reduce its length and incorporate activities outside the treatment program to guarantee a generalization of what is learned in the intervention program in everyday life situations.

Disclosure of Interest: None Declared

EPV0449

A study of the personality trait-focused digital mental health intervention

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Introduction: Mental healthcare services that address a variety of primary complaints which are highly related to maladaptive personality traits among the general population are important to prevent developing psychiatric disorders.

Objectives: This study aimed to examine the effectiveness of a digital mental health service (named "Mindling") that focuses on maladaptive personality traits in the general population.

Methods: Participants were recruited through a South Korean community website and screened for adults between the ages of 18 and 60 in terms of personality traits such as perfectionism, low self-esteem, social isolation, or anxiety. Participants were allocated to four intervention programs (Riggy, Pleaser, Shelly, and Jumpy) based on their screening results and were randomly assigned to digital treatment and waitlist groups. Each intervention program was conducted online for 10 weeks. The primary outcomes were all measured by self-report questionnaires; in addition to stress levels, each program included measures of perfectionism (Riggy), low self-esteem (Pleaser), loneliness (Shelly), and anxiety (Jumpy). The secondary outcomes included self-efficacy, depression, and other

psychological states. All participants completed pre-treatment (baseline), intervention (week 5), and post-treatment (week 10) assessments, and the treatment group completed a separate follow-up assessment (week 14).

Results: In the treatment group, 70.05% of the participants completed the full course of the digital intervention. The mean scores for each primary outcome measure and some secondary outcome measures were significantly different between baseline and post-treatment in the treatment group for the Total, Riggy, Pleaser, Shelly, and Jumpy programs, but these differences were not observed in the waitlist group. In addition, mean differences between the treatment and waitlist groups at post-treatment assessment were significant for all primary outcome measures and some secondary outcome measures. Specifically, the levels of stress (Total program), perfectionism (Riggy), loneliness (Shelly), and anxiety (Jumpy) were significantly lower in the treatment group, while self-esteem (Pleaser) was higher. In addition, the mean differences between post-treatment and follow-up assessment data were not statistically significant for all primary outcome measures and nearly all secondary outcome measures.

Conclusions: This study validated the effectiveness of the digital intervention program targeting maladaptive personality traits and suggested its sustainable effects.

Disclosure of Interest: None Declared

Eating Disorders

EPV0452

Eating disorder and bipolar mental illness through genome wide association studies

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Introduction: Besides the role played by environmental factors and their epigenetic influences, scientific researchers showed that the susceptibility to develop an eating disorder among bipolar people is due to genetic factors.

Objectives: To review the genetic factors behind eating disorders, highlight the role of genetics and epigenetics in the comorbidity of bipolar and eating disorders.

Methods: To delineate the role of genetics and epigenetics in eating disorders and bipolar disorders as two related mental illness, we comprehensively reviewed the scientific literature using GWAS (genome wide association studies) catalog databases to find genome-wide association studies carried out on patients with bipolar disorder EFO_0005203 and eating disorder comorbid condition (anorexia nervosa, binge eating, bulimia nervosa) EFO_0005203.

Results: GWAS of eating disorders were found in 33 studies with 324 associations whereas those of bipolar disorder were found in 114 studies with 1469 associations. GWAS of eating disorders

within bipolar disorders revealed 182 and 134 associations, as well as 10 and 8 publications respectively. Only anorexia nervosa and binge eating were studied in association with bipolar disorders. The genetic variants were protein coding genes (CUBN, FAM228B, FXR1, etc.), non-coding RNA genes (SOX2-OT, MMADHC-DT, etc.), and pseudo-genes (RNU1-23P, CACYBPP2, etc.).

Conclusions: About 300 genetic variants are associated with eating disorder as a comorbid condition of bipolar disorders. These variants may play a crucial role in the causes and mechanisms of eating disorders and should be more investigated towards more precise clinical and genetic entities.

Disclosure of Interest: None Declared

EPV0454

Schizophrenia and eating disorders: Epidemiological and clinical characteristics

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Introduction: Schizophrenia is a common mental illness with a wide range of symptoms.

Given the high metabolic comorbidity observed in schizophrenia and the metabolic side-effects induced by the antipsychotics used in practice, the detection of eating disorders is crucial.

These disorders may occur at the same time as psychotic symptoms or independently of them.

Objectives: we aim to provide an overview of eating disorders in schizophrenia.

Methods: We conducted a systematic search using the 2 bibliographic databases PubMed and Google scholar including the following keywords: "Schizophrenia", "Eating disorders", "Reward mechanisms".

Results: Eating disorders are a frequent comorbidity in schizophrenia.

Authors have reported that some patients with schizophrenia have an increased appetite and craving for fatty foods, increased caloric intake and frequency of consumption, which may be associated with increased disinhibition.

According to the literature, binge eating and night eating are frequently observed in patients with schizophrenia, with a prevalence of around 10%.

Studies have shown that people suffering from psychosis and treated with antipsychotics have high rates of binge eating, ranging from 4.4% to 16% for binge eating and from 8.9% to 45% for binge eating symptoms (without reaching the diagnostic threshold for binge eating).

Rates ranging from 16.1% to 64% for cravings were reported.

Anorexia nervosa appears to affect between 1% and 4% of schizophrenic patients.

Conclusions: Despite their frequent association with schizophrenia, eating disorders remain little studied. However, it is important to detect these disorders and elucidate the underlying psychopathological and neurobiological mechanisms in order to

better manage metabolic comorbidity and improve patients' quality of life.

Disclosure of Interest: None Declared

EPV0455

Psychological understanding of Anorexia nervosa gained from combined clinical care

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Introduction: Anorexia nervosa (AN) is a debilitating illness with rapidly increasing incidence. The longer it lasts the more difficult is to cure. Although in the majority of the cases the main treatment is psychotherapy severe cases require inpatient admission for life saving support. The presentation expounds the combined therapeutic approach that anorexia nervosa patients of Semmelweis University Psychiatry and Psychotherapy Department provided with. Currently the backbone of psychotherapy for AN is cognitive behavioral therapy (CBT), schema therapy and katathym imaginative psychotherapy (KIP) combined with psychodrama.

Objectives: One of the aims of our research is to identify the most relevant focus of psychotherapy by identification of specific personality traits in patients with AN, who will be compared with healthy controls. Furthermore, two subgroups of patients will be compared with each other: the milder version of AN (BMI above 16) with the more severe form of AN who are required inpatient admission.

Methods: Women with AN (age:18-45) have been compared to age-matched controls on MINI and SCID-5-AMPD interview variables and on the scales of online questionnaires, such as EDI-I, MZQ, DIS-Q, SCL-90, PHQ-9, STAI, CTQ and YPI.

Results: Clinical care highlighted important underlying psychological causes such as inadequate mirroring, absence of the father, or on the contrary, overly intimate relationship with the father, and relentless inner voice as a consequence of unintegrated inner aspects. The SCID-5-AMPD pointed out affected areas of personality such as Identity, Self-directedness, Negative affectivity, Intimacy, Alienation. Importantly, neither trauma scales (measured by CTQ), nor dissociation (measured by DIS-Q) differed significantly between patients and healthy controls.

Conclusions: Planning psychotherapy could benefit from the identified foci. Anti-depressive medication must be considered in order to improve outcome of inpatient admission. The CTQ probably does not measure the subtle but chronic inadequacy of attachment and mirroring that apparently are typical in AN. The reliable identification of the typical dissociative inner voice that often seen in anorexia nervosa may need another questionnaire apart from DIS-Q.

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Disclosure of Interest: None Declared

EPV0456

Anorexia nervosa and hyperphagic episodes : About five clinical cases

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Introduction: Eating disorders affect almost one million people in France. More than half of them have not been screened for the disorder, and are still unable to access treatment!

Objectives: To shed light on the clinical characteristics and management of patients with eating disorders

Methods: We report on a series of clinical situations involving patients presenting with binge eating disorder at the adolescent unit of the Gonesse hospital.

Results: Our sample included 5 patients, all female, aged between 13 and 16 years. They presented with anorexia nervosa with or without hyperphagia. Comorbidities included depression, anxiety disorders, chronic illness and suicidality.

In some cases, treatment is based on re-feeding via a nasogastric tube. In others, behavioral treatment was sufficient. Pharmacological treatment for comorbidities was prescribed.

Conclusions: Untreated eating disorders can be a source of deterioration in patients' quality of life and high mortality. Early detection and diagnosis is essential for better patient management.

Disclosure of Interest: None Declared

EPV0460

Eating disorders: the increase in requests for help and the optimization of resources

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Introduction: This work aims to provide an updated overview of the eating disorders (EDs) which are a widespread pathology nowadays. Informations related to the clinical-nosographic characteristics, an in-depth analysis about systemic-relational theories and historical evolution are provided. In addition, current informations about epidemiological data, recovery, treatment related implications, new neuroscientific theories and risk factors are shown. Given the complexity of these disorders, the lack of resources and the increasing demands for treatment, the main object is related to the construction of a questionnaire to manage the waiting lists.

Objectives: Building a waiting list management model for EDs, Study and compare advantages and disadvantages of the source allocation ethical models (utilitarianism, prioritarianism, egalitarianism). Analyze EDs leading experts (doctors, dietitians, psychologists, psychiatrists) and EDs patients positioning with respect to

priority treatment factors. Promote constructive dialog between EDs experts from different backgrounds and EDs patients.

Methods: In order to know the various treatment alternatives available, the different levels and reference structures are illustrated. In addition, it is also suggested different reasoning based on the ethical models of egalitarianism, utilitarianism and prioritarianism in order to build a waiting list management model, which is the maximum goal of this work. This model needs to be supported by a series of validated tools such as the clinical interview and self-administered questionnaires to investigate psychopathological aspects and psychiatric symptoms. Going into more details, a questionnaire is proposed to the EDs leading experts, so that they can provide their own priority factors list and related thoughts in order to build “the most ethical” waiting list.

Results: It is expected that both patients and clinicians tend to give priority to patients with greater psychophysical severity, not exclusively on the basis of physical parameters. Further hypothesis related to clinicians lead us believe that they tend to use utilitarian logics, in compliance with the demonstrated efficacy of early intervention. An evaluation that could lead to a disagreement between experts and patients is related to prioritize patients in the initial phase of the disease, which could be supported by clinicians, but not by patients, probably in connection with their personal experiences. In fact, this favoritism could have a negative impact on the care of the most serious cases who risk to be left to themselves.

Conclusions: This work aims to encourage a constructive dialogue between experts and patients with EDs in order to build a functional intervention model which should be “the most ethical as possible” in order to save the greatest number of lives in respect of mental suffering.

Disclosure of Interest: None Declared

EPV0461

In People who Identify as Gender Minority People the Social Cure Model and in People who Identify as LGBTQ* People the Intragroup Status and Health Model might Explain the Link between Identity Centrality and Body Appreciation

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Introduction: Sexual and gender minority (SGM) people are often found to have lower levels of body appreciation than do cis-heteronormative people.

Objectives: The current study utilizes the social cure model and the intragroup status and health model to investigate whether identification with a SGM social group and identity centrality (i.e., the degree to which a specific social identity is important to an individual) is linked to experiences of hostile behaviors because of a person's looks or body and consequently, to body appreciation.

Methods: A cross-sectional online-questionnaire study was conducted with 1,680 German-speaking participants (49.2% cisgender women, 37.7% cisgender men, 9.0% non-binary, 4.1% transgender; $M_{age} = 32.7$, $SD = 12.5$). The Multidimensional and Multicomponent

Measure of Social Identification, the Body Appreciation Scale-2, the Perceived Stigmatization Questionnaire and the Sociocultural Attitudes Towards Appearance Questionnaire-4, revised were used. A manifest path model was calculated.

Results: People who identified as gender minority (GM) people and LGBTQ* people reported lower levels of body appreciation. Sexual minority (SM) individuals who identified with a social group other than LGBTQ* people reported levels of body appreciation similar to those of individuals who identified as women. Individuals who identified as GM people experienced fewer instances of hostile behaviors because of their looks or body the higher their level of identity centrality was. On the other hand, individuals who identified as LGBTQ* people more frequently encountered hostile behaviors because of their looks or body when their identity centrality was strong. Frequent experiences of hostile behaviors because of a person's looks or body was linked to poor body appreciation in all social groups.

Conclusions: Identity centrality might help alleviate experiences of discrimination, especially in people who identify as GM people, as the social cure model suggests. In line with the intragroup status and health model, individuals who strongly identify as LGBTQ* people might be more visible as SM people and experience more discrimination than do SM people who identify with another social group.

Disclosure of Interest: None Declared

EPV0462

Avoidant Restrictive Food Intake Disorder in a 28 year old man: a case report

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Introduction: Avoidant Restrictive Food Intake Disorder is a disorder included among the eating disorders criteria group. Prevalence and incidence rates of ARFID in the general population remain largely unknown. Despite ongoing variability in the interpretation of diagnostic criteria in clinical practice, good progress has been made regarding recognition and assessment of ARFID. Different approaches to treatment are currently being explored, with reported outcomes for ARFID vary, consistent with the heterogeneity of the disorder. At present, there is insufficient evidence to determine the likely course and prognosis.

Objectives: Review what avoidant restrictive food intake disorder consists of, the challenges it presents, as well as its prognosis and potential treatments.

Methods: Presentation of a patient's case and review of existing literature, in regards to ARFID.

Results: The patient in question is not clear he can be diagnosed of avoidant restrictive food intake disorder given his OCD symptoms, which are intertwined. That said, he does not have body dysmorphic phobia and does check for all the ARFID criteria. Their prognosis is not good, having failed several psychological and pharmacological treatments.

In literature, there is not much evidence around the disease because of its novelty, being recently included in the DSM 5 as a new class of

eating disorders (EDs), not finding high quality studies (meta analysis, systematic review). ARFID is characterised by a lack of interest in eating or avoiding specific types of foods because of their sensory characteristics. This avoidance results in decreased nutritional intake, eventually causing nutritional deficiencies. In severe cases, ARFID can lead to dependence on oral nutritional supplements, which interferes with psychosocial functioning. The prevalence of ARFID can be as high as 3% in the general population, and it is often associated with gastrointestinal symptom. Given the high prevalence of ARFID, a rapid and systematic nutrition survey should be conducted during every consultation. Its treatment should also be adapted depending on the severity of the nutritional problem and may involve hospitalisation with multidisciplinary care (paediatrician, nutritional therapist, dietitian, psychologists, and speech therapists).

In regards to potential treatments, there is no evidence-based psychological treatment suitable for all forms of ARFID at this time. Several groups are currently evaluating the efficacy of new psychological treatments for ARFID, particularly, family-based and cognitive-behavioural approaches, but results have not yet been published.

Conclusions: Future directions for research could be usefully informed by closer collaboration with other fields, including feeding disorders, emotion processing and regulation, neurodevelopment, and appetite.

Disclosure of Interest: None Declared

EPV0463

Using network analysis to explore the association between eating disorders symptoms and aggressiveness in Bulimia nervosa

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Introduction: Aggressive behaviors have been reported to be more frequent in people with eating disorders (ED), especially bulimia nervosa (BN). Network Analysis (NA) is particularly useful for examining the interactions among symptoms of comorbid conditions through the identification of "bridge symptoms," defined as those symptoms playing a key role in the connection between two syndromic clusters.

Objectives: The aim of the present study was to investigate the association of ED core symptoms and ED-related psychopathology with aggressiveness in a clinical sample of women with BN through NA.

Methods: A NA was conducted, including ED symptoms and aggressiveness measures. The bridge function was implied to identify symptoms bridging ED symptoms and aggressiveness.

Results: The most connected nodes among communities were asceticism and impulsivity from ED-related psychopathology, drive for thinness from ED- core psychopathology and guilt and suspicion from aggressiveness domain. In particular, drive for thinness

connected ED-core community to verbal hostility, while impulsivity connected ED-related symptoms to guilt and suspicion of aggressiveness community.

Conclusions: In conclusion the present study showed that in people with BN guilt is the specific negative emotion of the hostile dimensions that may be bidirectionally associated with ED symptoms.

Disclosure of Interest: None Declared

EPV0464

Emotional non-acceptance mediates the relationship between insecure attachment and specific psychopathology in women with eating disorders

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Introduction: Insecure attachment is considered a general risk factor for eating disorders (ED). Emotion dysregulation has been proposed as one of the possible mechanisms by which attachment insecurity may affect ED psychopathology.

Objectives: Aim of the present study was to investigate whether difficulties in acceptance of emotions or emotional clarity may mediate the connection between insecure attachment and ED psychopathology.

Methods: One hundred and twenty patients participated and completed the Italian version of Eating Disorder Inventory-2 (EDI-2), Experience in Close Relationship questionnaire (ECR) and Difficulties in Emotion Regulation Scale (DERS). A mediator path model was performed, in which insecure attachment dimensions were set as independent variables, ED specific psychopathology measures as dependent variables, and non-acceptance of emotion and lack of emotional clarity as mediators.

Results: The association between both attachment avoidance and anxiety and ED specific symptoms was mediated by emotional non-acceptance, but not by emotional clarity.

Conclusions: This study showed the importance to address emotion regulation in individuals with ED, focussing on improving emotional acceptance. Exploring early developmental processes which lead to non-acceptance of emotions could improve this psychological trait in people with ED.

Disclosure of Interest: None Declared

EPV0465

Addiction Transfer Post Bariatric Surgery- A Case Report

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Introduction: Bariatric surgery is an effective treatment for patients with obesity. Rates of obesity are increasing worldwide as are the number of bariatric procedures performed. Following bariatric surgery patients have increased contact with psychiatric services, there is an increased risk of deliberate self-harm, suicide attempts and completed suicide. Compared to the general population there is 8 fold higher than average suicide rate. In Ireland wait lists for bariatric surgery are long, resulting in many patients seeking surgery abroad. Bariatric ‘tourism’ often results in reduced psychological supports both pre and post op as well as reduced pre surgical screening for psychiatric illness. Bariatric surgery is also associated with ‘addiction transfer’. The literature suggests that patients often substitute the maladaptive coping mechanism of eating with other impulsive behaviors such as substance misuse or gambling.

Objectives: Case report highlighting the issue of addiction transfer among patients that have undergone bariatric surgery.

Methods: Case report: A 38 year old woman admitted to the acute psychiatric unit with self harm, suicidal ideation, low mood, and recent overdose of venlafaxine. On initial presentation, she was intoxicated with alcohol, her toxicology was positive for cocaine and benzodiazepines. She had undergone a gastric bypass 14 months previous, having travelled abroad to have the procedure. She had not attended for any bariatric follow up with her GP post operatively. She was not taking any vitamins post operatively despite advice from the clinic. The patient was admitted to the acute psychiatric unit. She admitted to drinking excessively in the last year. She denied any history of mood disturbance or substance or alcohol misuse prior to surgery. She had no previous contacts with psychiatric services. Her GP had commenced her on venlafaxine for low mood 6 months prior to psychiatric admission. She was admitted to the acute unit for 5 days after which she left against medical advice. She was followed up in the day hospital and referred to addiction services.

Results: case report

Conclusions: There is growing evidence about the psychiatric and addiction implications of bariatric surgery. Offering psychological support for patients post operatively is essential. Unfortunately, because of long wait lists in Ireland many patients chose to travel abroad and often are unable to avail of MDT support. The emerging field of bariatric psychiatry could provide a useful addition to the bariatric specialist services.

Disclosure of Interest: None Declared

EPV0466

The role of gender in the prevalence of eating disorders

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Introduction: Eating disorders have a key paper at the ongoing society. A key symptom of the Anorexia Nervosa and the Bulimia Nervosa is the alteration of the corporal image which observes that

it continues being present after remitting the most flowery symptomatology. In terms of gender, we can observe that the eating disorders have a higher incidence in the feminine gender.

Objectives: Research how body image affects eating disorders and how the role of gender is a risk factor for developing Anorexia Nervosa or Bulimia Nervosa.

Methods: A systematic review was conducted using PubMed. Twelve studies were identified in order to do this review.

Results: At the twelve surveys included at the review we can observe that the incidence of Anorexia Nervosa and Bulimia Nervosa is higher in women than men. There are many facts that take part on the development of eating disorders, but there is consensus to understand them with a biopsicosocial point of view (interaction between the environment and biological facts). Body image disturbance takes part in both men and women, but it affects them in different ways.

Conclusions: Body image disturbances are a crucial factor when considering eating disorders' symptomatology. One of the main components that affects its alteration is the internalization of standards of beauty. Women tend to focus on thin body types, meanwhile men's attention tends to point to muscular and defined body types. Nevertheless, it must be taken into account that today's gender conception may appear as one of the most important roles to understand Anorexia and Bulimia aetiology. Regarding gender, in nowadays society exists a dichotomy where masculinity and femininity lie in total opposites poles; but if the gender approach socially changed, Anorexia and Bulimia might take a different portrayal.

Disclosure of Interest: None Declared

EPV0467

Body image as a mediator in the relationship between psychotic experiences and later disordered eating: A 12-month longitudinal study in high school adolescents

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Introduction: Psychotic experiences (PE) and disordered eating (DE) are frequently observed among the general population, especially in childhood and adolescence. However, the relationship between the two groups of disorders is still unclear.

Objectives: To explore the hypothesis that the pathways from PEs to DE are mediated by body-image disturbances in a sample of adolescents

Methods: We conducted a 12-month longitudinal study on high school students from four different high schools from the Ariana governorate, from April 2022 to April 2023.

Participants were evaluated at baseline then every 6 months with a target length of follow-up of 1 year.

The questionnaire contained

Questions about socio demographic variables

The Eating Attitude Test (EAT-26)

The Multidimensionnal Body Self-Relations Questionnaire Appearance Scale (MBSRQ-AS)

The Community Assessment of Psychic Experiences (CAPE-42)

Results: 1) Sample characteristics

Sample was constituted of 510 individuals. Of those, 312 (61.2%) were females. Mean age was of 16.05 (SD=1.01) years.

The majority of the students resided in urban areas, accounting for 97.8% of the total.

When it comes to family income, 4.1% of the students' families had an income of less than 1000 Tunisian Dinars (TD), 25.9% had an income between 1000 and 2000 TD, 32.2% had an income ranging from 2000 to 3000 TD, and the remaining 37.8% had a family income of over 3000 TD.

The EAT-26, MBSRQ-AS and CAPE-42 scores are shown in table 1.

Table 1. The longitudinal evolution of study variables

	Baseline	T 6 months	T 12 months	p	Partial Eta Squared η^2
Disordered eating (EAT-26)	11.9 ± 9.4	11.9 ± 9.7	12.6 ± 10.2	.080	.006
Self-classified weight (Body image)	6.0 ± 1.7	5.9 ± 1.6	6.0 ± 1.6	.946	.001
Body areas satisfaction	30.9 ± 6.4	31.8 ± 6.4	31.4 ± 6.8	.025	.010
Overweight preoccupation	9.3 ± 3.6	9.2 ± 3.7	9.2 ± 3.7	.545	.001
Appearance Orientation	41.0 ± 5.4	41.6 ± 5.4	41.6 ± 5.5	.007	.014
CAPE positive dimension (total)	39.6 ± 8.7	39.1 ± 9.1	39.7 ± 9.5	.756	.001
Body Mass index	21.6 ± 3.4	21.5 ± 3.2	21.7 ± 3.2	.034	.009

2) Findings of the mediating analysis

Disordered Eating scores had no significant effect in subjects across time. However, the effect of the interaction between baseline Overweight Preoccupation with Disordered Eating across time was statistically significant ($p=0.036$). Overweight Preoccupation ($Z=85.095$, $p<0.001$), Body Area Satisfaction ($Z=25.053$, $p<0.001$), and CAPE positive dimension ($Z=59.931$, $p<0.001$) scores had significant main effects between subjects. (figure 1 and figure 2)

Image:

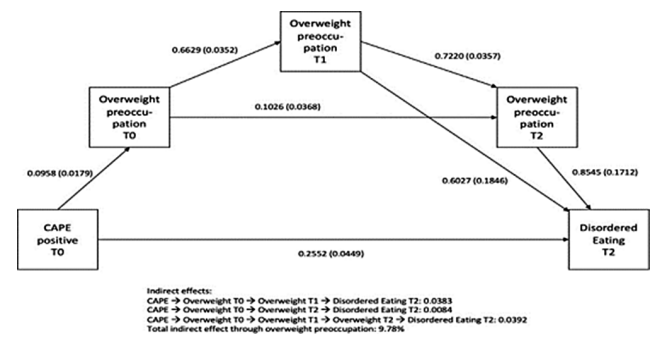
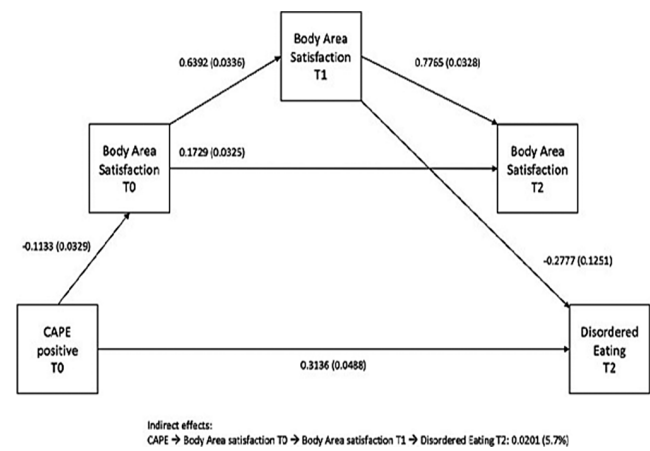


Image 2:



Conclusions: Findings showed that body image disturbances mediated the prospective association between PEs and DE. Adolescents with increased PEs were more likely to experience body image disturbances and, in turn, DE symptoms. These findings offer promising new avenues for prevention and early intervention.

Disclosure of Interest: None Declared

EPV0468

The presence of personality traits of borderline personality disorder in anorexia nervosa and obesity

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Introduction: While in eating disorders such as anorexia nervosa, the comorbidity of pathological personality traits is very common, and accordingly the personality traits of borderline personality disorder is considered very frequent and coexisting. The treatment of anorexia nervosa is based primarily on the psychotherapy and work on pathological personality traits even more than the treatment of the syndrome and the consequences of malnutrition itself. That achieves a longer-term and more reliable solution than symptomatic treatment of anorexia nervosa which usually does not bring satisfactory results. On the other hand, in patients with obesity, pathological personality traits, especially those of borderline personality disorder, are still very rarely associated, since obesity is usually not even considered a disorder, but a variation in the population.

Objectives: The aim of this paper is to investigate the pathological personality traits of borderline personality disorder in people with obesity.

Methods: Investigating relevant scientific and professional literature from the field of personality pathology and eating disorders.

Results: When obesity is related to impulse control disorder in the sense of emotional eating under increased stress according to today's relevant literature, it can definitely be related to personality traits of borderline personality disorder, i.e. the presence of elements of borderline personality organization and prementalization models. Such an inability to deal with negative emotions such as increased anxiety or rejection sensitivity, which results in overeating and the related feeling of shame that overwhelms the person, regardless of whether he/she/they has any of the certain forms of compulsive behaviour afterwards, can be related to impulsive behaviour and the "all or nothing" way of thoughts. This is also confirmed by cases when certain people have a history of both one and the other disorder. Thus, some people have, for example, malnutrition in adolescence as part of anorexia nervosa, only to have problems with obesity after some time with a healthy body mass.

Conclusions: Since pathological personality traits in people with anorexia nervosa and obesity give indications of common characteristics in the form of borderline personality disorder traits, i.e. borderline personality organization and prementalization models in both disorders, future research will certainly shed light on the connection between these eating disorders.

Disclosure of Interest: None Declared

EPV0469

Impact of child maltreatment on bulimic behaviors among the tunisian general population

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Introduction: Child maltreatment (CM) refers to all forms of physical or psychological violence, sexual abuse, and neglect of a person under the age of 18, resulting in actual or potential harm to

their health, survival, development, or dignity. It is recognized as a predictor of psychological difficulties in adulthood, such as bulimic behavior.

Objectives: The aim of our study was to assess the link between CM and bulimic behaviors in the Tunisian general population.

Methods: We conducted a cross-sectional, descriptive, and analytical study among Facebook group members, using an online questionnaire, from February 17, 2023, to May 26, 2023. All respondents over the age of 18 were included in the study. CM was assessed using the Childhood Trauma Questionnaire (CTQ), which provides information on five types of maltreatment: emotional abuse (EA), physical abuse (PA), sexual abuse (SA), emotional neglect (EN), and physical neglect (PN). The Bulimic Investigatory Test, Edinburgh (BITE) was used to screen and assess the intensity of bulimic behavior.

Results: A total of 528 responses were included in the study. The mean age of the sample was 33.3 ± 11.95 years. Mean AE, AP, AS, NE, NP, and overall CTQ scores were 8.30; 6.58; 6.38; 10.14; 7.26, and 49.72, respectively. A history of severe AE, AP, AS, NE, or NP was reported by 13.1%, 10.8%, 8.5%, 11.6% and 8.3% of respondents, respectively. The mean BITE score was 10.76 ± 6.85 and 6.6% of our population were at high risk of developing bulimic behavior. In the bivariate study, the BITE score was significantly correlated with all forms of MI. The strongest correlation was with AE ($r=0.310$; $p<0.001$).

In the multivariate study, only AE was associated with bulimic behaviors.

Conclusions: This study highlighted a positive association between various forms of child neglect and abuse, and bulimic behaviors. It is therefore worth noting that interventions for these disorders may be more effective if they target not only the behavior itself but also underlying risk factors such as maltreatment.

Disclosure of Interest: None Declared

EPV0470

Bulimic behaviors in the tunisian general population: prevalence and associated factors

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Introduction: Bulimic behaviors (BB) are a major public health problem, due to their prognosis and serious psychological, somatic, and social consequences. The exact etiopathogenesis of BB is still poorly understood, and the literature suggests the interaction of multiple factors.

Objectives: The aim of our study was to estimate the prevalence of BB in the Tunisian general population and to identify the associated risk factors.

Methods: We conducted a cross-sectional, descriptive, and analytical study of Facebook group members, using an online questionnaire, from February 17, 2023, to May 26, 2023. All respondents over the age of 18 were included in the study. All participants filled

out a socio-demographic questionnaire. Body mass index (BMI) was calculated from weight and height. The Bulimic Investigatory Test, Edinburgh (BITE) was used to screen and assess the intensity of bulimic behaviors.

Results: A total of 528 responses were included in the study. The mean age of the sample was 33.3 ± 11.95 years, and the M/F sex ratio was 0.41. Subjects were unmarried in 63.4% of cases, of low socio-economic status in 19.5%, with a university education in 75.2%, and with a psychiatric history in 25.6% of cases. The mean BMI was 25.15 ± 4.98 . The mean BITE score was 10.76 ± 6.85 , and 6.6% of our population were at high risk of developing BB.

In the bivariate study, female gender ($p < 0.001$), unmarried marital status ($p = 0.001$), university education ($p < 0.001$), and the presence of a psychiatric history ($p < 0.001$) were significantly associated with a high risk of developing BB. Moreover, the BITE score was negatively correlated with age ($r = -0.231$; $p < 0.001$) and positively correlated with BMI ($r = 0.307$; $p < 0.001$).

Conclusions: This study highlighted the magnitude of the risk of bulimic behaviors in the Tunisian general population and the need to set up programs to prevent and control these disorders.

Disclosure of Interest: None Declared

EPV0471

Clinical features of depressive states in eating disorders

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Introduction: Eating disorders (ED) are one of the most pressing problems of modern society. Eating disorders, due to their heterogeneity, can be considered both an independent form of mental disorders and as part of the manifestations of other mental illnesses. In the vast majority of cases within these pathologies, eating disorder coexists with depressive symptoms, which significantly worsens the prognosis of the disease.

Objectives: Identification of the association of depressive disorders with eating disorders to improve the criteria for nosological diagnosis, prognosis and therapeutic approaches.

Methods: A total of 74 patients aged from 15 to 25 years old (all female, average age 16.2), who were on outpatient and inpatient observation of the clinic were studied.

Results: The study made it possible to establish the characteristics of depressive disorders and the nature of the current course of depression associated with eating disorders. In eating disorders with a predominance of **anorexia nervosa**, the structure of depression was more dominated by the asthenia radical with symptoms of apathy, melancholia, anhedonia, irritability, episodes of anxiety after eating, and sleep disturbances. Patients noted a decrease in performance, mental activity, and a narrowing of their range of interests and communication. Depression became severe as exhaustion progressed. For eating disorders with **bulimia nervosa**, depressive states varied in the severity and polymorphism of their

manifestations. Their structure was largely dominated by the apatho-asthenic radical of affect, along with asthenia and anxiety, which often reached the level of panic states. Often, along with this, there were pronounced a guilt feeling and low self-esteem ideas with self-deprecation and self-hatred, which led to the manifestation of auto-aggressive behavior (both non-suicidal and suicidal). Depression reached a severe degree as exhaustion progressed, as well as against the background of more frequent attacks of over-eating and vomiting.

Conclusions: The identified associations between depressive disorders and eating disorders allow us to form a clearer picture of the expected course of psychiatric disease and optimize therapeutic intervention algorithms.

Disclosure of Interest: None Declared

EPV0472

Perceptions of Obesity in Old Age: A Qualitative Study

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Introduction: The relationship between obesity and mental health in old age is complex and widely impacted by different biological, psychological, and social factors.

Objectives: The primary objectives of this qualitative research study are: a) To understand the influence of obesity on older adults' well-being; b) to assess emotional experiences related to obesity in old age and; c) to explore how obesity influences the mental health of older adults.

Methods: This study included 346 participants aged 65 to 84 years ($M = 73.9$; $SD = 5.61$) from three different nationalities (English, Spanish, and Portuguese). All interviews went through content analysis.

Results: This study identified four main themes regarding the influence of obesity on older adults' well-being: (1) Insatisfaction with Body Image (66%); (2) Feeling embarrassed (65%); (3) Feeling Social Isolated (57%); and (4) Lost Opportunities (46%). Three main themes for emotional experiences were frequently verbalized by the participants: (1) Shame (81%); (2) Guilt (78%); and (2) Incompetence (76%). Finally, three main influences in mental health due to obesity were reported: (1) Self-concept (88%); (2) Stress (78%); and (3) Melancholia (63%).

Conclusions: These results highlighted that obesity negatively influences older adults' well-being and emotional experiences and has serious mental health-related negative outcomes for older adults. Interventions like community-based weight loss programs can be effective in controlling weight and improving the social interaction of obese older adults.

Keywords: Emotional experiences; mental health; obesity; older adults; well-being.

Disclosure of Interest: None Declared

EPV0473

Orthorexia and perfectionism in medical students in Tunisia

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Introduction: Orthorexia is defined as a dependence on healthy food or an obsession to consume healthy food. One area deemed influential upon disordered eating and dietary intake is perfectionism.

Objectives: To investigate the relationship between orthorexia and perfectionism in medical students.

Methods: We conducted a cross-sectional, descriptive, and analytical study in the faculty of medicine of Sfax (Tunisia), between February and April 2023. A self-reported questionnaire was distributed to students via social media. We used ORTO-15 for the assessment of orthorexia, and the Big Three Perfectionism Scale (BTPS) to assess perfectionism.

Results: The research has enrolled 220 students. Their mean age was 21.40 ± 1.68 years, with female predominance (70%). The ORTO-15 mean total score was 36.88 ± 6.76 . A total of 60% of participants had an orthorexic behavior. The BTPS mean total score was 45.52 ± 12.45 with a mean score of 13.25 ± 4.35 for rigid perfectionism, 18.31 ± 6.37 for self-critical perfectionism, and 13.99 ± 5.47 for narcissistic perfectionism.

Students with orthorexic behavior had significantly higher scores of perfectionism ($p = 0.048$).

Conclusions: Our study has drawn a significant association between orthorexia and perfectionism among medical students. This result suggests that students experiencing highly critical and judgemental beliefs associated with perfectionism are more susceptible to orthorexic eating behaviors.

Disclosure of Interest: None Declared

EPV0475

The Portuguese short version of the Eating Disorder Examination Questionnaire: Validity and Reliability in men across multiple ages

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Introduction: The Eating Disorder Examination Questionnaire short version (EDE-Q7) presented better psychometric properties than the Fairburn's 28-items original version, not only in girls (Machado et al. 2018), but also in older women (Pereira et al. 2021; Pereira et al. 2022). It comprises 7 items in three subscales: Dietary Restraint/DR; Shape and Weight Overvaluation/SWO and

Body Dissatisfaction/BD. In a more recent clinical study in men (Laskowski et al. 2023) the factors associated with body concerns and dissatisfaction weren't fully represented in the questionnaire, possibly indicating differences in body ideals, specially relating to musculature.

Objectives: We aimed to analyze the psychometric properties of the Portuguese version of EDE-Q7 in males.

Methods: Participants were 227 male individuals with a mean age of 30.41 years (± 13.96 ; range: 14-73 years). They answered an online survey including the Portuguese versions of the Screen for Disordered Eating/SDE; the Body Image Concern Inventory/BICI and the Muscle Dysmorphia subscale of the Eating Disorder Assessment for Men/DM-EDAM.

Results: Confirmatory Factor Analysis showed that the second order model presented good fit ($\chi^2/df=2.437$; RMSEA=.0794; CFI=.986 TLI=.974, GFI=.967). Cronbach's alpha was .856 for the total, .876 for DR and .917 for SWO and .900 for BD. All items contributed to internal consistency and presented high internal validity. Pearson's correlations of EDE-Q7 with BICI (.465), DM-EDAM (.384) and SDE (.361) were significant ($p < .001$) and moderate.

Conclusions: Also in men, the Portuguese version of EDE-Q7 demonstrates good validity (construct and convergent) and reliability.

Disclosure of Interest: None Declared

EPV0476

Muscle dysmorphia subscale of eating disorder assessment for men: validity and reliability of the Portuguese version in men across multiple ages

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Introduction: Although symptom presentation varies by gender, almost all eating disorder/ED instruments have been developed and validated on females. The Eating Disorder Assessment for Men (EDAM; Stanford & Lemberg 2012) is a male specific self-report measure, composed of four sub-scales, proved to be useful to assess gender differences in ED presentations (Nagata et al. 2021). The MD comprises 5 items about the overwhelming concern with muscularity and the false perception of having an underdeveloped body.

Objectives: Having already valid measures of body image and eating behaviors in men, we now aim to analyze the psychometric properties of the Portuguese version of MD, in order to have a quick and rigorous measure of this specific construct.

Methods: Participants were 227 male individuals (mean age=30.41 years ± 13.96 ; range: 14-73 years). They answered an online survey including the preliminary DM and the Portuguese validated versions of the Eating Disorder Examination Questionnaire (EDE-Q7) and the Body Image Concern Inventory (BICI).

Results: Confirmatory Factor Analysis showed that the unidimensional model presented good fit indexes ($\chi^2/df=.6829$; RMSEA=.0000; CFI=1.00 TLI=1.01, GFI=.995). Cronbach's alfa was .891; all the items contributed to the internal consistency and had high internal validity. Pearson correlations of DM with EDE-Q7 and BICI were significant ($p<.001$) and moderate-high, respectively,.384 and .522.

Conclusions: The Portuguese preliminary version of DM-EDAM demonstrated validity (construct and convergent) and reliability. can be used for clinical and research purposes, namely in an ongoing project we have in progress, about body image, disordered eating, gender and age.

Disclosure of Interest: None Declared

EPV0477

The Portuguese version of the screen for disordered eating: validity and reliability in men across multiple ages

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Introduction: The Screen for Disordered Eating/SDE was created as a primary care screening method for eating disorders, including binge eating disorder (Maguen et al. 2018). The SDE comprises five items (yes/no answers), extracted from other validated self-reported questionnaires assessing eating psychopathology. Its validity and reliability has proved in a Portuguese psychometric study, that only included woman (Pereira et al. 2022). It psychometric properties have yet to be evaluated in men.

Objectives: We aim to assess the psychometric properties of the Portuguese version of SDE in males.

Methods: Participants were 227 male individuals with a mean age of 30.41 years (± 13.96 ; range: 14-73). They answered an online survey including the Portuguese preliminary versions of the seven-item Eating Disorder Examination Questionnaire/EDE-Q7; the Body Image Concern Inventory/BICI and the Muscle Dysmorphia subscale of the Eating Disorder Assessment for Men/DM-EDAM.

Results: Confirmatory Factor Analysis showed good fit for the unidimensional model ($\chi^2/df=1.483$; RMSEA=.0460; CFI=.980 TLI=.961, GFI=.988). Cronbach's alpha was .621 which although inferior to .7 can be explained by the small number of items and the fact that each one assesses different dimensions. All items contributed to the internal consistency and presented high internal validity. Pearson's correlations of SDE with BICI (.317) and EDE-Q7 (.361) were significant and moderate. The correlation with DM-EDAM was non-significant, probably due to its focus on muscle dysmorphia, which is not included in SDE's items.

Conclusions: The Portuguese version of SDE demonstrated adequate validity (construct and convergent) and reliability.

Disclosure of Interest: None Declared

EPP0119

Nomophobia: A Cross-Sectional Study of Lifestyle-Induced Factors Among Global Health Professionals

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Introduction: In recent times, Health Professionals (HPs) people may feel a sense of discomfort and nervousness when disconnected from their smartphones, causing the emergence of the new phenomenon of "No Mobile Phone Phobia," or Nomophobia.

Objectives: We aim to study lifestyle-related factors that influence HPs' Nomophobia.

Methods: From April- June 2023, a global cross-sectional study was conducted using the modified Nomophobia questionnaire (NMP-Q). The original 20 NMP-Q questions (Qs) were reduced to 14 to avoid repetitive Qs with similar meanings. The Qs were categorized into 4 sections, A- Not Being Able to Access Information; B- Losing Connectedness; C- Not Being Able to Communicate; and D- Giving Up Convenience. A new section, "E-Daily Habits", and "F- Smartphone Type", and "Hours Spent Daily" were added. Before the launch, it was internally and externally validated by trained psychiatrists as well as experienced researchers. We utilized social media, WhatsApp, text and emails to share it with HPs of different specialties worldwide. The survey was anonymous and IRB-exempt.

Results: Total 105 countries' HPs participation led to 12,253 responses. Total 47.3% of HPs agreed/strongly agreed (A/SA) that they prefer to use their smartphone before bedtime. Over half (57.8%) of HPs A/SA checked their notifications immediately after waking up in the morning. Only 19.4 % of HPs A/SA that woke up in the middle of the night to check notifications. Total 40.5% of HPs A/SA, 22% were neutral, and 37.3% of HPs disagreed /strongly disagreed (D/SD) with using smartphones while eating their meals. A total of 52.7% of HPs preferred smartphone usage over exercising as a break, while 45.9% of HPs A/SA that they chose smartphones over exploring other hobbies for relaxation. A total of 44.2% of respondents A/SA with smartphone usage in the restroom, 39.8% D/SD. 37.4% of participants D/SD with getting distracted by notifications and resisted the urge to answer any calls or texts while performing a focused task, whereas 39.6% A/SA and 23% were neutral. A total of 80% of respondents met the modified criteria for moderate-severe nomophobia.

Conclusions: In a large-scale survey-based study on Nomophobia, additional Qs in NMP-Q may help recognize that nomophobia can be a result of daily lifestyle decisions rather than an isolated issue.

Disclosure of Interest: None Declared

Emergency Psychiatry

EPV0479

Serotonin Syndrome Following Low-Dose Sertraline: A Case Report

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Introduction: Serotonin syndrome is a potentially life-threatening condition that is precipitated by the use of serotonergic medications, Selective Serotonin Reuptake Inhibitors (SSRIs) and Monoamine Oxidase Inhibitors (MAOIs). It usually occurs when high doses of serotonergic drugs are prescribed. It is a medical emergency that requires prompt recognition, cessation of offending drugs and supportive therapy.

Objectives: We present a case of serotonin syndrome that occurred in a patient who was prescribed a low dose of sertraline, and aim to highlight the importance of early detection of this severe condition.

Methods: Details of the case were described. Information was gathered based on medical records.

Results: Patient M was a 29-year-old Malay male with a history of major depressive disorder, who was previously trialed on fluvoxamine 100mg every night but subsequently switched to and maintained on sertraline 75mg every night in 2020. He then defaulted follow up appointments. In 2023, he presented to the emergency services for a suicide attempt and was diagnosed with major depressive disorder with psychotic features. He was restarted on sertraline 50mg every night and risperidone 0.5mg every night was newly started. Two days later, sertraline was increased to 100mg every night. Two days following this increase, he was noted to have altered mental state, fever of 39.3-degree celsius, tachycardia of 120 beats per minute, ocular clonus and generalized hyperreflexia. Sertraline and risperidone were immediately stopped. Blood tests including creatine kinase, lumbar puncture and magnetic resonance imaging (MRI) of the brain did not show any abnormalities. After stopping of the medications, the patient's symptoms resolved within 24 hours. Based on clinical symptoms and a normal creatine kinase level, neuroleptic malignant syndrome (NMS) was ruled out. Subsequently, he was restarted on risperidone 0.5mg and mirtazapine 7.5mg every night. He developed symptoms of serotonin syndrome with a low dose of sertraline. Symptoms resolved after the discontinuation of the SSRI.

Conclusions: In this case, differential diagnoses of serotonin syndrome were also considered, such as NMS, encephalitis, meningitis and thyroid storm. NMS was less likely due to the rapid onset of onset and resolution of symptoms. Encephalitis and meningitis were unlikely in view of normal MRI brain and lumbar puncture findings.

There have been case reports of serotonin syndrome developing with lower doses of an SSRI in the pediatric population. There is, however, a lack of literature describing serotonin syndrome with low doses of SSRI in the adult population. To avoid a missed diagnosis, clinicians should monitor closely for SSRI toxicity, including serotonin syndrome, even when low doses of serotonergic drugs are used.

Disclosure of Interest: None Declared

EPV0480

Psychiatric emergencies and trauma : the impact of stress in emergency nurses

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Introduction: Mental health at work is increasingly an essential element to assess, especially in sectors with a high risk of psychological and physical stress. Working in a healthcare environment and particularly work in a psychiatric environment can constitute a psychological risk for workers. Among the risks faced by emergency psychiatric medical staff is the risk of developing PTSD (post traumatic stress disorder), which occurs after a traumatic event and results in moral suffering and physical complications that profoundly alter life: personal, social and professional life.

Objectives: Screening psychiatric emergency nurses for post-traumatic stress disorders.

Methods: This is a cross-sectional study carried out in the psychiatric emergency department of the Arrazi University Hospital in Salé, using an anonymous questionnaire distributed to nurses. It includes a 1st part on sociodemographic and professional data, a 2nd part focused on the evaluation of mental health through the GHQ12 and a 3rd part which evaluates post-traumatic stress made by the scale of post-traumatic stress disorder (PCLs).

Results: 60 pourcent of women are more able to have ptsd disorder 40 pourcent men 95 pourcent are under the age of 30 and 5 pourcent have more than 30 years

80 pourcent have worked less than 5 years in the emergency hospital and 20 pourcent have worked more 73 pourcent have scored more than 44 in pcls score

23 pourcent have scored less than 44 in pcls score

Conclusions: This work highlighted an extremely high rate of exposure to a violent event among psychiatric emergency nurses, even if in this study the prevalence of PTSD found among nurses is lower than expected, in this professional environment overexposure a violence requires special attention to protect and prevent the development of PTSD in professionals

Disclosure of Interest: None Declared

EPV0481

How to have an acute gastroenteritis and an Anxiety Disorder at the same time: Cannabinoid hyperemesis syndrome (CHS) Case Series

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Introduction: Cannabinoid hyperemesis syndrome (CHS) is an underrecognized condition characterized by acute episodes of

intractable nausea and vomiting, colic abdominal pain and restlessness related to chronic cannabis use. Antiemetics commonly fail to alleviate the severe nausea and vomiting. A very particular finding is the symptomatic relief with hot water. Antipsychotics (such as haloperidol), benzodiazepines and/or capsaicin cream appear to be the most efficacious in the treatment of this unique disorder. Precisely, it has been studied that transient relief of symptoms with topic capsaicin or hot water share the same pathophysiology. Nevertheless, abstinence from cannabis remains the most effective way of mitigating morbidity associated with CHS.

Objectives: The objective is to study this phenomenon in our hospital and to alert of its existence in order to avoid a suspected misdiagnosis and overdiagnosis.

Methods: We report a case series of seven patients who attended the Emergency Room (ER) of a third level hospital located in Cantabria (Spain) where a psychiatric evaluation was demanded.

Results: The reasons for consultation were agitation and/or compulsive vomit provocation and showers. They were all women, with a median age of 29 years (range 21 to 38), who all smoked cannabis and in probable high doses (seven to up to twenty joints per day, information was missing in three of the patients) and probable long duration of consumption (more than nine years up to twenty-three, information was missing in three of the patients).

One of the most striking findings is the time to diagnosis, being the median of years of more than eight (range from two to twenty-one). In all of the cases there is a hyperfrequentation to the ER for this reason (not counting other emergency centres we have in Cantabria which we don't have access to), being the average of almost twenty-two times (thirteen up to thirty times), not diagnosing it until last visits. Another interesting fact is that Psychiatric evaluation is done approximately in a third of the visits, being the department that makes all of the diagnosis except in one case. In all of the cases there are a lot of diagnostic orientation doubts from different medical departments, being the two most common psychiatric misdiagnosis: *Other Specified Anxiety Disorder* and *Other Specified Feeding or Eating Disorder*. Two of the patients were hospitalized in an acute psychiatric unit for this reason, one of them nine times and the other patient, twice.

Conclusions: CHS has a very particular presentation which makes its recognition very simple. From our experience, it is an unknown entity for most of the doctors, something that needs to change in order to make a correct therapeutic management. Larger studies need to be done to make this findings more solid and for further information.

Disclosure of Interest: None Declared

EPV0482

Risks Associated with Prescribing Zolpidem: A Case Report and Literature Review

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Introduction: Zolpidem is a nonbenzodiazepine, which acts as a sedative- hypnotic that binds to GABA (A) receptors at the same location as benzodiazepines and increases GABA effects in the central nervous system (Kovacic *et al.* Oxidative medicine and cellular longevity 2009, 2(1), 52–57). Literature shows that behavioral changes including amnesia, hallucinations, and other neurocognitive effects are some of the known side effects (Edinoff *et al.* Health psychology research 2021, 9(1), 24927). We present a case about Ms. A, a female in her sixties with a history of major depressive disorder with psychotic symptoms who was brought into the hospital by the EMS under police custody after stabbing her granddaughter with a knife. During the evaluation she was dissociating with impaired memory of the circumstances of her presentation. Collateral information about Ms. A revealed that she had no history of being violent, or any history of psychoactive substance use. Ms. A's home psychiatric medications consisted of Sertraline 100mg, Bupropion 150 mg, Zolpidem 5mg.

Objectives: To better understand the potential risks with prescribing zolpidem in patient with insomnia.

Methods: In depth literature review about zolpidem. In addition, observation of Ms. A in the emergency with a full medical workup including but not limited to urine drug screen, brain imaging, lumbar puncture, etc.

Results: Ms.A medical workup was positive for a urinalysis revealing asymptomatic bacteriuria and she was treated empirically with cefdinir. Her medication regimen consisted of Bupropion 150 mg and Sertraline 100m, both daily. Zolpidem was discontinued and changed to Clonazepam 0.5mg for insomnia. She was also started on Olanzapine 5mg in the AM and 10mg in the PM. Her mental status was noted to have improved after discontinuation of Zolpidem. Patient received one dose in the hospital but after two days since discontinuation her mental status improved. Upon literature review previous reports have been published citing cases of patients on Zolpidem physically acting out while sleeping in a parasomnia-like behavior, with no recollection of memories upon awakening. (Inagaki *et al.* Primary care companion to the Journal of clinical psychiatry 2010, 12(6)). There are case reports of Zolpidem associated homicide (Paradis *et al.* The primary care companion for CNS disorders 2012, 14(4)).

Conclusions: One limitation of our study is the patient was noted to have a sudden change in behavior with altered mental status which may be attributed to an underlying asymptomatic bacteriuria. It should be noted that this may have been an incidental finding. This does not exclude the possibility of Zolpidem as the primary cause of the change of her altered mental status or further exacerbating the change in her mental status. Though Zolpidem can be therapeutic and safe, we as clinicians have to be aware of the potential side effects of Zolpidem when prescribing medications.

Disclosure of Interest: None Declared

EPV0483

Triage mistakes in the Psychiatry Emergency Room: do we really know how to rule out organicity?

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Introduction: In Spain and other European countries, patients coming to the emergency room (ER) are usually classified as “organic” or “psychiatric” on arrival, but this may be complicated when psychiatric history is present as the focus can be misplaced (Leeman. *IJPM* 1975;6(4):544–40; Alam *et al.* *Psychiatr. Clin. North Am.* 2017;40(3):425–33).

Objectives: To describe three cases seen in the psychiatric emergency room (PER) in which triage errors occurred and to review whether it is widespread for psychiatric patients with organic pathology or in need of medical care to be wrongly triaged.

Methods: We retrospectively reviewed three cases seen in the PER of Hospital Clínic in July 2023 in which triage errors happened. Triage error was considered when patients triaged directly to the PER presented symptoms that either needed medical treatment or required medical clearance before being considered purely psychiatric.

Results: Case 1: A 27-year-old woman with history of depressive syndrome was triaged for a speech disturbance that had occurred fifteen minutes after intercourse. After being evaluated, she was referred to neurology where she was diagnosed with an acute ischaemic stroke in left middle cerebral artery territory, requiring thrombectomy and posterior admission to neurology.

Case 2: A 50-year-old man with history of alcohol use disorder was brought to the PER after saying that “he was seeing people doing magic” at home. When evaluated, significant distal tremor, tachycardia and hypertension were observed, being compatible with withdrawal symptoms, so he was transferred to the ER. There he was monitored and treated, finally requiring admission to internal medicine due to persistent symptoms.

Case 3: A 26-year-old man with history of substance use disorder was triaged for loss of consciousness and “spasms”. After evaluation, he was transferred to the ER, where organic screening was carried out, being oriented as a probable tonic-clonic seizure and discharged with outpatient follow-up.

Conclusions: The cases presented are instances in which somatic diseases in patients pre-labelled with psychiatric histories were wrongly assumed to be recurrences of their psychiatric disorders. In all cases, they needed to be re-examined by the corresponding medical specialty and required diagnostic tests, in two cases hospital admission was needed. Emergency physicians and emergency psychiatrists often disagree on how to medically clear patients (Alam *et al.* *Psychiatr. Clin. North Am.* 2017;40(3):425–33; Janiak *et al.* *JEM.* 2012;43(5):866–70), some authors have even proposed protocols for doing this in a more systematic way (Shah *et al.* *JEM.* 2012;43(5):871–5). To avoid a delay in diagnosis and treatment and the consequences that may result from it, establishing guidelines for proper triage of patients with psychiatric history should be considered.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPV0484

Towards an increased attention on ADHD symptoms and traits in young adults: prevalence data from screening tools in a psychiatric outpatient clinic

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a heterogeneous neurodevelopmental disorder encompassing developmentally inappropriate inattentiveness, hyperactivity, and increased impulsivity (DSM-5). Symptoms presentation is different for different stages of life; moreover, individuals with ADHD symptomatology can develop abilities and strategies that help them adapt and mask the distinctive features of the condition, thus reducing the functional impairment usually seen in ADHD subjects, and ultimately not receiving neither a clinical diagnosis nor a proper therapeutic support. They might express their lack of well-being through other transdiagnostic symptoms, and finally reach psychiatric attention for potential comorbidities. Hence, it was argued that the existence of children and adolescents with sub-threshold and underrecognized symptoms that subsequently develop into a full diagnosis suggests that ADHD should be significantly more considered in adult mental health settings.

Objectives: Here we aimed to analyse the prevalence of ADHD symptoms and traits in a heterogeneous clinical psychiatric sample of young adults (aged 18 to 24 years old), who referred to a specialized outpatient clinic for various psychiatric and psychological disturbances.

Methods: 259 participants completed three validated self-report screening questionnaires for ADHD: the Wender Utah Rating Scale (WURS), the Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5 (ASRS-5), and the Conners' adult ADHD rating scale (CAARS).

Results: 12.4% of our sample scored above the cut-off at both the WURS and the ASRS-5 and was considered at risk of ADHD.

Conclusions: The prevalence rate in our sample is higher than the one found in the adult general population (6.76%), and in the lower range of the one found in the adult clinical population (6.9% to 38.8%). We discuss the potential role of sociodemographics (age, sex, gender identity, and employment) and comorbidity factors. Differences in the clinical presentation of ADHD according to sex assigned at birth and age should be considered during every psychiatric evaluation to minimize the risk of underdiagnosis. We advocate for further studies investigating the prevalence of ADHD in different psychiatric services for adults, and for a stronger presence of specialistic ADHD services and trained clinicians on the territory: this would increase diagnostic reliability, consequently providing a better treatment for ADHD in adults, and facilitate the transition from pediatric to adult's services.

Disclosure of Interest: None Declared

EPV0485

The relationship between homelessness and psychiatric disorders in an inpatient sample

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Introduction: There are more than ten thousand homeless people in Hungary. Earlier studies confirmed the connection between mental health issues and homelessness. Furthermore, homeless care places a significant burden on the healthcare system, with psychiatric departments being no exception.

Objectives: to compare demographic and treatment characteristics of homeless and not homeless inpatients in the psychiatric department of Jahn Ferenc South Pest Hospital (JFSPH), and thus providing a different perspective compared to previous studies, shedding light on the relationships from a different angle.

Methods: In our retrospective study, we analyzed all inpatients' data treated in the psychiatric department of JFSPH over a 4-month period (03/2023-07/2023). Patients were divided into two groups: those with housing and those who were homeless. We compared the two groups based on the following variables: gender, age, length of inpatient treatment, diagnosis, psychiatric history, employment status; smoking, alcohol and drug use; valid health insurance, invalidity pension and guardianship status; and long-acting injectable antipsychotic treatment.

Results: The percentage of homeless individuals treated in the psychiatric department of JFSPH was 18%. There was a significant difference in the length of inpatient stay between the two groups, homeless patients spent more than 100% longer time under inpatient treatment. Regarding psychiatric history, there was no significant difference between the two patient groups. When examining the employment status of the sample, we found significantly more unemployed patients in the homeless group. Comparing to the control group, there were significantly more alcohol consumers, smokers, and substance users among the homeless. Long-acting antipsychotic injections were administered significantly more frequently to homeless patients. A significantly higher percentage of homeless individuals were declared invalidated, and a significantly higher proportion of them were placed under guardianship compared to the group with housing. Homeless individuals were significantly more likely to have no social insurance compared to the control group.

Conclusions: In summary, we can conclude that significant differences have been found between the homeless and not homeless groups in most of the examined variables. These results implicate that the inpatient care of homeless patients poses significant burden on the inpatient system. Early prevention and effective rehabilitation of substance use disorders could decrease this burden. Establishing a proper social safety network and enhancing community psychiatric care could potentially also relieve the burden of inpatient care system.

Disclosure of Interest: None Declared

EPV0489

Problem focused coping strategies and high self-compassion can be seen as protective factors to lower stress, negative emotional reactions to job and anxietyE. N. Gruber^{1*} and S. Martić Biocina²¹Department R, Mental Health Centre Sct. Hans, Roskilde, Denmark and ²Department of Social Psychiatry, University Psychiatric Hospital Vrapče, Zagreb, Croatia

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Introduction: Previous research has shown that:

- problem focused coping strategies aim to change the reaction to the stressful situations
- self-compassion may reduce anxiety and depression. It is associated with happiness, it increases with age, it is negatively correlated with perceived stress and in older adults seems to be associated with higher levels of wisdom, integration, acceptance of one's past life experiences and higher levels of meaning in life.
- job related low LPLA (Low pleasurable Low arousal emotions) and high LPHA (Low pleasurable High arousal emotions) levels correlate to depression, anxiety, and stress.

Objectives: Case report of 60 years old computer scientist

Methods: Psychiatric interview and scales:

Self-reported questionnaires: The Brief-COPE, The Self-Compassion Scale (SCS-SF), The Perceived Stress Scale (PSS 10), The Depression Anxiety Stress Scale (DASS-10), The Job-related Affective Well-being Scale (JAWS), The Subjective Happiness Scale (SHS), The Meaning in Life Questionnaire (MLQ)

Results: 60 years old male computer scientist, single, without children, multiple times a week in recreative activities and physical activities. He is not satisfied with close friendships, he sleeps 6 hours in day, he didn't have traumatic experiences in life. He is not religious. He works 45 hours per week, from that 5-10 hours weekly works at the site of primary employment.

The Brief-COPE: High score for using problem focused coping strategies-acceptance, planning, positive reframing, and informational support. Maladaptive coping strategies used in lower grade: self-blame and self-distraction.

SCS-SF: Much higher levels of self-compassion than the norms established by previous research.

DASS-10: low.

SHS: lower happiness level than the norms established by previous research.

JAWS: High negative emotional reactions to job and low level of overall job-related affective wellbeing together with lower LPHA, higher LPHA, and lower LPLA in comparison to previous research. According to previous research this person is not satisfied with his job and have a lot of negative emotions regarding his job.

PSS 10: Levels of perceived stress are lower than the norms established by previous research.

MLQ: this person scored below 24 on the scale- presence of meaning and below 24 on the scale search for meaning. According to previous research person with this score do not feel their life has a

valued meaning and purpose and they do not not actively explore that meaning or seeking meaning.

Conclusions: Problem focused coping strategies and high self-compassion can be seen as protective factors to lower stress, negative emotional reactions to job and anxiety

Disclosure of Interest: None Declared

EPV0490

Autism Spectrum Disorders traits in a sample of young adults referring to a generalized mental health outpatient clinic

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Introduction: The diagnosis of Autism Spectrum Disorders is currently witnessing several changes, with direct consequences on the prevalence rates in the general population. However, little is known about ASD traits prevalence in clinical samples, and how much these traits interact with other mental health conditions, especially in young adults, a critical age for the outbreak of many psychiatric diseases.

Objectives: The aim of this study was to assess the prevalence of ASD traits in a sample of young adults (aged between 18 and 24 years old) referring to a specialized mental health outpatient clinic.

Methods: We administered to 259 patients the Autism Quotient (AQ) and the Ritvo Autism and Asperger Diagnostic Scale-Revised (RAADS-R), along with a detailed sociodemographic and anamnestic interview.

Results: We found that 16.2% of our sample scored above the cut-off at both scales (a percentage that went down to 13.13% when restricting the RAADS-R cut-off at >119, as suggested for clinical samples).

Conclusions: This prevalence seems considerably higher than the one reported in the general population, and not negligible. The association with sociodemographic features such as sex assigned at birth, gender identity and employment status, and the validity of the screening tools we implemented, are discussed. In conclusion, we suggest that an assessment for autistic traits should be implemented in young adults seeking help for unspecified psychiatric symptoms and psychological suffering and that, despite the not unanimous consensus over self-report screening tools, a positivity to both the AQ and the RAADS-R should lead the clinician to conduct a full diagnostic evaluation with structured or semi-structured interviews.

Disclosure of Interest: None Declared

EPV0491

Epidemiological profile of long-term leave for psychiatric illnesses

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Introduction: Long-term leave for psychiatric illness is the most frequently prescribed reason for leave, and appears to be on the increase in recent years.

Objectives: To draw up a sociodemographic, occupational and clinical profile of workers who have taken long-term sick leave for psychiatric illness

Methods: Retrospective descriptive study involving the medical files of workers from both the public and private sectors, having benefited from long-term sick leave over a period going from August 17, 2022 to September 12, 2023, referred to the occupational medicine and pathology department of Charles Nicolle Hospital in Tunis for medical fitness-for-work assessment. Data collection was based on a pre-established synoptic form.

Results: During the study period, we identified 639 long-term sick leave prescribed for psychiatric illnesses. Our study population was predominantly female, with a sex ratio of 0.29 and a mean age of 46.82 ± 25.06 years. Sixty percent of employees were married. The most represented occupational category was nurses (33%). Average job seniority was 17.21±10.41 years. Depressive syndrome was the most common psychiatric pathology in our population (80.3%), followed by bipolar disorder (6.4%) and anxiety disorder (5%). Long-term sick leave was prescribed by a psychiatrist working in the private sector in 90.3% of cases. The average duration of leave was 63.70±31.58 days. The triggering factor was work-related and social in 33.6% and 30.1% of cases respectively. The agents returned to work after the long-term sick leave in 92% of cases.

Conclusions: Long-term sick leave for psychiatric reasons is a handicap to productivity in society. Non-occupational factors are thought to be responsible for these mental health disorders. Setting up and improving social structures in the workplace would reduce the number of cases of long-term sick leave

Disclosure of Interest: None Declared

EPV0492

Parents' Assessment of Their Children's Use of Technology

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Introduction: The use of technology in many areas of daily life is widespread among both children and adults. Excessive and inappropriate use of technological aids causes significant problems in physical, psychomotor, psychological and social stages of development, especially in childhood. One of the reasons for some problems that arise in adulthood, such as communication problems, anxiety disorders, obesity, musculoskeletal disorders and tendency to violence is the excessive and inappropriate use of technology in childhood. For this reason, it is of great importance to complete the developmental stages in childhood in a healthy way.

Objectives: The aim of this study was to qualitatively assess the technology use habits of 48-72 month old preschool children and their parents.

Methods: The study is a qualitative research conducted among the parents of children in Eskişehir and Bolu between March and June 2023. A semi-structured form was used for the personal interviews with the 25 parents who constituted the study group. The interviews were recorded. The audio recordings were then transcribed and a thematic content analysis was conducted. The main themes of the interviews concerned the habits of parents' and children's in the use of technology at home, the content used on technological devices and how it is controlled, and the arrangements for technology use at home.

Results: In the interviews, parents reported that when they needed to use technological devices, they most often chose a time and place when the children were not present or asleep. When children spent more time at home, this was the most common reason for increased technology use, while the most common reason for decreased use was that children spent more time outside the home. Most parents limited the amount of time their children's daily technology using time. It was found that children generally complied with these restrictions, and when they did not, they often expressed themselves with reactions such as sulking/angry/crying.

Conclusions: This study emphasizes that the most important factor determining children's attitudes towards technology use is their parents' attitudes towards technology use. In order for children to develop a positive attitude towards technology use, it can be beneficial for parents to regulate and control their children's technology use as well as their own.

Disclosure of Interest: None Declared

EPV0498

Difficulties in emotional regulation in a Tunisian university setting

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Introduction: Emotion regulation is the conscious or automatic control of emotions to adapt, cope, and maintain well-being. Effective emotion regulation is central to mental health, impacting work, and relationships. University students, facing academic pressures and social transitions, represent a unique demographic where emotion regulation challenges are particularly relevant.

Objectives: This study aimed to explore the emotion regulation difficulties in university students.

Methods: A descriptive study was led from August to September 2023. An online questionnaire was distributed to a population of Tunisian university students. We administered a socio-demographic questionnaire and the Arabic version of the difficulties in emotion regulation scale short form (DRES-SF), a self-report measure developed to assess clinically relevant difficulties in emotion regulation.

Results: Participants in this study consisted of 307 undergraduate students, with 78.1% being women and 21.9% men, representing various academic disciplines at Tunis el Manar University in Tunisia. The mean age of the participants was 22 years, with a standard deviation of 2.84. In the assessment of emotional regulation difficulties, participants reported a mean total score of 42.47 ± 12.68 . Participants who repeated years in college had more difficulties in emotional regulation ($p < 0.05$). Limited access to emotion regulation strategies had a mean score of 7.64 ± 3.0 , while nonacceptance of emotional responses was rated at 7.40 ± 3.17 . Additionally, impulse control difficulties were reported with a mean score of 6.46 ± 3.31 , and difficulties in engaging in goal-directed behavior were observed with a mean score of 9.44 ± 3.18 . Moreover, participants expressed a lack of emotional awareness, which was quantified with a mean score of 8.45 ± 2.69 , and a lack of emotional clarity, which yielded a mean score of 7.12 ± 2.69 . Additionally, a significant association was noted between gender ($p < 0.05$), age ($p < 0.05$), and the lack of emotional awareness, suggesting potential gender and age-related variations in emotional regulation difficulties within this university sample.

Conclusions: Overall, these findings suggest the necessity of emotion regulation training in the university setting. Further studies are important to understand the impact of emotional regulation difficulties.

Disclosure of Interest: None Declared

EPV0499

Patterns of antipsychotic prescription in inpatient and outpatient psychiatric settings: a real world study

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Introduction: Antipsychotic (AP) are increasingly prescribed off-label and used as, but not limited to, anti-aggressive, anti-impulsive, and anti-suicidal medication. The use of second-generation AP (SGAs) has progressively increased compared to first-generation AP (FGAs). FGAs cause more extrapyramidal motor side effects

and tardive dyskinesia than SGAs, whereas SGAs generally cause more weight gain and cardiometabolic adverse effects.

Objectives: Aim of this observational study was to describe the socio-demographic and clinical features of the patients receiving new AP treatment and the features of the pharmacological treatment itself in “real world” context. Furthermore, we aimed to compare socio-demographic and clinical characteristics of the subjects who were prescribed either FGAs or SGAs.

Methods: Data were collected on the latest new AP prescriptions issued across different settings (two psychiatric wards; five out-patients clinics; and one rehabilitation community) belonging to ASST Fatebenefratelli Sacco (located in Milan) in reverse chronological order from May 2023.

Socio-demographic and clinical variables of the subjects who received new AP treatment were collected through medical records. We compared age, age at onset, age at first pharmacological treatment, duration of illness, duration of untreated illness, treatment duration, number of hospitalization and admissions to Day Hospital services, involuntary commitments and suicidal attempts in patients who received either FGAs or SGAs. Chi-square was used for qualitative variables and t-test for quantitative variables. Data were collected anonymously and analyzed using SPSS v.27.

Results: The sample included 155 new AP prescriptions, out of which 29.2% were formulated in the psychiatric wards, 66.9% in the outpatient clinics and 3.9% in the rehabilitative community. Mean age of the subjects was 41.1 ± 16.9 years, 53.2% were male.

The most represented diagnoses were psychotic disorders (32.2%), personality disorders (24.8%), bipolar disorder (16.1%) and depressive disorder (12.8%).

90.7% of new AP prescriptions were SGAs. The most prescribed were aripiprazole (30.5%), quetiapine (21.2%) and olanzapine (15.2%); while the most prescribed FGAs were haloperidol (5.3%), zuclopenthixol (2%) and chlorpromazine (1.3%). 26.2% of the prescriptions were in monotherapy and 83.8% were for oral administration.

The reasons for introduction were partial or absent response to previous treatments (52.3%), disease onset (23.5%), non-compliance (8.3%), adverse effects to previous treatments (6.8%) or other (9.1%). Patients treated with FGA had a longer duration of untreated illness ($p < 0.001$) and a greater number of lifetime hospitalizations ($p < 0.001$) and involuntary commitments ($p = 0.002$).

Conclusions: Patients treated with SGAs have a shorter duration of untreated illness and also lower chance of lifetime hospitalization and involuntary commitment.

Disclosure of Interest: None Declared

EPV0500

Change in risk status of psychiatric patients admitted to Crisis and Home Treatment Team: an evaluation in the UK

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Introduction: The Crisis and Home Treatment Teams (CRHT) in psychiatry manages patients with risk to self and others in the community. The number of patients under CRHT who attempt or die of suicide is high in the UK (Hunt et al BJPsych Bull. 2016;40:172-4). The CRHT is an option to help support patients in managing their risk using various interventions and also aim to prevent admission to acute psychiatric wards where possible.

Objectives: We intended to study the change in risk to self and others and the factors associated with it during the intervention from a CRHT taking care of adult patients in the West Midlands region of England.

Methods: The study was conducted as a service evaluation of patients admitted under the CRHT. Data was collected from the case records, for 100 patients for whom details were available. Risk to self and others were checked, along with overall risk as red (highest risk), amber (intermediate risk) and green (low risk). Demographic and clinical information was collected and the data quality was checked.

Results: There were 46 male and 54 female patients in the study, with mean age of 40.4 ± 12.4 and 40.2 ± 12.8 Years respectively (not significant). They were comparable in number of diagnoses (mean 1.2 each) and number of days (22.2 ± 13.1 v 20.2 ± 17.8) in CRHT respectively. There was no significant association of risk with gender (56.3% females and 44.2% of males), being on benefits or type of accommodation the service users live at. Similarly, there was no significant difference of risk of self-harm based on ethnicity; it was noted that 61.2% of patients of British White ethnicity had a risk of self on admission compared to 41.7% Black and ethnic minority patients. On admission, 89% of patients were categorised as red, amber 8% and 1% green; which changed to 18%, 2% and 77% respectively (missing data was not included, so percentages do not add up to 100%). The risk to self was present in 46% on admission and 18% on discharge ($p < 0.005$); and in 14% this risk continued without change. The risk to others on admission was recorded in 12% which was at 1% on the point of discharge ($p < 0.05$). Eight people had both risk to self and others. In 15 patients the risk continued to remain in red category, while in two patients it changed from amber to red.

Conclusions: The risk levels for patients admitted under the CRHT improved. The majority with overall high risk changed to majority presenting as low risk on discharge. The percentage of patients portraying a risk to self and others also decreased from admission to discharge. Although there was considerable decrease in risk, a proportion of patients did not have any change, or even an increase in their risk, which highlights need for additional risk management strategy for these patients in CRHT.

Disclosure of Interest: None Declared

EPV0501

The Sense of Resilience of health care professionals in Latvia measured by Antonovsky's Sense of Coherence Scale

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Introduction: In this research work the sense of resilience was studied, which is an essential factor in reducing the stress of health care workers, it also helps to maintain the sustainability of the work of medical specialists and prevents the burnout syndrome. Aaron Antonovsky's Sense of Coherence scale was used in this study, which helps to determine how health care professionals are able to preserve their mental and physical health.

Objectives: This study is aimed to determine the differences in components of Antonovsky's Sense of Coherence scale for various health care specialists and to describe the factor structure of Coherence scale for health care specialists in Latvia, that forms the sense of resilience for health care specialists.

Methods: The questionnaire used in the study is Antonovsky's Sense of Coherence scale's (Antonovsky, 1987) Latvian version, that was translated into Latvian and adapted in the research work of A. Veylande, N. Bahmačova (2000). 202 respondents who are representatives of medical professions took part in this study. The obtained data were entered into the MS Excel computer program and were statistically processed using the SPSS 22 computer program.

Results: Looking at the obtained results of this study, it can be stated that Medical Doctors- Specialists have statistically significantly higher Comprehensibility scores than Medical Orderlies ($p = 0.01$, $r = 0.24$), while Medical Doctors- Specialists and Medical Doctors-Residents have statistically significantly higher Manageability scores than Medical Orderlies ($p = 0.04$, $r = 0.21$). Based on the analysis of the results, it has been determined that Doctors-Specialists ($p = 0.00$, $r = 0.32$) and Doctors-Residents ($p = 0.00$, $r = 0.34$) have statistically significantly higher Meaningfulness indicators than Medical Orderlies, as well as Doctors-Specialists ($p = 0.00$, $r = 0.29$) and Doctors-Residents ($p = 0.00$, $r = 0.31$) have statistically significantly higher Meaningfulness scores than Medical Nurses.

Conclusions: Higher scores of the three components of Antonovsky's scale for Medical Doctors-Specialists and Medical Doctors-Residents compared to Medical Orderlies and Medical Nurses could be explained by a lower overall time that Doctors spend in the department with patients. Higher education helps to overcome stress at work and to become aware of possible strategies for improving the joy of life, ways to reduce stress at work and to relax from work.

Disclosure of Interest: None Declared

EPV0502

Descriptive study of patients admitted to a Psychiatric Home Hospitalization Unit in Santa Coloma de Gramenet and Badalona

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Introduction: Hospital at home for psychiatric patients is a new emerging resource of delivering acute mental health care in the community. The main objective of this program is to provide intense care to patients with severe mental disorders at home as an alternative to acute admission.

Although home hospitalisation has begun to develop widely in recent years there is a notable lack of studies

The CAEM Psychiatric Home Hospitalization Unit (HAD-CAEM) has been operating since 2018 and takes place in Santa Coloma de Gramenet; and from March 2022 also in a part of Badalona. Both are sociodemographically depressed areas near Barcelona.

Objectives: The aim of this study is to describe the characteristics of patients attended at the Psychiatric Home Hospitalization Unit of our hospital and to study differences according to area and place of referral.

Methods: Socio-demographic and clinical data were collected retrospectively at admission and discharge of all patients treated at HAD-CAEM between March 2022 to february 2023.

Statistical analysis was performed by using SPSS program.

Results: 85 patients were included in the study. 45.9% were women. The mean age was 45.5 years (SD 15.58 years). The main diagnoses of the sample were psychosis and schizophrenia (38.8%), Bipolar disorder (23.53%), Depressive disorder (21.18%), schizoaffective disorder (8.24%) and others (8,24%).

54 (63.53%) patients were from Santa Coloma area and 35 (41.18%) from Badalona area.

The total mean duration of admission was 40.22 days (SD 26.18 days), with a mean follow-up of 10.09 visits (SD 5.39 visits) and 2.41 teleassistance (SD 2.62).

The mean duration of admission for Santa Coloma patients was 43.98 days (SD 28.59), and for Badalona patients 33.68 days (SD 20.13). Trend without significance is observed ($t = 1.77$, $p = 0.08$) We found differences in the mean duration of admission according to referral location. Acute psychiatric unit 33.25 days (SD 18.06), Mental health Center 51.93 days (SD 33.45), Emergencies 34.28 days (SD 19.69) ($F = 5.1$, $p = 0.008$).

Conclusions: Sociodemographic and clinical characteristics obtained in our study are consistent with those reported in previous studies. The duration of admission of patients referred from the mental health center is longer than those referred from the acute psychiatric or emergency unit. Home hospitalization teams have been increasing in recent years, being an alternative to traditional hospitalization.

Disclosure of Interest: None Declared

EPV0504

Sociodemographic and Clinical Determinants of Psychiatric Hospitalization in Northern Greece: A descriptive study

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Introduction: According to data, psychiatric re-admissions rates vary from 10%-80%, while they negatively affect the patients' quality of life and life expectancy. The limitation of multiple psychiatric hospitalizations represents a clinical challenge for all mental health professionals.

Objectives: To investigate risk factors of hospitalization in a sample of psychiatric patients in Northern Greece.

Methods: 1,633 records of psychiatry inpatients were examined retrospectively throughout the 10-year records of the Psychiatry Department of Papanikolaou General Hospital in northern Greece. The research was conducted between 2013 and August 2023. The sample was divided into subgroups according to gender, diagnosis, and year of hospitalization. A bivariate analysis was performed to examine relationships between the examined variables: (a.) place of residence; (b.) age; (c.) type of admission; (c.) hospitalization duration; (d.) number of lifetime hospitalizations; (e.) lifetime prosecutor's orders for coercive examination; and (f.) lifetime suicide attempts.

Results: A fairly equivalent number of males and females was included in the study (M: 874; F: 759). The mean age of the sample was 44.7 years with males being younger than females (males 43.23; females 46.39). Males residing out of the co-capital as well as females residing within the co-capital of Greece, Thessaloniki, disclosed higher odds of being hospitalized ($p < 0.03$). Coercive hospitalizations represented 47% of cases, bore the highest duration (20.7 days), and involved the youngest patients. Coercively hospitalized male patients outnumbered their female counterparts ($p < 0.001$). Voluntary urgent hospitalizations duration was estimated at 17.04 days, followed by outpatient admissions (12.64 days) and transfers from other clinics (11.35 days). 37% of patients experienced psychosis while 35% experienced affective disorders. Males were more affected by psychosis (Odds Ratio: 1.35; $p < 0.001$). Females were more liable to affective disorders (OR: 1.78; $p < 0.001$). 7% of the sample had committed suicide attempts, with single suicide attempts being ten times higher than multiple suicide attempts ($p < 0.001$). Females were more than twice as likely as males to commit a suicide attempt ($p < 0.001$). Females tended more to be hospitalized self-willingly ($p = 0.0015$) and to voluntarily terminate hospitalizations prematurely ($p = 0.0014$). Patients with a single hospitalization were seven-fold compared to those with multiple hospitalizations ($p < 0.001$). The average lifetime hospitalization number for a patient was one hospitalization, while the average for a patient with previous hospitalizations was three.

Conclusions: Being in position to identify the patients in high-risk for hospitalization -as well as for suicide attempt- the clinician can proceed to initiatives such as treatment modifications or further involving the patient's family.

Disclosure of Interest: None Declared

EPV0505

Assessing the Impact of the Different Psychiatric Disorders on the Profiles of Psychiatric Hospitalization: A descriptive study in a Greek Hospital

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Introduction: The prevalence of psychiatric re-admission ranges from 15% to 60%, escalating even more in the first year after admission, affecting the patients' quality of life. Furthermore, the diagnosis of psychotic or affective disorders represents a risk factor

of psychiatric re-admission, highlighting the diagnosis impact to the "profile" of psychiatric hospitalization.

Objectives: To compare the different "Hospitalization Profiles" in association to the patients' diagnostic categories.

Methods: Overall, 1,633 records of psychiatry inpatients were examined retrospectively throughout the 10-year records of the Psychiatry Department of Papanikolaou General Hospital in northern Greece. The research was conducted between 2013 and August 2023. The sample was divided into subgroups according to gender, diagnoses - according to the International Classification of Diseases (ICD-10)-, and year of hospitalization. A bivariate analysis was performed to examine relationships between the variables: (a.) place of residence; (b.) age; (c.) type of admission; (c.) hospitalization duration; (d.) number of lifetime hospitalizations; (e.) lifetime prosecutor's orders for coercive examination; (f.) lifetime suicide attempts.

Results: Developmental disorders (F80-89) stood for the youngest average age of hospitalization (26 years) and lowest average hospitalization duration (7 days). Neurodegenerative disorders (F00-09) represented the diagnostic category with the oldest mean age of hospitalization (66 years). Intellectual disorders (F70-79) yielded the longest average hospitalization duration (21 days). Patients with intellectual disorders were found to be facing homelessness at a higher rate (4.76%) than patients of any other diagnostic entity ($p = 0.096$). Psychotic and substance use disorder patients obtained equivalently ($p = 0.18$) the highest rates of coercive hospitalizations (63% and 71%, respectively); compared to other diagnostic categories ($p = 0.0008$). Dual diagnosis and anxiety disorders projected equivalently ($p = 0.9$) the highest rate of premature voluntary discharge (6.9% and 6.4%, respectively). Dual diagnosis, personality disorders, and affective disorders also recorded the highest rates of suicidality (11-15%; with no significant statistical difference among the three diagnostic entities $p > 0.1$) among hospitalized patients of all diagnostic categories ($p < 0.05$).

Conclusions: Interestingly, the study's results reveal the pathologies of the Greek society, with the most representative example being this of patients suffering from intellectual disorders simultaneously presenting the highest risk of homelessness. Further studies are needed, focusing on the sub-populations of psychiatric patients as well as their status in terms of social security, health care providing, quality of life and life expectancy.

Disclosure of Interest: None Declared

EPV0506

Psychiatric disorders in professional drivers and fitness for work

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Introduction: The driver's job is a safety job requiring a meticulous neuropsychological assessment, which can affect the decision on fitness to drive. Professional driving benefits from codified regulations concerning neuropsychological disorders.

Objectives: To describe the socio-professional characteristics of drivers with psychiatric illnesses

To specify the impact of these pathologies on decisions on fitness for work

Methods: Retrospective descriptive study of drivers with psychiatric disorders who consulted the occupational pathology and fitness for work department of the Charles Nicolle Hospital for fitness for work assessment during the period from January 2016 to January 2023.

Results: Out of 98 drivers who consulted our department for an aptitude assessment, nine (n=9) patients had a psychiatric disorder. The average age was 45±7 years. They were all men. They were bus (n=7), light car (n=1), and lorry (n=1) drivers. They belonged to the transport (n=7) and service (n=2) sectors. Length of service ranged from one year to 35 years. The pathologies presented by the patients were: anxiety-depressive disorder (n=7), bipolar disorder (n=1) and drug-addiction (n=1). They were being treated with antidepressants (n=7), anxiolytics (n=3), and thymoregulators (n=1). The medico-legal decision was to avoid professional driving (n=7) and to avoid professional driving at night (n=2).

Conclusions: psychiatric illnesses can compromise fitness to work. The role of the occupational physician in the primary and secondary prevention of people at risk is important.

Disclosure of Interest: None Declared

EPV0508

Characteristics of online shopping behaviour among Tunisians consumers

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Introduction: During the COVID-19 pandemic confinement, the number of people shopping online has increased all over the world. To date, little is known about the online shopping behaviours of Tunisians consumers.

Objectives: Evaluate the characteristics of internet shopping among Tunisian consumers.

Methods: A cross-sectional, descriptive and analytical study was conducted among subjects who had already made at least one online purchase. Data was collected using a self-questionnaire published by GOOGLE FORMS. We used a survey form collecting socio-demographic data, personal history and characteristics of online shopping behaviour.

Results: A total of 137 participants aged 34.62 ± 9.82 years took part in this study.

All participants had made at least one online purchase, with 43.8% (N=60) purchasing "More than once a year". The products purchased were most often textiles and shoes (50.4%; N=69). The main reasons consumers gave for buying online were special offers (37.2%, N=51), reduced prices (25.5%, N=35) and free delivery

(14.6%, N=20). Almost half of the participants (N=63; 46%) said that they had visited physical shops less since they started shopping online. Regarding the average online shopping budget, 44.5% of consumers (N=61) spent less than 50 dinars/month and 18.2% (N=16) did not use all the products they bought online. Almost half of participants (N=68, 49.6%) feared that their credit card information would be at risk. The majority of respondents (88.9%) thought they might receive a faulty product following online shopping.

Conclusions: Our study has enabled us to identify certain factors that may act as a blocker for online purchasing. So that, establishing strategic actions for the continuous improvement of online shopping services with the reduction of subjectivity in customer perception will be helpful.

Disclosure of Interest: None Declared

EPV0510

Use of long-acting treatments in adult social care. Experience of an Acute Inpatient Mental Health Unit

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Introduction: In recent years, the number of social exclusion patients who go to the emergency room for psychiatric evaluation, has increased significantly. This fact may be due to the circumstances associated with migration: economic problems, house searching, moving away from the family origin,... These situations can cause stress before, during and after adaptation, which is a risk factor for presenting psychotic symptoms.

Objectives: The objective of this study is present another alternative treatment for adults with social exclusion with psychotic symptoms or Psychotic Disorder. Presenting through a case of Acute Inpatient Mental Health Unit.

Methods: A 25 year old men was referred to the emergency department due to an episode of agitation. As relevant psychiatric history, a previous admission to psychiatry's hospitalization with a diagnosis of Schizophrenia. Upon discharge, the patient has not been followed up in Mental Health, although he has gone to the emergency room on several occasions where it is reflected that no psychotic decompensation has been observed. He emigrated to Spain two years ago, since then he has been homeless, working intermittently in agriculture.

At our assessment, after having ruled out consumption of toxic substances, the patient presented a neglected and cachetic appearance. He says that he is worried because some people can not see him and others can.

We admit the patient for study and treatment. Involuntary admission.

Results: During the hospitalization, a joint approach was carried out with Social Work and it was decided to start depot treatment in order to promote therapeutic adherence. In this case, it was decided to apply paliperidone depot every sin month. For this, an induction regimen was followed: first, monthly paliperidone 100mg depot was administered, 4 days later, monthly paliperidone 150mg depot and 4 days later, the biannual injection.

Other depot treatment alternatives would have been aripiprazole or risperidone. However, the duration of the depot treatment is shorter than in the case of paliperidone, since today the presentation formulas are monthly and quarterly, respectively.

Conclusions: Long-acting antipsychotics are an effective alternative for the treatment of patients with Schizophrenia, especially for those in whom we can not ensure good therapeutic adherence. In addition, the induction regimen allows treatment to be administered more quickly than that carried out in Mental Health outpatient programs, thus reducing the average hospital stay.

In recent years, great advances have been made in the treatment of psychotic symptoms thanks to depot drugs, which allows for numerous effective alternatives for the treatment of these patients. The figure of the Social Worker for the evaluation of the patient and subsequent follow-up is essential in this case.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPV0513

Euthanasia and assisted suicide in people with mental disorders: a case report

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Introduction: Until 2020, only Belgium, Luxembourg, Switzerland, and the Netherlands legalized euthanasia and assisted suicide in Europe. Spain joined this list in March 2021 with the Euthanasia Regulation Law. However, the practice of euthanasia and assisted suicide in individuals with severe mental disorders is complex due to potential cognitive and decision-making challenges. Psychiatrists play a vital role in evaluating such requests.

Objectives: the case of a patient with recurrent depressive disorder requesting euthanasia is presented, followed by a theoretical review of the subject.

Methods: A case is presented with a bibliographic review.

Results: An 89-year-old man with a history of one prior brief psychiatric hospitalization for depression three years ago was admitted after attempting suicide with an overdose of medication. He reports depressive symptoms of several years of evolution. Medical tests came back normal, but he had a urinary catheter due to voiding issues. He was initially on a medication regimen of amitriptyline, clomethiazole, and fluvoxamine. Despite his depressive state, he maintained his cognitive and decision-making abilities. Medication adjustments were made, including discontinuing amitriptyline and switching fluvoxamine to amitriptyline. His depressive symptoms worsened after three days, leading to the addition of trazodone to his treatment. He also developed urinary symptoms and was diagnosed with a urinary tract infection and metastatic prostate cancer during urological evaluation. Emotionally, he became more apathetic,

anergic, and anhedonic, frequently expressing a desire for euthanasia, even with medication changes. Hyponatremia led to the discontinuation of duloxetine and the introduction of venlafaxine. To address anxiety and sleep problems, clomethiazole was replaced with mirtazapine. Upon learning of his cancer diagnosis, his mood deteriorated further, along with increased anxiety and continued mentions of euthanasia. Lorazepam was introduced, and he was informed of his right to request euthanasia after discussing therapeutic options with urology. Following this consultation, the patient became calmer, stopped expressing thoughts of death, and began making short-term plans, including the possibility of receiving palliative care at home upon discharge.

Conclusions: Euthanasia and assisted suicide in severe mental disorders are complex due to ethical and medical challenges. Patients must understand their condition, prognosis, and have decision-making capacity. Assessing their suffering is crucial. Coexisting mental and organic issues complicate the request's origin. In SMD, determining irreversibility is tricky, as these are often chronic, non-terminal conditions. Exhausting treatment options is essential before considering euthanasia, despite patient treatment refusal. Limited research underscores the need for more studies.

Disclosure of Interest: None Declared

EPV0514

An ethical dilemma: the role of the psychiatrist in physician assisted suicide and/or euthanasia

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Introduction: Questions regarding death have generated debates and art since the dawn of civilization. These themes permeate through various areas of study, including religion, philosophy, ethics, medicine and humanities. Various countries have been revising their laws regarding the end of life, especially on the right to aid and choice in the end in the context of medical and psychological suffering. Physician-Assisted Suicide (PAS) and euthanasia are methods by which people, mostly terminal patients, seek to end their lives with the help of medical professionals. PAS and euthanasia have been the target of heated debates in politics and in medicine, with the question of ethics centering most of these.

Objectives: The authors aim to explore PAS and euthanasia in the context of the ethical debate. Based on the pillars of ethics, based on the principal of do no harm and beneficence, the authors explore the role of the Psychiatrist, if any, in these end of life issues.

Methods: The authors performed a brief narrative review of the available literature, with recourse to various databases such as PubMed and Scopus. The search terms utilized in isolation or combination included: *physician assisted suicide, euthanasia, psychiatry, mental illness* and *ethical issues*. Taking into consideration the widespread discussion of these themes in the public forum, news articles were included based on their merit and relevance to the explored topic.

Results: The ethical debate appears to rest between the pillars of first, do no harm, the principles of beneficence and nonmaleficence and aut. Here, the conflict between the first and last appear, where the killing of any patient, whether directly or indirectly is clearly contrary to the principle of primum non nocere. However, the prolonging of suffering in a terminal patient, appears to contradict the principles of nonmaleficence. The Psychiatrist is called to evaluate competence to choose, which is allied to autonomy. Other sources explore the role of the Psychiatrist in permitting a suicide to occur, when the profession is dedicated to the prevention of suicide. From the literature, the psychiatric evaluation is rarely regularly carried out, usually being solicited in cases where mental illness which might compromise the capacity to choose is suspected.

Conclusions: In ethical debates, clear cut answers are rarely every developed, with the nuance and greyscale of difficult topics usually dividing those that fervently champion each cause. Psychiatric evaluation is usually invoked when patient autonomy, especially in terms of capacity, is called into question. Questions remain as to whether the presence of the psychiatrist should be a regular one in these procedures or if it should be carried out in a selective manner. There is little consensus in regards to this role, which merits further conversation in the various forums of medical and ethical communication.

Disclosure of Interest: None Declared

EPV0515

Attitude of tunisian psychiatry residents toward internet searches for patient informations

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Introduction: In the age of digital information, the volume of personal information available online continues to grow. Examining patients' online profiles has become common for various reasons especially in psychiatry, despite ethical concerns. Therefore, it is interesting to explore the attitudes of tunisian psychiatric residents in this regard.

Objectives: This study aimed to identify the purposes that make psychiatry residents consult their patients' profiles on social media and to evaluate the consequences of being friends with them or following them on the treatment course and on the doctor-patient relationship.

Methods: This was a cross-sectional descriptive study from August to September. A questionnaire on Google form was distributed to psychiatry Tunisian residents. The study evaluated the frequency and causes of patient profiles consultation on social networks, its role and impact in the doctor-patient relationship

Results: The study population included 53 psychiatry residents with a mean age of 28 (+5) years and a sex ratio of 0.127. Among the responders, 53 % were in their first or second year of residency. And the predominant workplace was El Razi Hospital : a university hospital.

For the frequency of patient profiles consultation on social networks : 87% of treating psychiatrists declared consulting their patients' profiles on social media at least once. The purposes of consulting patient's profiles noted in our study were: looking for signs of pre-morbid functioning (n=32), looking for clinical features of the current episode (n=30). They do it also to verify the informations provided by the patient (n= 18) ,have an idea of their private lives (marital status ,employment, hobbies,...)(n=11) , or locate a family member (n=5). It can be also out of curiosity (n=21). And this made the psychiatry residents empathetic towards the patient (n=10) .

But, in 91% of cases, patient's permission was not taken .

Moreover, 4 of treating psychiatrists declared being friends with their patients or following their profiles on social media. Two of them regret it. The friend or follow request was an initiative from the patient, in all cases.

Conclusions: The attitudes of psychiatry residents regarding the consultation of patients' profiles on social networks were not clear. However, as the boundaries of the digital doctor-patient relationship remain undefined, it is imperative to develop clear guidelines and educational resources.

Disclosure of Interest: None Declared

EPV0516

Psychiatric premises for abortion in Poland - ethical, legal and clinical issues

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Introduction: After judgment of the Constitutional Tribunal of 22.10.2020, there are two premises for abortion: when pregnancy was caused by rape or pregnancy is the threat for health and life of a mother. Then some people indicated that the latter should be interpreted more broadly. So far, jurisprudence has interpreted health threats only in relation to physical health, currently – cases classified as mental health threats are included.

Objectives: The aim of this paper is first to analyze different aspects of this phenomenon: clinical, philosophical, including ethical and legal. The second goal is to point out the best actions for psychiatrists.

Methods: The methodology of this paper corresponds to the pastoral paradigm: diagnosis, reflection, action. At first, the arguments of opponents and proponents of the concept of psychiatric premises for abortion were extracted. Then they were assessed from a logical and essential point of view. Finally, some conclusions and guides were included to enable psychiatrists to act appropriately, including ethical, clinical and legal aspects.

Results: Statements and letters from various institutions and societies were analyzed, including the Presidium of the Supreme Medical Council, Polish Pediatrics Society, the Expert Team on Bioethics of the Polish Bishops' Conference, the Bioethics Committee of the Polish Academy of Sciences, Patient's Rights Ombudsman, Commissioner for Human Rights. The key arguments for psychiatric premises are presented in the Table 1.

Table 1.

Argument	Description
Etiological	the only cause of mental disorders during pregnancy is the pregnancy itself or fetal diseases
Therapeutical	abortion is a method of treating mental disorders during pregnancy
Prognostic	possible long- and short-term complications after the abortion procedure do not pose a significant threat to the woman's life and health
Consultation-Liaison	the task of the consultant psychiatrist is to indicate what actions other doctors should take
Ethical	the value of the fetus's life is negligible compared to values such as the mother's mental state or well-being
Political	such conduct is beneficial to state policy and the good of society
Legal	such procedures are legal

According to opponents, using the premise of mental health risks to terminate a pregnancy would be an example of the psychiatrization of life and the abuse of psychiatry for political purposes. There would be a danger of associating psychiatry as a tool for performing abortions, which would perpetuate the phenomenon of stigmatization – of both doctors and patients. Each of the arguments for this has been negated.

Conclusions: This problem illustrates an attempt to replace the paradigm of traditional personalistic ethics with utilitarianism. The concept of psychiatric premises for abortion is contrary to the principles of double effect and proportionality. It is also against the Polish Code of Medical Ethics: art. 39 and art. 54.

Disclosure of Interest: None Declared

EPV0517

Non-compliance as ethical dilemma for kidney transplantation

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Introduction: Allocating a kidney transplant to a non-compliant recipient could present a triple damage: to the donor (and family of a deceased donor), for the recipient (who will experience rejection) and for another potential recipient on the waiting list (who missed the chance for the transplant). Having in mind that kidney transplantation (TX) is the best choice of renal replacement therapy, a thorough individual endeavor to predict the outcome of a TX in a non-compliant candidate is necessary to avoid a worse option. Non-compliance could origin from maladaptation, psychological limitations or a psychiatric condition.

Objectives: Here we present a 46 years old male patient on chronic hemodialysis (HD) for 4 years due to end stage diabetic kidney

disease. He is extremely non-adherent to HD related recommendations, occasionally skipping the sessions, gaining up to 10 kg weight overload between the sessions and avoided visiting psychiatrist, so far. Our objectives were to explore the presence and severity of non-compliance as ethical dilemma for kidney transplantation.

Methods: Reviewing the patient's medical data.

Results: Unlike to non-obedience to dietary and behavioral medical advice, this patient is very much adherent to pharmacological medication. Staying on HD he is constantly on the edge of vital danger, risking pulmonary edema or hyperkalemia related cardiac events. The most important compliance in a kidney transplant patient is adherence to immunosuppressive therapy. In this particular patient we could predict adherence to immunosuppressive medication after a TX and getting rid of volume overload and hyperkalemia once restoring kidney transplant function.

Conclusions: Pretransplant non-compliance in kidney transplant candidate is not always an obstacle for kidney TX. In some cases, as in the one here described, a TX is better option than staying on HD, avoiding the previously described triple ethical damage - to the donor, the recipient and patients waiting on list, while we could predict a good outcome of the TX. Including psychiatrist into the work up and management should not be skipped.

Disclosure of Interest: None Declared

EPV0518

The attitude of Tunisian medicine resident toward euthanasia

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Introduction: Euthanasia is the active deliberate ending of life by another person at the explicit request of a patient who is suffering from an incurable condition deemed unbearable by him or her. young doctors in tunisia might be exposed in their daily practice to a request of (E). In some countries the procedure is regulated by law while in others the issue has not been discussed. Before assessing the public opinion the medical core has to be implicated in the debate about the subject. Within the limits of our knowledge this is the first study on the subject in the countries of North Africa

Objectives: To describe the attitudes of tunisian medicine resident toward euthanasia

Methods: The validated questionnaire of physicians' Attitudes and opinions on assisted suicide and euthanasia was distributed via mails addresses to 50 tunisian resident. The participation was entirely voluntary and anonymity was guaranteed.

Results: Thirty seven medicine resident participate to the study the response rate was 74%. The average age of participants was 28.2years old. The majority; 23 were female and 29 had religious beliefs. The most represented speciality was family medicine with 6 participants. Only 2 of doctors were practicing in Europe. About 8 of young doctors were requested for (E). Tunisian medicine residents are generally supportive of the legalization of euthanasia (29), but many have concerns about their own participation in the procedure.

Conclusions: Ethical and legal complexities surround the topic of euthanasia. It is imperative to deepen our understanding of this practice within the context of the North Africa region, in order to formulate a comprehensive and well-informed policy.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPV0519

Change in Quality of Life After the Relocation of a National Forensic Hospital: A Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

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Introduction: Forensic psychiatric services address the therapeutic needs of mentally disordered offenders in a secure setting. Clinical, ethical, and legal considerations underpinning treatment emphasize that the Quality of Life (QOL) of patients admitted to forensic hospitals should be optimised.

Objectives: This study aims to examine changes in the QOL in Ireland's National Forensic Mental Health Service following its relocation from the historic 1850 site in Dundrum to a new campus in Portrane, Dublin.

Methods: This multisite prospective longitudinal study is part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST). Repeated measures were taken for all inpatients in the service at regular six-monthly intervals. The WHOQOL-BREF questionnaire was offered to all inpatients and an anonymised EssenCES questionnaire was simultaneously used to measure atmosphere in the wards. Data were obtained at five time points for each individual patient and ward. WHOQOL-BREF ratings were obtained across five time points with comparisons for four time intervals, including immediately before and after relocation. For 101 subjects across the four time intervals, 215 sets of data were obtained; 140 before and 65 after relocation with 10 community patients who did not move. Using Generalised Estimating Equations (GEE) to correct for multiple comparisons over time, the effect of relocation, with community patients as a control, was analysed by ward cluster and whether patients moved between wards. Observations were categorised according to security level — high dependency, medium secure, rehabilitation, or community — and trichotomised based on positive moves to less secure wards, more secure wards (negative moves), or no moves.

Results: The hospital's relocation was associated with a significant increase in environmental QOL (Wald $X^2=15.9$, $df=1$, $p<0.001$), even when controlling for cluster location, positive and negative moves. When controlling for ward atmosphere, environmental QOL remained significantly increased after relocation (Wald

$X^2=10.0$, $df=1$, $p=0.002$). EssenCES scores were obtained within the hospital for three time points before relocation and two time points afterward. No significant differences were found in the three subscales before and after the relocation. All three EssenCES subscales progressively improved with decreasing security level (Patient's Cohesion: Wald $X^2=958.3$, $df=1$, $p<0.001$; Experienced Safety: Wald $X^2=152.9$, $df=5$, $p<0.001$; Therapeutic Hold: Wald $X^2=33.6$, $df=3$, $p<0.001$).

Conclusions: The GEE model showed that the hospital's relocation improved self-reported environmental QOL. The cluster location made significant differences, as expected for a system of stratified therapeutic security, with a steady improvement in scores on all three atmosphere subscales.

Disclosure of Interest: None Declared

EPV0520

The interplay of aggression and psychopathy in a correctional treatment setting

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Introduction: Aggression is a relevant risk factor for criminal behavior. Psychopathy is known to correlate with a higher risk for violent offenses and research suggests that successful therapy of psychopathy is complicated.

Objectives: Our goal was to explore the overlap between psychopathy and aggression and the specific influence of psychopathic traits on change in aggression during correctional therapy.

Methods: A pre-post-study rating psychopathy and aggression in men imprisoned for sexual and non-sexual violent offenses aged between 20 and 67 ($M=37.6$, $SD 11.6$) was conducted. The participants filled out standardized pre- and post-treatment ratings after admission and after an average of 16 months ($n=144$ for pre-rating, $n=89$ for post-rating). Psychopathy was measured via the PCL-R and aggression with the BDHI (Buss-Durkee Hostility Inventory).

We calculated two-tailed Pearson correlations for BDHI Pre-, Post-, and Change Scores and the PCL-R. Further, the BDHI pre-post-differences were compared using independent t-Tests, effect sizes were calculated using Cohen's d (small, medium, and large effect sizes are $d = .20$, $.50$, and $.80$). Also, unpaired t-tests were carried out to compare between participants with lower and higher PCL-R sum scores (median split, $mdn = 16.8$, $M=16.8$, $SD=7.0$).

Results: Psychopathy facets 3 and 4 (lifestyle, antisocial) and the sum score correlate significantly with the pre-, and post-BDHI total score and the subscale direct hostility but not with indirect hostility. Regarding BDHI change scores, only the interpersonal facet of PCL-R correlated significantly with direct hostility and the total BDHI score. In the whole population, a significant reduction of the BDHI was only found in the subscale indirect hostility ($p=.015$, $cohens d = .26$). In the subgroup of individuals with lower PCL-R (<16.8) showed a reduction of indirect hostility ($p<.001$, $cohens$

$d = .50$) and the total BDHI score ($p = .003$, cohens $d = .42$). Interestingly, in the group with higher PCL-R scores no significant reduction of self-assessed hostility via BDHI was observable during therapy.

Conclusions: We identified a significant correlation between psychopathy and aggression, especially regarding facets three, four, and the sum score. Only the interpersonal facet correlated with the change in aggression during treatment in prison. In the group with higher psychopathic traits, no change in aggression was achievable during therapy. Thus, in the aspect of aggression and hostility, our data suggest that higher psychopathic traits may be viewed as a complicating factor for successful therapy.

Disclosure of Interest: None Declared

EPV0521

The Romanian forensic psychiatry system related to the admission of patients- aspects of the criminal law

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Introduction: In the Romanian forensic psychiatric and legal system, the legislation allows people diagnosed with mental disorders and who have committed a crime, without discrimination, to come under the Criminal Code, thus applying the safety measure of medical hospitalization. Although it is a complex measure, which requires increased attention in its application, any omission on the part of the authorities could lead to the violation of various human rights. The role of this measure is to improve the mental state of perpetrators, who represent, both for them and for society, an important danger. Approaching from this perspective we can say that this legal framework defines and limits the circumstances in which this measure can be produced to prevent the violation of human rights.

Objectives: The objective of this presentation was to carry out an analysis of the applying criteria for the safety measure of medical hospitalization, as well as the procedural aspects, in the national institutions where the perpetrators serve their sentences, called "psychiatric and security hospitals"

Methods: In this way, in our research we wanted to discover the most frequent pathologies blamed to be the cause of crimes and determined the application of these measures.

Results: All the results were evaluated and integrated according to the objective of this study.

Conclusions: In parallel with this analysis, we wanted to identify the main aspects that make the activity difficult and also to be able to offer the possibility of creating some solutions to improve the forensic psychiatric and legal system.

Disclosure of Interest: None Declared

EPV0522

Stigma Associated with Mental Illness: Perspectives of Judges and Lawyers in Lebanon

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Introduction: Legal professionals frequently encounter forensic mental health issues in the criminal justice system. These issues can significantly impact the outcome of cases, making it essential to understand the attitudes and perceptions of these experts towards mental illness. Despite a high number of individuals with mental illness in prisons, the availability of forensic mental health services is limited. While prior research has shown widespread stigma towards mental illness, there hasn't been a study assessing the attitudes of judges and lawyers.

Objectives: This study aims to investigate the stigma related to mental health among Lebanese legal professionals.

Methods: An online questionnaire was sent to judges and lawyers practicing in Lebanon. The survey included a section on demographics and personal data with the following scales: Reported and intended behavior scale (RIBS) which measures mental health stigma-related behavior and Perceived devaluation and discrimination scale (PDD) measuring the extent to which a person believes that most people will devalue or discriminate against someone with a mental illness.

Results: A total of 215 participants, with a mean age of 38.69 and a mean 13.16 years of experience, completed the questionnaire. Most were female (62.8%) and worked as civil attorneys (47.4%). Only a minority received instruction on mental health or mental health law during training (10.7% and 8.8%). About a quarter believed their education on mental health issues was sufficient (27%). Participants with positive attitudes (RIBS) were more likely to have a family member with a mental illness (p value = .001), feel comfortable handling cases involving mental health (p value = .001), and have lived with someone with a mental illness (p value = .007). Feeling adequately educated about mental health issues was associated with lower perceived stigma (PDDs, p value = .021). No significant associations with stigma scores were found for factors like age, gender, occupation, years of experience, contact with a mental health professional, taking psychotropic medications, disclosing personal mental health issues to friends or co-workers, receiving education on mental illness or mental health law, or working with individuals with mental health issues.

Conclusions: The findings imply that enhancing mental health education and awareness within the legal profession could be a key strategy to reduce stigma and improve the overall treatment of individuals with mental health issues within the criminal justice system in Lebanon.

Disclosure of Interest: None Declared

EPV0523

Development and establishment of a patient advisory board for forensic psychiatric patients - Insights and experiences from the PART project

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Introduction: Participatory research (PF) actively involves people with lived experience (pwle), e.g. for a disease, in research. This improves the relevance, quality and impact of research and can help to raise third-party funds, increase recruitment numbers, select research methods. Pwle can support all stages of the research process, including dissemination. While PF is already standard in other countries, Germany is still lagging behind. Our participatory advisory board aims to create a sustainable structure to involve underrepresented patients.

Objectives: In the PART advisory board, pwle and researchers should actively cooperate in projects in the field of forensic psychiatry. In preparation to establish the advisory board procedures, key documents and training material were developed. In addition experiences, opinions, ideas and concerns of stakeholders and pwle in relation to PF were collected.

Methods: Guided interviews were conducted with stakeholders (clinical, research) and focus groups with in-patient pwle from forensic psychiatry. They were asked how they imagine the structure, tasks and goals of a participatory advisory board, what opportunities and obstacles they see. Anticipated framework conditions and support needs for the successful implementation were also asked. The interviews and focus groups were audio-recorded and transcribed. Data was analysed with MAXQDA using thematic analysis.

Results: In total, 8 expert interviews and 2 focus groups with 15 pwle were conducted in the first half of the year 2023. The analysis so far shows great interest in PF, although the term is mostly unknown and experience seems to be limited. The respondents identified opportunities for participatory research, but also challenges that need to be overcome in terms of its implementation. Both groups emphasise the importance of PF, especially in the field of mental illness, and express ideas for its implementation.

Conclusions: The results will be incorporated into the structure of the advisory board, so that PF in the field of forensic psychiatry will be more successful and the exchange between researchers and pwle will be facilitated. Detailed results as well as impressions from the first meeting(s) of the advisory board will be presented at the EPA conference.

Disclosure of Interest: None Declared

EPV0524

The preferences of Hungarian judges with regard to forensic psychiatry and forensic psychology experts

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Introduction: Although Hungarian forensic psychiatry has a historical legacy dating back to the 1890s, for the past few years there has been a dramatically increasing shortage of forensic psychiatry experts in Hungary, which affects both health care practices and the judiciary.

Objectives: In order to join the international academic unity of forensic psychiatry including research, education and treatment besides expert witnessing, our workgroup aims to facilitate the development of high-level quality standards in modern forensic psychiatry in Hungary. Based on our pilot study on this topic, in the current nationwide study we attempted to delineate the preferences of Hungarian judges regarding the role of forensic psychiatry and forensic psychology experts in both criminal and civil legal proceedings.

Methods: With the help of the National Office of the Courts, Hungarian judges were asked to complete a questionnaire that - besides personal characteristics - comprised specific questions in several areas including; hearing the experts; their preferences when assigning experts; the value of the expert's oral statement in court; the extent of their reliance on the psychiatric or legal knowledge of the experts; and the ways judges assess their own psychiatric and psychological knowledge. They were also asked to disclose their opinion about the attributes of optimally applicable expert opinions. Respondents provided their answers as rating on a 10-point Likert scale; or as percentage estimates. Besides descriptive statistics, we investigated the difference between the two groups of judges using Chi-square statistics and ANOVA with respect to the association between the answers and the main personal characteristics of judges.

Results: The dataset contains >400 completed questionnaires, returned from all over the country, and the analyses are ongoing. Preliminary results are available for a sample of 125 respondents: 53 criminal court and 72 civil court judges, with 64 of them having a maximum of 14 years and 61 having more than 14 years of work experience. Rating the characteristics of assigned experts, we found a significant association between being a criminal court judge and assigning an expert who is considered as an "acknowledged authority" by peers ($p=0.002$). Finding it crucial what the assessed people report on the legal case itself was significantly associated with civil court judges ($p=0.026$).

Conclusions: In the absence of any available nationwide information in Hungary, our study is expected to provide much-needed and fundamental information to the current practice of forensic psychiatry in the country.

Disclosure of Interest: None Declared

EPV0525

A patient's trajectory with autism spectrum disorder leading to forensic psychiatric institutionalisationJ. A. Déri^{1,2*}, A. Dvorak¹ and R. Oberndorfer^{1,2}¹Forensic Therapeutic Centre Göllersdorf, Göllersdorf and ²Clinical Division of Social Psychiatry, Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria

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Introduction: Autism-spectrum-disorder (ASD) is a heterogeneous neurodevelopmental condition with a wide range of symptoms. Typical deficits, such as impairment in social communication and interactions, can lead to violent behaviours. However, ASD is often underdiagnosed and little is known about patients with ASD in forensic institutions.

Objectives: To highlight the diagnostic challenges and offending behaviour of people with ASD in the context of the criminal justice system (CJS) through a case report.

Methods: The case report is based on exploration, third party anamnesis, medical documentations and court files

Results: A 25-year-old man was placed in detention in 2021 after having committed a dangerous threat to unknown persons and was considered not guilty by reason of insanity. Since early childhood the patient presented with extreme mood swings and impulsive-aggressive outbursts that led to criminal mischief later on. During elementary school he developed concentration problems as well as specific learning deficits. Due to his deviant social behaviour, he was rejected from his peer group. Over the course of the years, he showed no significant responses to different psychopharmacological treatment approaches. His social anxiety grew and ultimately, he started experimenting with various drugs and drinking excessive amounts of alcohol, which induced multiple psychotic episodes. Due to the psychotic exacerbations, he was repeatedly admitted to psychiatric units for acute treatment, however the autistic disorder remained untreated. At the time of the crime an independent psychiatric assessor diagnosed schizophrenia simplex and multiple drug abuse. The patient had been in psychiatric treatment since the age of 5 and received multiple diagnoses such as combined personality disorder, different subtypes of schizophrenia, ADHD, Tourette syndrome, depressive disorder and ASD at the age of 14. Nevertheless, prior to his detention he had never received a complex therapy focusing on his ASD. According to the verdict he was admitted to a medium secure forensic ward in Lower Austria, where he was treated with antipsychotic and anxiolytic medication. Furthermore, he participated in the day-structuring treatment program ensuring routine.

Conclusions: Neurodevelopmental disorders such as ASD often impose a diagnostic challenge, particularly without intellectual disability. This can lead to under- and misdiagnosis, inadequate treatment or even criminal behaviour. Impaired theory of mind, poor emotional regulation and problems with moral reasoning should be recognized and treated specifically early on to prevent further damage to both the individual and society.

Disclosure of Interest: None Declared

EPV0526

Epidemiological, clinical, and forensic approach to a series of defendants examined in criminal psychiatric expertiseM. Kacem*, W. Bouali, M. Abdelaziz, S. Brahim and L. Zarrouk
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doi: 10.1192/j.eurpsy.2024.1209

Introduction: The transgression of the law can be a deliberate act by a lucid adult, but it can also be the result of a deficiency in judgment and discernment due to lack of age or insanity. Psychiatric expertises are more and more solicited in the penal field with the objective of identifying the causal link between mental illness and the criminal act.

Objectives: The objective of this work was to give an overview of the subjects expertised, the offences and the pathologies encountered through the report of a psychiatric expertise activity in criminal law.

Methods: It is a retrospective descriptive study carried out on the criminal psychiatric expertises made for a forensic act in the psychiatric department of Mahdia during the period from January 1, 2003 to March 30, 2022.

Results: In total, we collected 101 defendants. The average age of our study population was 35±12.07 years. The majority of our study sample was male (98%), from an urban area (50%). 46.6% had primary education and only 11.2% had higher education. The defendants were single in 57.8% of the cases, and almost half (45.7%) had no occupation. Two-thirds of the accused (61.2%) had experienced emotional deprivation at a young age. The problematic use of psychoactive substances was found in 10.3%, as well as alcohol consumption in 46.6%. Moreover, 39.7% of the patients had a personal psychiatric history and 19% had been incarcerated at least once. The forensic acts were mostly against people (62.9%) dominated by physical aggression (33.6%) followed by homicide or its attempt in 19% of the cases. The majority of patients were not related to their victims (62.1%). The nosographic diagnosis found was a personality disorder in 32.75% of cases, followed by schizophrenic disorders in 22.4% of cases.

Conclusions: Psychiatric expertise is a useful, complex and noble clinical act. Determining the predictive factors of a possible acting out allows to specify the objectives of interventions aiming at limiting the acts of violence, hospitalizations and incarcerations of patients suffering from mental disorders.

Disclosure of Interest: None Declared

EPV0527

Fatal pulmonary embolism related to anti-psychotics: forensic implications. About four autopsies cases with review of the literatureM. Kacem*, W. Bouali, Y. Mahjoub, S. Brahim and L. Zarrouk
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Introduction: The association between the intake of antipsychotic drugs and the occurrence of thromboembolic complications is widely described in the literature. The occurrence of this complication may call into question the medical responsibility of the attending physician.

Objectives: The objective of this work is to describe the pathophysiological mechanisms involved in the occurrence of thromboembolic complications in a patient under antipsychotic treatment, whether or not associated with physical restraint and to discuss the forensic implications.

Methods: Our study is retrospective on cases of fatal pulmonary embolism, discovered at autopsy, in connection with the taking of antipsychotics. The autopsies were carried out in the Department of Forensic Medicine of the Tahar Sfar University Hospital in Mahdia. The cases were collected over a period of 04 years. A review of the literature was carried out. We only selected articles published until February 2021 and dealing with cases of patients on antipsychotics, diagnosed with pulmonary embolism by performing a chest CT scan or during an autopsy.

Results: 915 autopsy cases were performed during the study period. Twenty cases of pulmonary embolism, discovered at autopsy, were collected. Four cases were related to the taking of antipsychotics (incidence 0.004%), including two men and two women, aged between 25 and 52 years. They were all on antipsychotic treatment for at least 5 years, with the exception of one case who was put on 3 antipsychotics, 7 days before his death, with indication of physical restraint. After analysis of the memorial data, the external examination and the autopsy, the results of additional examinations, the death was attributed, in the 4 cases, to a massive fibrino-cruoric pulmonary embolism. A selection of 45 studies regarding thromboembolic complications associated with taking antipsychotics, was included in the final review.

Conclusions: The reported cases provided additional evidence on the involvement of antipsychotics in the occurrence of thromboembolic complications. Psychiatrists should be careful when prescribing these treatments. The establishment of therapeutic guidelines, taking into account the thromboembolic risk factors, becomes essential, in order to avoid the occurrence of a complication which could engage both the vital prognosis of patients and the responsibility of the physician.

Disclosure of Interest: None Declared

EPV0528

Study of the sociodemographic, clinical and criminological characteristics of Tunisian female offenders

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Introduction: The psychopathology of female crime perpetrators is not well understood since female criminality rates have remained distinctly lower than male criminality.

This study draws on over 20 years of psychiatric expertises to identify sociodemographic, clinical, and forensic characteristics of female perpetrators.

Objectives:

- To describe the epidemiological and clinical profile of female offenders examined for criminal psychiatric expertise.
- Describe the criminological and forensic characteristics of these women.

Methods: Retrospective and descriptive study, which focused on 56 criminal psychiatric expertise files of female offenders, examined at the psychiatric department "C" at the CHU Hedi Chaker in Sfax, Tunisia, over a period of 24 years.

For each offender, we examined the expert report and the judicial research report. We then transcribed the socio-demographic and clinical information, as well as the criminological and forensic characteristics, onto a pre-established form.

Results: The accused women in our study had an average age of 35 years and 06 months, and 67.86% of the cases were under 40 years of age, with an educational level no higher than primary school in 62.5% of cases. They were unemployed in 71.4% of cases. Among the accused examined, 76.8% had mental disorders, including 46.6% with personality disorders, 16.3% with intellectual disability, 16.3% with bipolar disorder, 9.3% with depressive disorder, 9.3% with psychotic disorder, and 2.3% with substance use disorder (anxiolytic). We recorded 55.4% offences against persons, including 37.5% homicides and attempted homicides, and 44.6% offences against property, including 23.2% thefts. Dementia in the legal sense was identified in 30.4% of cases. Bipolar disorder accounted for 41.1% of legally demented subjects.

Conclusions: It emerges that the profile of the female criminal is that of a woman under 40, with a low educational and economic level, and most often with an antisocial personality or intellectual disability. It would therefore be important to step up primary prevention work by better educating these at-risk women and to combat the factors contributing to dangerousness among the mentally ill by optimizing their psychiatric care.

Disclosure of Interest: None Declared

EPV0529

The results of Wisconsin Card Sorting Test in patients under forensic observation of their mental states in violent and non-violent subgroups

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Introduction: Previous studies showed, that reduced executive function can be associated with antisocial and aggressive behavior. For the measurement of executive functions numerous standardized neuropsychological tests are available.

Objectives: We thought to compare the results of an executive function examination with Wisconsin Card Sorting Test (WCST) of patients observed at the Semmelweis University's Department of Psychiatry and Psychotherapy to normative data from published database. We also performed a subgroup analysis between the violent and non-violent groups of the patients.

Methods: After data clearance our dataset consisted of 20 patients, who were divided into two groups based on whether the crime they committed before their admission was violent according to the Cornell scale. The analyzed parameters were the number of perseverative errors, the percentage of perseverative errors, and the number of completed categories. For comparison, the data bank from the 1993 edition of the WCST manual as normative data was used. The deviation from the healthy average for all three parameters was compared between the violent and non-violent groups using a two-sample T-test.

Results: There was significant difference between the patient and normal populations in all the 3 analyzed WCST parameters: the mean difference was $9,37 \pm 2,764$, ($p=0,0008$) in the number of perseverative errors, $14,04 \pm 2,21$ ($p<0,0001$) in the percentage of perseverative errors and $-2,39 \pm 0,34$ ($p<0,0001$) in the number of completed categories (Table 1).

Table 1: The difference between the average scores of healthy individuals grouped by age (from the 1993 WCST manual) and the scores of the patients.

Observed parameter	Average difference (Patient-normal)	SD	Confidence interval (95%)	P value
number of completed categories	-2,39	0,343	-3,064 — 1,716	<0,0001
number of perseverative errors	9,37	2,764	3,936 — 14,804	0,0008
percentage of perseverative errors	14,04	2,212	9,692 — 18,388	<0,0001

On the other hand, there were no significant differences between the violent and non-violent subgroups in the average deviations (from the normative data) of the number of perseverative errors, the percentage of perseverative errors and the number of completed categories (with p-values of 0.092, 0.34 and 0.59, respectively).

Conclusions: As a limitation, it is important to note that due to the low sample size, and our sample's heterogeneity in terms of psychiatric diagnosis, drawing reliable conclusions is not possible. However, our results were in line with previous similar research in the forensic psychiatric population (though not under forensic mental state observation) regarding the significant deviations in two examined WCST parameters when compared to normative data. Additionally our study did not find significant difference between the violent and non-violent subgroups of the patients.

Disclosure of Interest: None Declared

EPV0530

Reaching the limits of antipsychotic treatment: the upper end of severe schizophrenia in forensic institutions - a case report

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Introduction: Severe schizophrenia is often closely related to delinquency resulting in relative overrepresentation of these manifestations of disease in forensic institutions.

Objectives: The aim of the present work is to report the therapeutic challenges in a case of severe schizophrenia in a forensic institution from a clinical viewpoint as a basis for discussion.

Methods: The case report is based on the available clinical documentation, exploratory interviews as well as a structured clinical interview (PANSS).

Results: Presenting a case of a 41-year-old, male Caucasian inpatient suffering from a catatonic schizophrenia, we report the challenges in treatment of chronic, major schizophrenic disease resistant to antipsychotic medication. Without any previous criminal convictions, he has been institutionalized in a forensic psychiatry after a bodily harm to a random stranger about three years ago. Regarding medical history, information is limited to a few inpatient admissions prior to detention documenting intravenous opioid and cocaine abuse. Initially, the patient presented sexual disinhibition and ongoing endangerment of others with frequent assaults to other patients and prison guards. From a psychopathological viewpoint several phenomena such as delusional intuition, acoustic, tactile and coenaesthetic hallucinations, echolalia, mannerisms and thought diffusions reflect the severe course of the disease (PANSS: P 34/49, N 38/49, G 73/112; total 145/210). Therapeutic attempts with an antipsychotic combination of risperidone, olanzapine and quetiapine as well as valproic acid resulted in insufficient recovery with persistent physical assaults and florid psychosis. In reaction to that zuclopenthixol for impulse control was added. As from the beginning of this year a switch of medication by gradually replacing risperidone and zuclopenthixol with haloperidol and clozapine showed modest success. Under the current medication and therapeutic drug levels the patient does not pose endangerment to others. However, regular tonic-eye fits require supplementary treatment with biperiden, and the patient still presents frequent periods of self-harm punching himself, verbal lack of impulse control and the psychopathological phenomena described before. In addition to pharmacological treatment the patient receives psychotherapeutic one-on-one conversations. Despite approaching all limits of the available antipsychotic repertoire, psychopathology is only insufficiently controlled leading considerations to electroconvulsive therapy as a treatment of last resort.

Conclusions: Certainly, the present case is exemplary for a severely ill population of patients reaching – after a long and untreated course of disease - a chronic stage that does not sufficiently respond to a multitude of treatment attempts despite proper compliance raising the urgent need for further treatment options.

Disclosure of Interest: None Declared

EPV0531

What effects does peer support work have and how to implement it into forensic hospitals? A Review of Reviews

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Introduction: Despite promising research there is still hesitation in implementing peer support work in some hospitals. Especially in forensic hospitals reservations are held against peer support workers.

Objectives: We aim to give an overview of reviews about the effects of peer support work in psychiatric settings and its implementation. Special emphasis on implications for forensic psychiatric settings shall be given.

Methods: Five electronic databases and archives of four relevant journals were searched in December 2019 and updated in April 2022. In addition, references of articles were searched and relevant authors were contacted for unpublished data. Results of reviews were clustered by one author and checked by another.

Results: 22 reviews were identified of which 15 reported on effects of peer support work and six on factors influencing its implementation and one review on both. Several effects of peer support work on clinical, psychosocial, organizational and other outcomes (e.g., cost savings) were described. Psychosocial outcomes were the most promising ones whereas no effects were described in most reviews for clinical, organizational and other outcomes. Factors influencing the implementation of peer support work were described during preparation, recruitment, early employment and further development of the peer support worker's roles. Most factors, beneficial and challenging, were described for the preparation stage of the implementation process.

Conclusions: The authors of the reviews often reported concerns about the low quality of the included studies. Therefore, the present results have to be considered as preliminary. Nevertheless, it is clear that peer support has a positive influence on psychosocial factors and thus complements classic therapeutic approaches. To achieve the best possible effect, the implementation of peer support needs to be carefully planned. Further studies are necessary in order to be able to consider the effect of recovery support in a more differentiated way.

Disclosure of Interest: None Declared

EPV0532

The Relationship between Cyber Violence Victimization and Adverse Childhood Experiences

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Introduction: Nowadays, following the increasing digital technologies, the cyber aspect of violence is becoming more common (Willard, Journal of Adolescent Health 2007; 41) At this point, we can think that cyber violence victimization, environmental factors such as childhood traumas, exposure to violence, and moreover psychological and biological factors play a role (Fan et al., Front. Psychol 2021;12)

Objectives: Our aim was to conduct a study to determine the prevalence of cyber violence victimization among university students and to examine whether this prevalence would be related to negative childhood traumas.

Methods: We reached university students in many cities of Turkey through an online survey between 01 January 2023 and 31 March 2023. A total of 600 students participated. In our survey, we used the Turkish forms of the Childhood Adverse Experiences Scale and the Cyber Victimization Scale, for which sociodemographic data, validity and reliability studies have been completed in Turkish.

Results: University students from 8 different provinces participated in our study. According to the results of our study, it was evaluated that university students who had negative childhood experiences were more likely to become cyber victims. We are exposed to many traumas from the moment we are born, and this exposure is the relationship with the mother, then relatives, friends, teachers, colleagues, etc. It continues throughout life through relationships. There is a moderate relationship between victimization of blocking and damaging behaviors in cyberspace and negative childhood relationships ($r = 0.304$), a low level relationship between victimization of sexual bullying in cyberspace and negative childhood relationships ($r = 0.289$), and victimization of spreading rumors in cyberspace. A low degree of correlation ($r = 0.277$) was found between and negative childhood relationships. ($p < 0.05$)

Conclusions: The widespread use of technology today facilitates the digitalization of violence, as in every field. As a result, cyber violence, like other types of violence, may be associated with childhood traumas, and this can be prevented by being exposed to the least trauma during childhood, and moreover, if we look from Bronfenbrenner's perspective, if the next generation grows up in a suitable ecological environment, cyber violence victimization can be prevented to that extent.

Disclosure of Interest: None Declared

Genetics and Molecular Neurobiology

EPV0534

CRISPR/Cas9 genome editing clinical trials for neurodevelopmental disorders

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Introduction: Recently, the new therapeutic approach based on genome editing using the CRISPR/Cas9 system has been applied to treat cancer and other monogenetic disorders. CRISPR/Cas9 allows

specific correction of the altered gene without affecting the rest of the genome.

Objectives: The aim of this study was to report the current CRISPR/Cas9 genome editing clinical trials in neurodevelopmental and mental disorders.

Methods: We conducted a search via the ClinicalTrials platform to describe clinical trials that have been conducted using the CRISPR/Cas9 genome-editing tool in neurodevelopmental disorders.

Results: Our research revealed three clinical trials that used the CRISPR/Cas9 tool for diagnostic and therapeutic purposes. The first study aimed to investigate the pathological role of KMT2D mutations in 40 Kabuki syndrome patients in order to facilitate the identification and characterization of therapeutic strategies to improve symptoms, to identify the consequences of KMT2D mutations on epigenetic marker changes and cellular structural changes and to finally attempt gene correction by CRISPR/Cas9. The therapeutic approach was an epigenome editing approach aimed at increasing the expression of the wild-type KMT2D allele to restore the functional activity of a histone H3-lysine 4 (H3K4)-methyltransferase (MLL4) in treated mesenchymal stem cells. The second clinical trial aimed to validate gene editing based on CRISPR/Cas9 technology combined with AAV delivery for the correction of the most common MECP2 mutations in Rett syndrome both in vitro and in vivo. The third GENEPI clinical trial aimed to identify acetylation profiles as epigenetic markers to assess the causality of CREBBP and EP300 variants in Rubinstein-Taybi syndrome, which is considered as a genetic model of neurodevelopmental abnormality with an epigenetic component.

Conclusions: CRISPR/Cas9 clinical trials in polygenic conditions, such as psychiatric disorders, could be envisaged at the level of the epigenetic component of these pathologies. This therapy could be applied ex vivo to perform tissue-specific gene editing.

Disclosure of Interest: None Declared

EPV0535

Female virilization related to congenital adrenal hyperplasia and psychological distress

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Introduction: In females, congenital adrenal hyperplasia (CAH), a spectrum of inherited genetic conditions related to the disruption of adrenal steroidogenesis, is among the most common conditions leading to inappropriate virilization. For adolescent and adult women, progression of hirsutism may have many psychological concerns.

Objectives: To explore the psychological distress of a young Tunisian woman who sought medical help and psychological support at a late stage, after suffering from genital ambiguity and severe virilization.

Methods: Harboring phenotypic male transformation at puberty, our patient attended genetic counselling for cytogenetics assessment. Clinical, biological, psychological and genetic explorations were thus carried out.

Results: A 17-year-old female was born from first-degree consanguineous parents, and had healthy siblings (a sister and three brothers). After a single menstrual episode at puberty, she developed amenorrhea and an unexpected progressive virilization, including hirsutism with an inappropriate beard that she had to shave every day and a male voice. Clinical examination revealed a male morphotype with an enlarged clitoris that resemble a penis, male-type pubic hair, underdeveloped of breasts, abnormal cutaneous hyperpigmentation, and a short stature. Pelvic ultrasound revealed a small uterus, but with no visualized gonads. Genetic exploration showed a female 46,XX karyotype and the absence of Y chromosome sequences. Diagnosis of a non-classic CAH was confirmed. Psychological assessment found that the psychological development of the sexual identity corresponded to the assignment of the female sex. A severe psychological suffering due to the non-acceptance of her virile appearance impaired the quality of her daily personal and social life. Stigmata of a depressive syndrome were also revealed.

Conclusions: Particular attention to the psychological assessment of patients with CAH is recommended, as changes in physical appearance have a detrimental impact on psychological and mental well-being.

Disclosure of Interest: None Declared

EPV0536

DNA methylation risk scores for depression, not today

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Introduction: After the success of polygenic risk scores (PRS) that embed a useful summary of genomic information in a comprehensive score, the wish to develop summary statistics for DNA methylation had become more pressing. Developing such a score faces challenges, as the score has to be specific and sensitive as well. Epidemiological research on DNA methylation and depression would benefit from such score.

Objectives: Here, we test a score trained on incident depression (case-control), i.e., a list of published weights for particular CpGs, for its validity in the context of depression severity as measured using MADRS in our sample with depressed patients only.

Methods: DNA methylation was assessed using the Illumina Infinium MethylationEPIC 850k BeadChip on a sample of 119 patients with a diagnosis of MDD. After data cleaning, 113 participants were included in the analysis ($M_{age} = 47$ years, 57.98% women, $M_{MADRS} = 27.7$). Data processing was conducted using the RnBeads package. From the published reference for the overall sample, a list of 196 CpGs was provided, 170 of these were present in our dataset and used for the score. The list of non-smokers comprised 144 CpGs, of which 124 were available. The score per individual was built using M-values, using the formula: $S(\text{weight} \times \text{DNA methylation value})$. The score was tested in association with depression and other typical confounders using multiple regression in

R. Confounders included ancestry, BMI, age, sex, and 6 cell types. We tested both scores in our sample: smokers and non-smokers.

Results: In contrast to our expectations, none of the regression analyses showed a significant association with depression (MADRS-score). Nonetheless, a significant association was seen with biological sex for both analysis (overall: $p=0.036$, non-smokers: $p=0.026$). A reduced model with only this predictor explained 5% and 4% of the variance of the summary score calculated (R^2), respectively (overall: $p=0.013$; non-smokers: $p=0.019$). One of the ancestry components was marginally significant too in the non-smoker summary score ($p=0.065$). This was not the case anymore in the reduced model.

Conclusions: Our results show that caution is still in place when using methylation risk scores as specificity and sensitivity might not yet be optimized. The score built for depression incidence does not seem fitting for depression severity at this moment. The use of DNA methylation, a marker that is generally sensitive to confounding factors, for a risk score, might pose more challenges in the context of reliable summary statistics, in particular also for cross-trait examination, which is currently a typical use of polygenic risk scores.

Disclosure of Interest: None Declared

EPV0537

Behavioral and neurocognitive phenotypes in Crigler-Najjar syndrome in Tunisia

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Introduction: Crigler-Najjar 1 (CN1) due to exon 3 mutations of the UGT1A1 gene is a not rare genetic disease in Tunisia with a founder effect. CN1 syndrome is very severe, and most of CN1 Tunisian patients die soon after birth, within a maximum of one year, due to kernicterus. Liver transplantation, which is the only available therapeutic method for CN1, remains unreachable.

Objectives: The aim of this study was to report behavioral and neurocognitive phenotypes in CN1 patients who survived to school enrollment.

Methods: We have selected all patients evaluated from 2004 to 2010, both clinically and molecularly, for a deficiency of bilirubin-UGT enzyme activity leading to a pathological elevation of unconjugated bilirubin with a suspicion of CN1 syndrome. Direct sequencing of targeted PCR amplification products was performed for molecular analysis of UGT1A1. Behavioral and mental features of patients were studied through our genetic counselling.

Results: We identified 15 patients with the homozygous c.1070 A>G Tunisian mutation. Their age at diagnosis ranged from one week to 9 months for 13 patients. Six of them died within a month of molecular investigation. Only two boys were of school age, i.e. 6 and 9 years. The first had been hospitalized at 3 months year-old for a prolonged jaundice treated with phenobarbital and phototherapy. His psychomotor and neurological development was normal, with

school attendance at the age of six. The second patient presented with an unexplored jaundice at the age of 3 days, which was later complicated by seizures and treated with phenobarbital. Despite neurological and motor sequelae associated to language impairments with slurred speech, he attended school at the age of six.

Conclusions: The neurological and behavioral profile of CN1 patients depends on familial and medical management. Quick diagnosis, close follow up and early liver transplantation can improve prognosis.

Disclosure of Interest: None Declared

EPV0540

Interaction analysis of monoaminergic polymorphisms and childhood environment related to personality functioning in patients with Borderline Personality Disorder

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Introduction: Neurobiological studies have shown that genetic variations affecting the intensity of monoamine neurotransmission play an important role in aggressive behavior and borderline personality traits. Also, the effect of family environment has been repeatedly shown on aggressive behavior and interpersonal functioning. Population-based longitudinal studies pointed out interactions between the so-called monoaminergic sensitivity alleles and childhood adversities.

Objectives: Our study aimed to analyze the associations between the most studied variable number tandem repeats of monoaminergic genes and the different psychological factors in adult patient and healthy control groups, checking for the moderating effects of the parental occupation and education, childhood abuse and trauma.

Methods: The recruited 73 patients with BPD diagnosis and 98 healthy controls were assessed by the Structured Clinical Interview for DSM-5. Participants filled out online questionnaires including the Level of Personality Functioning Scale – short version (LPFS-SR) and the Buss-Perry Aggression Questionnaire (BPQ). Childhood social environment and traumatic experiences were assessed by the Barratt Simplified Measure of Social Status and the Early Trauma Inventory or the Childhood Trauma Questionnaire. Genomic DNA samples were obtained either from peripheral blood, saliva or buccal swabs using the desalting technique. Functional dopaminergic and serotonergic polymorphisms were chosen based on previous findings, implicating them as sensitivity gene variants, e.g., the variable-number tandem-repeats of the dopamine D4 receptor, serotonin transporter and the monoamine oxidase-A (MAO-A) genes. Since the MAO-A gene is located on the X chromosome, sex-stratified analyses were also carried out.

Results: Family environment indexed by the Barratt Simplified Measure Social Status had significant effect on anger, hostility and interpersonal functioning ($p < 0.01$). In the pooled sample of patients and controls, individuals carrying the high activity alleles of MAOA had elevated scores on the BPQ subscales. When analysis

was limited to female participants, the genetic effect stayed significant only at the anger scale of the BPQ.

Conclusions: Family environment had pronounced effect on aggressive behavior and personality functioning, interaction with common monoaminergic genetic variants was detected only in women.

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Disclosure of Interest: None Declared

EPV0541

Pain and gain of predictive genetic testing: Particular case of fragile X syndrome

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Introduction: The purpose of predictive genetic tests is to identify carriers or the onset of a disease in pre-symptomatic individuals. Prediction is linked to a negative psychological impact (anxiety, depression, etc.), depending on the perception of risk, the severity of the disease, and the availability and effectiveness of treatments.

Objectives: Here, we report on genetic counselling during predictive genetic testing offered to an Arab family affected by fragile X condition (FXS) caused by the unstable expansion of a CGG repeat (CGGR) in the FMR1 gene.

Methods: A 10-year-old boy who harbored a mental retardation was referred to our genetic counselling for genetic testing as he was suspected to be affected by FXS. Screening of FMR1 gene mutations was conducted for the index case and his mother. A predictive genetic testing for the family members (brothers, sisters and others) was offered, focusing on knowledge of genetics and medical risks of FXS.

Results: FMR1 molecular analysis showed a full mutation (300 to 2000 CGGR) for the boy and a large premutation (100 CGGR) for the mother. During genetic counselling, the family was informed about the significance of the genetic results. In FXS initiated by an expansion of over 200 CGGR. While mental retarded males usually harbor the full mutation, the mother carry a premutation (70 to 200 CGGR). The deficiency of FMR protein (FMRP) in the neurons of affected males leads to brain developmental abnormalities. Some pre-mutated children may show signs of the autism spectrum disorder and females may develop FMR1-related premature ovarian insufficiency. An increased risk of a late onset fragile X tremor ataxia syndrome is identified in pre-mutated men (55 to 200 CGGR) and less in women.

Conclusions: The reduction or loss of FMRP leads to multisystem damage. Neuropsychiatric disorders such as mental retardation, speech and language delay, autism spectrum disorder, sensory hyperexcitation, social anxiety, abnormal eye contact, shyness and aggressive behaviour are common in individuals with the mutation. Affected women are often under-diagnosed because mental retardation is not constant, but minor disorders including a borderline IQ with learning difficulties and emotional

disturbances have been reported. Conditions associated with fragile X premutation, a term proposed by the European Fragile X Network (FXPAC), seem to be characterized by many physical and psychological health symptoms. Anxiety, depression, sleep disorders and mood disorders are more common in permuted individuals. However, new reports suggested that FXS patients could be at unusually low risk of cancers, because FMRP is over-expressed in multiple cancer tissues.

Disclosure of Interest: None Declared

EPV0542

Dysmorphic physical appearance and psychosocial burdens in Klippel-Feil condition

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Introduction: Klippel-Feil abnormality (KFA) is an association of bone defects characterized by a triad: fusion of the cervical vertebrae and consequent short neck, low hairline and a limited motion in the neck. KFA may be a feature of another disorder, such as MURCS association. Familial mutations in the GDF6 (KFS1 8q22), MEOX1 (KFS2 17q21), GDF3 (KFS3 12p13) and MYO18B (KFS4 22q11) genes cause inherited KFA.

Objectives: The aim of this study was to report dysmorphic features and psychological burdens in two sisters with Klippel-Feil condition.

Methods: Two sisters with amenorrhea and dysmorphic clinical features were examined at our genetic counselling. Assessment of dysmorphic and behavioral features and karyotyping using RHG banding were performed.

Results: Familial history revealed consanguineous parents and seven other healthy sisters. Physical examination shown typical triad of KFA. Karyotyping showed 46,XX formula in both patients. The first 22-year-old sister had body asymmetry with size difference between the two sides at the level of bones, pectus excavatum of the sternum, an ascent of the left scapula, scoliosis, dental position abnormalities and facial dysmorphism. The second 28-year-old sister had size difference between the two legs and scoliosis, vitiligo and facial dysmorphism. Anxious and depressed, the two sisters had normal learning abilities but shared many personal psychological concerns regarding their physical appearance and their amenorrhea. They were also exposed to significant discrimination and stigma making them feel excluded and ignored because of their visible difference.

Conclusions: Physical appearance has a profound impact on a person's life. To our knowledge, there is no reports that describe specific psychological burdens of KFA. Self-esteem, body image, and quality of life is negatively impacted in the case of dysmorphic physical appearance, always associated to social discrimination. Patients with KFA should be assessed not only for associated congenital defects but also for psychological distresses.

Disclosure of Interest: None Declared

EPV0543

Adverse psychological outcomes in Brugada syndrome: About a Tunisian familial pedigree from Sfax

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Introduction: Patients with Brugada Syndrome (BS), a rare inherited cardiac channelopathy, with an increased risk of developing arrhythmias, syncope and sudden cardiac death, also present serious adverse psychological outcomes that require medical support to improve their health and well-being as well as those of their families.

Objectives: Here we report psychological concerns of a Tunisian patient who presented to our genetic counselling, with his three children, for molecular exploration of BS type 1.

Methods: Clinical, electrical, biological and psychological characteristics of the patient and his offspring were identified. Cytogenetic exploration using RHG banding and molecular screening of SCN5a gene mutations using High Resolution Melting and sequencing were carried out. Subsequently, genetic counselling was undertaken for all the family members and psychological concerns were reported.

Results: A 51-year-old married man with an academic career was born from a consanguineous couple, with a family history of sudden cardiac death. He was diagnosed with BS1 based on the pathognomonic ST-segment elevation in leads V1–V3, after experiencing palpitations and syncope. He was treated by implantable cardioverter defibrillator. The patient was also being treated for diabetes and dyslipidemia. His children, a girl and two boys, were investigated by ECG, which revealed no electrical disorders. However, both boys reported chest pain on exertion. The 18-year-old girl presented with primary amenorrhea and infantilism, along with a Turner syndrome formula. Molecular analysis revealed none of the targeted mutations in the SCN5a gene. Psychologically, the patient had a phobia of death and reported painful sensations of imminent death at each palpitation. He was anxious about the clinical outcome of his children. The children reported anxiety about their autosomal dominant fathers' disorder.

Conclusions: Approximately 16% of BS patients experience depression and anxiety. More attention needs to be indorsed to the psychological distress of BG patients and their families.

Disclosure of Interest: None Declared

EPV0544

ZNF536 dysfunction enhances spontaneous differentiation of the SH-SY5Y cell line into a neuronal-like phenotype

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Introduction: Schizophrenia (SZ) is a common psychiatric neuro-developmental disorder with a complex genetic architecture. Genomic association studies indicate the involvement of transcription factors in the pathogenesis of SZ. A recent GWAS showed a significant association of ZNF536 with SZ. To date, the molecular functions of ZNF536 are poorly understood and its possible role in the pathogenesis of SZ is unclear.

Objectives: The aim of this work was to develop a model cell line for study ZNF536-mediated pathogenic mechanisms associated with SZ.

Methods: To assess the spatial interaction of ZNF536 with SZ risk loci, we used the Capture-C method. For ZNF536 deletion, SH-SY5Y was sequentially transduced with two lentiviral vectors. The first expressed Cas9 under the control of a tetracycline regulated promoter and the second expressed a pair of sgRNAs for ZNF536 deletion. Puromycin was used to select transduced cells. Stably transduced cells were then treated with oxytetracycline to induce Cas9 expression. In parallel, SH-SY5Y were transduced with lentiviral constructs of Cas9 and sgRNA carrying a spacer lacking targets in the human genome to obtain a negative control. Individual clones were obtained by the limiting dilution method. The ZNF536 deletion was confirmed by PCR and Sanger sequencing.

Results: A spatial interaction of ZNF536 with SZ risk loci was found, suggesting its involvement in SZ pathogenesis. Using the CRISPR/Cas9 system, we obtained several clones with heterozygous deletion of ZNF536. We observed that their growth and proliferation were significantly slowed down. In addition, the mutant clones spontaneously differentiate into a neuron-like phenotype in low-serum medium.

Conclusions: We established a cellular model to study ZNF536-mediated mechanisms associated with SZ.

Disclosure of Interest: None Declared

Guidelines/Guidance

EPV0545

Korean Medication Algorithm Project for Bipolar Disorder 2022: Treatment Strategy According to Safety and Tolerability

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Introduction: Accordingly, the Korean Medication Algorithm Project for Bipolar Disorder (KMAP-BP) working committee, composed of domestic experts, developed Korea's first KMAP-BP in 2002 and later in 2006, 2010, and 2010. A revised version of KMAP-BP was announced every four years four times in 2014 and

2018.6-10). The treatment strategy considering the safety and tolerability of KMAP-BP 2022 was developed by collecting opinions from domestic bipolar disorder experts.

Objectives: Safety and tolerability of drugs are very important factors in the treatment of bipolar disorder. An expert opinion survey was conducted on treatment strategies in various special clinical situations, such as significant weight gain, characteristic drug side effects, low drug adherence, pregnant and reproductive women, and genetic counseling.

Methods: A written survey about treatment strategies related to safety and tolerability was prepared and focused on significant weight gain, characteristic drug side effects, low drug adherence, pregnant and reproductive women, and genetic counseling. Ninety-three experts of the review committee completed the survey.

Results: In the case of weight gain occurring during drug treatment, it was preferred to replace it with a drug that caused less weight gain, such as lamotrigine, aripiprazole, or ziprasidone. If there was a significant weight gain due to the treatment drug, it was preferred to intervene as soon as possible. In the case of hyperprolactinemia, it was selected to change the medication and discontinue it for benign rash caused by lamotrigine. In improving drug adherence, the preference for long-acting injections increased. Antipsychotics can be used with great caution in pregnant or reproductive women.

Conclusions: Treatment strategies in various clinical situations related to safety and tolerability in drug treatment for bipolar disorder were described. It is hoped that it will be useful in practical clinical situations.

Disclosure of Interest: None Declared

Intellectual Disability

EPV0546

Implementation in the Motek Caren system with virtual reality of an existing motor rehabilitation programme for people with Down's syndrome in order to increase its effectiveness

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Introduction: Down's syndrome often requires specialized rehabilitation methods in order to effectively improve cognitive and motor functioning. The growing interest in technologies to support rehabilitation is opening up new and promising perspectives for improving the quality of life of people diagnosed with this syndrome. One of these technologies is the Computer Assisted Rehabilitation Environment (CAREN) system from Motek.

Objectives: The aim of the planned research project is to explore the potential of using the CAREN system in the rehabilitation of people with Down's syndrome.

Methods: The study included 10 participants with Down's syndrome (men and women aged 18 to 50 years) without the presence

of organic musculoskeletal disease or other somatic causes impairing motor performance. Before the training test, the participants were assessed by two psychological tests: 1) ACE III - Addenbrooke's Cognitive Examination III Scale (ACE-III), which assesses attention and orientation, memory, verbal fluency, language and visuospatial functions and 2) the TONI 4 Non-Verbal Intelligence Test, which is a test used to measure general intelligence. The tests were carried out using the MOTTEK CAREN device, which consists of a treadmill for motor training and a virtual reality screen on which different scenes are displayed for the participant to see during the test. Integrated motion capture technology was used to assess movement capabilities of the patients.. The screen displayed different types of applications in the form of virtual reality, in which the participant had to cope with various tasks accommodating different psychomotor skills, for example: crossing a virtual bridge, walking through a forest. The test took about 45 minutes per person. Two training sessions were conducted for each of the 10 patients with a one-month interval between them.

Results: The Motek Caren System has proven to be a promising rehabilitation method for people with Down's syndrome, compared to previous experience with different rehabilitation methods and existing research in the field.

Conclusions: Results emphasize the necessity for further investigations and future research should involve more participants. The project has the potential to integrate modern technology with traditional forms of therapy to improve the quality of life and functioning of people affected by this syndrome.

Disclosure of Interest: None Declared

EPV0547

Quality of life in the people with disability: individual's perception

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Introduction: There are few studies about how people with intellectual disability (ID) perceive their own quality of life (QoL), with research being focus, mainly, in the opinion of caregivers and/or family. Thinking about QoL, the World Health Organization developed an instrument that measures QoL, the WHOQOL. In Brazil, this instrument was adapted, validated and translated for people with ID and their caregivers.

Objectives: The aim of this study was to increase knowledge and understanding of how people with ID perceive their own QoL.

Methods: This study was approved by the Ethics and Research Committee. Sample of 51 individuals aged between 19 and 54 years (G1), with medical diagnosis of ID, who did not present physical/mental disabilities and/or mental disorders and 31 caregivers (G2). G1 answered the WHOQOL-DIS-ID questionnaire and G2 answered the WHOQOL-DISID Proxy questionnaire. The results were statistically analyzed considering p-value ≤ 0.05.

Results: The individuals with ID presented higher score on the psychological and lower score in the discrimination domain. The caregivers presented higher scores on the physical and

lower scores in the autonomy domain. Regard the comparison between self-perception and the perception of caregivers, on Table 1, it was possible to observe significant differences in Psychological, Social, Environmental and all domains for the Disabilities Module.

Table 1. Correlation between Domains

Domain	Mean G1	Mean G2	SD G1	SD G2	Median G1	Median G2	P value
Physical Capacity	72,3	68,8	17,1	19,1	78,5	71,4	0,32
Psychological	80,1	67,7	17,5	17,9	83,3	66,6	<0,01*
Social Relationships	68,8	54,3	22,6	21,6	66,6	50	<0,01*
Environment	73,9	63,3	14,5	18,4	75	68,7	<0,01*
Discrimination	43,1	55,1	25,4	16,7	50	50	0,04*
Autonomy	65,5	41,9	31,4	25,2	66,6	50	<0,01*
Inclusion	77,0	58,9	16,1	20,1	75	54,1	<0,01*

Conclusions: It is critical that people with ID participate in the creation and/or changes of inclusion policies and actions. Since the relationship between the perception of self-reported QoL and reported by caregivers are different and converge only in the physical domain.

Disclosure of Interest: None Declared

Mental Health Care

EPV0548

Aggressive and prosocial behaviors in adolescents from the department of Cordoba, Colombia

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Introduction: Prosocial behaviors are voluntary behaviors that are performed for the benefit of other people and promote harmonious relationships with others. This type of enhanced behavior could reduce physical and verbal aggressive acts in adolescents.
Objectives: analyze the association between aggressive and prosocial behaviors in adolescents
Methods: The study was non-experimental of a transactional - correlational type, two evaluation instruments validated in the context were applied to 500 adolescents attending school in the department of Córdoba. The type of sampling was non-probabilistic.
Results: A Pearson correlation was performed, previously verifying the normality of the data, which showed a statistically significant, negative association between the prosocial behaviors and the aggressive behaviors of those evaluated (Table 1).

Table 1: Correlation between prosocial behavior and aggressive behavior.

PROSOCIAL BEHAVIOUR		
AGGRESSIVE BEHAVIOR	Pearson correlation	-,197**
	Sig. (bilateral)	,004
	N	500

Conclusions: Negative associations were identified between the two variables under study, that is, as prosocial behavior increases, aggressive behaviors could decrease. This finding serves as a basis for carrying out future intervention strategies in adolescents in the department of Córdoba.

Disclosure of Interest: None Declared

EPV0549

Impact of emotional intelligence on anxiodepressive disorders in nursing staff in the intensive care unit

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Introduction: Working in the intensive care unit (ICU) often involves intensely stressful and emotional situations, which can be strong predictors of poor mental health. Healthcare workers are required to perceive, understand, manage, and use their emotions to provide quality care.
Objectives: To evaluate the impact of emotional intelligence (EI) on anxiodepressive disorders in nursing staff in the ICU.
Methods: This was a descriptive, cross-sectional, analytical study conducted among nursing staff in the ICUs of two hospitals in Tunisia. Data were collected over a 3-month period. EI was assessed using the SSEIT self-report test, and the hospital anxiety and depression scale (HADS) was used to measure anxiodepressive disorders. Sociodemographic aspects were also taken into account.
Results: We included 92 healthcare workers. The majority were women (67.4%) with an average age of 25 to 54 years. Nurses represented 58.7% of the study population. About half had less than 5 years of occupational seniority. In terms of lifestyle habits, 76% were smokers, 90.2% did not consume alcohol, and 53% had no leisure activities. The majority had no personal, family, or medical psychiatric history.
The mean EI score was 109.9, ranging from 62 to 150. Anxiety was present in 43.49% of participants and depression in 51.08%. A significant association was observed between anxiety and the perception of emotions (p=0.0196) and the management of others' emotions (p=0.0261).
As for depression, a significant association was observed between perception of emotions and depression (p=0.0259), as well as between management of others' emotions and depression (p=0.0126). EI was positively associated with HADS (p=0.0281), with a correlation value of 0.114.

Conclusions: Caregivers with anxiodepressive disorders had significantly lower levels of EI than those without anxiodepressive disorders, suggesting that EI maybe a protective factor against these disorders

Disclosure of Interest: None Declared

EPV0550

Empathy as a predictor of burnout syndrome in health professionals of the Colombian Caribbean

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Introduction: Empathy is an essential skill in the doctor-patient relationship since it contributes to improve aspects of health care and patient satisfaction. Nevertheless, burnout research projects have been developed in recent years.

Objectives: To examine the predictive capacity that empathy has on burnout syndrome in health professionals.

Methods: A non-experimental, cross-sectional design was proposed. The type of study was correlational-descriptive since it was sought out to explore a functional relation through the prognosis of a criterion variable. Sample: 200 (100 female and 100 male).

Results: First, the variance of cognitive and Affective Empathy was dug out in the emotional exhaustion criterion scale. Results accounted for 15% of variability in emotional exhaustion. (Corrected R² = .15, F = 17,56, p = 0,00). The best predictor of emotional exhaustion refers to Cognitive Empathy. (B = -.27, p = 0.00). It does not seem that Affective Empathy acts as a predictor variable of Emotional Exhaustion. (Table 1).

Table 1 Multiple linear regression analysis considering Emotional Exhaustion as a criterion.

TECA	Corrected R ²	F	B	p
Cognitive Empathy	.15	17,5	-.27**	0,00
Affective Empathy			-.14	.13

The predictive capacity of Empathy in relation to Depersonalization was estimated (Corrected R² = .20, F = 25,4, p = 0.00). Cognitive and affective empathy were included as predictor variables and MBI as a criterion variable (Table 2). On one hand, the best predictor of Depersonalization is the Cognitive Empathy. On the other hand, regarding Affective Empathy, it does not act as a predictor of Depersonalization.

Table 2 Multiple linear regression analysis considering Depersonalization as a criterion.

TECA	Corrected R ²	F	B	p
Cognitive Empathy	.20	25,4	-.32**	0,00
Affective Empathy			-.15	.84

Lastly, the predictive capacity of Empathy in relation to Personal Achievement was figured out. (Corrected R² = .19, F = 23,4, p = 0.00). Cognitive Empathy is the best predictor for Personal Fulfillment (Table 3).

Table 3 Multiple linear regression analysis considering Personal Fulfillment as a criterion.

TECA	Corrected R ²	F	β	p
Cognitive Empathy	.20	25,4	.43**	0,00
Affective Empathy			.00	.96

Conclusions: It was noticed that through a linear multiple regression analysis, the variable that best explains Emotional Exhaustion is Cognitive Empathy. Those results are replicated for Depersonalization and Personal Fulfillment.

Disclosure of Interest: None Declared

EPV0551

Evaluating emotional competencies in health professionals in a city in Colombia

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Introduction: Emotional competencies, according to Bisquerra Alzina & Escoda (2007), refer to “knowledge, skills and attitudes necessary to understand, express and appropriately regulate emotional phenomena” (p. 22) in the management of emotions with oneself and with the other.

Objectives: Measure the emotional competencies Empathy, Emotional Expression and Emotional Regulation in health professionals in healthcare centers.

Methods: Quantitative descriptive. The Inventory of Emotional Competencies for Adults (Mikulic, Crespi, Radusky, 2015) was applied to 30 participants (doctor, psychologist, nurse, dentist).

Results: The grouped measurements show skills at a medium and high level.

Table 1. Measurement of empathy capacity, emotional regulation capacity and emotional expression capacity

		Frequency	Percent
Empathy	Medium	27	90,0
	High	3	10,0
Emotional Regulation	Medium	15	50,0
	High	15	50,0
Emotional Expression	Medium	26	86,7
	High	4	13,3
Total		30	100,0

The emotional reaction of congruence with the emotional state of the other, empathy, shows a medium level (Table 1), a result consistent with the study by Ruiz González (2019), in the Colombian population, where a medium level of empathy is observed in doctors.

In the strategy for management, support, increase and suppression of the current affective state to self-soothe and find a state of relaxation, it is at an average value between medium and high (table 1.)

In the ability to start and maintain conversations, express one's own thoughts and feelings clearly, both in verbal and non-verbal communication, and demonstrate to others that they have been well understood, the level is mostly medium (table 1.)

Conclusions: The levels of emotional competencies evaluated are mostly in the middle in the assessment by dimensions, empathy registered a lower level in contrast to other dimensions. Taking into consideration professional practice, response to organic and mental human vulnerability, it is a field for promoting the well-being of the health professional.

Disclosure of Interest: None Declared

EPV0552

Gaping gaps in rural mental health care: understanding causes and prioritizing solutions

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Introduction: Mental health is crucial and is the backbone of all dimensions of health; physical, social and spiritual. Mental health has multiple interfaces and it is important to bring mental health to the center stage as it is the key regulator of all human activities. Unfortunately, there are alarming gaps in mental health care especially in rural areas which require attention of mental health professionals and policy makers. The study aims to understand the causes of these gaps and suggest possible and practical solutions to bridge them.

Objectives: To study the spectrum of mental health gaps present in rural areas of Haryana, a state in the northern part of India and find culturally sensitive and relevant solutions keeping in view the socio economic realities and prevalent legal framework.

Methods: Any factor having bearing on mental health but is operative sub-optimally would be considered as mental health gap for the current investigation. Rural camps were organized in 10 villages to assess the service gap at three different levels: overt (measurable), covert (including attitudinal) and ancillary (including those embedded in the psychiatry evaluation and treatment). The camps were organized by following these three basic steps: 1) Evaluating the geographic and demographic details of the villages selected. This was done by meeting the key stakeholders of the villages and the official health and service statistics available on the government website 2) Camp by multidisciplinary team in the villages with an advance intimation. The team members evaluated the mental health care awareness and the felt needs by interviewing all the villagers attending the camp on that particular day. 3) Post camp review by the team to analyze the service gaps and steps to address and narrow the gaps.

Results: Apart from inadequate availability of professional and infrastructural resources, there were many attitudinal and ancillary gaps serving as obstacles to treatment seeking. Trust gaps leading to poor acceptance and legislation not congruent with the socio cultural needs were key impediments. Rural people had more faith in Spiritual leaders and faith healers for their mental health issues and medical help was sought only when they have signs of physical illness. Mental health and illnesses were not on priority. Availability, accessibility and affordability of health services were important factors needing immediate attention.

Conclusions: Rural services need to be augmented by de professionalization and task shifting is the key to address and cover the yawning gaps in the services. Massive, coordinated, multidisciplinary and sustainable efforts are needed to bridge the multitude of gaps keeping in view poverty and illiteracy as compounding factors.

Disclosure of Interest: None Declared

EPV0553

Exploring Mental Health Issues in HCV-Positive Pregnant Women: A Qualitative Study

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Introduction: The research was conducted to explore the mental health issues, including anxiety, depression, low mood, emotional irrationality, and stressors related to pregnancy in the tertiary care hospital, in Karachi, after getting diagnosed with a life-threatening virus of hepatitis C and to determine the factors associated with depression among HCV-infected pregnant women. There appears to be a dearth of literature on this particular topic, and depression in HCV-infected pregnant women might not be dealt with effectively till this gap in the literature is addressed. The findings are to aid counselors in the formulation of treatment plans to help the patients during pregnancy and it helped to address the gaps in the antenatal care plans and support provided to the vulnerable population like HCV-Infected pregnant women.

Objectives: To explore what are the anxieties, stressors, and fears of HCV-infected young mothers. To explore the experiences of infected young mothers with HCV.

Methods: We have used a qualitative design of the study and a convenient, purposeful sampling technique to acquire the data. In Karachi, Pakistan, a tertiary care hospital will host this trial. Young moms who registered HCV+ infections between January 2022 and June 2022 were included in the study. The tertiary healthcare setting was used for the investigation. The suggested number of 10 young moms with HCV who had been detected during pregnancy and came to the clinic for treatment were selected, those who provided consent and who were neither pregnant nor extremely unwell at the time of the study were eligible. The average age of the inhabitants was 26. There were 42.85% undergraduate mothers, 28.57% mothers with graduate degrees, and 28.57% mothers with postgraduate degrees in the population. Thematic analysis was utilized to evaluate the data, and the themes were generated by looking at the data and creating codes to look into the transcription's content.

Results: According to the findings, the referral system appeared to place a significant burden on individuals who were already dealing with the potentially fatal hepatitis C infection and were pregnant. In the antenatal period, when there should have been two different doctors' visits, they were compelled to go to the same clinic.

Conclusions: The finding addressed the importance of specialized care setting in the tertiary care hospital in Karachi, Pakistan. There is a requirement of training programs for the development of soft skills of health care professionals and there must be awareness sessions to promote and mobilize the understanding of the spread of this disease.

To this research finding the importance of comprehensive health care support was identified. And it also depicts the importance of inclusive antenatal program design.

Disclosure of Interest: None Declared

EPV0554

Evaluation of mental health using MHC-SF in patients with paget's bone disease

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Introduction: Paget's disease is a chronic bone disorder, that is characterized by increased and disorganized bone remodelling, which can lead to bone pain, bone complications such as deformities and fractures, neurological and cardiovascular complications. This physical impact can alter patients' mental health and lead to anxiety or depression.

Objectives: This study aimed to assess the mental health in patients diagnosed with paget's bone disease

Methods: Paget's disease patients were assessed by The Mental Health Continuum Short Form (MHC-SF) score. It consists of

14 items that were selected to represent each fact of well-being: 3 emotional well-being items (reflects hedonic well-being), 6 psychological well-being items, and 5 social well-being items (when combined, reflects eudemonic well-being). Items scores are summed, yielding a total score ranging from 0 to 70. Higher scores indicate greater levels of positive well-being.

Results: Thirty patients were included. 60% were men and 40% were women. The average age was 65 years. Socio-economic level was low in 3.3%, average in 86.7%, good in 10% of cases. 93.3% were married and 6.7% were single. For the medical history, 80% had a previous history and 20% did not. Clinically, 83.3% had pain and 16.7% had no pain. Concerning the disease location, 4 had involvement of the skull, 15 of the spine, 13 of the sacrum, 13 of the femur, 1 of the tibia, 1 of the calcaneus and 3 of the humerus. As for complications, 36.7% had no complications, 56.7% had osteoarticular complications, 3.3% had neurological complications and 3.3% had cardio-vascular complications. Concerning treatment, 90% received bisphosphonate and 10% did not.

For the mental health questionnaire, the mean score was 36.4.

53.3% of patients had poor mental health, 43.3% were moderately healthy and 3.3% were thriving.

No significant associations were noted between level of mental health and age, pain level, complications, location of the disease, alkaline phosphatase and treatment $p > 0.05$.

Conclusions: The impact of paget's disease is not only physical but also psychological. The MHC-SF is useful to detect the mental illness.

Disclosure of Interest: None Declared

EPV0557

Determinants of Burnout syndrome among healthcare workers in Sahloul hospital, Tunisia: A cross sectional study

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Introduction: Healthcare workers are at increased risk of Burnout due to the stressful demands of their job.

Objectives: The aim of this study was to assess the prevalence and the related factors of burnout in healthcare workers at the Sahloul University Hospital, Tunisia

Methods: Data were collected from a cross sectional study using a questionnaire exploring socio-demographic and professional data, lifestyle habits and pathological history. Burnout was assessed using the French version of the Maslach Burnout Inventory (MBI).

Results: Our study included 135 healthcare workers. The average age was 41.7 ± 9.15 years. 81.5% of the sample was female. Nurses accounted for 60% of staff. More than half (51.1%) worked shifts, with night work in 32.6%. A pathological history was noted in 17.8% of healthcare workers, and a history of work-related accidents in 40.7%. The prevalence of burnout in our study population was 42.6%, with a high emotional exhaustion score in 47.4%, a high depersonalization score in 23.7% and a low personal

accomplishment score in 73.3%. Burnout was significantly associated with alcoholism ($p=0.016$), shift work ($p=0.037$) and the presence of stress at work ($p=0.048$).

Conclusions: The prevalence of burnout was high in our study population, hence the importance of setting up a burnout prevention strategy in hospitals.

Disclosure of Interest: None Declared

EPV0558

Perception of Violence by Psychiatric Nurses: Behind the scenes

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Introduction: Violence in psychiatric settings poses significant challenges for healthcare professionals, particularly nurses. This study examines psychiatric nurses' perceptions of violence and its impact on the quality of care they provide.

Objectives: The primary objective is to assess the influence of violence on the quality of care in psychiatric settings, with a focus on the experiences and perspectives of nurses.

Methods: We employed a questionnaire-based survey administered to 30 psychiatric nurses working in both inpatient and outpatient psychiatric units of the Razi hospital Manouba. The survey gathered information on the prevalence of violence, types of violence encountered, and the impact on nursing practice.

Results: Of the 30 respondents, 75% identified as female and 25% identified as male. Most of them had more than five years of experience. The primary results revealed that all the psychiatric nurses reported experiencing at least one incident of violence during their psychiatric nursing careers. Regarding exposure to verbal violence, the results indicated that 52% encountered it sometimes, 22% often, 17% very often. Regarding physical violence, 30% experienced it rarely, 26% sometimes, 13% often, and 13% very often. For sexual violence, 56% reported never experiencing it, 8% rarely, 26% sometimes, and 8% very often. These incidents had varying effects on nurses' emotional well-being, job satisfaction, and the quality of care they were able to provide. 53% of nurses reported experiencing emotional distress and feelings of anxiety as a result of violence, 13% felt anger and frustration. One nurse declared he was not affected emotionally. Most of the respondents (75%) indicated that their job satisfaction had been negatively affected by violent incidents. 40% of respondents stated that violence has a negative impact on their relationship with patients, but they make efforts to maintain care quality. Whereas, 20% found ways to strengthen connections despite challenging experiences. The most commonly endorsed strategies to cope with violence included attempting to master their emotions by remaining calm and patient (78% of respondents), seeking assistance or the presence of other healthcare team members (65%), and maintaining a safe distance from patients (69%). Fewer participants reported raising their voice and adopting a position of authority (30%), while

a minority indicated engaging in additional training on the management of violent situations (20%). These results illustrate the diverse range of personal coping strategies.

Conclusions: Violence in psychiatric settings has a multifaceted impact on psychiatric nurses, affecting both their emotional well-being and the quality of care they provide. Strategies for managing and preventing violence, as well as supporting nurses in coping with these challenges, are essential for maintaining high-quality psychiatric care.

Disclosure of Interest: None Declared

EPV0559

Augmenting pharmacotherapy with physical exercise: review of the principles

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Introduction: Observed structural and functional changes in the central nervous system as a result of physical exercise are beneficial from biological, psychological and social standpoint. The studies published so far confirm that physical exercise, understood as planned, ordered and repetitive activity, can improve severity of symptoms, general functioning, and quality of life in patients with mood disorders, schizophrenia/psychotic disorders, anxiety, PTSD or addictions. This seems to be particularly important in relation to the growing number of patients facing resistance to classical pharmacological treatment as well as its side effects (e.g. metabolic syndrome, cardiovascular complications).

Objectives: Review of effective implementation of treatment programs based on physical exercise within mental health services.

Methods: Scoping review was performed by identifying relevant studies available in the PubMed and Scopus databases that were 1) peer-reviewed 2) in English language 3) focused on physical exercises 4) published within the last 10 years. Selection of the studies from the initial group of search results was performed manually.

Results: Majority of studies present programs covering relatively small, diverse groups of patients with mixed types of physical exercise modalities and intensity introduced, which makes generalization to basic principles very difficult. Needs assessment of patients from various diagnostic categories is vital in the process of implementation and evaluation. Barriers indicated by service users include lack of psychoeducation on perceived benefits, limitations within healthcare system (e.g., time limits, cost, access), side effects of medication, and psychosocial factors such as isolation. The assessment of factors engaging and motivating to maintain physical activity seems particularly important.

Conclusions: Identification of patients that may especially benefit from the inclusion of physical exercise, and recognition of therapeutic programs' elements that ensure the maintenance of the physical activity require further research.

Disclosure of Interest: None Declared

EPV0561

Mental Health Status and Fear of COVID-19 in Young Adult Male Inmates in PortugalC. Laranjeira^{1,2*}, W. Baccon³ and R. Mendes^{1,4}¹School of Health Sciences; ²ciTechCare, Polytechnic University of Leiria, Leiria, Portugal; ³Nursing Department, State University of Maringá, Maringá, Brazil and ⁴Estabelecimento Prisional de Leiria, Leiria, Portugal

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Introduction: Incarcerated individuals are subject to a heightened risk of both mental and physical ailments. Hence, it is important to conduct regular assessments of their mental well-being and other potential health hazards.

Objectives: The aim of this study is to examine the subjective experience of fear related to COVID-19 and the psychological consequences of the pandemic among a cohort of young adult male convicts.

Methods: A research design using an institutional-based quantitative cross-sectional approach was used. The data collecting period was from July to September 2022, during which data was gathered at a juvenile correctional facility located in the center area of Portugal. The researchers used questionnaires to gather data pertaining to demographic and health attributes, fear related to COVID-19, as well as measures of depression, anxiety, stress, and resilient coping.

Results: The study included a cohort of 60 incarcerated males who had been imprisoned for a duration exceeding 2 years. The prevalence of stress was found to be the highest among offenders, with around 75% reporting this symptom. Anxiety was the second most often reported symptom, with 38.3% of inmates experiencing it, followed closely by depression, which was reported by 36.7% of the inmate population. The average score on the Fear of COVID-19 Scale was 17.38 ± 4.80 , suggesting that participants generally reported mild levels of fear. A total of 38 subjects, accounting for 63.3% of the sample, had low scores in resilience. The participants' responses indicated that their perceptions of mental health were within a fairly high range, with an average score of 3.62 ± 0.87 . Similarly, their perceptions of physical health were also moderately high, with an average score of 3.73 ± 0.95 . In terms of global health, participants reported a slightly lower average score of 3.27 ± 0.82 for the preceding month. The Pearson correlation matrix revealed statistically significant associations between fear of COVID-19 and characteristics linked to mental health, with the strength of these associations ranging from moderate to high ($p < 0.001$). The identification of predictive variables for fear of COVID-19 was accomplished by the use of a multiple linear regression model. Four predictors were identified in the study, namely age, perception of mental health, and overall levels of anxiety and stress. These predictors together account for about 49.7% of the variance in the outcome variable.

Conclusions: The findings of our research indicate a significant prevalence of stress among incarcerated individuals, accompanied by moderate levels of anxiety and depression. Our research has the potential to provide valuable insights for policymakers, mental health professionals, public health specialists, and other relevant stakeholders in the identification and effective management of pandemic-induced anxieties and mental health symptoms.

Disclosure of Interest: None Declared

EPV0563

Multidisciplinary users oriented approach in the community mental health careG. Racetovic^{1*}, S. Grujic Timarac² and M. Latinovic³¹Community Mental Health Center, HEALTH CENTER Prijedor;²Psychiatric Department, Hospital "Dr. Mladen Stojanovic", Prijedorand ³Deputy of the Minister, Ministry of Health of Republic of Srpska, Banja Luka, Bosnia and Herzegovina

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Introduction: For more than 25 years, Bosnia and Herzegovina (BH) has maintained and improved reform processes in the field of mental health (MH) care. In the last 13 years, the results of the reform are visible, and they focused on the quality of services oriented to people with mental disorders (PMD), as well as raising the quality of specific services to the general population. The developed network of community mental health centers (CMHC) as the leading concept of the reform (community psychiatry) enabled affordable, timely and adequate protection of mental health in whole country, while relying on other resources, primarily clinical and hospital capacities and centers for social work.

Objectives: Reform orientation had several directions: broad promotion and prevention, protection of the rights of the people with mental health disorders, quality education and more specific qualifications and competencies of mental health professionals and public promotion as a part of destigmatization.

Methods: Overview of the mental health reform in last two decades.

Results: In last more than 25 years reforming processes were focused mainly to users of mental health services. Specific legislative was created and recently upgraded through Mental Health Protection Law, as unique document focused to users, mental health professionals and services, and general population as well. Users organization were formed and have important role in creation of further directions in the reform. Main principles in daily care for users are community based with case management and intersectoral collaboration through joint discharge planning. Also, special focus is given to media reporting about mental health as well as to children and adolescents, prenatal psychiatry and elderly.

Conclusions: Republic of Srpska and Bosnia and Herzegovina made significant steps and visible changes in the quality of mental health services focused to users needs. Further activities will be oriented to continuous destigmatization of the people with mental health disorders, psychiatry and mental health professionals and further implementation of results achieved in reforming processes in our county.

Disclosure of Interest: None Declared

EPV0565

Factors associated with the quality of conflict management among anesthesia techniciansA. Ghenim¹, M. Kahloul², I. Kacem^{1*}, A. Aloui¹, A. Chouchane¹, M. Ajmi², W. Naija², M. Maoua¹ and N. Mrizak¹¹Occupational Medicine Department, Farhat Hached Academic hospital and ²Sahloul Academic Hospital, Anesthesia and Intensive Care Department, Sousse, Tunisia

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Introduction: A conflict arises when one or more individuals, groups or organizations disagree, creating internal or external tensions that can cause damage. This is particularly serious in operating theatres, where decisions involving life or death are common. Indeed, in this particular context, the multiplicity of stakeholders, the divergence of opinions and decisions related to patient care, the frequency of critical situations, stress and the limitation of resources are established causes of disagreement and tension.

Objectives: To identify factors associated with the alteration of conflict management quality among anesthesia and resuscitation technicians (ART).

Methods: This is an observational, multicenter, cross-sectional and analytical study, enrolling all ART exercising at the two teaching hospitals of Sousse (Tunisia) over a two month period (March 1, 2022 to April 30, 2022). Conflict management was assessed using the Conflict Handling Style Scale.

Results: Our study involved 50 participants, only eight of whom reported having had previous training in communication and conflict management. Conflicts in the hospital were rated frequent to very frequent by 58% of participants. Task conflicts were the most reported (74%). The main causes of conflict were lack of leadership (60%), unequal distribution of tasks (42%) and workload (28%). The main repercussions of the conflicts were the delay in patients care (60%), therapeutic errors (42%), and the cancellation or postponement of some acts (34%). The main factors associated with impaired conflict management abilities were age < 40 years ($p=0.03$), tobacco consumption ($p=0.001$), and number of dependent children < 2 ($p<10^{-3}$).

Conclusions: In light of our results, it would be useful and urgent to develop the soft skills of our human resources, particularly in terms of communication and conflict management.

Disclosure of Interest: None Declared

EPV0566

The impact of working conditions on the mental health of workers in a confectionery factory

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Introduction: Mental health is a critical factor influencing employee well-being and performance in companies. However, many factors within professional environments can either positively or negatively impact employees' psychological well-being.

Objectives: This study aims to assess mental health among workers in a confectionery factory and its association with job satisfaction.

Methods: We conducted a cross-sectional study among workers in a private confectionery in Sfax. Questionnaires and workplace assessments were collected over a period from December 2022 to July 2023 using a pre-established questionnaire. Mental health assessment was performed using the 21-item Depression,

Anxiety, and Stress Questionnaire (DASS21). The degree of job satisfaction was assessed using a visual analog scale ranging from 0 to 10.

Results: Our study included 200 participants, with 61% being female. Severe to very severe symptoms of depression, anxiety, and stress were found in 4.5%, 17%, and 10.5% of our participants, respectively. Among our workers, 22.5% reported being not very satisfied or not satisfied. Bivariate analysis revealed lower levels of satisfaction among the most anxious ($p = 0.000$), the most depressed ($p = 0.000$), and the most stressed ($p = 0.000$) workers.

Conclusions: The decline in mental health is closely linked to job dissatisfaction. Implementing measures to enhance employee job satisfaction and providing adequate support resources for mental well-being are essential steps to promote a healthier workplace and improve employee well-being.

Disclosure of Interest: None Declared

EPV0567

Assessment of job satisfaction and work ability in a confectionery factory : A Cross-Sectional Study

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Introduction: Job satisfaction is a fundamental pillar of the modern workplace. Recognizing the significance of job satisfaction and actively promoting it has become a strategic imperative in today's work environment.

Objectives: The present study aimed to assess job satisfaction and work ability among workers in a confectionery factory.

Methods: A cross-sectional study conducted in a Sfax confectionery factory included 200 workers. Data were collected between December 2022 and July 2023 using a pre-established questionnaire. This questionnaire encompassed an evaluation of socio-demographic and professional data, measuring the degree of professional satisfaction and the level of work ability using a visual analogue scale ranging from 0 to 10.

Results: The gender ratio was 0.64. The mean age was 33.2 ± 8.8 years. Among our workers, 77.5% reported being satisfied with their work. The average perceived work ability score was 8.15 ± 2.087 . Employees with higher levels of satisfaction were more likely to have increased work capacity ($p = 0.000$). Elevated job satisfaction not only boosts work capacity but can also reduce stress levels, improve overall mental well-being, and contribute to a healthier workplace environment. These factors collectively lead to higher work ability.

Conclusions: These findings emphasize the importance of prioritizing employee well-being to enhance overall productivity and company success. Fostering a work environment that prioritizes job satisfaction can lead to a more productive and successful workplace.

Disclosure of Interest: None Declared

EPV0568

ACOMPANYA'M a novel multimodal intervention plan

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Introduction: The Residential Educational Therapeutic Unit Accompany from Hospital Sant Joan de Déu Barcelona, is a device integrated into the public health network, intended for the comprehensive care of **children and adolescents under 18 years of age who suffer from an illness complex mental disorder**, at serious risk of becoming chronic and generating significant disabilities at a functional, cognitive and emotional level. It was a result from a joint venture between the Department of Social Rights and the Department of Health. The device was created to respond to the increase in behavioral problems and mental health disorders of children under guardianship.

Objectives: General Objective

To improve the quality of life in the physical, mental and social spheres of vulnerable children and adolescents with serious complex mental pathology through a biopsychosocial and community care model that integrates health, social, family and educational care and which is aimed at the recovery of the person's life project.

Specific Objectives

To offer intensive intervention, personalized and in a co-responsible manner, that is to say, that integrates the therapeutic, education, social services and child protection teams.

Promote the community and social reintegration avoiding stigmatization and social exclusion.

Improve the intra-family relationship and the burden perceived by caregivers.

Decrease the number of renunciations of parental authority of a minor.

Methods: The unit has a capacity for **28 beds**: 23 places for children/adolescents under guardianship of the administration and 5 places for cases that are at risk of family claudication due to their therapeutic and educational needs.

There are 5 coexisting therapeutic units. The apartments are referred as 'homes' and their organization is designed to encourage the active participation of residents with the professionals who attend them.

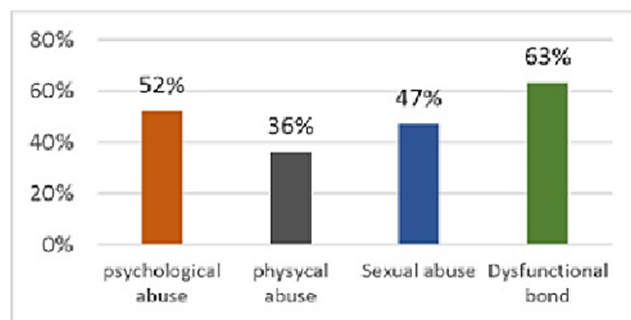
The Unit has a multidisciplinary team made up of the following professionals: Psychiatrists, Nurses, clinical psychologists, Social Workers, Educational worker, nursing assistants, administrative.

Results: - **110 children and adolescents have been taken care**, with an **average cumulative stay of 13 months**. In all cases in which the family had the guardianship of the patient, family claudication has been avoided. There is a 36% discharge of those patients under guardian that have returned to their original family home 100% of the cases have been linked to an educational center adapted to their needs or to a training project

Image:

DSM-V	2018	2019	2020	2021	2022
Neurodevelopmental Disorders					
Intellectual Disability non specified	33	9	15	5	3
Autism Spectrum Disorder	5	8	15	15	6
Attention Deficit Hyperactivity Disorder	33	3	14	8	4
Gilles de la Tourette Syndrome		2	3	1	
Fetal alcohol syndrome			3	1	1
Eating Disorder					
Ingestion avoidance/restriction disorder	2	1	1	1	1
Impulse and behavior control disorder					
Conduct Disorder	7			2	2
Oppositional defiant disorder	3	2	7		1
Affective disorder					
Bipolar Disorder	1			1	
Major Depressive Disorder		2	5	1	3
Personality Disorder					
Limit Personality Disorder	2			1	
Unspecified Personality Disorder	2	1	2	1	2
Disocial disorder	3			2	
Substance use disorder					
Cannabis use disorder	30	1	7	1	1
Cocaine use disorder	1				
Alcohol use disorder					1
Anxiety disorder					
Anxiety disorder	1			3	
Social phobia	1	2	1		
Obsessive compulsive disorder			2		
Disorder related to trauma and stress					
Post traumatic stress disorder	2	2	10	8	4
Adaptive disorder	3	2		1	1
Reactive attachment disorder	1	2	1	1	8
Disinhibited attachment disorder		1	2		
Schizophrenia and other disorders, Psychotic	3	5	5		1

Image 2:



Graphic 1. Percentage and type of family neglect

Conclusions: Overall, the care model implemented by the population served in the Acompaña'm unit is positively evaluated. Since it provides an intensive and personalized care, treatment and intervention for children suffering from a serious mental disorder

of high complexity. A comprehensive, personalized, interdisciplinary approach is offered, coordinated and co-responsible with educational, protection and social services.

Disclosure of Interest: None Declared

EPV0569

Implementation of a peer support intervention for family members of involuntarily hospitalised patients

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Introduction: Peer support has been identified as successful in improving patient wellbeing and empowerment and there is evidence that peer support can also help their family members (FMs). A peer support programme for FMs, developed in Germany, significantly improved FMs' quality of life. We have worked to adapt this support programme for delivery in England. We will report the results of this adaptation process and of the implementation of peer support for FMs.

Objectives: To examine the feasibility of the peer support programme developed and assess whether it can be delivered using a "train-the-trainer" approach.

Methods: The peer support programme is being implemented in two stages. In stage one, FMs with experience of supporting an involuntarily hospitalised patient (family peer supporters (FPSs)) receive an online training programme consisting of four sessions. These sessions, provided by the research team and FMs with lived experience of caring for an involuntarily hospitalised patient, teach FPSs skills in communication, reflection, coping and dialogue (promotion of equal communication between FMs, professionals and patients). FPSs then use these skills to deliver support to FMs of patients who are currently involuntarily hospitalised. This support is delivered for up to three months. The impact of this programme is assessed through one-to-one interviews with FPSs and FMs. Questionnaires are also provided to FMs measuring their quality of life, caregiving burden and psychological wellbeing before and after receiving support from FPSs.

In stage two, a modified version of the training programme (based on FPS feedback) is provided to a new group of FPSs. This training will be delivered by FPSs from stage one. After receiving the training programme, stage two FPSs will deliver support to other FMs as described for stage one. Assessment of the modified programme will mirror stage one.

Results: Provision of the stage one training programme is complete, and delivery of support is in progress with modifications being made for stage two. Eight FPSs and six out of a target of 12 FMs have been recruited for stage one. FPSs reported the training programme to be a positive experience, highlighting that it was engaging, easy to understand and gave them the confidence to support other FMs. Technical difficulties and an overload of information were cited as areas to improve for the next stage.

Conclusions: FPSs described the peer support training programme as a positive experience overall. However, improvements need to be

made for stage two which is in progress. A more comprehensive report of our findings, including the impact of this peer support programme and the feasibility of implementing it in England, will be provided as the programme progresses.

Disclosure of Interest: None Declared

EPV0570

Exploring The Impact of Positive Behaviour Support Plans on Adult Acute Mental Health Staff Practice

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Introduction: There is a national movement to reduce restrictive interventions due to the harm and distress they can cause which has been reflected in NHS trust policies and practices. NHS trust policies state that all in-patients who may require restrictive interventions must have a Positive Behaviour Support Plan (PBSP) based on a functional analysis of what drives and triggers their behaviour. A PBSP is intended to facilitate understanding and help manage behaviours that challenge by teaching new skills and ways to communicate a person's needs. Previous research on the use of PBSPs on adult acute mental health wards is limited but research on PICU wards has shown PBSPs have not been implemented into mental health care as intended.

Objectives: Trust policies identify that PBSPs should be implemented to reduce the use of restrictive interventions. However, it is unknown whether PBSPs are being used as part of routine practice on the acute mental health ward. The degree to which staff are aware of patients PBSPs and how they use them to guide their practice is unclear. The service evaluation aims to understand the perspectives, attitudes, and experiences of staff who are responsible for using and implementing PBSPs on the ward. The evaluation aims to investigate how PBSP informs practice and to identify the barriers and facilitators to implementing PBSPs on the ward.

Methods: A volunteer sample of clinical staff members (including Doctors, Nurses, Psychotherapists, Occupational Therapists, and Clinical Support Workers) who are responsible for implementing PBSPs on an acute mental health ward in the East of England took part in a focus group which lasted up to an hour. There were four focus groups with between two and four participants per group. A total of thirteen staff members participated in the focus groups. The focus groups lasted up to one hour and were guided by a topic guide. Two members of the project team facilitated the group. Focus groups were audio recorded.

Results: Thematic synthesis will be the overarching approach used to synthesise the qualitative data from the focus groups. The audio recordings will be transcribed. Analysis will be conducted on a within-case basis prior to cross-case analysis aimed to identify common themes. Two evaluators will work together to code, analyse, and synthesise the extracted data.

Conclusions: Based on the results, training may be developed to improve the understanding and implementation of the PBSPs on the ward. The findings may also result in changes to the way PBSPs are used. The results will be presented to the trust chief executives

and used to inform how to best support individuals who may be at risk of requiring restrictive interventions.

Disclosure of Interest: None Declared

EPV0571

Context of implementation of mental health framework in Blumenau, Brazil (evidence based)

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Introduction: Promoting high quality mental health (MS) services is an obligation of many social agents due to the impact of these diseases on the population. Making care increasingly evidence-based does not depend exclusively on technical training, but also on gradual and functional changes in the structure of an institution. Improving the quality of services in MH is a predominantly social intervention, in which it is necessary to group and interpret complex data. They represent real-time interventions in a real world by teams delivering health services.

Objectives: Describe the context where the MH service (iNC) is inserted, its main characteristics and purposes.

Methods: Mixed study identifying the location, socio-demographic data, characteristics and fundamentals of an organization providing services in MH that proposes to act based on evidence.

Results: iNC is a private secondary care institution located in the city of Blumenau, Vale do Itajaí, state of Santa Catarina, Brazil (FIG 1). Vale do Itajaí is a mesoregion with approximately 1.5 million inhabitants composed of small regions: Blumenau, Itajaí Ituporanga and Rio do Sul. Most of the population is of German and Italian descent. Blumenau has 361,261 inhabitants, an average monthly income of 2.9 minimum wages, 97% of schooling between 6-14 years old and the number of deaths of 6.48 (1000 live births). iNC is located in the center of the city (3-story building) with a clinical staff idealized for 3 psychiatrists, 16 psychologists, 4 nutritionists, 1 nurse, 1 nursing technician and 1 physical educator in face-to-face and online, individual and in-person sessions group. Performs care for adult patients between 18-70 years. Its missions are: to promote MS care from an interdisciplinary perspective, to provide health interventions supported by the best individualized scientific evidence and to encourage teaching and research in the field of MH. Its guiding principles are: psychopathology and nosology (DSM-5 and CID-11), neuroscience and psychopharmacology, mood, anxiety, sleep, eating and obesity disorders (FIG 2), psychological treatments and psychoeducation, assessment instruments in MH and neuropsychology, evidence-based medicine, health promotion and disease prevention.

Conclusions: Identifying, measuring and quantifying a local assistance service in MH can help in its development and allow comparisons over time. The improvement of services depends on multiple factors and is necessary for their development, both for researchers, implementers, health professionals and patients.

Disclosure of Interest: None Declared

EPV0572

Mindset and emotional intelligence in pre-service teachers

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Introduction: Pre-service teachers must confront emotionally demanding situations associated with the profession, and they must be prepared for it. Previous literature has shown that two variables are important for managing mental health in this population: emotional intelligence (EI) and mindset. EI is the ability to perceive, facilitate, understand, and manage emotions, while mindset refers to beliefs about the malleability of various life domains. According to their mindsets, those who believe that attributes are malleable are called incremental theorists, and those who believe attributes are fixed are entity theorists.

Objectives: This study aimed to explore the influence of intelligence and EI mindset on self-report and ability EI in a sample of 224 female pre-school pre-service teachers ($M = 21.27$, $SD = 4.72$).

Methods: Participants completed a questionnaire battery, including intelligence mindset, EI mindset, the Mayer-Salovey-Caruso Emotional Intelligence Test, the Trait Meta-Mood scale, and paternal and maternal educational status.

Results: The results showed that incremental EI theories — but not intelligence — were related to higher scores on self-report and ability EI. Specifically, being an incremental theorist of EI predicted 11% and 20% of the variance in global EI and the managing branch of ability EI, respectively

Conclusions: These results suggest that EI mindset training programs could be implemented and evaluated to explore their impact on the EI of female pre-service teachers

Disclosure of Interest: None Declared

EPV0573

Relationship Between Quality of Life and Academic Performance in a Sample of Colombian University Students

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Introduction: Quality of life encompasses a multidimensional component that includes aspects of lifestyle, health, housing, personal satisfactions, which can affect the academic performance of students in their university studies.

Objectives: To determine the relationship between the quality of life and academic performance of students at the National Institute

of Professional Technical Training “Humberto Velásquez García” in Ciénaga, Colombia.

Methods: Cross-sectional observational study involving a sample of 344 undergraduate students who completed the WHOQOL-BREF questionnaire, a sociodemographic form, and were asked about their academic performance in the last semester. Data were analyzed using RStudio, where categorical variables were interpreted through relative and absolute frequencies, and quantitative variables through medians. Bivariate analysis was conducted using non-parametric tests such as Mann-Whitney U and Kruskal-Wallis for group comparisons, and Kendall for correlations.

Results: Academic performance had a median of 4.00, and the quality of life had a median of 47.57. The Mann-Whitney U test showed $p=0.03$ for gender-based performance comparison. Kruskal-Wallis comparison by age group regarding performance showed $p=0.003$. The correlation between academic performance and quality of life showed $\tau=0.120$ and $p=0.004$.

Conclusions: The median academic performance is above the approval point, but the quality of life is below average levels (on a scale of 1 to 100). There are significant differences in median performance among gender and age groups, as well as a very low, positive, and statistically significant correlation between academic performance and levels of quality of life.

Disclosure of Interest: None Declared

EPV0574

Domestic and international medical students' need for mental health services

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Introduction: Heavy academic loads imposed on medical students explain why it is so important for a university to pay more attention to the issues of maintaining their students' mental health.

Objectives: To compare the level of mental health and the need for mental health services in domestic and international medical students

Methods: The survey covered 305 domestic and 241 international university students of the Faculty of Medicine. Their mental health level was measured with the SCL-90R questionnaire, their interest to mental health services - by means of a 5-point questionnaire.

Results: The data achieved by measuring the level of mental health with the SCL-90R revealed that in both groups this level is within standard limits. However, the international students showed a higher level of psychopathological distress reflected by GSI index ($\chi^2=2.14$; $p=.03$). Both groups have experienced a visit to a psychiatrist or psychotherapist (12.13% and 8.3% correspondingly). Some of them have undergone treatment in connection with their

emotional and behavioral problems (3.28% и 3.73%). Currently, they claim, with the same frequency, that they are in need of a psychiatrist's or psychotherapist's help (14.43% и 13.28%). Domestic students, as compared with international students show higher need ($\chi^2=24.55$; $p=.001$) for a psychologist's help (34.75% and 16.18%). With different frequency, 65.15% of the international students and 89.5% of the domestic students consider mental health services as necessary.

Conclusions: When providing medical support to medical students, it is important to take into account their need for mental health services and to keep in mind their different cultural backgrounds.

Disclosure of Interest: None Declared

EPV0575

How to manage work-related stress in healthcare professionals: organizational and individual interventions.

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Introduction: Workplaces can be source of significant stress for employees, leading to a series of mental health problems, such as burnout syndrome. Healthcare professionals and other helping professions are especially vulnerable to work-related stress.

Objectives: The aim of the present review is to assess available intervention aiming at improving work-related stress symptoms.

Methods: We conducted a thorough search of relevant articles on PubMed, APA PsycInfo, and Scopus databases, using specific keywords such as “occupational stress,” “stress,” “anxiety,” “depression,” “health personnel,” “health care facilities, manpower and services,” “prevention,” and “control.”

Results: Although significant methodological heterogeneity has been found among studies, regarding assessment tools, target population, and intervention types, we can still draw some satisfactory results. Healthcare professionals have access to various interventions to manage work-related stress symptoms, which can be classified into three categories: 1) individual cognitive-behavioral therapy approaches, 2) relaxation techniques at the individual level, and 3) organizational-level interventions. Mindfulness techniques, relaxation techniques, emotional freedom techniques, and integrated interventions have demonstrated effectiveness in alleviating work-related stress.

Conclusions: To prevent work-related stress among healthcare professionals, interventions should be targeted towards specific categories of healthcare workers based on factors such as age, tasks, and patient types. Well-structured and reliable randomized controlled trials focusing on the most promising interventions, such as mindfulness, need to be carried out in larger samples and with a solid methodology in order to confirm these evidences.

Disclosure of Interest: None Declared

EPV0577

An integrative, systemic day-clinic approach for the treatment of psychiatric disorders in young adults: a detailed study of two cases

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Introduction: More than 75% of the psychiatric disorders arise before the age of 30. Adolescence and young adulthood pose numerous developmental challenges like identity development, educational and occupational concerns, gaining autonomy and boundary-setting skills. The adolescent crises, which can involve a broad spectrum of psychiatric symptoms, demands a multidisciplinary approach to diagnosis and treatment.

Objectives: Our goal is to present a best practice example of an interdisciplinary day clinic through two case presentations, aiming improving innovative strategies for assessment/treatment of psychiatric disorders in young adulthood.

Methods: Via two comprehensive case presentations, we will introduce a psychotherapeutic day-clinic concept from a psychiatric training hospital in Germany.

Results: The day clinic's interdisciplinary team uses therapeutic approaches like dynamic, cognitive-behavioral, and systemic therapy to understand young adults beyond just their symptoms. Milieu-therapeutic methods, family constellations, socio-therapeutic approaches and non-verbal therapies are incorporated into our concept.

Case 1: A 20-year-old male patient, previously diagnosed with schizophrenia, was referred due to symptoms of living in an unreal world with perceived magical abilities and family conflicts. In the evaluation the features of high-functioning autism spectrum disorder (ASD) were more prominent than the psychotic symptoms. Developmental history and diagnostic tools yielded the diagnosis of ASD. Magical abilities in an unreal world appears to align more closely with repetitive/restrictive patterns of behavior, hereby we excluded in the follow-up the diagnosis of schizophrenia. Psychoeducation, social-skills-training and family interventions helped him to comprehend his strengths and discover a clearer direction in his life.

Case 2: Another 20-year-old male patient was referred with depressive symptoms, a sense of emptiness and self-mutilation. Following routine evaluation, we employed systemic methods (genogram constellations) to gain deeper insight into the patient's psychopathology. His mother's migration history from Thailand, coupled with unfulfilled aspirations, echoed in his recurring thought: "Where are my roots?" During follow-up, we recognized his passive stance toward therapeutic change, addressed through a systemic intervention known as 'taking the side of non-change.' This shifted his position from resistance to openness. Non-verbal approaches, family interventions, and corrective in-vivo experiences significantly contributed to his stabilization.

Conclusions: Specialized psychiatric centers tailored to the unique needs of young adults play a critical role in evaluating, diagnosing, and treating psychiatric crises during this developmental stage. Achieving this requires the implementation of interdisciplinary holistic therapeutic approaches.

Disclosure of Interest: None Declared

EPV0578

Improving Access to Psilocybin-Assisted Therapy: Barriers, Challenges, and Recommendations

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Introduction: Psilocybin-assisted therapy (PAT) has demonstrated significant potential in alleviating anxiety, depression, and psychological distress among individuals with terminal illnesses. However, numerous barriers prevent equitable access to this transformative treatment.

Objectives: This study seeks to gather the perspectives of patients on the waitlist of PAT.

Methods: Semi-structured interviews highlight the challenges faced by patients seeking PAT and their care providers and propose recommendations to enhance accessibility.

Results: Through a case study of Roots to Thrive, a non-profit healthcare practice offering group-based PAT, obstacles such as complex application processes, fear of judgement, logistical and financial constraints, and systemic inequities are revealed. Moreover, Health Canada's stringent control of PAT access via clinical trials and the Special Access Program (SAP) presents challenges for primary care providers and hinders the involvement of trained practitioners. The moral distress experienced by patients and providers due to delayed or denied access further emphasizes the urgency of addressing these barriers.

Conclusions: Advocates are calling for streamlined referral systems, expedited services for end-of-life patients, formal billing infrastructure, practitioner education, expanded coverage, legislative adjustments, post-therapy support, and collaboration with non-profit organizations and Indigenous Healers to promote equitable and effective PAT. By implementing these recommendations, barriers to PAT can be overcome, allowing more individuals to benefit from this therapy and find relief from the psychological distress associated with their conditions.

Disclosure of Interest: None Declared

EPV0579

Providing psychiatric diagnosis and intervention in patients with chronic medical illness in the community: A novel collaboration between the Psychiatry team and the community team in a Singapore restructured hospital

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Introduction: Home nursing and medical services have an established role in delivering chronic medical care to populations which face difficulty accessing physical clinics. Those with chronic medical conditions and reduced mobility face a higher likelihood of suffering from psychiatric co-morbidity. However, till date there

has been limited research done on home-based psychiatric care in this population.

Since 2021, the Psychiatry department of Tan Tock Seng Hospital (TTSH) has been collaborating with TTSH Community Health Team (CHT) to manage potential psychiatric issues in community patients.

These patients would be discussed in a weekly multidisciplinary setting. If indicated, home visit by both teams for home-based assessment and treatment would be arranged, allowing for detection and treatment of psychiatric illness.

Objectives: To demonstrate that the collaboration between the psychiatry team and CHT leads to diagnosis and treatment of psychiatric illness in a population that might otherwise have been unable to access psychiatric services.

Methods: We performed a retrospective study on all referrals from the CHT to the psychiatry team, within the 2-year period of August 2021 to August 2023. We collected demographic information, psychiatric history prior to referral, reason for referral, outcome of multidisciplinary discussion, and outcome of the home visits (including diagnoses made, and medications initiated).

Results: A total of 92 patients were referred by the CHT to the psychiatry team. Most were elderly with multiple medical co-morbidities; of note, a history of stroke was present in 24 of the referred patients.

Common reasons for referral include suspected mental illness, risk assessment, and management of behavioural issues.

28 of the referred patients did not have a prior psychiatric history at the point of referral. Among these, home visits involving the psychiatric team were done for 16 patients. 11 (68%) of these home visits led to diagnosis of a new psychiatric illness. 9 of these patients were initiated on psychotropic medications in the home setting.

Conclusions: A significant proportion of patients (68% of home visits without prior psychiatric diagnosis) were newly diagnosed with psychiatric illness, allowing early psychiatric intervention to be delivered. This was achieved in a population with a high prevalence of multiple medical comorbidity and barriers to clinic-based psychiatric evaluation and treatment.

We propose future comparative studies into how the collaboration between the psychiatric team and community health team can improve the quality of life and caregiver experience of patients with chronic medical problems, as well as how the service had improved the confidence of the community health team in identifying and managing patients with possible psychiatric issues.

Disclosure of Interest: None Declared

EPV0581

Prevalence of burnout and its correlation with resilience among healthcare professionals in Morocco

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Introduction: Burnout syndrome arises as a result of chronic workplace stress that has either been inadequately managed or entirely unaddressed, leading to symptomatic manifestations of emotional exhaustion (EE), depersonalization (DP), and a decreased sense of professional accomplishment (PA).

Objectives: This study evaluated the prevalence of burnout and investigated its correlation with resilience among healthcare professionals in Morocco.

Methods: A self-administered questionnaire survey was conducted in April 2023, comprehensively using the Connor-Davidson Resilience Scale (CD-RISC) and the Maslach Burnout Inventory (MBI) among 296 healthcare professionals stationed across three institutions located in the Casablanca-Settat region.

Results: A total of 158 responses were obtained. Surprisingly, the results indicate that EE was highly prevalent, impacting 43.7% of respondents, while DP was notably affected 44.9% of participants. Conversely, PA was diminished in 58.2% of the respondents. It is worth noting that 44.3% of the participants displayed reduced levels of resilience. Furthermore, statistically significant correlations were observed between resilience and all three dimensions of burnout. Upon gender stratification, the analysis showed that resilience was significantly associated with two burnout dimensions, EE and PA, among male respondents, whereas among their female counterparts, resilience demonstrated a noteworthy correlation with all three dimensions of burnout.

Conclusions: These findings emphasize the pervasive nature of burnout among healthcare professionals and highlight deficiencies in resilience. It is crucial to consider these factors when crafting healthcare policies and devising focused approaches to effectively prevent and manage burnout.

Disclosure of Interest: None Declared

EPV0582

Stress and its impact on healthcare professionals: A study on prevalence and coping strategies

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Introduction: Stress is a significant issue among healthcare professionals and impacts both their personal well-being and the quality of care they provide.

Objectives: This study evaluated the prevalence of stress among healthcare professionals and investigated the possible effect of physical activity on perceived stress levels.

Methods: In 2019, a cross-sectional observational study of 30 nurses was conducted at the Hassan II Oncology Center in Oujda. A self-administered survey was used to gather information regarding the participants' sociodemographic and professional characteristics. The Perceived Stress Scale was employed to gauge stress levels, whereas the Ricci-Gagnon questionnaire was used to determine physical activity levels and engagement in sports.

Results: The study findings indicate that the sample had moderate levels of stress measured by the Perceived Stress Scale (PSS) and struggled with managing stress in diverse situations. Physical activity was common among 87% of the participants, as indicated by the Ricci-Gagnon questionnaire. In addition, a statistically significant correlation was found between stress levels and family situation ($p = 0.05$). The Perceived Stress Scale and the Ricci-Gagnon questionnaire exhibited high internal consistency, with Cronbach's alpha values of 0.79 and 0.64, respectively.

Conclusions: The study results have raised significant concerns regarding the effectiveness of different coping strategies in managing stress. In particular, the results indicate that engagement in physical activity and sports does not significantly affect stress levels. Thus, stress management training is recommended as the best strategy for stress prevention.

Disclosure of Interest: None Declared

EPV0584

Exploring psychological distress among psychiatric nurses in Tunisia

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Introduction: Nurses working in psychiatric departments regularly encounter intricate, stress-inducing, and emotionally challenging situations. The mental well-being of these nurses directly influences the quality of care they deliver.

Objectives: To assess the prevalence of psychological distress among psychiatric nurses and to identify the socio-demographic and clinical factors associated with it.

Methods: Cross-sectional, descriptive, and analytical study conducted over the course of one month from October 11th to November 8th 2023. Participants included were psychiatric nurses working in Razi Hospital, Tunisia. We collected data using pre-established questionnaire which included socio-demographic and clinical data of the participants. The assessment of psychological distress was conducted using the Depression, Anxiety and Stress Scale (DASS-21), validated in Arabic. Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS) in its 25th version

Results: We collected data from 55 nurses working in Razi psychiatry hospital during the time of the study. Among them, 80% ($n=44$) were female. Their median age was 35 (Min=25, Max=62). Most of participants were married (81.8%, $n=45$) and 70.9 ($n=39$) had kids. In our sample, 5.5% ($n=3$) and 23.6% ($n=13$) had respectively personal psychiatric and somatic history. Some addictive behaviors were identified among our participants, especially smoking (14.5%, $n=379$) and alcohol use (3.6%, $n=2$). Regarding working conditions, 81.8% ($n=45$) were assigned shift work. They worked in the men's ward (43.6%, $n=24$), the women's ward (34.5%, $n=19$), or in both (21.8%, $n=12$). Furthermore, 45.5% ($n=25$) reported witnessing a suicide attempt during their work, and 74.5% ($n=41$) were victims of aggression, primarily by patients (82.5%, $n=33$). Sixty percent ($n=33$) said expressed a desire to transfer.

Moderate to extremely severe depression, anxiety and stress was observed in respectively 34.5% ($n=19$), 61.8% ($n=34$) and 36.4% ($n=20$) of cases.

A significant association was found between stress among psychiatry nurses and personal somatic history ($p < 10^{-3}$). No further links were found between depression, anxiety, stress and other clinical factors.

Conclusions: These results emphasize the difficult working environment within psychiatric settings, emphasizing the critical requirement for specific interventions aimed at improving the mental health and well-being of psychiatric nurses.

Disclosure of Interest: None Declared

EPV0585

Demographic Factors, Cumulative Stressors, and Psychological Well-being

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Introduction: The COVID-19 pandemic and the Ukrainian war appear to have adverse mental health effects. These global crises have raised concerns about the long-term psychological well-being of individuals across different demographic groups.

Objectives: The objective of this study was to evaluate the cumulative mental health effects of the COVID-19 pandemic and the Ukrainian war, emphasizing the relationship between demographic factors and mental health outcomes.

Methods: This was a cross-sectional online survey using convenience and snowballing methods of recruitment. A sample of 170 participants completed demographic questions and Likert-scale assessments using a range of psychometric scales for measuring general psychological distress, perceived stress, personal resilience, traumatic life events, emotional and social effects of trauma, and potential growth after trauma. Participants were requested to respond to the traumatic experiences of the COVID-19 pandemic and the Ukraine war.

Results: Gender differences were evident, with women reporting higher levels of psychological distress and post-traumatic growth. Family size had a negative correlation with psychological disturbance. Family status exhibited a positive correlation with traumatic event recall. Specifically, individuals who were either unmarried or divorced demonstrated increased memory recall for such events and levels of psychological distress. Conversely, participants in married or cohabiting relationships displayed diminished recall and lower psychological distress levels. Financial strain strongly correlated with compromised psychological well-being.

Conclusions: These findings highlight the association of demographic factors with cumulative stressors, underscoring the importance of personalized psychosocial interventions. Such interventions can enhance mental well-being and resilience in adversity, ultimately promoting improved psychological health.

Disclosure of Interest: None Declared

EPV0586

Psychological Stressor Of End Stage Chronic Kidney Disease Patients On Dialysis. A Battle For Life

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Introduction: Patients with chronic kidney disease (CKD) may choose to undergo dialysis. Factors that may have led patients to prescribe psychological interventions related to dialysis are poorly understood in the literature. The purpose of this study was to explore multi-level factors surrounding dialysis modalities such as Diagnosed Mood Disorders, Existential crises, Triggering events, Social support, and Distrust towards the process of dialysis.

Objectives: The study aims to investigate the psychological battle of the client while going through the process of dialysis. The study reveals multiple mood disorders and existential crises leading to depression among chronic kidney disease patients. Therefore the study was conducted with the aim of providing a therapeutic guide line in future once the factors are investigated in detail.

Methods: Semi-structured qualitative interviews were conducted in a dialysis clinic in Karachi where 19 participants participated in this qualitative study. The age ranges from 40-76. Initiating with informed consent followed by surveys assessing demographic and clinical information were administered to participants following their interviews.

Results: Qualitative findings suggested that patients were dealing with Clinical Mood Disorders without being provided treatment. Moreover, the cohesive family support enabled them to continue with daily living activities; however, the patients with low support triggering adverse events in life lost their lives in follow-up sessions. Furthermore, nephrology care doesn't seem sufficient as they are dealing with existential crises of hopelessness, regret, condemnation, and elevated death anxiety. In CKD the misinterpretation of dialysis by cognitively substituting it as End of life increased the clinical symptoms of Mood disorders. Thus the risk factors increase disturbing the quality of life.

Conclusions: Findings point to broader factors affecting dialysis modalities with Mood disorders. The low social support and adverse triggering events precipitate the risk factors of dialysis treatment. Furthermore, distrust towards dialysis and existential crisis are recommended for therapeutic interventions

Disclosure of Interest: None Declared

EPV0587

Perceived stigma and associated factors among family caregivers of patients with severe mental disorders

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Introduction: Giving care to someone who is experiencing mental distress is a difficult and challenging task that could be detrimental to the caregiver's overall quality of life. Stigma associated with mental illness is one of the most important mental health issues faced by these caregivers.

Objectives: Our aims were to assess perceived stigma among family caregivers of patients with severe mental disorders and to identify its associated factors.

Methods: We conducted a descriptive and analytical cross-sectional study among family caregivers of patients followed at the psychiatry outpatient clinic of the Hedi Chaker University Hospital in Sfax, during the period from February 2022 to July 2022.

A structured interview questionnaire was designed to collect socio-demographic data of both patients and their caregivers. We used the Stigma Devaluation Scale (SDS) to assess stigma.

Results: A total of 90 family caregivers of severely mentally ill patients were included: 26 men and 64 women, with an average age of 50.68 ± 11.67 years.

Patients' parents accounted for 40% of family caregivers. The majority of family caregivers (83.3%) had no more than secondary education. Married people represented 70% of cases.

The median age of patients was 42 years. Schizophrenia was the diagnosis in 68.9% of cases. The mean duration of illness was 16.23 years.

Daily assistance lasted from 4 to 8 hours in 30% of cases and more than 8 hours in 66.7% of cases.

The mean score (SDS12) for family-focused stigma was 13.12 ± 2.34 with ranges from 8 to 18.

Perceived stigma scores were significantly higher among caregivers caring for non-married patients (p=0.04), with an age <50 years (p=0.04), and with a higher level of education (p=0.02).

Long duration of providing care (> 8 hours per day) (p=0.05) and insufficient information about the illness (p=0.02) were significantly associated with perceived stigma.

Conclusions: The clinicians managing patients with severe mental disorders must focus on stigma and psychological distress among the caregivers and plan intervention strategies to reduce stigma.

Disclosure of Interest: None Declared

EPV0588

Resilience and burden in family caregivers of patients with severe mental disorders

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Introduction: Family caregivers of patients suffering from severe psychiatric disorders may present with health problems, lower quality of life, and painful emotions, which can seriously compromise their well-being when they do not receive appropriate professional support.

Objectives: The aims of this study were to assess the level of burden and resilience in family caregivers of patients with severe mental disorders and to determine associated factors.

Methods: We conducted a descriptive and analytical cross-sectional study among family caregivers of patients followed at the psychiatry outpatient clinic of the Hedi Chaker University Hospital in Sfax, during the period from February 2022 to July 2022.

We used the Connor–Davidson Resilience Scale (CD-RISC) to assess resilience and the Zarit Burden Inventory to assess the level of burden. Higher scores indicate higher resilience and greater burden.

Results: The sample included 90 family caregivers of patients with severe mental disorders. The average age was 50.68. They were the parents of patients in 40% of cases. Professionally active caregivers accounted for 57.8% of cases. Thirty family caregivers had a somatic disorder history (33.3%).

The median age of patients was 42 years. Ten patients (11.1%) were financially independent. The diagnosis was schizophrenia in 68.9% of cases. The mean duration of illness was 16.23 years. Irregular follow-up was noted in 10 patients (11.1%).

The mean scores of the Zarit Burden scale and the CD-RISC were 41.86 ± 10.33 and 58.46 ± 9.18 respectively.

Unemployed caregivers and parents experienced a higher burden ($p=0.001$, $p=0.03$ respectively). The level of burden was higher in caregivers taking care of financially dependent patients ($p=0.03$), with a duration of the disease greater than 15 years ($p=0.04$), and with irregular follow-up ($p=0.008$).

A low level of resilience in caregivers was correlated with spousal relationship ($p=0.001$), cohabitation with the patient ($p=0.05$), widowhood ($p=0.01$), low level of education ($p=0.02$), the presence of a somatic disorder history in the caregivers ($p=0.04$).

A negative correlation was observed between CD-RISC and Zarit scores ($p=0.04$; $r=-0.21$).

Conclusions: Family caregivers of mentally ill patients experienced a significant level of caregiver burden, and it was lower in caregivers with higher levels of resilience. Psycho-educational programs directed toward family caregivers are highly recommended.

Disclosure of Interest: None Declared

EPV0589

Exploring Child-Parent Relationship Therapy -CPRT- Impact on Externalised Behaviours of Foster Children Experienced Complex Trauma: A Case Study

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Introduction: Many foster children experience traumatic events that result in a wide range of disruptive behaviours, such as temper tantrums, superficially charming, no sincere remorse, and so forth. These problematic behaviours are challenging to the implementation of holistic therapeutic interventions.

Objectives: The purpose of the current study is to explore the effectiveness of employing Child-Parent Relationship Therapy (CPRT) on externalised behaviours of a traumatised child at home and in social interactions.

Methods: This study used a case study to explore the influence of CPRT on externalised behaviours of traumatised foster children.

The case study focused on the externalised problematic behaviours of an Australian Aboriginal child fostered under long-term care at 18 months by a Caucasian family. The foster parent and the foster child received a 10-session structured CPRT across ten weeks. The child's externalised behaviours were evaluated through the Child Behaviour Checklist (CBCL) form.

Results: The findings describe the process of a 10-session structured CPRT with a foster child who exhibits externalised disruptive behaviours because of abandonment and complex trauma. The themes in the foster parent's role and the play therapy approach relate to traumatic events and attachment issues. The results indicated a slight reduction in these behaviours. According to the follow-up interview, the child still showed aggressive behaviours in social interactions but not at home. Interviews with the foster parent indicated both the parent and child require additional support and further sessions of CPRT.

Conclusions: This case study identified an improvement in externalised behaviours for foster children with experience of complex trauma and abandonment after a 10-session CPRT. Further research is required to explore the effectiveness of a longer-term session of CPRT alongside additional support services for foster parents.

Disclosure of Interest: None Declared

EPV0590

Improving Mental Health of Medical Students through Movement, Art, and Interpersonal Relations

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Introduction: Burnout, and symptoms of distress amongst medical students is becoming increasingly common due to the uncertainty of the Hungarian healthcare system. Change itself may be the cause of stress. Since the pandemic, the workload has been growing among health care workers. Anxiety is increasing even for beginner practitioners.

Objectives: Our examination intends to improve the mental health of the students with a variety of methods to help them develop resilience towards everyday stress, such as:

1. increasing body awareness
2. exploring the inner drivers of vocations by self-esteem, worth symbols and emblems
3. supporting relationships and interpersonality

Methods: We had advertised a monthly course in the mailing system of the students of the Semmelweis University (Neptun). Each occasion would go as far as 240 minutes in length. Selection criteria were: guaranteeing participation in the sessions. Any applicant suffering from mental health problems requiring medical attention, or the applicant regularly skipping occasions of the session would lead to his or her getting dismissed. Courses consists of musical aerob movement and receptive art therapy tools (exl. „Self-exhibition”). The aim was to interpret ones identity via images individually. In

advance of the first occasion, the applicants were interviewed to talk about themselves their career, mental health and issues, why they want to participate in the sessions. The closing interviews are still in progress. The examination was permitted by the SE-RKEB.

Method of examination: Qualitative: personal interviews, exploring talks about the artworks ("Self-Exhibition" collage), made during the course.

Results: 20 individuals started the course and 10 of them finished. The Body and Mind movements (Body Art - fusion of functional and breathing exercises, yoga and therapeutic exercises) has proven to have great importance throughout the session. The prescribed length of it in time was the third of each occasion. The joint analysis and interpretation of various artworks, images, visual narratives, even, the discussion of experiences in form of structured group activities has noticeably helped the interpersonality and social connections being formed for each individual who participated. The homeworks (eg.: Self Exhibition-collage, own worth emblem-collage etc.) and the active conduction of a diary has helped both to achieve results and have more involvement in the group.

Image:



Image 2:



Conclusions: Closing interviews are still in progress.

Disclosure of Interest: None Declared

EPV0591

An Observational Study of the Progression of Patients' Mental Health Symptoms Six Weeks Following Discharge From the Hospital

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Introduction: Transitioning from mental health inpatient care to community care is often a vulnerable time in the treatment process where additional risks and anxiety may arise.

Objectives: The objective of this paper was to evaluate the progression of mental health symptoms in patients six weeks after their discharge from the hospital as the first phase of an ongoing innovative supportive program. In this study, factors that may contribute to the presence or absence of anxiety and depression symptoms, and the quality of life following a return to the community were examined. The results of this study provide evidence and baseline data for future phases of the project.

Methods: An observational design was used in this study. We collected sociodemographic and clinical data using REDCap at discharge and six weeks later. Anxiety, depression, and well-being symptoms were assessed using the Generalized Anxiety Disorder (GAD-7) questionnaire, the Patient Health Questionnaire-9 (PHQ-9), and the World Health Organization-Five Well-Being Index (WHO-5) respectively. Descriptive, Chi-square, independent T-test, and multivariate regression analyses were conducted.

Results: The survey was completed by 88 participants out of 144 (61.1% response rate). A statistically non-significant reduction in anxiety and depression symptoms was found six weeks after returning to the community based on the Chi-squared/Fisher exact test and independent t-test. As well, the mean anxiety and depression scores showed a non-significant marginal reduction after discharge compared to baseline. In the period following discharge, a non-significant increase in participants experiencing low well-being symptoms was observed, as well as a decline in the mean well-being scores. Based on logistic regression models, only baseline symptoms were significant predictors of symptoms six weeks after inpatient discharge.

Image:

Table 1: Baseline distribution of sociodemographic and clinical characteristics at baseline against the resilience status

Variables	N= 88	%
Gender		
Male	28	23.9
Female	55	38.6
Other	5	27.3
Age (Years)		
≤25	21	23.9
26-40	34	38.6
41-60	24	27.3
>60	9	10.2
Ethnicity		
White	60	34.1
Indigenous	4	2.3
African	7	4.0
Asian	12	6.8
Other	5	2.8
Educational level		
Less than high school	6	6.8
High school	39	44.3
Postsecondary education	43	48.9
Relationship status		
Single	54	61.4
Separated/Divorced	11	12.5
Partnered/Married	23	26.1
Employment status		
Employed	34	38.6
Unemployed	40	45.5
Student	7	8.0
Retired	7	8.0
Housing status		
Own home	25	28.4
Rented accommodation	33	37.5
Live with family or friend	30	34.1
Primary Mental Health Diagnosis		
Depression/Anxiety	34	38.6
Bipolar Disorder	18	20.5
Psychosis	14	15.9
Alcohol, drug use/Abuse	7	8.0
Other	15	17.0

* Fisher Exact test was applied

Image 2:

Table 2: Change in the prevalence of categorical scales, six weeks after hospital discharge

Measures	Baseline n (%)	Six-week after discharge n (%)	Total	Chi Square /Fisher Exact	P value
GAD-7					
At most low anxiety	46(52.3%)	51 (58.0%)	97 (55.1%)	.574	.449
Moderate-to-severe anxiety	42(47.7%)	37 (42.0%)	79 (44.9%)		
PHQ-9					
At most mild MDD	33 (37.5%)	42 (47.7%)	75 (42.6%)	1.882	.170
Moderate-to-severe MDD	55 (62.5%)	46 (52.3%)	101 (57.4%)		
WHO-5					
Good wellbeing	53 (60.2%)	41 (46.6%)	94 (53.4%)	3.288	.070
Poor wellbeing	35 (39.8%)	47 (53.4%)	82 (46.6%)		

Image 3:

Table 3: Change in mean scores of clinical characteristics six weeks after hospital discharge

Measure	Responses, n	Scores			Mean difference (95% CI)	P-value	t value
		Baseline score, mean (SD)	Six-week score, mean (SD)	Change from baseline, %			
GAD-7	88	9.49 (5.57)	8.89 (6.17)	-6.35%	(-0.62-1.83)	.331	.977
PHQ-9	88	12.19 (6.79)	11.21 (7.71)	-8.12%	(-0.48-2.46)	.185	1.337
WHO-5	88	53.14 (24.63)	51.18 (25.90)	-3.68%	(-3.43-7.34)	.473	.721

Conclusions: In the short term following hospital discharge, no significant changes were observed in mental health conditions. A collaboration between researchers and policymakers is essential for the implementation and maintenance of effective interventions to support and maintain the mental health of patients following discharge.

Disclosure of Interest: None Declared

EPV0592

Assessing Personality Disorders of People Who Abuse Family Members

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Introduction: Men’s violence against women continues to be a major public health problem worldwide. The long-term consequences require a proper management of resources and a thorough screening protocol. The most extensive study on domestic violence was published in 2005 by the World Health Organization (WHO) and has been updated regularly ever since.

Objectives: The aim of this study was to outline a personality profile for people who could be considered domestic abusers and to provide statistical data on personality disorders which are most common among this group of population.

Methods: The quantitative data was collected by administering two scales SCID II and Karolinska Scale.

Inclusion criteria: People who are physically aggressive with family members.

Exclusion criteria: people who are diagnosed with psychosis, people who show aggression with people other than family members

Results: We included 70 people who admit to having committed acts of physical aggression directed towards family members, who agreed to take part in the study. The scales which were applied are Karolinska scale and SCID II. We identified, using SCID II, DSM IV TR and ICD 10 the following personality disorders types in the

70 intrafamilial aggressors - 10% antisocial personality disorder, 27% borderline personality disorder of which 14% with impulsive emotional instability, 3% obsessive-compulsive personality disorder, 1.4% mixed personality disorder anxious and paranoid.

Conclusions: Being able to recognise a personality pattern shows great benefits for screening the patients at risk to develop an aggressive behaviour directed towards family member, thus being a great tool in prevention of long-term consequences associated with living in a hostile environment.

Disclosure of Interest: None Declared

EPV0593

Socio-emotional competencies in teachers of educational institutions in the department of cordoba, a comparative study between men and women

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Introduction: According to Bisquerra Alzina (2003), competencies are defined as a set of knowledge, capabilities, skills and attitudes, necessary to understand, express and regulate emotional phenomena appropriately and which are fundamental in the teaching profession since they are closely related to students' performance and mental health.

Objectives: compare socio-emotional skills in two groups of participants: female and male

Methods: A non-experimental, cross-sectional design was proposed for this study. The scope of this research is descriptive, in the sense, that it seeks to establish measures in regard to specific variables. Sample (100 female and 100 male).

Results: Results revealed that the evaluated teachers show average level of socio-emotional competencies, (Table 1). The highest scores were encountered in relation to the optimism competence. It suggests that teachers have the ability to obtain favorable balances from adverse situations presented in their daily lives.

Table 1: Distribution of socio-emotional competency levels in the professionals evaluated

	LOW %	MEDIUM %	HIGHT %
EMOTIONAL AWARENESS	19	80	1
SELF EFFICACY	32	66	2
EMOTIONAL REGULATION	17	81	2
EMOTIONAL EXPRESSION	6	85	9
PROSOCIALITY	6	85	9
ASSERTIVENESS	6	82	12
OPTIMISM	0	21	79
EMOTIONAL AUTONOMY	25	71	4
EMPATHY	8	85	7

Findings showed that there exists a statistically significant difference ($P=0,000$) in the empathy and self-efficacy dimensions. Women obtained higher scores in these two abilities in regard to men. (Table 2). No differences were observed in the rest of the competences evaluated.

Table 2: Differences according to men and women

	FEMALE	MALE
SELF EFFICACY	1,78	1,61
EMPATHY	2,02	1,96

Conclusions: Although teachers' socio-emotional competences were classified in medium levels, it is necessary to implement an intervention design that allows to strengthen those dimensions since they could improve not only the relationships with their students but also teachers' mental health.

Disclosure of Interest: None Declared

EPV0596

Analysis of the reasons for consultation in psychiatric emergency triage

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Introduction: The chain of care in psychiatric emergencies should be reviewed to improve assistance.

Objectives: Our objective was to determine the reality behind the reasons for consultation assigned in triage as "Psychiatry Assessment" and "Psychiatric Patient", examining diagnoses to the discharge of said patients

Methods: To this end, reasons for triage consultation and patient diagnoses are retrospectively collected who were evaluated by the main author in the emergency room of Hospital de Jaén between June 23, 2019 and May 31, 2020. They were selected following these criteria; inclusion: patients with psychiatry consultation, evaluated by the first signatory of the text and with reasons for consultation in triage: "Psychiatric patient" or "Assessment by Psychiatry". As exclusion criteria: high due to escape. Among the 224 patients evaluated, we found 35 who met criteria

Results: Of the total reasons of consultation collected at beginning, 16.6% corresponds to "Assessment by Psychiatry" (13.9%) and "Patient psychiatric" (2.7%), this being group the second reason for most frequent consultation after of "Anxiety" with 33%. Relating these reasons for consultation with the discharge diagnoses made in these patients, we found that the percentage of patients in each diagnosis would be: Regarding the action plan followed after the evaluation and diagnosis of these patients, it is reported that 45% of them required admission, 37% were referred to Mental Health Unit, 9% to family doctor and 6% to the Drug Addiction Center. - 11.4% of pharmacological intakes; 8.6% of psychotic episodes, symptoms anxiety, treatment renewal and mood disorders personality; respectively; 5.7% of autolytic attempts,

autolytic ideation, schizoaffective disorder, bipolar disorder, heteroaggressiveness and depression; respectively; 2.9% of adverse effects to drugs among others diagnostics

Conclusions: It is appreciated that the reasons for consultation triated as “Psychiatric patient” or “Psychiatry assessment” does not provide real information about the clinical characteristics of the patient to be evaluated in the emergency room, having a wide range of diagnoses encompassed in these terms. This fact does not allow discern the fundamental reason why the patient goes to the emergency room, nor receive assistance adequate to the problem it presents, nor a correct regulation of waiting and logistical planning. We believe it is advisable to review the use of these terms in the practice of the psychiatric emergencies training all professionals involved in the triage chain and we value the need to count on all emergency services with a standardized triage method for the psychiatric emergencies.

Disclosure of Interest: None Declared

Mental Health Policies

EPV0597

Microaggressions towards People with Mental Illness

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Introduction: Microaggressions, or subtle expressions of discrimination directed towards individuals because of their membership in marginalized social groups, are the subject of a growing body of literature (Sue, 2010). As a result of growing understanding of politically correct beliefs over time, they've been defined as subtler types of discrimination that have replaced formerly overt discrimination. Microaggressions differ from traditional prejudice in that they are frequently perpetrated by well-intentioned people who are oblivious of the negative implications and consequences of their conduct. Microaggressions have been documented in a variety of social groups, including racial/ethnic minorities (Sue et al., 2008; Torres et al., 2010), gender (Swim et al., 2001), sexual orientation (Shelton and Delgado-Romero, 2011), and ability status (Shelton and Delgado-Romero, 2011). Many people with mental illnesses have reported social rejection experiences that are similar to microaggressions, according to research (Cechnicki et al., 2011; Lundberg et al., 2009; Wright et al., 2000; Yanos et al., 2001).

Objectives: Existing measures of stigmatizing attitudes and behaviors may not capture much of the nuance in behavior that people with mental illness report to be particularly upsetting, so we thought it would be important to examine reliability and validity of the mental illness microaggressions scale-perpetrator version (MIMS-P) for measuring microaggression behavior in the general public in Turkey.

Methods: The methodological study will be conducted to establish the validity and reliability of the The mental illness

microaggressions scale-perpetrator version (MIMS-P) scale to Turkish Culture and to determine the microaggression levels against individuals with mental illness in the general population. The sample of the study will consist of individuals who are reached through an online questionnaire and who agree to participate in the study. Individuals who have psychiatric disorders will not be included in the study.

Results: Data collection process is still ongoing. Description of studies and the key findings will be presented.

Conclusions: The MIMS-P is designed to aid future study on the frequency of endorsement of microaggressions performed against people with mental illnesses, with the ultimate goal of understanding the mechanisms that lead to these acts.

The development of an extra scale to measure microaggressions from the perspective of people with mental illnesses who encounter them is one of the future research objectives.

With a better knowledge of these viewpoints and how they interact, effective therapies and public policy initiatives for reducing stigma against mental illness can be developed.

Disclosure of Interest: None Declared

EPV0598

Crisis resolution teams: are we doing things well?

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Introduction: Crisis resolution teams (CRTs) are a crucial component of mental health care, providing timely support to individuals experiencing acute mental health crises. This abstract delves into the concept of crisis and seeks to identify the patients who stand to benefit from these specialized services.

Objectives: Defining crisis within the context of CRTs can be complex. It encompasses not only immediate emergencies but also broader mental health distress.

Research suggests that suitable candidates for CRT interventions are those facing acute mental health crises: This includes individuals experiencing suicidal ideation, severe agitation, or severe emotional distress.

La “Escala de Evaluación de Resolución de Crisis” (Crisis Resolution Team Assessment Tool, CRTAT) de Sonia Johnson es una herramienta diseñada para para medir la efectividad de los CRT y la duración de la intervención en crisis. Establece un límite de seis semanas como el período máximo durante el cual se debe ofrecer la atención en crisis.

Existen otras escalas de evaluación para medir la eficacia de la resolución de crisis:

1. **Escala de Intensidad de Crisis (CIS):** se utiliza para medir la gravedad de la crisis y la necesidad de intervención inmediata.
2. **Escala de Evaluación de Crisis de Brage Hansen (BCES):** se enfoca en la evaluación de crisis suicidas y evalúa la intensidad de la ideación suicida y la urgencia de la intervención.
3. **Escala de Evaluación de Crisis de Eriksson (ECAS):** Diseñada para evaluar la intensidad de la crisis en pacientes psiquiátricos,

la ECAS se centra en la agitación, la ansiedad y la angustia emocional.

Methods: - Studies have explored the effectiveness of CRTs and the perspectives of service users. Understanding how patients perceive crisis and CRT services is crucial for tailoring interventions effectively.

Results:

Conclusions: - CRTs play a vital role in mental health care, offering timely support to individuals experiencing crises. While defining crisis is complex, suitable candidates often include those in acute distress requiring immediate intervention. Understanding the perspectives of service users and the diverse nature of crisis experiences informs effective crisis resolution strategies.

Disclosure of Interest: None Declared

EPV0600

Principles of a personalized approach in psychosocial interventions for cardiac surgery patients

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Introduction: Cardiac surgery patients, former cardiac patients, face additional sources of stress connected with surgical intervention.

Objectives: To devise the main principles of a personalized approach in psychosocial interventions for cardiac surgery patients.

Methods: We have devised these principles based on the analysis of contemporary scientific literature and the operational experience of the Cardiology Clinic of the Chuvash Republic located in the city of Cheboksary.

Results: A personalized approach in psychosocial interventions for cardiac surgery patients is used at all levels of medical support. It implies taking into consideration in every specific patient a unique correlation of their clinic-anamnestic peculiarities, clinic-psychological risk factors of the condition's gravity and their psychological resources. At the same time, all the psychological interventions must focus on the personality and comply with the clinic specificity of the actual somatic and mental condition of the cardiac surgery patients. The underlying principles of the personalized approach in psychosocial interventions for cardiac surgery patients include the principles of accessibility, openness, continuity, collaboration, integration, differentiation, variation, participation, awareness and prevention.

Conclusions: Relying on the personalized approach in psychosocial interventions for cardiac surgery patients allows working out a personalized treatment and rehabilitation course for an individual patient.

Disclosure of Interest: None Declared

EPV0602

Responses to serious adverse incidents in mental health care settings: a qualitative study of a complex patient safety system

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Introduction: Individual patient safety processes (such as reporting, investigating, learning and improving patient outcomes) activated following serious adverse incidents (e.g. patient suicide) are not distinct or standalone. Rather, they are embedded within a complex system of multiple interdependent processes enacted by individuals who are subject to an array of implicit and explicit influences (Nathan *et al.* BJPsych Advances 2022; 1-11). Although some specific elements of the response to adverse incidents have been examined, no previous empirical research has set out to study the complex interacting system within which these elements are situated.

Objectives: This study's aim was to characterise a complex patient safety system and to identify types of processes across that system that have an impact on the goal of improving patient safety.

Methods: Recorded 1:1 semi-structured interviews were undertaken with staff in a range of patient safety roles across a mental health care system to elicit accounts of the system response to serious adverse incidents. These interviews were transcribed, and the transcriptions were subject to thematic analysis using the *Framework Method* for qualitative research in health care settings (Gale *et al.* BMC Med. Res. Methodol. 2013; 13.1; 1-8). This preliminary study relates to the analysis of 8 interviews.

Results: The following six main types of influences on the effectiveness of patient safety system responses to adverse incidents were identified:

1. **Differing functions/expectations of investigations into serious incidents** (due to differing demands of different parties, such as the health provider, the family, the coroner, etc);
2. **Differing methodologies used to investigate serious adverse incidents** (although system-based generally preferred, there was a noted risk that this approach may fail to identify occasional examples of poor practice);
3. **Relationship between incident investigation processes and patient safety processes** (with a particular potential for the latter to dominate the system at the expense of the former);
4. **System complexity** (multiple interacting processes/processors at multiple levels within the health provider and wider health system);
5. **Operationalising recommendations from investigations** (with the potential for adverse unintended patient safety consequences);
6. **Influence of national directives**

Conclusions: As well as paying attention to individual components of the safety system (e.g. investigation methodology and organisational culture), the development of an effective patient safety system is dependent on an understanding of the complex interacting

processes across the system. This study sheds empirical light on key influences that act across a mental health provider system. Both researchers of patient safety and providers intending to improve their approach to patient safety should take account of such systemic influences on effectiveness.

Disclosure of Interest: None Declared

Migration and Mental health of Immigrants

EPV0604

Syrian refugees' experiences while receiving mental health services and psychiatric nursing care: A qualitative study

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Introduction: Millions of people have migrated because of violence, wars, disasters, and human rights violations, all of which have increased rapidly in recent years. Türkiye has hosted millions of refugees since 2010. Few studies have focused on the mental health needs of refugees or how these needs have been addressed in Türkiye.

Objectives: This study examined the experiences of Syrian refugees in a community center in Türkiye as they access mental health services and receive psychiatric nursing care.

Methods: A qualitative design was adopted in the study. Data were collected from southern Türkiye between November and December 2021. The researchers conducted three semistructured focus group interviews following Colaizzi's phenomenological method to analyze the qualitative data. A total of 19 Syrian refugees participated in the focus group interviews.

Results: Three key themes related to immigrants' experiences of receiving mental health services and nursing care were identified: barriers to receiving mental health services, coping with negative experiences in Türkiye, and satisfaction with mental health services. The participants identified the barriers they experienced while receiving health services as those pertaining to language, discrimination, and stigmatization. They also mentioned the methods of coping with these negative experiences in Türkiye. Despite their negative experiences, they expressed satisfaction with the mental health services they received, especially psychiatric nursing care.

Conclusions: This study determined that Syrian refugees face barriers to accessing and receiving mental health services. They stated that mental health professionals in Türkiye approach them with empathy, particularly those in psychiatric nursing.

Healthcare professionals may be trained in culturally sensitive care to increase awareness. Studies have frequently examined the experiences of nurses providing care to refugees, but few have focused on evaluating nursing care from the perspective of refugees. Syrian refugees have reported various obstacles in accessing and receiving mental healthcare services. Health professionals, especially psychiatric nurses in mental health psychosocial support centers, must facilitate the processes to eliminate these obstacles.

Disclosure of Interest: None Declared

EPV0606

Evaluation of a scalable psychosocial intervention for refugees in Greece

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Introduction: The world of the third millennium is witnessing the highest levels of displacement on record. To meet the specific needs of this vulnerable population, a task-shifting approach is developed, where individuals with refugee background and lived experience are trained and supervised by mental health professionals to provide emotional and practical support to members of their communities.

Objectives: The evaluation of a scalable psychosocial intervention for refugees based on the task-shifting approach.

Methods: The intervention consisted of sessions of Problem Management Plus (PM+) and peer case management delivered by a team of community psychosocial workers (trained refugees). The sample consisted of 173 participants, Arabic- and Farsi-speakers male and female, recognized refugees, and asylum seekers. Anxiety, depression, and psychological distress were measured before and after the intervention using the Generalised Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire - 9 (PHQ-9), and Psychological Outcome Profiles (Psychlops) scales respectively. Repeated measures analysis of variance (ANOVA) was adopted to evaluate the difference in the degree of change across patients' characteristics over the follow up period. Statistical significance was set at $p < 0.05$ and analyses were conducted using SPSS statistical software (version 26.0).

Results: Significant decreases were found in all post-test scales, indicating diminution of anxiety, depression symptoms, and psychological distress. Large effects sizes were found in all scales.

Conclusions: The findings support that task-shifting approach incorporating PM+ and case management is effective for the mental health of refugees. Peer support could be included in a stepped care model for refugee mental health and well-being in high-income countries. For future research a randomized controlled trial is proposed as a study protocol.

Disclosure of Interest: None Declared

EPV0607

Prevalence of alcohol use disorder in migrants from a Portuguese Center for Refugees: a study protocol

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Introduction: According to the 2023 statistical report from the Portuguese Migration Observatory, Portugal has received over 72,000 refugees since 2015, with a significant number (56,041) being displaced citizens from Ukraine. This influx includes spontaneous asylum requests. The major countries of origin for refugees in Portugal are Afghanistan, India, Gambia, Pakistan, and Morocco. Notably, refugee populations exhibit elevated incidence rates of specific psychiatric disorders, including post-traumatic stress disorder and depressive disorders. These conditions are independent risk factors for substance use disorders. Furthermore, refugees face unique risks related to their migration journey, increasing their vulnerability to substance use disorders. The prevalence of substance use disorders, especially Alcohol Use Disorder, can reach up to 36% in this population. CAR 1 (Reception Center for Refugees) is a vital social facility in Portugal dedicated to enhancing the reception and integration of asylum seekers and refugees.

Objectives: Our primary objective is to determine the prevalence of potential alcohol problems and unhealthy alcohol use within the Portuguese Refugee Center in Lisbon. Our secondary aim is to comprehensively characterize the migrant population. This includes gathering data regarding demographic information, legal status, country of origin, pre-migration alcohol-related issues, psychiatric diagnoses, history of psychiatric evaluations, self-initiated help-seeking behavior, and self-perceived alcohol-related problems.

Methods: All individuals currently residing in our refugee center (approximately 70 people) will be invited to participate in a comprehensive survey and screening process. Exclusion criteria will apply to individuals with acute psychiatric conditions unable to provide reliable responses. The survey includes the Alcohol Use Disorders Identification Test (AUDIT) and the CAGE questionnaire. Quantitative data obtained from the questionnaires will be analyzed using Microsoft Excel and IBM SPSS 29 software.

Results: We anticipate a high prevalence of positive responses to the AUDIT due to potential alcohol-related issues but expect low responses to the CAGE questionnaire due to limited awareness of alcohol use disorder and a reduced perception of the need for help.

Conclusions: This study could help identify and validate the prevalence of alcohol use disorders among migrants, emphasizing the need for appropriate responses. By shedding light on these challenges, we hope to promote effective responses to alcohol use disorder and encourage the utilization of alcohol screening tests in refugee centers, emphasizing the importance of seeking consultation when needed.

Disclosure of Interest: None Declared

EPV0609

The Traveling Mind: Moderators, Mediators and Pathophysiology of Migration Psychosis

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Introduction: It is well established that migrants have a 2 to 4 times increase in psychosis risk. However, estimates are highly heterogeneous and vary considerably depending on origin and destination country. It also seems that the relationship between migration and psychosis is complex.

Objectives: In this review, we aim to explore the moderators, mediators and mechanisms behind migration psychosis.

Methods: We searched PubMed using the following terms: "psychosis," "psychotic," "migra*", "immigra*", "schizophreni*," "pathogene*". We limited the search to studies published after 2010 and we screened the title, abstract, and full text. We included a total of 47 studies in this narrative review.

Results: Moderators identified in the literature were country of origin, vitamin D deficiency, male sex, and psychosocial adversity (e.g. exposure to war). Mediators were mostly social, namely discrimination, social exclusion and ethnic minority status, low ethnic density, as well as language distance, unstable housing, and unemployment. Most of the studies we retrieved found that substance use did not fully explain the increased risk for psychosis among migrants. We found that potential pathophysiological mechanisms include stress-induced alterations in dopaminergic neurotransmission, functional and structural alterations in ventral anterior cingulate cortex, as well as possible stress-resultant neuroinflammation.

Conclusions: This review highlights the pathway from psychosocial hardships to neurobiological alterations leading to migration psychosis. Further research is needed to translate these findings into developing preventive measures and tailoring treatment modalities to the migrant population.

Disclosure of Interest: None Declared

EPV0610

Suicide risk, hopelessness, interpersonal needs, and mental health in a sample of migrant psychiatric patients: a case-control study

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Introduction: Suicide is a multifactorial phenomenon characterized by many biological, psychological, and social-cultural factors. The study of this phenomenon in migrants is complex, with no theoretical framework that can describe the available heterogeneous data. Although Italy has the fourth largest migrant population of EU, only few studies have assessed suicidal risk in migrants.

Objectives: The aim of his study is to assess suicide risk factors (hopelessness; interpersonal needs; traumatic experiences) in a sample of migrant patients, and to evaluate the possible application of the Interpersonal Theory of Suicide (ITS). Moreover, suicidal ideation and attempts were compared between migrants and natives. Lastly, a wider psychometric assessment has been conducted (depressive and anxiety symptoms; autistic traits).

Methods: In this case-control study, we included 50 migrants vs. 50 natives. Data were collected during the same period by gender, age, and diagnosis. We collected sociodemographic and clinical characteristics. We administered the following tests: Columbia Suicide Severity Rating Scale, Interpersonal Needs Questionnaire, Beck Hopelessness Scale, Beck Depression Inventory-II, Hamilton Anxiety Scale, Childhood Trauma Questionnaire, and Adult Autism Subthreshold Spectrum.

Results: There were no differences in sociodemographic characteristics, except for ethnicity. Otherwise, there were significant differences between diagnosis ($p:0.013$), with native reporting more Mood Disorders, and migrants reporting more Anxiety, Obsessive-Compulsive, Trauma-Related, Eating, and Substance Use Disorders. Migrants were more prone to be on treatment with Mood Stabilizers ($p:0.000$). There were significant differences for interpersonal needs, trauma, anxiety, and autistic traits. Migrants show more perceived burdensomeness ($p:0.05$), more physical neglect ($p:0.004$), physical abuse ($p:0.002$), and sexual abuse ($p:0.016$), more anxiety symptoms ($p:0.046$), and more empathy alterations ($p:0.014$). No differences were found for suicidal ideation and attempts, hopelessness, and depressive symptoms.

Conclusions: Despite there were no differences in suicide risk, migrants showed higher rates of perceived burdensomeness (PB) and childhood traumatic experiences (CTE). Both PB and CTE represent cardinal constructs of the ITS. No differences were found for hopelessness and depressive symptoms. Migrants showed higher rates of anxiety symptoms and empathy alterations. Even if suicide rates between migrants and natives were similar, accurate assessment of suicidal risk in migrants is crucial in improving suicide prevention strategies. Suicide risk evaluation in migrants should consider the application of ITS. For an appropriate clinical evaluation of the migrant patients, anxiety dimensions and autistic traits should be investigated.

Disclosure of Interest: None Declared

EPV0611

Between Delusions and Borders: Diagnosing Delusional Disorder in Migratory Contexts

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Introduction: The mental health of immigrants is a significant, yet often overlooked, aspect of public health. This case study highlights the intersection of migration and mental health, focusing on a patient with delusional disorder. It is particularly relevant for psychiatrists due to the unique challenges in diagnosing and treating mental health conditions in migrant populations, who often face cultural, linguistic, and systemic barriers in accessing care.

Objectives: The primary objective of this case study is to elucidate the diagnostic and clinical challenges encountered in managing delusional disorder in a migrant patient. The case study presented aims to provide insights into how delusional beliefs can precipitate and perpetuate the process of migration.

Methods: The case study was developed through comprehensive psychiatric interviews during the patient's stay in a Psychiatric Inpatient Unit, supplemented by a targeted literature review on PubMed using "delusion disorder" and "immigration" as keywords.

Results: The patient, a 44-year-old Indian male, was a functional young adult until 2007 when he began exhibiting symptoms of delusional disorder. His delusions progressively evolved from local scenarios to national and eventually to a global scale. The initial delusions were focused on personal and professional conspiracies within his home country, leading to his first internal migration. As the condition worsened, his delusions expanded, fueling a belief in a widespread conspiracy that transcended national borders. This escalation of delusional beliefs became the primary motivation for the patient's international migration. He changed countries four times, each move driven by an attempt to escape the perceived threats and conspiracies associated with his delusional disorder. The patient's journey through various countries was a direct result of the intensifying nature of his condition.

Conclusions: This case study accentuates the profound impact that a delusional disorder can have as a driver and catalyst of international migration, influencing the individual's decision-making process and shaping the migratory experiences. It emphasizes the necessity for psychiatrists to consider the unique socio-cultural contexts of migrant patients in diagnosis and treatment. The case study advocates for a comprehensive treatment approach, integrating psychiatric care with a nuanced understanding of the migrant's experiences and challenges. This multifaceted approach is crucial in addressing the complex needs of patients with delusional disorder in migrant populations.

Disclosure of Interest: None Declared

EPV0612

Sociodemographic and clinical profile of immigrants hospitalized in psychiatric facilities in Tunisia

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Introduction: In an increasingly interconnected world, migration has become a defining characteristic of the 21st century. While immigration offers new beginnings and prospects, it also presents unique challenges, particularly concerning mental health.

The experience of migrating can exert pressure on mental health through factors such as acculturation stress, discrimination, and economic hardships. These challenges can, in turn, contribute to the development of mental health issues.

Objectives: To study the socio-demographic and clinical profile of immigrants hospitalized in the “C” psychiatry department, Hedi Chaker Hospital, in Sfax, Tunisia.

Methods: We conducted a retrospective descriptive study of immigrants hospitalized in the psychiatry department “C”, Hedi Chaker Hospital, Sfax Tunisia from 2011 to 2023. Socioeconomic data and clinical profiles of immigrants were collected from archived files.

Results: The total number of immigrants hospitalized during these 12 years was 32, with an average age of 28.81 years \pm 7.8 years, all of them were males, as the psychiatric department “C” only hospitalizes men.

All were of African origin, of whom 21.9% (n=7) had Libyan nationality, 15.6% (n=5) had Somali nationality and 12.5% (n=4) had Sudanese nationality. Communication with them was possible in 87.5% of cases, primarily through the native Arabic language in 56.3% of instances. Illegal immigration was the most prevalent form, accounting for 75% of cases. During the immigration process, 18.8% of individuals reported experiencing violence.”

The majority of hospitalized immigrants were single (71.9%), had a primary school education (37.5%), a low socio-economic level (81.3%), and no profession (59.4%). 21.9% of them had received social assistance, and 59.4% lived in a refugee camp. Psychoactive substance consumption was reported by 53.1% of our study population.

Regarding the clinical profile of the population, 21.9% had a history of somatic conditions, 43.8% had a psychiatric history, including 9.4% who had attempted suicide, and 34.4% who had experienced traumatic events since arriving in Tunisia. The primary reason for hospitalization was behavioral disorders in 71.9% of cases and suicide attempts in 15.6%. The most prevalent diagnoses were schizophrenia (50%), and bipolar disorder (18.8%). Upon discharge, 15.6% encountered administrative issues.

Conclusions: Hospitalized immigrants exhibit diverse socio-demographic and clinical profiles. These findings underscore the significance of acquiring a deeper understanding of the mental health needs and existing barriers to healthcare within various immigrant communities. This is particularly crucial as immigration continues to be a central focus in Tunisia’s public policies and discussions.

Disclosure of Interest: None Declared

EPV0613

War and Migration – when Mental Health is left behind

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Introduction: Wars and armed conflicts are known to have devastating consequences for both physical and mental health of all the people involved. Studies have shown that conflict situations cause more mortality and disability than any major disease and, among

the consequences of war, the impact on mental health of the civilian population is one of the most significant.

Forced migration, compelling people to become internally displaced or refugees who have fled to other countries, is responsible for additional physical and mental health problems. Regardless of the reasons for migration, the process itself can be a highly stressful life event, leading to a higher risk of psychiatric disorders. Refugees are particularly susceptible to mood and anxiety disorders, whose prevalence rates is almost twice as high as those found among non-refugee migrants.

Objectives: Since 2022, with the progression of the conflict between Russia and Ukraine, and the establishment of a real war scenario, many Ukrainians were forced to leave their homeland, to ensure their survival and security. In Europe, many countries took in Ukrainian refugees and Portugal was no exception.

In the Psychiatry Inpatient Service of University Hospital Center of São João, there were admissions of Ukrainian refugees who already had a known mental disease - at that time decompensated - and also new cases, to date without follow-up by the specialty.

Methods: In this work, we will carry out a bibliographical review on the impact of war and migration on mental health and the potential of proper medical approach, based on articles indexed in Pubmed, in the last 10 years.

Furthermore, we will present the cases of war refugees interned in our service between January 2022 and December 2023.

Results: We will describe the psychopathological features and also the sociofamilial circumstances of these patients, as well as explain the intervention and longitudinal support developed in these cases.

Conclusions: As a conclusion, we point out the importance of approaching mental illness in light of the individual’s context, knowing that this context may contain the problem and also the solution. War and forced migration bring increased challenges to psychiatry and, in an increasingly globalized society, geographical, linguistic or cultural barriers cannot impose limits on our best and most appropriate medical treatment.

Disclosure of Interest: None Declared

EPV0614

A Bibliometric Analysis of Refugee Health Publications in the Nursing Field by Visual Mapping Method

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Introduction: Millions of people worldwide are forced to migrate to another country and nurses are the key professional for providing necessary health care to this population. Providing nursing care to refugees or immigrants requires diverse transcultural professional competencies based on standardized guidelines.

Objectives: This study was aimed to examine the bibliographic characteristics of quantitative studies conducted on refugees in the nursing field.

Methods: The data were obtained from articles scanned in the Web of Science Core Collection database. The 1672 articles that were published between 1980-and 2023 and met the inclusion criteria were analyzed using VOSviewer and Microsoft 365 Excel software. The PRISMA 2020 Checklist was used for reporting.

Results: Most publications were made in 2020. The United Kingdom, the United States, Canada, and Australia have the highest number of publications, citations, and international cooperation. Additionally, “mental health” is one of the most used keywords in the studies.

Conclusions: The findings show the importance of empowering nurses working in this field, especially in determining the needs related to mental health services for refugees. The increased migration rates and the growing need for refugee health care highlighted the importance of investment in nursing research within this field. Nurses and researchers should aim to establish partnerships and share best practices with the leading countries. Furthermore, nurses require specialized training to competently evaluate and provide nursing care and mental health services to this vulnerable population. Policymakers must prioritize international collaboration, equitable healthcare, and the integration of mental health services within healthcare systems to improve refugee health and reduce barriers between them and health services.

Disclosure of Interest: None Declared

Neuroimaging

EPV0615

Reduced resting-state gamma-band power correlate with unaltered glutamate + glutamine levels in patients at clinical-high risk of psychosis

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Introduction: There is growing evidence of excitation / inhibition (E/I) balance abnormalities in schizophrenia, which might be associated with abnormal gamma frequency oscillations and glutamate concentrations. However, to the best of our knowledge, only one multimodal study have examined such associations between EEG and metabolite characteristics in patients at clinical-high risk of psychosis (CHR) so far.

Objectives: We aimed to investigate potential associations between GLX (glutamate + glutamine) levels and resting-state gamma-band power in CHR individuals and healthy controls (HC).

Methods: Twenty right-handed male patients (16-27 years, mean age 19.9 ± 2.7) fulfilling CHR criteria and 19 healthy male controls (16-27 years, mean age 21.6 ± 3.6) underwent resting-state EEG (16 leads; 10–20 system) and MR spectroscopy at 3T MRI scanner with voxels of $30 \times 30 \times 30$ mm located in left and right medial prefrontal cortex. Spectral analysis with estimation of gamma-band power (30-45 Hz) were conducted. MEGA-PRESS acquisitions were analyzed with jMRUi (ver. 5.1 Alpha), levels of GLX were calculated as a ratios to creatine + phosphocreatine (GLX/Cr). Gamma-band (30-45 Hz) spectral power and GLX/Cr were compared between groups. Correlations between EEG and metabolite

data were analyzed with regression model including age and chlorpromazine equivalents as covariates.

Results: Compared to healthy controls, patients showed reduced spectral gamma-band power in 6 leads (Table). No alterations in GLX/Cr were detected. Positive correlations between altered gamma-power in all leads (except Cz) and GLX/Cr in left medial prefrontal cortex were revealed in CHR (F3: $r=0.51$, $p=0.006$; F8: $r=0.54$, $p=0.004$; C3: $r=0.37$, $p=0.037$; Pz: $r=0.51$, $p=0.039$; P4: $r=0.56$, $p=0.009$). No correlations in HC group were found. Chlorpromazine equivalents did not correlate with GLX/Cr of gamma power in CHR group.

Table. Results of between-group comparisons corrected for multiple comparisons

Lead	CHR Mean \pm SD	HC Mean \pm SD	p-value	F	Cohen's d	Cohen's d CI 95%
F3	0.97 \pm 0.62	1.4 \pm 0.64	0.0097	7.2	-0.69	-1.22 -0.16
F8	0.84 \pm 0.61	1.45 \pm 1.03	0.0072	7.8	-0.71	-1.24 -0.19
C3	0.97 \pm 0.55	1.44 \pm 0.64	0.0026	9.9	-0.79	-1.32 -0.27
Cz	1.03 \pm 0.61	1.42 \pm 0.52	0.0074	7.7	-0.70	-1.22 -0.18
Pz	1.17 \pm 0.7	1.62 \pm 0.63	0.0098	7.1	-0.68	-1.2 -0.16
P4	1.04 \pm 0.66	1.53 \pm 0.66	0.0051	8.5	-0.74	-1.27 -0.22

Conclusions: The findings suggest that clinical-high risk of psychosis is associated with widespread alterations in resting-state gamma-band power. Positive correlations of such alterations with GLX/Cr and absence of such correlations in HC group are presumably indicative of disturbances in the excitation / inhibition balance in CHR individuals.

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Disclosure of Interest: None Declared

EPV0616

Widespread cortical and subcortical gray matter loss and an increase of globus pallidus volume in treatment-resistant schizophrenia

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Introduction: It is still being discussed whether treatment-resistant schizophrenia (TRS) is a biological subtype which differs from non-treatment-resistant schizophrenia or is it a more severe condition that affects brain worse than non-treatment-resistant schizophrenia. However, there are few and heterogeneous studies and the etiology of TRS remains quite unclear.

Objectives: This study aimed to explore cortical and subcortical morphometric characteristics in TRS patients and its associations with the clinical features. The pilot stage comprises the comparison to the mentally healthy subjects.

Methods: 21 right-handed male patients (mean age 28.99 ± 8.08 years) fulfilling TRS criteria and 21 matched healthy controls

(mean age 29.35 ± 7.41 years) underwent T1-weighted structural MRI at 3T Philips scanner and clinical examination. Images were processed using FreeSurfer 7.1.1. Cortical thickness and area, volumes of subcortical structures and separately volumes of the amygdala nuclei and hippocampal subregions were compared between groups. The morphometry data, PANSS (Positive and Negative Syndrome Scale), CDSS (Calgary Depression Scale for Schizophrenia) and daily chlorpromazine equivalent doses of antipsychotics were included in correlational analysis. Results were considered significant if they retained significance after correction for multiple comparisons.

Results: Compared to healthy controls, TRS patients showed decreased gray matter thickness in frontal, temporal, parietal, occipital, cingulate and insular regions (Figure 1). The temporal lobe showed the most prominent thinning of the cortex. The volumes of the amygdala, hippocampus (Figure 2) and nucleus accumbens, a number of amygdala nuclei and hippocampal subregions bilaterally were also decreased in TRS patients. The volume of the right globus pallidus, on the contrary, was increased (Figure 2). No correlations between altered cortical thickness, PANSS (positive, negative, general psychopathology scales and total score), CDSS and chlorpromazine equivalent doses of antipsychotics were found.

Image:

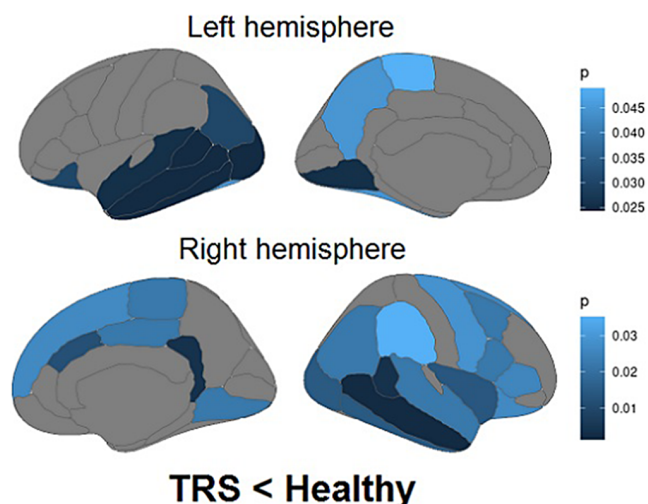
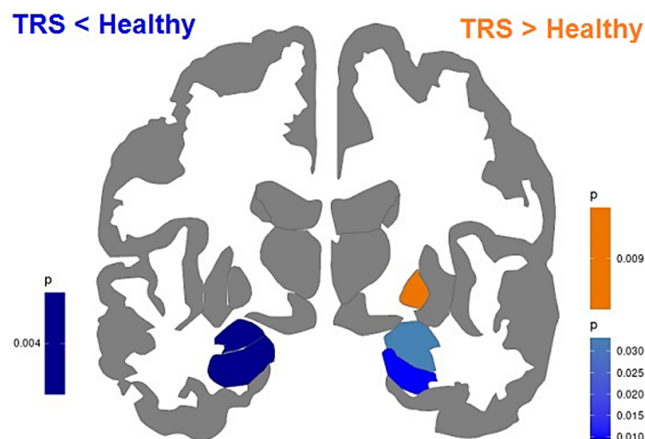


Image 2:



Conclusions: The widespread gray matter cortical and subcortical loss in TRS finds confirmation in the literature. The increased globus pallidus volume is an unexpected and intriguing result. Other studies demonstrated conflicting results on that point. Some studies reported possible therapy influence, others suggested possible associations with symptoms. We did not find any correlations with psychometric or therapy characteristics. It is possible that there are non-linear relationships or relationships that exist only at a certain stage of the disease. As for therapy, patients took individual medication, consisting of various antipsychotics and drugs from other pharmacological groups, and such heterogeneity could affect the results of the study. Further research is going to be carried out.

Disclosure of Interest: None Declared

EPV0617

Brain activity behind the negative and positive emotions: an experimental setting with functional near-infrared spectroscopy (fNIRS)

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Introduction: The fNIRS is an optical brain monitoring technique which uses near-infrared spectroscopy for the purpose of functional neuroimaging. Using fNIRS, brain activity is measured by using near-infrared light to estimate cortical hemodynamic activity which occurs in response to neural activity. In the aspect of psychiatry fNIRS is a tool that can potentially facilitate the clinical diagnostic process and identify stages of psychiatric illnesses by providing objective and quantifiable evidences of brain changes. However, this will require specific cerebral haemodynamic patterns to be validated in larger clinical populations with specific psychiatric disorders.

Objectives: Our team decided to set a fNIRS system to find out the difference in prefrontocortical (PFC) activity pattern between healthy and anhedonic population. This abstract has been created for introduce our first findings about the difference in PFC activity under emotionally positively or negatively coloured stimuli in healthy population.

Methods: We have measured 5 healthy adults, non-anhedonic participants under emotionally different visual and acoustic stimuli with the use of NIRX/NIRScout system with the view of our prefronto-temporo-parietal montage.

Fig 1 We divided our experimental tools into 4 individual 20 second long parts:

Passive neutral visual or acoustic stimuli for baseline (watching a black dot or silence)

Passive visual stimuli (watching a single picture)

Active visual stimuli (choosing from photo collage) to detect contrast of cortical background activation

Passive acoustic stimuli (listening sounds)

In total, we defined emotionally, two neutral, four positive and four negative stimuli in our experimental setting.

Softwares: We used HOMER3 for analyzing our datas and estimate hemodynamic response factor (HRF) using general linear matrix

(GLM) regression. We used *AtlasViewer* for reconstructing HRF image onto the Colin27 digitalised brain model. And we also used SPSS for statistical analysis between stimuli types and HRF means. **Results:** **Fig 2** Significant HRF differences were measured in the dominant hemisphere dorsolateral prefrontal cortex (DLPFC) between the influence of each emotionally negative and positive stimuli ($p<0.001$). The level of DLPFC activity was positively influenced by emotionally positive stimuli ($p<0.001$).

Image:



Image 2:

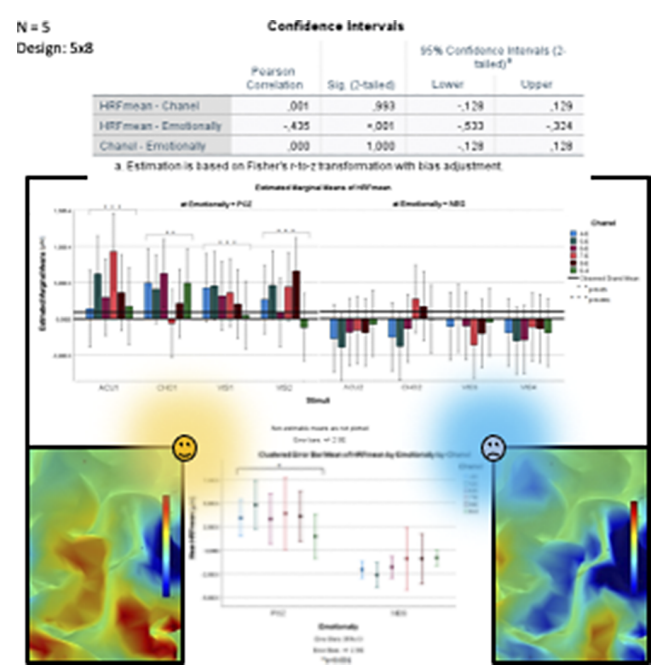
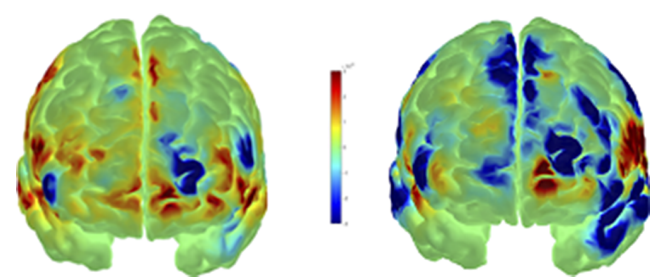


Image 3:



Conclusions: **Fig 3** Our fNIRS experimental system is a suitable tool to measure and model the pattern of prefrontal cortical activity. Based on the measured hemodynamic values, we detected a significant activity difference in the dominant hemisphere DLPFC during emotionally positive and negative stimuli, the extent of which is positively influenced by emotionally positive stimuli. The left DLPFC appears to be a promising target for our next studies of anhedonia.

Disclosure of Interest: None Declared

EPV0619

A Machine Learning Model for Predicting Major Depressive Disorder Using Diffusion-Tensor Imaging Data

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Introduction: Major Depressive Disorder (MDD) stands as a prevalent psychiatric condition within the general population. Despite extensive research efforts, the identification of definitive diagnostic biomarkers for depressive disorders remains elusive. Currently, machine learning methods are gaining prominence in the diagnosis of medical illnesses.

Objectives: This study aims to construct a machine learning-based prediction model for Major Depressive Disorder (MDD) by harnessing diffusion tensor imaging (DTI) data.

Methods: The DTI datasets comprising MDD (N=83) and Healthy Control (N=70) groups were procured from the cohort study of Anxiety and Depression conducted at the National Center for Mental Health in South Korea. A machine learning method using a decision tree algorithm was employed to select relevant brain regions and establish a robust diagnostic model. Features associated with white matter (WM) tracts were chosen through recursive feature elimination.

Results: Demographic characteristics, including age, sex, and handedness, displayed no significant differences between the MDD and Healthy Control groups. However, the total score of the Beck Depression Inventory was notably higher in individuals with MDD compared to Healthy Controls. A diagnostic model

was crafted using the decision tree algorithms to distinguish between the two groups. The model demonstrated the following classification performance metrics: accuracy ($65.6\% \pm 8.5$), sensitivity ($66.6\% \pm 12.5$), and specificity ($64.7\% \pm 13.6$). Furthermore, through recursive feature elimination, specific neuroanatomical features tied to brain structures such as the inferior cerebellar peduncle, posterior thalamic radiation, cingulum (hippocampus), uncinate fasciculus, and tapetum were identified.

Conclusions: Despite of limited performance of classification, a machine learning-based approach could provide insights into the development of a diagnostic model for MDD using neuroimaging data. Furthermore, these features, derived from DTI-derived data, may have implications for understanding the neural underpinnings of major depressive disorder.

Disclosure of Interest: None Declared

EPV0621

Correlations of altered functional connectivity in resting-state fMRI and symptom severity in tic disorders

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Introduction: Vocal and motor tics are characteristic for Tic disorders (TD) and Tourette's syndrome (APA 2022). Because of the pathophysiology of the disorders not being fully understood and the presence of the externally measurable symptoms; great attention has been paid to the cortico-striatal regions of patients with TD. In addition to the alterations in motor symptoms patients can experience a premonitory urge (PU) which can be felt before a tic (Reese *et al.* Behav. Ther. 2014; 45 177–186). Previous studies found an impact of these urges on sensory perception, attention and social cognition as well as an involvement of the brain regions insula, anterior cingulate cortex (ACC) and the temporoparietal junction (TPJ) (Seeley J. Neurosci. 2019; 39 9878–9882, Kucyi *et al.* J. Neurophysiol. 2012; 108 3382–3392, Uddin *et al.* Brain Topogr. 2019; 32 926–942). These findings lead to the idea of altered functional connectivity of the salience network (SN) in patients with TD.

Objectives: This study aims to investigate the connectivity changes of the SN in patients with TD. We examined functional resting-state scans of patients with TD and searched for possible correlations between the tic and PU severity and the connectivity of the SN.

Methods: 21 Patients (mean age: 30.9 years \pm 10.0 [range = 19–57], 6 females) diagnosed with TD, and 20 healthy controls (mean age: 29.7 years \pm 8.9 [range = 18–50], 5 females) underwent a resting-state fMRI scan. Functional and anatomical images were conducted on a 3T Siemens Prisma fit MRI scanner. PU and tic

severity were measured by the Premonitory Urges for Tics Scale (PUTS) and the Yale Global Tic Severity Scale (YGTSS). The connectivity analysis of the resting-state scans was done using the CONN toolbox v21.a. After pre-processing and de-noising steps, a whole-brain seed-based connectivity analysis was carried out with the seeds being the major cortical nodes of the SN. For the correlation analysis a linear regression of the YGTSS score/PUTS score and the brain connectivity of the seed regions was conducted.

Results: The PUTS score was 25.3 ± 5.4 (range 10–33) and the YGTSS total tic score was 23.1 ± 7.9 (range 10–38) for the patients. The connectivity analysis revealed a significant difference in connectivity between the groups for the ACC, the right insula and the TPJ. A negative correlation between the YGTSS scores and the connectivity of the left insula and the right superior frontal gyrus (SFG) was shown in the correlation analysis. No significant correlation was found for the PUTS scores in the investigated seed regions.

Conclusions: The right SFG mediates motor urgency and inhibitory control. Since we found a negative correlation between the insula and the right SFG regarding to higher YGTSS scores of the patients, our results might shed some light on the pathophysiology regarding lower inhibitory control in patients which experience higher tic severity.

Disclosure of Interest: None Declared

EPV0624

Altered Cortical Gyrification Morphology in Nonsuicidal Self-injury

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Introduction: Nonsuicidal self-injury (NSSI) is defined as deliberate and direct damage to one's body tissues without any suicidal intent. NSSI is now recognized as a major risk factor for suicide and is prevalent among adolescents, with prevalence rates ranging from 7.5% to 46.5%, leading to increased interest in the pathophysiology of NSSI. This study aimed to examine cortical gyrification morphology, a neurobiological index of cortical folding and patterning, among unmedicated individuals with NSSI, which is prevalent in adolescents and young adults.

Objectives: The main objective of this study is to compare cortical morphological abnormalities between individuals with NSSI and controls in terms of the local gyrification index (LGI), the ratio of the smooth cortical surface area at each vertex to the corresponding sulcal folds. In addition, we hypothesized that the LGI, a stable neurodevelopmental marker of cortical and subcortical circuit integrity, would correlate with clinical measures in youth with NSSI.

Methods: A total of 101 individuals with NSSI and 100 age-, gender-, and handedness-matched controls completed self-report

questionnaires and structural magnetic resonance imaging (MRI) data were acquired on a 3T Siemens scanner. A surface-based analysis was conducted using the Computational Anatomy Toolbox (CAT12) in Statistical Parametric Mapping (SPM12). Partial correlation analysis was also performed using R software to investigate the association between the LGI values extracted from the region of interest (ROI) and clinical symptoms, including depression, anxiety, emotion dysregulation, and anhedonia in individuals with NSSI.

Results: Individuals with NSSI showed significantly increased LGI in the right insula sulcus and left superior temporal sulcus (STS), along with decreased LGI in the right calcarine and left superior parietal sulcus (SPS), compared to controls (5000 permutation correction, threshold-free cluster enhancement with a threshold of $p < .05$). In addition, higher LGI in left STS was correlated with greater scores of the Beck Anxiety Inventory ($r = 0.22$, $p < .05$) and of the Impulse Control Difficulties subscale of the Difficulties in Emotion Regulation Scale ($r = 0.34$, $p < .001$). Conversely, reduced LGI of the right calcarine was associated with a higher score on the Anhedonia subscale of the Beck Depression Inventory ($r = -0.23$, $p < .05$) within individuals with NSSI.

Conclusions: This study identified hypergyria in the right insular and left STS and hypogryria in the right calcarine and left SPS in individuals with NSSI. The former pattern was associated with anxiety and impulse control difficulties, and the latter was with anhedonia. This study is the first to alter distinct neurodevelopmental patterns of local gyrification and their correlations with clinical manifestations in individuals with NSSI.

Disclosure of Interest: None Declared

EPV0625

Brain correlates of recall of negative autobiographical memories in patients with schizophrenia

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Introduction: Autobiographical memory is known to be disturbed in schizophrenia. In addition, a leading theory of auditory hallucinations (AVH) is that they are intrusive – typically negative – autobiographical memories that are misinterpreted as perceptions.

Objectives: The aim of this study was to examine the brain functional correlates of recall of negatively emotionally valenced

autobiographical memories in patients with schizophrenia, with a longer term aim of comparing patients with and without AVH.

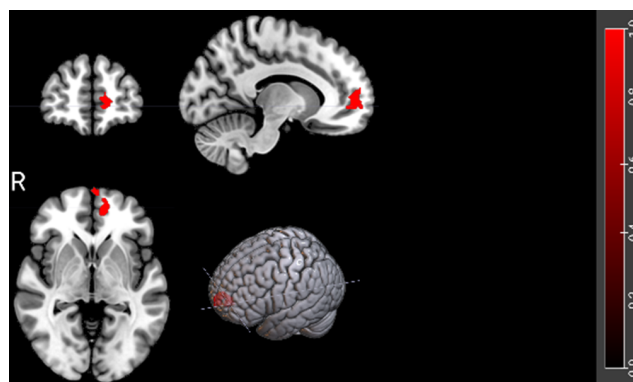
Methods: 11 patients meeting DSM-5 criteria for schizophrenia or schizoaffective disorder and 10 age, sex and estimated premorbid IQ-matched healthy controls have so far taken part.

Participants underwent functional MRI in a 3T scanner while performing a task requiring them to recall autobiographical memories in response to individually tailored pairs of cue words. The cue words were based on autobiographical memories previously elicited in an interview with each patient and were designed to evoke the same memory. The cue words were presented in 10 20-second blocks interspersed with blocks where the subjects viewed cue words that did not evoke autobiographical memories. Brain activations were examined in three contrasts of interest: memory evoking words vs baseline, neutral words vs baseline and memory evoking vs neutral words.

Pre-processing and analysis were carried out with the FEAT module included in the FSL software. Statistical analysis was performed by means of a General Linear Model (GLM) approach.

Results: In the memory evoking vs baseline contrast the patients showed hypoactivation in the medial frontal cortex compared to the healthy controls (Figure 1). There were no differences in activation between the patients and the controls comparing the memory evoking and neutral cues.

Image:



Conclusions: The finding of hypoactivation in the medial frontal cortex compared to low level baseline in patients with schizophrenia suggests dysfunction in the default mode network, which is known to activate during recall of autobiographical memories.

These preliminary results suggest that recall of negative autobiographical memories in patients with schizophrenia is associated with reduced activity in the default mode network. A planned larger sample of patients and controls will be used to examine activations in patients with and without AVH.

Disclosure of Interest: None Declared

EPP0416

Different patterns of MRI structural alterations in schizophrenia spectrum disorders with delusions of influence vs persecution

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Introduction: There is strong evidence that delusions are associated with cortical and subcortical structural alterations. However, whether these abnormalities differ in different types of delusions within schizophrenia spectrum disorders remains unclear.

Objectives: We aimed at exploring structural neural patterns underlying influence/persecutory delusions across diagnostic categories within the schizophrenia-spectrum disorders.

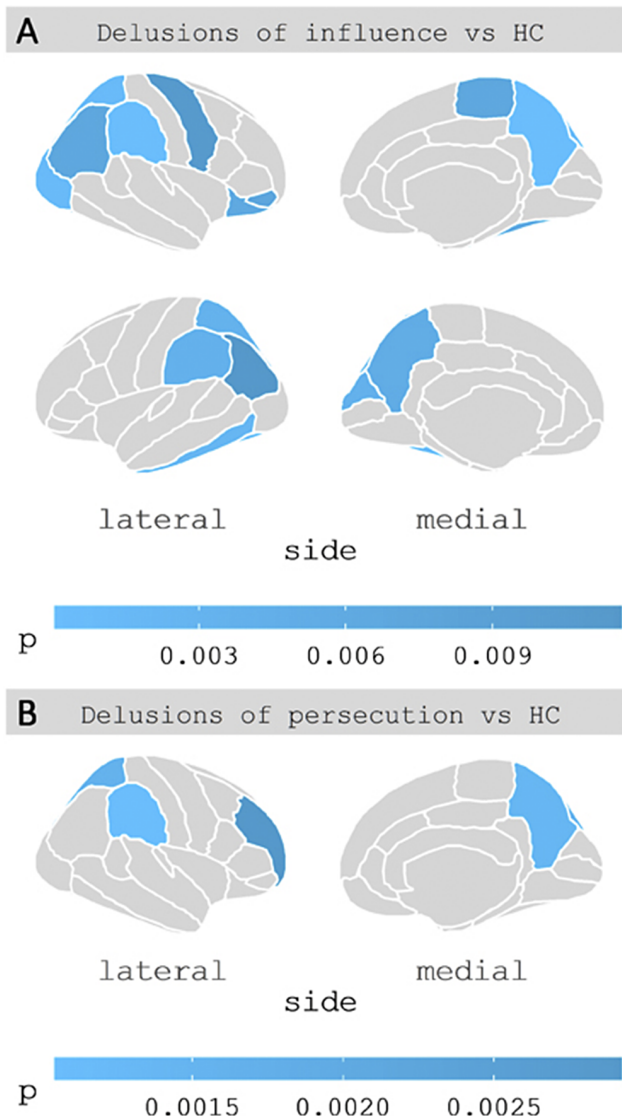
Methods: Twenty six right-handed patients with delusional disorder (n=7) and schizophrenia (n=19), presenting with delusions were divided in two clinical subgroups. The first one was presented with persecutory delusions (n=12, 20.2-55.4 years, mean age 36.0 ±11.6, 2 females) and the second with delusions of influence (n=14, 21.2-47.6 years, mean age 36.7±8.4, 2 females). The control group consist of 26 matched healthy controls (20.2-53.6 years, mean age 36.3±9.9, 4 females). All participants underwent structural MRI at 3T scanner. MRI images were processed via FreeSurfer 6.0 to quantify cortical thickness (CTH) and volumes for subcortical and brainstem (midbrain, pons, superior cerebellar peduncle and medulla) structures.

Results: Compared to healthy controls, patients with delusions of influence showed decreased gray matter thickness in 17 cortical regions (Figure, A), and decreased volumes of thalamus bilaterally (left: $F(1,35)=9.0$, $p=0.005$; Cohen's $d=-0.8$; right: $F(1,35)=8.0$, $p=0.008$; Cohen's $d=-0.8$), left hippocampus ($F(1,35)=8.8$, $p=0.005$; Cohen's $d=-0.8$), midbrain ($F(1,35)=11.0$, $p=0.002$; Cohen's $d=-0.9$) and pons ($F(1,35)=8.2$, $p=0.007$; Cohen's $d=-0.8$). Conversely, patients with delusions of persecution showed decreased thickness only in 4 cortical regions of the right hemisphere (figure, B) and no alterations in subcortical volumes compared to healthy controls.

No differences in cortical or subcortical measures between two clinical subgroups survived corrections for multiple comparisons. No correlations between structural alterations and total PANSS or BABS scores were found in either clinical groups.

Figure. Clusters of decreased cortical thickness according to atlas of Desikan et al. (2006) in delusions of influence (A) and delusions of persecution (B) subgroups compared to healthy controls.

Image:



Conclusions: The findings suggest that patients with delusions of influence have more pronounced cortical, subcortical and brainstem structural deficit as compared to patients with delusions of persecution. However, the limited sample size and the lack of correlations with clinical scores do not allow to conclude definitely whether the revealed structural abnormalities underlies delusions of influence, which should be elucidated via further research.

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Disclosure of Interest: None Declared

Neuroscience in Psychiatry

EPV0628

Neurofeedback treatment for Attention Deficit Hyperactivity Disorder in adults

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is one of the most prevalent neurodevelopment disorders in the world. Clinical guidelines for ADHD recommend multimodal treatment approaches, with current evidence suggesting that medication, including methylphenidate and various amphetamine formulations, in conjunction with psychosocial treatment are most effective in the short-term and long term. Over the last decade, an increasing number of studies investigating non-pharmacological treatments have been published, such as cognitive therapy, Neurofeedback (NF), Transcranial direct current stimulation with the aim of treating ADHD patients.

Objectives: We comprehensively reviewed literature searching for studies on the effectiveness and specificity of NF for the treatment of ADHD. The aim of this review is to understand if there is scientific evidence in using of electroencephalogram (EEG)-Neurofeedback for treating patients with ADHD.

Methods: We did a non systematic review using pubmed and google scholar databases in order to analyze the influence and effects of therapy in patients diagnosed with ADHD and under treatment based on EEG Neurofeedback. We analyzed 18 systematic reviews and meta-analysis and 2 case control studies.

Results: According to the systematic reviews results showed positive and significant effects in the visual memory, attention and visual recognition (spatial working memory). EEG also showed improvement in upper alpha activity in a resting state (open-eyed) measured from the occipital area, which similarly indicated improvement in the cognitive domain (attention). Compared to non-active control treatments, NF appears to have more durable treatment effects, for at least 6 months following treatment.

Conclusions: In conclusion, it is possible to affirm that a neuromodulating effect of the therapy positively influences cognitive processes, mood, and anxiety levels in patients with ADHD and is associated with significant long-term reduction in symptoms. Though limitations exist regarding conclusions about the specific effects of NF, the review documents improvements in school, social, and family environments. However, future efforts should focus on implementing standard neurofeedback protocols, ensuring learning, and optimizing clinically relevant transfer and more studies are needed for a properly powered

comparison of follow-up effects between NF and active treatments and to further control for non-specific effects.

Disclosure of Interest: None Declared

EPV0630

Cognitive Neuroscience of Autism Spectrum Disorder: The Neurobiology of Empathic Process

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Introduction: Autism Spectrum Disorders (ASD) is diagnosed when an individual displays irregularity in three key domains: social development, communication, and repetitive behavior/obsessive interests.

The theory of mind-blindness in ASD suggests that individuals on the autism spectrum exhibit deficiencies in the typical empathic process, relative to their mental age.

Empathy comprises two primary components: firstly, the capacity to attribute mental states to both oneself and others, and secondly, experiencing an emotional response that aligns with the mental state of the other person.

Objectives: This study aimed to synthesize the latest evidence about the neuropsychiatric basis of empathy in ASD.

Methods: A review was conducted, drawing on reputable sources (PubMed and Web of Science databases).

Results: A neural basis of empathy has built on a model first proposed by Brothers. It was suggested that social intelligence was a function of three regions: the amygdala, the orbitofrontal and medial frontal cortex, and the superior temporal sulcus and gyrus - the "social brain". Abnormalities in autism have been found in the amygdala, the orbito and the medial frontal cortex.

Amygdala has been implicated primarily in fear perception of facial expressions, as well as in the recognition of other emotions such as sadness and "social" emotions. In addition to fear perception, the amygdala has also been implicated in related processes including eye gaze, affective memory, olfactory learning, and social judgment. To date, findings on amygdala structure in autism have been mixed, with studies indicating reduced and increased volumes, as well as nonsignificant differences.

Conclusions: ASD is one of the most heterogeneous neurodevelopmental disorders, and cognitive theories as well as structural findings have linked likely frontal lobe abnormalities to the social and cognitive profiles of autism.

Future studies may elucidate existing data by taking advantage of new and infrequently used data acquisition technologies such as Transcranial Magnetic Stimulation.

Disclosure of Interest: None Declared

EPV0631

Sense of Agency and Its Disturbances: A Systematic Review Targeting the Intentional Binding Effect in Neuropsychiatric Disorders.

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Introduction: The sense of agency (SoA) indicates a person's ability to feel her/his own motor acts as actually being her/his, and through them to exert control over the course of external events. Disruptions in SoA may profoundly affect the individual's functioning, as observed in several neuropsychiatric disorders.

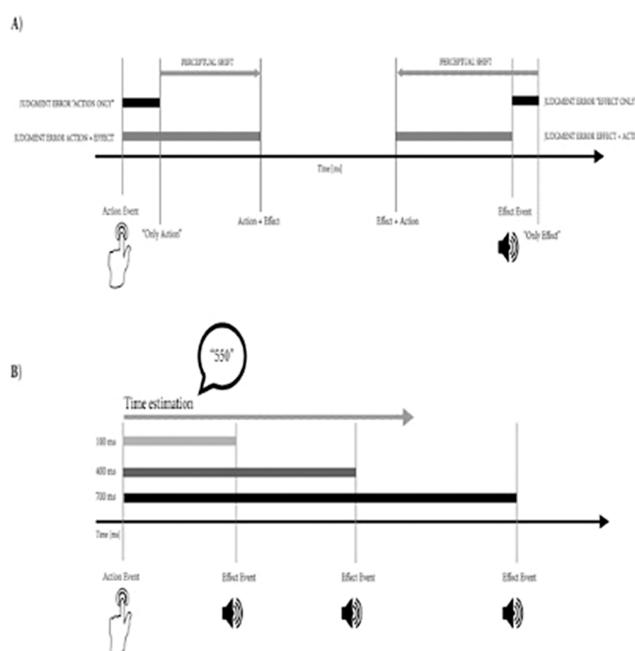
Objectives: This is the first article to systematically review studies that investigated intentional binding (IB), a quantitative proxy for SoA measurement, in neurological and psychiatric patients.

Methods: Eligible were studies of IB involving patients with neurological and/or psychiatric disorders. The research adhered to the guidelines outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).

Results: We included 15 studies involving 692 individuals. Risk of bias was low throughout studies. Eligible studies dealt with data from 357 patients with neuropsychiatric disorders matched with 335 HCs. Of included patients, 95 were with schizophrenia (SCZ), 30 with a putative prodromal psychosis (PP), 21 with borderline personality disorder (BPD), 66 with Parkinson's disease (PD), 38 with an autism spectrum disorder (ASD), 29 with functional movement disorders (FMDs), 25 with Gilles de la Tourette syndrome (GTS), 52 with anorexia nervosa (AN; 22 with active disorder and 30 after they had recovered), and 10 with Cortico-Basal syndrome (CBS).

Temporal binding was calculated in eleven studies using variations of the experimental procedure introduced by Haggard et al. (Haggard et al. *Nat Neurosci* 2002;5 382-385)(Figure 1, A), while four studies utilized a different paradigm named interval estimation (IE)(Figure 1, B).

Image:



Conclusions: Abnormally increased action-outcome binding was found in schizophrenia and in patients with Parkinson's disease taking dopaminergic medications or reporting impulsive-compulsive behaviours. A decreased IB effect was observed in Tourette's disorder and functional movement disorders whereas increased action-outcome binding was found in patients with cortico-basal syndrome. The extent of IB deviation from healthy control values correlated with the severity of symptoms in several disorders. Inconsistent effects were found for autism spectrum disorders, anorexia nervosa, and borderline personality disorder. Findings pave the way for treatments specifically targeting SoA in neuropsychiatric disorders where IB is altered.

Disclosure of Interest: None Declared

EPV0633

Anterior insular cortex and the perception of internalized stigma and its components: a scoping review.

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Introduction: Personality neuroscience employs a broad range of methods to identify the neurobiological mechanisms of complex psychological phenomena. The role of the insula is often associated with its involvement in emotion processing.

Objectives: The study aims to identify the associations between neural activity in the anterior insula cortex (AInC) and self-stigma (or its components) in a scoping review.

Methods: We searched in PubMed (MEDLINE), PsychINFO, EMBASE via the Ovid platform through September 21st, 2022. Included studies had to use fMRI to assess neurophysiological markers in AInC, and to include a measure of association between fMRI results and a measure of self-stigma and/or its components as assessed by a scale or questionnaire in participants aged 18-65 y.o. The PRISMA-ScR checklist was used.

Results: After full-text screening 10 of 206 original researches were chosen for the final analysis (Table 1).

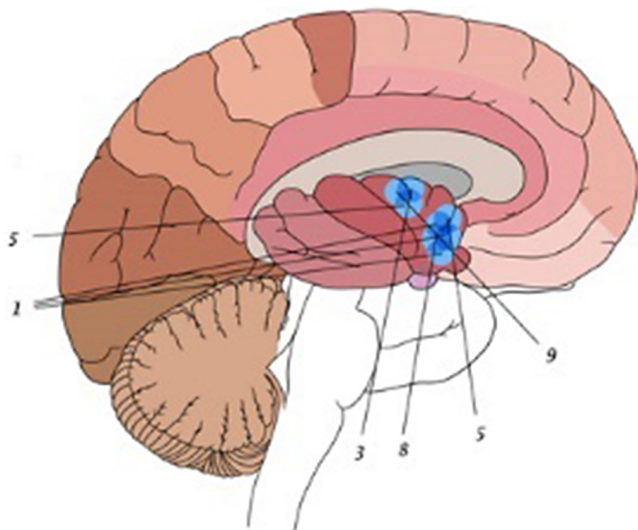
Table 1: Included studies in the analysis.

1	DeWall et al. Soc Cogn Affect Neurosci. 2012; 7(2): 184-192.
2	Masten et al. Neuroimage. 2011; 55(1): 381-388.
3	Kross et al. Proceedings of the National Academy of Sciences. 2011; 108(15): 6270-6275.
4	Bolling et al. Neuroimage. 2011; 54(3): 2462-2471.
5	Lindner et al. PLoS One. 2014; 9(1): e85014.
6	Achterberg et al. Soc Cogn Affect Neurosci. 2016; 11(5): 712-720.
7	Muscattell et al. Brain Behav Immun. 2016; 57: 21-29.
8	Sankar et al. Front Behav Neurosci. 2019;13.
9	Cáceda et al. Clin Neurosci. 2020; 270(5): 619-631.
10	Landa et al. J Psychosom Res. 2020; 128: 109881.

In 5 studies, the results were presented with MNI-space coordinates. Figure 1 illustrates the regions of local activity change maxima according to MNI-space coordinates based on the results of the included studies in the analysis.

Neural activation in the regions of the AInC was positively associated with greater levels of social rejection sensitivity and other components of self-stigma in 9 studies. Reduced activity was observed in only one study (Lindner et al., PLoS One. 2014; 9(1): e85014) among highly self-stigmatized patients with schizophrenia. This finding may reflect a biological manifestation of deficits in self-awareness and affective processing in schizophrenia.

Image:



Conclusions: Associations between neural activity changes in specific brain regions and levels of self-stigma and/or its components, as reported in included neuroimaging studies, have the potential to shed light on the neurobiological mechanisms underlying such a complex psychological phenomenon as stigma.

Disclosure of Interest: None Declared

EPV0634

Use of low-dose Aripiprazole to lower the antipsychotic medication - induced hyperprolactinemia.

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Introduction: Hyperprolactinemia (HPL) is a condition associated with disturbing consequences. Antipsychotic medications are one of the main causes of nontumoral hyperprolactinemia. Prolactin release in the hypothalamic tuberoinfundibular tract is increased through dopaminergic inhibition, which occurs more frequently with high-potency typical antipsychotics (40%–90%). Less commonly than typical antipsychotics, atypical antipsychotics can also result in hyperprolactinemia. In the presence of symptoms, clinicians frequently struggle with the decision of whether to stop using the suspected offending agent, lower the dosage, switch to another medication, or even add a full or partial dopamine agonist to the patient's current treatment. The issue is exacerbated by the fact that finding a suitable agent for each patient is sometimes a challenging task.

Objectives: Due to the partial D2 receptor agonistic activity of aripiprazole, there is enough dopaminergic tone to continue the inhibition of prolactin release. Aripiprazole has been recommended in literature either as an adjunctive treatment in low doses or as a switch in therapy.

Methods: In the Psychiatric clinic of the General Hospital of Corfu, a low-dose (5mg/day) of aripiprazole is being used as adjunctive therapy in patients with antipsychotic-induced hyperprolactinemia. More specifically in total 42 subjects, 19 male and 22 female, with a mean prolactin level of 862ng/ml, were introduced to the prior therapy. We whereupon conducted prolactin measurements to evaluate the response at the first, the third, and the sixth month of treatment.

Results: Of the 42 subjects, 38 responded with an average reduction of prolactin to the level of 530ng/ml (mean reduction 38,5%).

Conclusions: Having noticed the beneficial effect of low-dose Aripiprazole in patients with antipsychotic-induced hyperprolactinemia, we consider it appropriate that the literature recommendations concerning this additional use of aripiprazole should not be overlooked in clinical practice.

Disclosure of Interest: None Declared

EPV0636

Short-term olfactory deprivation reorganizes brain activityS. Tukaiev^{1,2*}, I. Zyma² and M. Makarchuk²¹Faculty of Communication, Culture, and Society, Institute of Public Health, Università della Svizzera italiana, Lugano, Switzerland and²Institute of Biology and Medicine, Taras Shevchenko National University of Kyiv, Kyiv, Ukraine

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doi: 10.1192/j.eurpsy.2024.1293

Introduction: Olfactory loss (including short-term) initiates neural reorganization processes in the brain, but the central mechanisms of this largely remain unknown.

Objectives: We aim to conduct a neurophysiological study of neocortical mechanisms for the effects of olfactory sensation on functional activity of human brain under temporary obstruction of nasal breathing.

Methods: 123 healthy volunteers (76 female and 47 male students aged 18 to 23 years) participated in this study. EEG was registered during the rest state (5 min), olfactory blockage (5 min), under odor stimulation with the lemon essential oil (5 min) and renewal of nasal breathing (5 min). We estimated the spectral power density and the levels of coherence of all the frequencies from 0.2 to 35 Hz.

Results: The onset of orthonasal olfactory sensory blockage was accompanied by an increase in the power of processes of local synchronization of beta frequency in the caudal regions of the brain, with simultaneous enhancement of the coherence of the theta band in parietal-occipital zones and a certain enhancement of the interfrontal and intrahemispherical left-side and right-side interactions in the beta2-subband. Thus, the sudden cessation of olfactory detection led to activation of thalamo-cortical loops and top-down control systems (search for the olfactory signal): that is an active orienting process (triangle of increase in F4-T4-P4 connections) with emotional coloring (the caudal localization of the coherence changes in the theta band). The prolongation of the nasal blockage, despite the possibility of activation of the retronasal route of odor perception and odorized air, was accompanied by a definite inhibition of distant interactions in the posterior regions of the brain in the theta-band and a significant decrease in right-brain long-distant and parietooccipital beta2-subband functional connectivity. Restoration of nasal breathing and olfactory perception is accompanied by sufficiently powerful activation of interhemispheric long and short distance information interactions in the theta1,2 and beta1 frequency bands.

Conclusions: Our data indicated that cessation and restoration of olfactory perception lead to an increase cognitive activity, the development of memory processes, the current sensory and cognitive-emotional control of behavioral reactions, focusing attention, assessment of the significant stimulus.

Disclosure of Interest: None Declared

EPV0637

Neuropsychiatric manifestations inaugurating Biermer's disease

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Introduction: Vitamin B12 deficiency gives rise to a wide spectrum of hematological, gastrointestinal, psychiatric, and neurological disorders. Notable among the neuropsychiatric symptoms are mood disturbances, cognitive decline, and psychotic manifestations.

Objectives: We present a case of a woman with neuropsychiatric symptoms linked to vitamin B12 deficiency to highlight certain organic aetiologies with psychiatric symptoms in the foreground.

Methods: We discussed through a clinical case and a literature review, the relationship between neuropsychiatric symptoms and vitamin B12 deficiency in the context of Biermer's disease.

Results: We presented a patient aged 51-years-old without neurological or psychiatric history, she was hospitalised in a psychiatry department for behavioral disturbances, hetero-aggression, and incoherent speech. The psychiatric examination revealed distant contact, inappropriate affects, disorganized speech with persecutory delusions, memory problems, and poor insight. Neurological et physical examinations were normal, and cerebral magnetic resonance imaging (MRI) showed no abnormalities. First, haloperidol 25mg was prescribed, however, there was only partial improvement. Complete blood counts revealed macrocytic anemia (Hemoglobin: 8 g/dL, mean corpuscular volume: 106 fL). Her serum B12 assay was 48.19 pmol/L. Given these results we proceed to a Fundic biopsy, performed by fibroscopy, that revealed fundic atrophy and intestinal metaplasia compatible with Biermer's disease. Vitamin B12 replacement therapy began with hydroxocobalamin at 1000 µg/day intramuscularly for 15 days, followed by 1000 µg every 15 days for one month. Subsequently, there was a remarkable improvement in psychotic symptoms and cognitive function. Follow-up assessments demonstrated a return to baseline functioning.

Conclusions: This case, coupled with prior studies, emphasizes the importance of considering vitamin B12 deficiency in the differential diagnosis of neuropsychiatric symptoms. Therefore, prompt diagnosis and treatment of vitamin B12 deficiency are imperative in preventing potential irreversible neurological damage.

Disclosure of Interest: None Declared

EPV0640

Exploring the Potential of Cannabinoids in the Treatment of Tourette's Syndrome

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Introduction: Tourette's syndrome (TS) is a disorder characterized by repetitive, involuntary movements, and vocalizations known as tics. While there are existing treatment options, there is a growing need for novel pharmacological approaches to manage the symptoms of TS effectively. This study delves into the emerging field of using cannabinoids as a potential treatment for Tourette's syndrome.

Objectives: The primary objectives of this review are to examine the current evidence base for the use of cannabinoids in the treatment of Tourette's syndrome, to assess the biological rationale supporting the use of cannabinoids in managing tic severity, to provide insights into the results of existing clinical trials involving cannabinoids and Tourette's syndrome, and to draw conclusions regarding the potential efficacy and safety of cannabinoid-based treatments for TS.

Methods: Narrative review of the available scientific literature.

Results: There is a strong biological rationale for how cannabinoids could impact tic severity. The endocannabinoid system plays a crucial role in regulating various physiological processes, including motor control and neurotransmitter release. Activation of cannabinoid receptors in the brain may modulate these processes, potentially reducing tics. While limited, two small randomized, placebo-controlled trials of THC have been conducted in TS patients. These trials suggested potential benefits of cannabis-derived agents in reducing tic frequency and severity. Self-report and examiner rating scales demonstrated significant improvements in tic symptoms. The trials indicated that THC treatment did not result in significant adverse effects in TS patients.

Conclusions: The exploration of cannabinoids as a treatment option for Tourette's syndrome is promising but requires further investigation. The biological mechanisms through which cannabinoids may affect tic severity in TS are sound, suggesting their potential as a therapeutic option. Existing trials with THC have shown encouraging results, demonstrating a reduction in tics without significant adverse effects. However, the limited number of trials warrants caution in drawing definitive conclusions. Despite the promising findings, the overall efficacy and safety of cannabinoid-based treatments remain largely unknown. Further trials are essential to address dosing, active ingredients, optimal administration, and potential long-term effects. Clinical use should be approached with caution. While early evidence is encouraging, additional rigorous studies are needed to establish the safety and efficacy of cannabinoid-based treatments for this disorder.

Disclosure of Interest: None Declared

EPV0641

Investigating Epigenetic and Neuroimaging Profiles in Bipolar Disorder and Behavioral Variant Frontotemporal Dementia: An integrated epigenetic-neuroimaging approach

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doi: 10.1192/j.eurpsy.2024.1296

Introduction: Discriminating between bipolar disorder (BD) and behavioral variant Frontotemporal Dementia (bvFTD) is a clinical challenge as it is still based on clinical judgement, which often leads to misdiagnosis. This challenge is particularly pronounced in cases involving the *C9orf72* hexanucleotide expansion, a genetic factor responsible for a substantial portion of familial FTD cases, as in these patients the development of late psychoses is particularly frequent. Moreover, individuals with *C9orf72* bvFTD are also characterized by behavioral changes that resemble those seen in late-life BD, especially during the early stages of the disease. This raises questions about whether the clinical similarities between BD and bvFTD are rooted in specific alterations within the brain networks involved in cognitive processing or in selective genetic and epigenetic mutations. In light of this, our recently published neuroimaging study has shed light on the presence of distinctive structural and metabolic characteristics in elderly individuals with BD and bvFTD. These findings offer valuable neurobiological insights that may lead to differentiate between bvFTD and elderly BD patients.

Objectives: Building on our previous research, this study further explores the existence of similar epigenetic expression patterns in plasma neural derived extra cellular vesicles (NDEs), such as miRNA and lncRNA, and seeks to correlate these epigenetic data with shared or distinct biological markers obtained through structural Magnetic Resonance Imaging and [18F]-fluorodeoxyglucose (FDG)-Positron Emission Tomography (PET).

Methods: We will plan to conduct statistical analyses on epigenetic and neuroimaging data on *C9orf72* and sporadic bvFTD as well as on late- and early-onset BD patients and on healthy controls. Additionally, A PET study will be also performed on a subpopulation of these patients.

Results: Our hypothesis posits that selective epigenetic modifications may impact the brain's structure and function, in a way that can change the glutamatergic neurotransmission in prefrontal regions, with subsequent indirect effects on subcortical areas.

Conclusions: Our findings will not only help identifying the specific biological signatures of BD and bvFTD, which might have important implications not only in prevention but also in differential diagnosis and treatment, but also offer insights into potential targets for slowing the onset and progression of the structural alterations characterizing these disorders.

Disclosure of Interest: None Declared

EPV0642

Gut Microorganisms, Neuroinflammation and Behavioral Changes

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doi: 10.1192/j.eurpsy.2024.1297

Introduction: Recent clinical and preclinical evidences suggested that neuroinflammation is a key factor which interacts with the neurobiological correlates of major depressive disorder, which are the (i) dysregulation of the hypothalamic-pituitary-adrenal axis, (ii) depletion of brain serotonin and (iii) alteration of neurogenesis in the dentate gyrus of the hippocampus.

The gut bacterial has major impact on the brain development, behaviour and host immune system through the microbiota-gut-brain axis.

Objectives: The objective of the research is to establish the role inflammation induced by gut dysbiosis plays in behavioural changes of patients suffering from major depressive disorders.

Methods: Clinical data and preclinical experiments were used to elucidate the role gastrointestinal bacterial play in the development and functional physiology of the nervous system and because of the bidirectional communication between the enteric nervous system in the gut and the central nervous system, through the vagal plexus, blood circulation and endocrine system; it was discovered that the appropriate population of intestinal microbiota affect the immunological state of the brain.

Results: The intestinal microbiota has been able to maintain the attenuation and regulation of pro-inflammatory biomarkers in the brain and such had assisted in the healthy state of the brain; however, a disruption of gastrointestinal organisms in a condition called dysbiosis could result in breakdown of protective gastrointestinal mucosa barrier resulting in leaky gut and consequently, the permeability of the gut lining and migration of some bacteria, to the brain through the vagal networks and other channels.

These pathophysiological cascades appear to be triggered or sustained and reinforced by chronic inflammatory condition involving increased circulating markers of inflammation, which are able to cross the blood brain barrier to activate the microglia.

Conclusions: Studies in depression suggest that inflammatory biomarkers such as C-reactive protein can be used to enrich samples for anti-inflammatory clinical trials for depression that target inflammation-related symptoms such as anhedonia and anxiety.

Although, still at the developmental stages, imaging of neuroinflammation will help establish a target in the brain to further facilitate the testing of anti-inflammatory therapies for depression.

Disclosure of Interest: None Declared

EPV0643

Dynamics of neurocognitive impairments in patients with chronic alcoholism of the second stage

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doi: 10.1192/j.eurpsy.2024.1298

Introduction: Neuropsychological disorders in patients with alcoholism intensively studied since the mid-70s of the last century. Research in this area divided into three groups: the study of premorbid neuropsychological features of alcohol dependence; study of neuropsychological disorders of chronic alcohol use; study of the prognostic value of neuropsychological disorders in patients suffering from alcohol dependence. In domestic neuropsychology, is the necessary information about the neuropsychological characteristics of patients suffering from alcohol dependence, neuropsychological manifestations in cognitive processes.

Objectives: to identify neuropsychological features of patients suffering from alcohol dependence with a diagnosis of stage 2 alcoholic disease

Methods: A neuropsychological examination was carried out according to the method of A.R. Luria of 39 patients aged 29 to 68 years with a diagnosis of stage 2 alcoholic disease. The group of patients is divided into 3 subgroups of alcohol abuse: up to 10 years, 10-20 years; more than 20 years.

Results: Disorders of higher mental functions identified in all subgroups. In chronic alcoholic encephalopathy, there is a tendency to increase cognitive deficits. According to the results of the neuropsychological examination, it was found that the greatest disorders in patients of the first subgroup occur in the implementation of successive processes (memory, thinking), arbitrary regulation of activity, and also relate to the regulatory aspects of memory, attention, thinking and speech.

In patients of the second subgroup, the most numerous in this sample, violations of visual object gnosis were revealed, as well as a violation of the synthesis of information necessary to endow the image of the object with a certain meaning. In patients of the third subgroup, pronounced disorders inherent in the first and second subgroups were found, as well as distortions in the identification of emotions, that is, the inability to compare emotional objects with an emotional standard, which indicates signs affective-cognitive deficit in alcoholic disease of the second stage.

Conclusions: In the study, the dynamics of neuropsychological disorders in patients with alcohol disease of the second stage, depending on the experience of alcohol abuse, found

Disclosure of Interest: None Declared

EPV0645

Embodied cognition and urban design: Thoughts through epigenetic advances

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Introduction: In the history of urban planning, the cognitive trend has been a well-established entity since the work of the American urban planner during the mid-'90s; Kevin Lynch. However, for a long time, urban planning has been deprived of the contribution of scientific knowledge from cognitive neurosciences, with a lack of operational recommendations for urban projects.

Objectives: This study aims to reveal the role of embodiment theories in the revolution of urban design and urban projects through emerging findings in epigenetics and post-genomic biology.

Methods: We conducted an exhaustive review of the scientific literature to establish the relationship between embodied cognition and urban design through advances in epigenetics as well as potential applications of such finding. Our inquiry was to find out whether there was a scientific way to measure and quantify the performance of urban spaces.

Results: Our review revealed that, epigenetics and epigenomics have provided new explanations and perspectives to certain debates on the theory of embodied cognition and that of enaction. Epigenetic marks constitute a bodily memory that enables cognition to

emerge as a function of the level of adaptation to the environment. In fact, embodiment refers to thoughts, emotions and behaviors based on sensory experiences and bodily positions, while the enaction is a way of conceiving cognition that focuses on the way in which human organisms and minds organize themselves in interaction with the environment.

Conclusions: Cognition is the result of a level of adaptation to the environment determined by physiological parameters that confer possibilities of action depending on previous interactions with the environment. The regulation of epigenetic marks which are technically quantifiable is now recognized as the fundamental mechanism involved in the brain's ability to create, dismantle or reorganize neural networks throughout life depending on various experiences including environmental ones.

Disclosure of Interest: None Declared

EPV0646

Revisiting Panksepp: a review of his contributions to neuropsychanalysis

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Introduction: Panksepp paved the way for neuropsychanalysts to better delineate the differences between emotions, feelings, and affect, and their evolutionary purposes. Affect pertains to an individual's capacity to engage in emotional responses to stimuli, events, memories, and thoughts, while feelings denote the conscious perceptions of emotions, which are primarily social in nature.

Feelings are personal and biographical, while affect remains largely impersonal. Panksepp's theory of basic affective systems in mammals, dividing emotions into positive and negative categories, is another major contribution to neuropsychanalysis. Three primary emotions -joy, fear, and disgust- have been identified in humans, which are associated with specific peptides and monoamines (e.g., dopamine and endorphins for joy, norepinephrine and CRH for fear, serotonin and substance P for disgust). These basic emotions are thought to have evolved to address basic life tasks in a phylogenetic and ontogenetic primary stage.

Objectives: This study aims to provide an overview of Jaak Panksepp's theories and assertions on the journal Neuropsychanalysis.

Methods: The authors employed a neuropsychanalytic approach to analyse articles published in the Neuropsychanalysis journal between 2015-2023.

Results: Emotions primarily function to maintain homeostasis and protect the organism, as in fight or flight responses. In social animals, emotions can sometimes be recognized among individuals of the same and different species. The neurobiological basis of emotional transfer and empathy-like behaviors shed light on cross-species emotion transfer.

Conclusions: The facial feedback hypothesis and the interoceptive inference theory are also discussed as examples of theories for the recognition of emotions as well as the neural mechanisms involved in emotion perception and recognition.

Jaak Panksepp's valuable insights shed light on the mysteries of human affect, and lay the foundation for future work in the field.

Disclosure of Interest: None Declared

EPV0647

The role of cerebral-cognitive reserve in the birth of a child with Alzheimer's in late-life individuals

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Introduction: The modern understanding of AD allows us to consider it through the constructs of "vulnerability" and "stability" of the brain in relation to the pathological effects of neurodegeneration. To describe the resistance of the brain to a developing lesion due to a pathological process, the concept of "reserve" is proposed.

Objectives: A systematic review of scientific studies was conducted.

Methods: The review includes an analysis of full-text literature sources.

Results: Resilience models based on reserves are described, which can be broadly divided into cerebral and cognitive reserve models. The quality of the brain substrate underlies the cerebral reserve. Its role and power are determined by the ratio of healthy/affected neurons, the integrity of synaptic connections, and the size of the brain/ It seems to us that the conditions that promote or hinder the functioning of the brain should also be taken into account when characterizing the cerebral reserve. Cognitive reserve is determined by the phenomena of mental processes and functions. It includes the individual's involvement of the individual in various cognitively stimulating activities throughout life. Cognitive reserve plays a decisive role when it comes to determining the effectiveness of the activation of additional areas or the implementation compensatory strategies, behaving more flexibly and dynamically than the passive threshold. Brain and cognitive reserve models cannot be considered mutually exclusive. They reflect different categorical levels: substrate and functional. The cerebral reserve system is the morphological basis of the cognitive reserve. In fact, we can talk about a single cerebral-cognitive reserve.

Conclusions: The reserve concept states that there are individual differences in the adaptability of the functional processes of the brain that allow some people to cope with age-related and disease-related brain changes better than others. The reserve plays a protective role, postponing clinical manifestations and ensuring that adequate cognitive functioning is maintained. There is a transition from the protective role of the reserve to the compensatory function. Even after anatomical signs of brain damage are observed, the time to clinical conversion can be modulated depending on the volume of the reserve. The protection mechanisms underlying the reserve concept are partially controllable, which allows building strategies for correcting cellular homeostasis, brain functions, behavioral and cognitive patterns. Understanding the mechanisms of aging and the determinants of life expectancy will help reduce age-related morbidity and promote healthy aging.

Disclosure of Interest: None Declared

EPP0693

Whole-brain Functional Connectivity Correlates of Brain Structural Aging in Adult Schizophrenia Patients Compared to Healthy Controls

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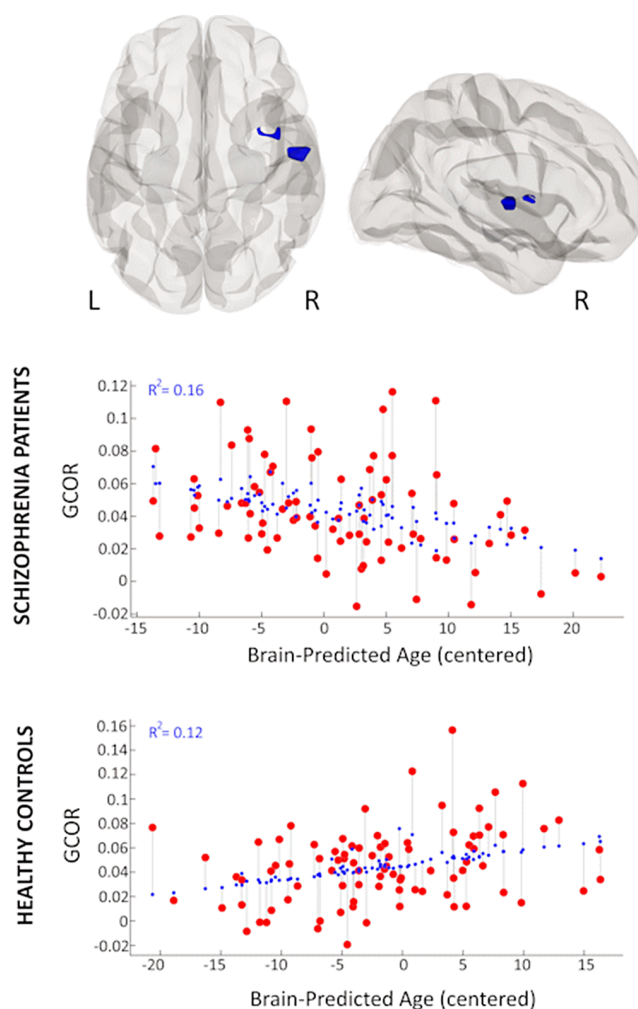
Introduction: Age-related changes of brain functional connectivity, in contrast to brain structure, are understudied in schizophrenia. Importantly, patients with schizophrenia demonstrate an increased difference between the brain-predicted age and chronological age indicating that brain structural aging may be accelerated in this mental disorder (Constantinides et al. Mol Psychiatry 2023; 28 1201-1209). Research on functional connectivity correlates of this process seems to be fruitful.

Objectives: We aimed to search for the brain regions whose resting-state whole-brain functional connectivity is differently associated with brain-predicted age in schizophrenia patients compared to healthy controls.

Methods: Eighty-three male patients with schizophrenia (age range 17.3 – 52.3; mean age 32.1 ± 10.5) and eighty-seven male healthy individuals (age range 18.3 – 53.6; mean age 31.7 ± 10.0) underwent structural MRI and resting-state fMRI (Philips Ingenia 3T scanner). Brain-predicted age was individually estimated using a model trained on independent data based on 68 measures of cortical thickness and surface area, 7 subcortical volumes, lateral ventricular volumes, and total intracranial volume, all derived from T1-weighted MRI scans (Han et al. Mol Psychiatry 2021; 26 5124-39). The associations between the brain-predicted age and the whole-brain global correlation (GCOR) were compared between groups; *t*-contrasts were calculated (one-way ANCOVA covariate interaction via CONN; RRID:SCR_009550; www.nitrc.org/projects/conn). The chronological age was a covariate of no interest.

Results: Schizophrenia patients had a higher difference between brain-predicted age and chronological age ($T(168) = 2.1$; $p = .036$; Cohen's $d = 0.32$; 95% CI 0.02-0.63). Greater brain-predicted age in schizophrenia patients, compared to controls, was associated with lower functional connectivity of a region in the right Heschl's gyrus, planum temporale, as well as central opercular and insular cortex with the rest of the brain ($p < .001$ voxelwise, $p[\text{FDR}] < .05$ clusterwise; Figure 1).

Image:



Conclusions: Our results coincide with earlier findings on accelerated brain structural aging in schizophrenia. To the best of our knowledge, the present study is the first to indicate that this process is coupled with a decline of the whole-brain functional connectivity of a region located in the right temporal, insular, and parietal cortices, and this effect is not driven by chronological age. Further studies are needed to clarify the clinical and cognitive correlates of this decline of functional connectivity.

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Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPV0648

The Impulsivity-Compulsivity Spectrum: Understanding Brain Mechanisms and Clinical Implications

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Introduction: Impulsivity and compulsivity are natural behaviors controlled by brain mechanisms that are essential for survival in all species. Understanding these brain mechanisms may lead to targeted treatment strategies for these symptom domains when impulsivity and compulsivity become dysfunctional.

Pathological impulsivity and compulsivity characterise a broad range of mental disorders.

Objectives: This study aimed to synthesise the latest evidence about the conceptualization of the impulsivity-compulsivity spectrum.

Methods: A review was conducted, drawing on reputable sources (PubMed and Web of Science databases).

Results: The concept of impulsivity can be defined as a predisposition toward rapid, unplanned reactions to internal or external stimuli without regard to the negative consequences of these reactions to the impulsive individual or to others. However, impulsivity is not always unplanned. Impulsive behaviours can be conceptualised as the core symptoms of a broad range of psychiatric disorders. In contrast, compulsivity refers to repetitive behaviours that are performed according to certain rules or in a stereotypical fashion. Compulsivity is a tendency to repeat the same, often purposeless acts, which are sometimes associated with undesirable consequences.

Impulsivity and compulsivity may be viewed as diametrically opposed, or alternatively, as similar, in that each implies a dysfunction of impulse control. Each involves alterations within a wide range of neural processes, including attention, perception, and coordination of motor or cognitive responses.

Conclusions: The neurobiology of impulsivity and compulsivity may involve inhibitory neurotransmitters, excitatory neurotransmitters, the prefrontal cortex, and/or limbic dysfunction.

Impulsive and compulsive features may present at the same time or at different times during the same illness. Although both compulsive and impulsive disorders may be related to prefrontal cortex dysfunction, compulsive disorders would be related to hyperactivity and impulsive disorders to hypoactivity of the prefrontal cortex. Compulsiveness appears to be associated with increased frontal lobe activity, while impulsiveness may be associated with reduced frontal lobe activity.

Disclosure of Interest: None Declared

EPV0650

Body dysmorphia in a 23 year old patient with obsessive compulsive disorder: a case report

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Introduction: Body dysmorphic disorder (BDD) was considered an anxiety disorder in the DSM-IV, but in the DSM-V was added to the obsessive-compulsive and related disorders category. BDD is a psychiatric disorder characterised by an excessive, persistent, and distressful preoccupation with a perceived defect in appearance. These perceived defects are slight and are unnoticed by others. People with BDD usually have poor insight and are preoccupied with a perceived physical defect which causes them to check on it repeatedly. This leads to an impairment in psychosocial functioning, depression, and an increase in suicide risk.

Objectives: Review how body dysmorphic disorder (BDD) and obsessive compulsive syndrome intersect, the differences they present in symptomatology, prevalence and treatment.

Methods: Presentation of a patient's case and review of existing literature, in regards to body dysmorphic syndrome and its similarities and differences with respect to obsessive compulsive syndrome.

Results: There are common features between both disorders, which are genetic overlap, physical past traumatic events, sex ratio, trait of perfectionism and body image disturbance.

Studies have found the prevalence of BDD in patients with OCD in a large patient sample was 8.7% to 15% compared to 3% in non-OCD.

The risk of comorbidity of OCD-BDD is three times higher in samples with a primary diagnosis of BDD compared to those with a primary diagnosis of OCD with 27.5% and 10.4%, respectively.

BDD as well as OCD must be managed with pharmacological and psychotherapy treatment. A selective serotonin reuptake inhibitor is the recommended first-line medication for BDD, even if appearance beliefs are delusional in nature.

Serotonin reuptake inhibitor (SRI) doses and trial durations are similar to those used for OCD; higher doses and a longer treatment trial are recommended than those typically used for depression and most other disorders. Cognitive-behavioral therapy that is specifically tailored to BDD is the psychosocial treatment of choice. Simply treating BDD as if it were OCD is not recommended.

Conclusions: There are limitations included a restricted number of studies overall, an absence of studies comparing biological parameters, and the frequent inclusion of participants with comorbid body dysmorphic disorder and obsessive-compulsive disorder. The current nosological status of body dysmorphic disorder is somewhat tenuous and requires further investigation, with particular focus on dimensional, biological and aetiological elements.

Disclosure of Interest: None Declared

EPV0652

The role of immunity and inflammation in obsessive-compulsive disorder and related conditions

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Introduction: In recent years, there has been a growing interest in the potential consequences of disruptions in the inflammatory and immune systems on the onset of obsessive-compulsive disorder (OCD) and associated conditions, such as Paediatric Auto-immune Neuropsychiatric Disorders Associated with Streptococcal Infection (PANDAS) and Tourette syndrome (TS). While this area of inquiry is undeniably captivating, the available data remain somewhat controversial and limited in scope.

Objectives: The aim of this paper is to conduct an exhaustive examination and evaluation of the existing body of literature concerning aberrations in inflammatory and immune system processes within the context of OCD, PANDAS, and TS.

Methods: This narrative review entailed a comprehensive search of English language papers on PubMed and Google Scholar from January 1985 to July 31, 2023.

Results: The data collected up to this point suggest that the underlying mechanisms at play may differ depending on the age of the patients and the specific disorder being investigated. Notably, PANDAS seems to have a stronger connection with infections that trigger autoimmunity, which may not necessarily be limited to those resulting from Group A beta-haemolytic streptococcal (GABHS) infections, as previously assumed. In the case of TS, autoimmunity appears to play a significant role, especially when combined with individual susceptibilities stemming from both genetic and environmental factors. As for adult OCD, while the available data are somewhat scattered and occasionally based on relatively small groups of patients, they do indicate that the immune system and inflammatory processes are involved in the disorder's pathophysiology. However, it remains uncertain whether these processes are primary driving forces or secondary reactions.

Conclusions: In summary, when viewed collectively, the current research findings unveil promising avenues for exploring the underlying causes of OCD and related disorders. They also hold the potential for the development of innovative therapeutic approaches that go beyond the current pharmacological paradigms.

Disclosure of Interest: None Declared

EPV0653

Transcranial magnetic stimulation for obsessive-compulsive disorder - preliminary results of an observational study

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Introduction: Obsessive-compulsive disorder (OCD) has a high prevalence and causes a significant reduction in functionality and quality of life.

First and second line treatment is ineffective in a variable percentage of patients. In such cases transcranial magnetic stimulation (TMS) may be considered.

Objectives: The goal of this study is to evaluate the impact of TMS treatment on obsessive-compulsive, anxious and depressive symptomatology in patients with OCD.

Methods: A prospective observational study was conducted, including all patients diagnosed with OCD who underwent TMS in the Psychiatry department of Centro Hospitalar Universitário de São João since March 2023.

Symptomatology was assessed using the Yale Brown Obsessive-Compulsive Scale (Y-BOCS), the Hamilton Anxiety Rating Scale (HAM-A) and the Hamilton Depression Rating Scale (HAM-D) before and after treatment.

Statistical analysis was performed using the SPSS-Statistics program. A significance level of 0.05 was considered.

Results: As of October 31, 2023, nine individuals with OCD completed treatment with TMS, 33% male and with a median age of 40 years (range 33-57).

The median Y-BOCS score pre-TMS was 30 (range 20-33) and post-TMS 28 (range 16-34). The median difference was 2.5 (range -5-14) and was not statistically significant ($p=0.128$).

The median score on the HAM-A pre-TMS was 21 (range 9-41) and post-TMS 18 (range 11-24). The median difference was 0 points (range -4-21) and was not statistically significant ($p=0.345$).

The median HAM-D score pre-TMS was 26 (range 14-40) and post-TMS 19 (range 10-32). The median difference was 2.5 (range -3-20) and was not statistically significant ($p=0.225$).

Conclusions: Preliminary findings suggest that the impact of TMS on obsessive-compulsive, anxious, and depressive symptomatology in patients with OCD does not appear to be clinically or statistically significant.

Further results are necessary to confirm this trend.

Disclosure of Interest: None Declared

EPV0654

Ketamine in the treatment of obsessive-compulsive disorder – a case report and literature review

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Introduction: Obsessive-compulsive disorder (OCD) is a chronic condition characterized by time-consuming and distressing obsessions and/or compulsions, often accompanied by avoidance behaviours. It is a highly prevalent and incident disorder that results in considerable disability and quality of life reduction.

Current pharmacological treatments are hindered by their delayed onset and the limited evidence on how to approach first and second line treatment-resistant patients.

Recent research showcased the involvement of glutamatergic pathways in the pathophysiology of OCD prompting research into the potential therapeutic use of ketamine, which binds to the N-methyl-D-aspartic acid receptor and acts as a non-competitive antagonist of glutamate.

Objectives: The aim of this study is to conduct a literature review on the use of ketamine and its enantiomers as a treatment for OCD and report a clinical case involving an OCD patient who experienced significant improvement following ketamine use.

Methods: A search was performed on PubMed using a combination of keywords and Medical Subject Headings terms, including “Ketamine”, “Esketamine” and “Obsessive-Compulsive Disorder”. Only studies that involved patients with OCD aged ≥18 years who had received ketamine or its enantiomers as an intervention and that reported treatment response using a validated scale were included.

Results: Nine studies were included, 4 case reports, 3 open-label trials and 2 randomized controlled trials, totalling 71 patients. Ketamine was administered intravenously in 7 studies and intranasally in the remaining 2. The results were heterogeneous, with some studies reporting no effect on obsessive-compulsive (OC) symptoms and others demonstrating significant and rapid improvement, albeit some only transitorily.

We present the case of a 42-year-old man who experienced OC symptoms since the age of 20 but was only formally diagnosed with OCD 3 years ago. During his first consultation, the patient described obsessive thoughts related to contamination and dirtiness, accompanied by handwashing rituals and avoidance behaviours (e.g., avoiding touching handles and switches). His Yale-Brown Obsessive Compulsive Scale (Y-BOCS) score was 29. Escitalopram was initiated with a progressive dose titration, resulting in partial improvement (Y-BOCS 23). In a follow-up appointment, the patient disclosed that he had purchased and self-administered a single intravenous dose of 2g of ketamine 2 months earlier for recreational use. This led to an immediate and significant improvement of his OC symptoms. Subsequent re-evaluation 4 months later confirmed that he remained asymptomatic (Y-BOCS 2).

Conclusions: Ketamine may be a therapeutic alternative for OCD patients who are treatment resistant due to its rapid anti-obsessional effect. Further studies with improved designs and larger sample sizes are warranted to better assess the efficacy of ketamine in OCD treatment.

Disclosure of Interest: None Declared

EPV0655

Neuropsychological functions as endophenotype markers in ocd: a long term follow-up

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Introduction: Obsessive Compulsive Disorder (OCD) is characterized by impaired neuropsychological functions that are also influenced by clinical variables and aging.

According to the literature, several of these neuropsychological deficits could be potential endophenotype markers.

Objectives: The present study aimed to study what kind of cognitive deficits OCD patients have and how aging and clinical course modify their cognitive profiles compared with general population.

Methods: This study examined a sample of 60 adult outpatients with OCD diagnosis, who were matched with 70 healthy controls (HC). Cognitive performance in both groups was assessed using a neuropsychological battery including Rey-Osterrieth complex Figure (ROCF) and Digit Span Test (DGS). Based on previous research on neuropsychology of OCD, it was specified that these neuropsychological measures could be divided in two composites. The first composite, Executive function, includes Total Digit Span and the domain of organization of ROCF. The second composite, Non-Verbal Memory, includes the copy of ROCF, immediate recall, delayed recall and recognition of ROCF.

Severity of OCD symptoms was assessed by YBOCS and HDRS was used for symptoms of depression.

Both cognitive performance and clinical data were documented before and after a follow-up of 11 years.

During analysis, group differences between patients with OCD and HC regarding demographic and clinical characteristics at baseline and follow-up were calculated with independent t-tests and Pearson tests. The main analysis tested if the change in cognitive function over time differed between patients and controls. To this end, a linear mixed model was used, examining the interaction between age, gender and time in both groups.

Results: Older age, in patients with OCD and HC, was associated with poorer performance on executive function and nonverbal memory. Executive function was influenced by severity of OCD, and non-verbal memory by depressive symptoms at baseline. While, after the follow-up, as obsessive and affective symptoms improve along de follow-up, there is no significant change in the neuropsychological pattern.

At baseline, patients with OCD showed a poorer performance than HC in areas of nonverbal memory and executive function. After de follow-up, there is a poorer performance in the cognitive function in both groups, as they get older. However, there is no significant difference in this change between patients and HC.

Conclusions: Results suggest that OCD is characterized by the existence of dysfunction in several neuropsychological areas that are influenced by time and clinical variables.

Nevertheless, this alteration is no solely attributable to these factors, as they remain stable through time compared to the general population. Therefore, certain neuropsychological functions might be endophenotype traits of the disorder.

Disclosure of Interest: None Declared

EPV0656

Use of vortioxetine in treating obsessive-compulsive disorder: a case report

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Introduction: Obsessive-compulsive disorder (OCD) is a chronic disorder with a wide range of manifestations but primarily intrusive thoughts (obsessions) and/or ritualized actions (compulsions) that can cause a huge distress in patients' life. First-line treatment for OCD are selective serotonin reuptake inhibitors (SSRIs). Tricyclic antidepressants are used as second-line treatment due to secondary effects. Also antipsychotics such as aripiprazole are approved for treating OCD. Vortioxetine is has 5-HT3, 5-HT7 and 5-HT1D antagonists, 5-HT1B partial agonist and a 5-HT1A agonist and serotonin transporter inhibitor property. It is used in major depressive and anxiety disorders. A male 48 years old patient with an OCD diagnosis since he was 21, was referred to psychiatry department. Previously, he had no response with SSRIs at full dosage and clomipramine 75mg was effective. At 46 years old, he had an acute myocardial infarction. He also admitted not taking the medication regularly due to sexual disfunction and having affective symptoms related to the distress caused by OCD.

Objectives: To evaluate efficacy of vortioxetine in treating OCD in a patient with contraindications for tricyclic antidepressants and no response to SSRIs.

Methods: Clomipramine dose was reduced until discontinuation. After one week without treatment, basal scores for Hamilton Scale and Dimensional Yale-Brown Obsessive-Compulsive Scale (DY-BOCS) were collected. Same data was collected again after 10 weeks treatment.

Results: The dosage of vortioxetine was progressively titrated until 20mg daily in 3 weeks lapse. Diazepam 5mg was added in case of insomnia or anxiety. Aripiprazole 5mg was added in the third week of treatment as adjunctive treatment due to the recurrence of some intrusive thoughts (discontinued by himself because of akathisia). Finally, the patient reported an improvement in affective and OCD symptoms in the sixth week of treatment that was sustained until the tenth week, when data was recollected. The patient did not refer sexual disfunction.

The pre and post results are summarized in tables 1 and 2.

Dimensional Y-BOCS (0-15)

Table 1. Hamilton Depression Rating Scale (0-52)

Basal	Post 10-week treatment
21	4

	Basal	Post 10-week treatment
Aggressive-related obsessions and compulsions	10	2
Religious-related obsessions and compulsions	5	1
Symmetry and order	7	1
Pollution and cleaning	0	0
Collecting and accumulation	2	0
Miscellaneous	10	3

Conclusions: Vortioxetine might be a promising molecule for treating OCD in patients with contraindications for first and second-line treatments.

Disclosure of Interest: None Declared

EPV0657

Skin picking disorder in the elderly- What is the available evidence?

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Introduction: Excoriation disorder (ExD) is a pathology recognized by DSM-5, and it is considered a part of the obsessive-compulsive spectrum. ExD is associated with a high rate of psychiatric comorbidity (e.g., depression, ADHD, substance use disorders, etc.).

Objectives: The main objective of this review was to explore the available evidence to support the diagnosis and treatment of skin picking in elderly population.

Methods: A literature review of the available sources reporting on ExD in elderly patients, realized by searching three electronic databases (PubMed, Cochrane, Clarivate/Web of Science) but also the grey literature. All papers published between January 1990 and July 2023, including the terms “excoriation disorder”, “compulsive skin picking”, “dermatillomania” and “elderly” or “old-age patients” were reviewed.

Results: The information about ExD was extracted almost exclusively from reports on elderly patients with neurocognitive disorders. Tactile hallucinations, delusions of contamination, social isolation and focusing on own bodily sensations, and organic causes- dehydration, allergies, renal insufficiency, hepatic and pancreatic diseases, as well as toxic causes- e.g., adverse events of certain drugs should be investigated in elderly patients exhibiting signs of ExD. A differential diagnosis is very important in this population in order to find the most adequate treatment. Behavioral treatments, serotonergic antidepressants, and glutamatergic modulators have been explored in patients with ExD, although specific trials for

elderly patients with this disorder are still lacking. However, case reports support the utility of several serotonergic antidepressants in the elderly.

Conclusions: ExD is a less explored disorder in the elderly, where an extensive differential diagnosis and screening for somatic/psychiatric comorbidities are needed. Trials exploring the potential treatments for ExD in old-age patients are also required for evidence-based case management.

Disclosure of Interest: None Declared

EPV0658

Illness-Related Domestic Violence Experiences of Individuals Diagnosed with Obsessive Compulsive Disorder: A Qualitative Study

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Introduction: Obsessions and compulsions often focus on routine life actions such as consuming, bathing and living in public, so the disorder interferes with the social, family and occupational functioning of both the individual and their caregiver. In OCD, caregivers are often involved in the ritual behaviors of the individual, either by providing avoidance or by assisting in ritual behaviors. Individuals with OCD are often exposed to aggression from family members because of these behaviors. Research has shown that individuals with OCD may experience illness-related domestic violence. In the literature review on the subject, there were no qualitative studies examining the experiences of individuals diagnosed with OCD towards domestic violence caused by the symptoms of the disease. A mix-method study conducted by aimed to explore the illness-related domestic violence experiences of individuals diagnosed with OCD. The study utilized both quantitative and qualitative methods to gather data from individuals with OCD. The findings of the study revealed that a significant number of individuals with OCD reported experiencing domestic violence related to their illness. This study highlights the importance of addressing the issue of domestic violence in individuals with OCD and the need for appropriate interventions and support.

Objectives: This study was planned to examine the experiences of individuals diagnosed with OCD regarding domestic violence caused by the symptoms of the disease in Turkey.

Methods: The sample of the study was determined by purposive sampling method. The study was conducted with individuals diagnosed with OCD who were being treated in the psychiatric clinics of two university hospitals. The study used mixed methods and was planned in two phases. In the first stage, Socio-Demographic Data Form and Yale-Brown Obsession Compulsion Scale were used. After reviewing the results of these scales, individual in-depth interviews were conducted with 20 patients who had a history of domestic violence and scored above 16 on the Yale Brown Obsessions and Compulsions Scale. Data saturation was deemed to have been reached and data collection was terminated.

Results: The analysis of the data is still ongoing in detail by the researchers. The findings and relational implications of the study will be presented.

Conclusions: It is thought that the results of the study will provide a basis for further research and intervention programs and contribute to the literature by determining the types of violence experienced by individuals diagnosed with OCD from family members due to the disease, how patients feel in the face of the problems they experience and how they cope with it. In addition, the results of the study are expected to help intervention programs to be developed for families to strengthen treatment adherence.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPV0660

Alzheimer's and Parkinson's disease drugs side effects

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Introduction: Alzheimer's and Parkinson's disease are neurodegenerative disorders with life limiting conditions. The symptomatic pharmacological therapeutic strategies unfortunately are also related to undesirable side effects. Acetylcholinesterase inhibitors administered to Alzheimer's disease patients increase cholinergic transmission in cortex and hippocampus.

Antiparkinsonian drugs increase dopaminergic system activity, to compensate for dopaminergic neurons' degeneration in *corpus striatum*, therefore supplying the imbalance of these neurotransmitters in these degenerative areas. But undesirable the increase of these neurotransmitters in other cerebral and peripheral areas brings us important side effects

Objectives: To study Alzheimer's cholinergic drugs and Parkinson's dopaminergic drugs' side effects

Methods: This retrospective study included 107 geriatric patients enrolled in a private long-term care institution. 79 patients with Alzheimer's disease had mean age of 88.11 ± 5.78 years old, mean weight of 61.62 ± 13.10 kg. 28 patients with Parkinson's disease had mean age of 84.93 ± 5.71 years old, weight mean 66.36 ± 2.83 kg.

Results: Alzheimer's disease patients 41.77% (33) received. Acetylcholinesterase inhibitors (Donepezil, galantamine and rivastigmine) Psychomotor agitation and aggressive behavior 63.666% and nausea (15%) were observed in the patients treated with these drugs. The association of L-DOPA and DOPA decarboxylase inhibitors (benserazide) were administered to 53%(15) of the Parkinson's disease patients in doses between 2.0-19.0 mg/kg/day. L-DOPA associated to catechol-O-methyltransferase inhibitor (entacapone) 3 mg/kg/day were given to 7.14% (2) patients. Bromocriptine 0.04 mg/kg/day was given to 3.57% (1) patients. Mental confusion and hallucination side effects were observed in 53.33% (8) patients treated with L-DOPA associated with the DOPA decarboxylase inhibitor (benserazide).

Conclusions: The increase of cholinergic activity due to the acetylcholinesterase inhibitors in the Nigro- striatal pathway could be

related to psychomotor agitation in Alzheimer's disease patients in a similar way to akathisia induced by neuroleptics. The increase of dopamine levels due to the administration of L-DOPA, in *corpus striatum* improved Parkinson's disease symptoms although the increase of dopaminergic activity at mesocortical pathways may be related to confusion and hallucination observed in these patients. Adjustments in dosage of these drugs could provide improvement in these patients' daily life conditions.

Disclosure of Interest: None Declared

EPV0661

Integration of Geriatric Psychiatry and Geriatrics: Enhancing Mental Health Assessment in the Elderly

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Introduction: The ageing population presents complex clinical challenges, particularly in the realm of mental health among the elderly. The intersection of geriatric psychiatry and geriatrics plays a critical role in providing a holistic and comprehensive approach to addressing psychiatric issues in older adults. This abstract explores the integration of these two disciplines and their significance in elderly mental health care.

Objectives: This study aims to underscore the benefits of collaboration between geriatric psychiatry and geriatrics while highlighting areas of intersection. These areas include the assessment of medical and psychiatric comorbidities, the management of neuropsychiatric disorders, and the promotion of healthy ageing, both physically and mentally.

Methods: We comprehensively reviewed the literature, encompassing research studies, case reports, clinical guidelines, and reports published in the last 10 years. The research was conducted on medical databases, including PubMed, Medline, and specialized sources in gerontology.

Results: Effective integration between geriatric psychiatry and geriatrics provides a more comprehensive and patient-centred approach to addressing the mental health needs of the elderly. This includes enhanced assessment and treatment of a wide range of psychiatric conditions commonly found in older adults, such as cognitive disorders (including dementia and mild cognitive impairment), mood disorders (including depression and bipolar disorder), anxiety disorders, psychotic disorders, and substance use disorders. Additionally, the collaboration ensures a better understanding of the complex interplay between physical and mental health in the ageing population. The integration approach also encompasses the management of neuropsychiatric symptoms associated with various medical conditions common in older adults, such as delirium and behavioural disturbances in dementia. This coordinated care extends to the judicious use of psychotropic medications, considering the unique pharmacokinetics and pharmacodynamics in the elderly population, with a focus on minimizing adverse effects and drug-drug

interactions. Furthermore, promoting emotional well-being and preventing mental illnesses emerge as critical areas of collaboration between these disciplines. Strategies for achieving this goal include psychoeducation, lifestyle interventions, and fostering a supportive environment for the elderly.

Conclusions: In summary, the collaboration between geriatric psychiatry and geriatrics is crucial for addressing the complex mental health needs of the elderly, providing patient-centred care, and optimizing resources. This integrated approach is essential in ensuring the well-being of older adults, emphasizing a holistic, multidisciplinary approach to mental health issues in this population.

Disclosure of Interest: None Declared

EPV0662

Prevalence and Associations of geriatric depression in Sudur-Paschim Province of Nepal: A community-based cross-sectional study

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Introduction: The elderly population is rapidly growing worldwide. Depression is an important public health concern among the elderly population in terms of its prevalence and the burdens of ill health in individual sufferers and families.

A considerable number of studies focusing on the prevalence, associated factors, and treatment of depression have been conducted in Western Europe and North America. However, this kind of research is relatively limited in Nepal.

Objectives: - To find out and prevalence and its associated factors of depression among the elderly in sudur paschim province Nepal.

Methods: This community-based, cross-sectional, door-to-door survey was conducted in the two representative districts of Sudur-paschim Province, Nepal. Eligible participants were assessed for geriatric depression and quality of life. the sample size was calculated at 945.

Results: Depression was found in 43.9% of the participants.

The association of different variables with WHOQOL-8 first question. Income was significantly associated with poor quality of life (p-value 0.04).

Furthermore, we have evaluated the association of different variables across four domains of the WHOQOL-8 scale and found statistically significant differences across age, sex, residence, occupation, income, history of smoking, history of alcohol use, comorbidities, and depression.

Conclusions: Depression is highly prevalent among the elderly in the Sudur-Paschim Province of Nepal. So policymakers should take this research outcome seriously and should keep the mental health of the elderly population a priority during the implementation of public health policies.

Disclosure of Interest: None Declared

EPV0663

Is content of delusions in psychotic depression related to the risk of dementia?

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Introduction: Some studies have shown that late-life depression is related to faster cognitive decline and may increase the risk of dementia.

Identifying risk and protective factors for dementia is essential to develop preventive interventions. Some literature has suggested that mood disorders (namely depression) are potential modifiable risk factors for dementia.

Thus, it is important to know clinical presentation of depression that is associated to dementia, as a manifestation of subclinical dementia or as a risk factor for neurocognitive disorders.

Objectives: We aim to identify clinical characteristics related to dementia of inpatients admitted for first time due to depressive episode after 55 years old.

Methods: Retrospective cohort study of inpatients admitted between January 1st 2010 and March 31st 2022 in a psychiatry inpatient unit of a tertiary hospital. Descriptive analysis of the results was performed using the SPSS software, version 26.0.

Results: Our sample included 57 inpatients, 15,8% (n=9) with the diagnosis of dementia 5,2 (SD 5,6) years after admission. All of these patients presented a depressive episode with psychotic symptoms, namely delusion activity. In those with hallucinatory activity, no one developed dementia.

Interestingly, 33,3% of patients with dementia (n=3) presented with delusion of ruin, 55,6% (n=5) with delusion of prejudice/persecutory delusion and 66,7% (n=6) manifested delusion of ruin and/or prejudice.

We also found that 42,9% (n=3) of patients with dementia manifested Cotard delusion while this type of delusion was observed in 13,6% of patients without dementia (p=0,095).

Conclusions: Our study has several limitations because is based on results of only one hospital, with a small sample size.

However, since depressive symptoms are potentially modifiable risk factors for dementia, future studies are essential to understand the mechanisms that link depression to cognitive decline as well as clinical characteristics that may constitute predictors of dementia.

Disclosure of Interest: None Declared

EPV0665

The importance of non-pharmacological approach versus pharmacological treatment of behavioral and psychological symptoms (bpsd) in patients with Alzheimer's dementia (AD) in a geriatric institution

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Introduction: BPSDs in patients with AD are present up to 90% and can cause serious complications in their overall health. A non-pharmacological approach and cognitive enhancers should be a priority in treatment in order to reduce the use of antipsychotics. In the pharmacological treatment of bpsd, additional therapy is inevitable in many cases

Objectives: the need for adequate education of the medical staff in a geriatric center for the nonpharmacological approach in patients with bpsd in AD. Polypharmacy is common in pharmacological treatment.

Methods: A cross-sectional study of 180 patients hospitalized at geriatric unit in period of January till May 2023 was conducted. 61(33.9%) were patients with AD, 44 or 72.1% were females and 17 or 27.9% were males, with mean age 78.6±5.6 years. 50 patients (82.0%) had potentiated BPSD in the first days of hospitalization and needed additional therapy

Results: 19 of 61pts (31.1%) were on dual therapy, full doses of donepezil and memantine. 17 (89.5%) needed additional therapy for BPSD; 13 (68.4%) a short-term antipsychotic and 4 (21.1%) patients antidepressant therapy. 22 patients (36.1%) were admitted with donepezil only. 18 (81,8%) needed additional therapy. The remaining 20 (32,8%) were solely on memantine. 15 (75.0%) needed additional therapy

Conclusions: Vast majority of patients AD (82.0%) manifested BPSD and needed additional therapy. Number of scientific papers it is found that cognitive stimulation in persons with moderate dementia has a benefit more than any pharmacological treatment. Education of caregivers of people with AD is inevitable. Opening of day care centers that will enable continuous support as well as individual access which would help delay institutionalization of people with BPSD at AD the need

Disclosure of Interest: None Declared

EPV0666

Late Onset Bipolar Disorder (LOBD): a case report

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Introduction: Bipolar disorder (BD) in the elderly patient may present as the evolution of illness initiated earlier in life or as a new-onset entity. Therefore, two groups of patients are distinguished: "late onset" (LOBD) when the first mania occurs in old age and "early onset" in elderly patients with long-standing history. BD in elderly patients (≥60 years) constitutes 25% of all BD cases. Specific aspects of older age bipolar disorder (OABD) are somatic and psychiatric comorbidity, impaired cognition and age-related psychosocial functioning. The management of BD in the elderly is complex given the high sensitivity of these patients to pharmacological side effects, particularly of psychotropic drugs.

Objectives: The case of a patient with LOBD is presented, followed by a theoretical review of the subject.

Methods: A case is presented with a bibliographic review.

Results: A 76-year-old woman who had no prior history of mental health issues until March 2023 when she was initially admitted to a geriatric hospitalization unit for manifesting manic symptoms. She was readmitted in July 2023 due to worsening depressive symptoms that included a declining mood, passive thoughts of death, deterioration in self-care, weight loss, insomnia, constipation, and dry mouth despite recent changes in her medications. She was on treatment with escitalopram (which was gradually discontinued and replaced with mirtazapine), quetiapine, lormetazepam, and lorazepam. Imaging tests showed chronic ischemic lesions in her brain and a small meningioma, the rest of the test were normal.

The initial diagnostic hypothesis was a bipolar depressive episode, and her treatment was adjusted accordingly. She was started on lithium, and her quetiapine dosage was increased, along with the anxiolytic lorazepam. Due to the persistence of depressive symptoms, including low mood, anhedonia, apathy, and negative thoughts, she was also prescribed antidepressant medication (venlafaxine and mirtazapine). Her condition gradually improved, with better eating and sleep patterns, increased participation in activities, and reduced somatic complaints and anxiety.

As she continued to experience somnolence and decreased morning energy, her antipsychotic medication was switched from quetiapine to lurasidone. The dose of lithium was decreased due to tremors in her extremities, although they remained within the therapeutic range. Despite these adjustments, her mood significantly improved, and she showed no signs of worsening or psychotic symptoms, leading to her discharge.

Conclusions: Summarizing different studies, LOBD who develop mania for the first time at an advanced age (≥ 50 years) constitute 5-10% of all BD. It is important to perform a thorough differential diagnosis, as an organic substrate and diverse etiologies may be present. Current guidelines recommend that first-line treatment of OABD should be similar to that of BD in young patients, with careful use of psychotropic drugs.

Disclosure of Interest: None Declared

EPV0667

The modulation effect of cognition on the interpretation bias of mentalization in late-life depression (LLD): A study of eye gaze interpretation – a potential screening tool for high-risk group of LLD

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Introduction: Impairment in mentalization, interpreting and perceiving social relevant information has been found to play a part in the development and maintenance of depression. Major depressive disorders showed significant impairment in social cognition and such impairment appears to be positively associated with the severity of depression. Self-referential gaze perception, as a measurement of mentalization, was predominantly measured in patients with psychosis but rarely examined in late-life depression (LLD).

Objectives: To assess the effect of cognition on the interpretation bias of mentalization

Methods: This will be a cross-sectional case-controlled study on Chinese older adults with major depressive disorder recruited from outpatient departments of the public mental health service in Hong Kong. The same inclusion and exclusion criteria, with the exception of the history of major depressive disorder, will be used to recruit the control group. Assessments included sociodemographics, cognitive assessments and depressive symptoms. The primary experimental task was Gaze Perception Task using E-prime Professional 2.0. The stimuli of task are photographs of six Chinese models (3 men and 3 women) facing straight to camera with 13 different gaze directions (0° , 5° , 10° , 15° , 20° , 25° and 30° to the left and to the right, respectively). Participants shall be instructed to respond with a “yes” or a “no” to the question (for self-referential gaze): ‘Do you feel as if the person in the picture is looking at you?’.

Results: 41 patients and 41 healthy controls have been recruited. The group comparison in SRGP revealed that there was only significant difference in the unambiguous-SRGP ($U=561.000$, $Z=-2.62$, $N=82$, $p=0.009$). Patients had higher unambiguous self-referential gaze accuracy (Mean=0.16) than controls (Mean= 0.075). With a cut-off score of 22, patients with better HK-MoCA scores had better unambiguous SRGP scores than those with lower HK-MoCA scores ($p=0.024$). This difference was not observed in healthy controls. HK-MoCA could predict ambiguous SRGP rate $F(1,80)=14.85$, $p<.001$, $R^2=15.7\%$. and predict unambiguous SRGP rate $F(1,80)=14.85$, $p<.001$, $R^2=15.7\%$.

Conclusions: LLD subjects had a significant interpretation bias in the unambiguous averted gaze (20° , 25° and 30°) interpretation compared with healthy controls. LLD subjects tend to have more self-referential perception of the clear averted gaze. This misinterpretation of the eye gaze is probably due to the interpretation bias in processing external information, which is commonly reported as mentalization impairment in depression (Weightman et al., 2014).

Disclosure of Interest: None Declared

EPV0668

Benzodiazepines and risk of dementia – Is there a reason for alarm?

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Introduction: The population ageing is a reality associated with an increase in prevalence of Dementia. The use of benzodiazepines is often postulated as a risk factor in these syndromes.

Contrary to recommendations for its short-time use, long-term and chronic use are common, with an estimated 8,7% of elderly people in the US taking benzodiazepines.

Objectives: To clarify the most recent evidence on the use of benzodiazepines and the risk of developing dementia.

Methods: Non-systematic review of literature, using PubMed as database and filtering the results for meta-analysis.

Results: Four articles were included in this review.

Zhong G et al. concluded that risk of dementia increased in consumers of benzodiazepines and it was associated with higher doses. In turn, AlDawasari A et al., when trying to clarify the use of different sedative-hypnotic drugs, found and increased risk with the consumption of benzodiazepines. After exclusion of articles with confounders and adjustment for protopathic bias, the risk was not maintained.

Lucchetta RC et al. concluded that the risk exists but without inferring differences between doses or duration of action.

Finally, Penninkilampi R e Eslick GD investigated this association, after controlling for the protopathic bias, concluding, contrary to AlDawasari et al., that the association benzodiazepines consumption and dementia do not result from this bias.

Conclusions: We cannot draw robust and concrete conclusions between benzodiazepines consumption and the pathogenesis of dementia because not only is the literature limited, but results are also heterogeneous.

However, these prescriptions must be carried out cautiously, especially in the elderly, due to the known adverse effects associated with them.

Disclosure of Interest: None Declared

EPV0669

Prevalence of Dementia, associated Co-morbidities, and Multidisciplinary Team Involvement in a Psychiatry of Old Age Service

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Introduction: Dementia is a common diagnosis in service users seen by Psychiatry of Old Age (POA) Services. This clinical audit was conducted prior to the services engagement with a focus group, which aimed to explore the implementation of the “Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia” (National Clinical Guideline No. 21) and identify additional resource requirements to be submitted for consideration by the HSE’s estimate process for 2023.

Objectives: Its aims were to evaluate:

- The prevalence of service users with a dementia diagnosis among those seen by the POA Service, from January 2018–June 2022
- The prevalence of co-morbid psychiatric diagnoses among those with a dementia diagnosis.
- The resources needed to manage currently active cases with a diagnosis of dementia, by evaluating MDT member involvement.

Methods: Data is routinely collected on service users treated by the POA service for service evaluation, including service users’ diagnoses, and current MDT member involvement. All service users seen by the POA service between Jan 2018 – June 2022 were included. The total number of service users, and service users with

dementia and mild Cognitive impairment were counted, in order to evaluate the prevalence of dementia. We then evaluated the proportion of those with dementia who had co-morbid psychiatric diagnoses. We then looked at currently active cases with dementia, and evaluated how many MDT members were involved in their ongoing care.

Results: 392 service users were treated by the service from Jan 2018–June 2022. Of these 104 cases were still active with the service. 152 (39%) of these service users had a diagnosis of dementia. Of those with dementia, 45% (68, n=152) also had another psychiatric co-morbidity. Psychosis was the most common psychiatric co-morbidity, seen in 22% of those with dementia (33, n=152). 12% of active service users with a dementia diagnosis were only seen in outpatients clinics only, 60% were seeing one MDT member, 28% were seeing multiple MDT members (n=25).

Conclusions: Dementia was the most common diagnosis among service users seen by the POA service. 45% of service users with dementia being seen by the POA service also had another psychiatric co-morbidity. Such patients require significant MDT input.

Disclosure of Interest: None Declared

EPV0670

Underrated and Underestimated – Deprivation in Dementia. A Case Report

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Introduction: Deprivation is widely known in children and adolescents and means a lack of social, emotional, or sensory stimuli, due to disabilities such as deafness, but also social isolation and reduced parental care. It may cause developmental disorders such as impaired language, motoric and social development. Little is known of the impact of social deprivation in demented patients. Stimulus shielding, which is a widespread option for psychiatric symptoms of dementia such as agitation, vocalization and aggressive behavior may – if frequently used- have similar effects on demented patients.

Objectives: We report the case of a 71-year-old patient with dementia caused by PSP (Progressive Supranuclear Palsy), who was in inpatient treatment due to continuous undirected vocalizations. She presented with inability to walk, dysarthria, aphasia, and hearing difficulties beside major mnemonic impairment. In a prior hospitalization and in her residency, she was frequently isolated from other patients due to loud screaming and vocalizations in terms of stimulus shielding by suspected overstimulation. In order to that, for four months, she developed progressive difficulties to speak, hear, understand, as well as gait disorders. In addition, the vocalizations increased.

Methods: We rated the symptoms due to deprivation, triggered by lack of mobilization, social experiences, visual, tactile and acoustic stimuli following a vicious circle of anxiety, vocalizations and recurrent isolations. Therefore, a multimodal therapy assessment was implemented, including daily physical therapy, mobilization, basal stimulation, social reintegration and basal conversation training.

Results: After a few days of high intensity treatment, speech reappeared in form of one- word sentences and proceeded to the ability to have short conversations. Mobility increased, starting from severe gait disorder, including the use of a wheelchair and emerged to the ability of walking up to 50 metres. Additionally, the undirected vocalizations improved and were reduced. In addition, hearing ability improved during the four-week treatment.

Conclusions: This case highlights the impact of deprivation in demented patients. Especially it shows that these symptoms can be reversible under a high intensity multimodal and multi- professional treatment within a few weeks. Therefore, stimulus shielding, should be carefully evaluated in order to prevent deprivation – and thus deterioration of the symptoms – in demented patients.

Disclosure of Interest: None Declared

EPV0671

Practice recommendations to manage Alzheimer's disease based on the targeted behavioral and psychological symptoms

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Introduction: Behavioral and psychological symptoms (BPS) of Alzheimer's disease, known as neuropsychiatric symptoms, involve a range of symptoms that include agitation, psychosis (hallucinations, delusions), affective symptoms (depression and anxiety), apathy, and sleep disturbances. These behavioral and psychological symptoms harm the patients' daily lives and significantly burden their families. Managing BPS of Alzheimer's disease requires a targeted approach focused on each symptom to achieve a better therapeutic response.

Objectives: Providing practice pharmacological recommendations targeted to each of the behavioral and psychological symptoms of Alzheimer's disease.

Methods: A literature review was conducted using Medline via PubMed, Embase, PsycINFO, and Cochrane databases until September 2023.

Results: There is a consensus in the literature that non-pharmacological approaches should be recommended as the first-line treatment for most behavioral and psychological symptoms of Alzheimer's.

Second-generation antipsychotics (risperidone and olanzapine, with improved efficacy; aripiprazole and quetiapine, with better tolerance) are recommended for severe agitation states with a risk of self or hetero-aggression, as well as for persistent psychotic symptoms in Alzheimer's disease. The benefit-risk balance of these agents must be assessed, with close monitoring of heart arrhythmias, metabolic risk, orthostatic hypotension, and extrapyramidal symptoms. The recommendations suggest tapering antipsychotics within the first three months of their prescription. Selective

serotonin reuptake inhibitors (SSRIs) such as Escitalopram, Citalopram, and Sertraline can be considered a therapeutic option for persistent affective symptoms (depression and anxiety) with significant functional impairment or suicidal risk, severe apathy, or constant agitation. Minimum effective doses are recommended for Escitalopram and Citalopram due to the risk of QT interval prolongation. There is limited evidence regarding the effectiveness of benzodiazepines, mood stabilizers, cholinesterase inhibitors, and memantine for various behavioral and psychological symptoms; the benefit-risk ratio and therapeutic response do not support the prescription of these agents. Melatonin and Mirtazapine have limited benefits for sleep disturbances, while benzodiazepines, antihistamines, and antipsychotics should be avoided.

Conclusions: The pharmacological approach should target a thorough clinical assessment of the psychopathological dimensions of behavioral and psychological symptoms of Alzheimer's disease. The prescription should be based on evaluating the benefit-risk balance and adherence to literature recommendations for patient safety.

Disclosure of Interest: None Declared

EPV0672

Mania and alzheimer disease, review and case report

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Introduction: There are numerous organic causes that can be related to affective symptoms such as neurological, metabolic, infectious and pharmacological. Neurological conditions associated to affective symptoms include vascular lesions, tumors, infections, seizures and dementia. Within cognitive impairment conditions, depressive symptoms are more frequent in vascular dementia and Alzheimer disease, and behavioral or manic symptoms in frontotemporal dementia although we cannot rule out less common associations.

Objectives: To review about organic mania due to dementia

Methods: We carry out a literature review about organic mania accompanied by a clinical description of one patient with manic symptoms and cognitive impairment.

Results: A 80-year-old male was admitted to the short-term hospitalization unit from the emergency department due to manifold symptoms. He had believed for weeks that he was millionaire and capable to cure all the diseases in the world, reason for which he had given away many of his belongings and had tried to register the patent for his invent. He also had future plans to invest all the money he earned from the patent in the construction of roads in Latin America. He had not previous history of mental illness. Neurological study concluded a diagnosis of Alzheimer disease. It was treated as a manic episode with a mood stabilizer and antipsychotic, with partial resolution of the condition.

Conclusions: It is common to find depressive symptoms in cognitive disorders. Although manic symptoms are much more frequent in frontotemporal dementia or other organic disorders, we can also

find them in patients with Alzheimer disease. Since there is no specific curative treatment for this disease, concomitant psychopharmacological treatment is recommended if manic symptoms appear.

Disclosure of Interest: None Declared

EPV0673

Differential diagnosis between frontotemporal dementia and bipolar disorder, review and case report

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Introduction: Dementia can present with psychiatric symptoms even before the cognitive impairment, which makes difficult to establish an adequate diagnosis. There have described symptoms of this type in vascular dementia, frontotemporal dementia, Alzheimer disease and Lewy bodies dementia. Frontotemporal dementia has a prevalence of 9-20% and it's the third in frequency among degenerative dementia. It appears before the age of 65 years old and is more common in men. Two variants have been described, linguistic and behavioral. The behavioral one has usually an initial psychiatric presentation, with behavioral disorders, disinhibition and personality changes. Therefore it's important to make an adequate differential diagnosis with late onset bipolar disorder.

Objectives: To review about frontotemporal dementia and its differential diagnosis with late onset bipolar disorder.

Methods: We carry out a literature review about frontotemporal dementia and its differential diagnosis with late onset bipolar disorder, accompanied by a clinical description of one patient with behavioral disturbance and language disorder.

Results: A 59-year-old female was admitted to the short-term hospitalization unit from the emergency department due to behavior disorder. She had no relevant personal or familiar psychiatric history up to two years before when she received diagnosis of bipolar disorder. She presented behavioral disorganization, psychomotor restlessness, verbal aggressiveness, verbiage, insomnia and decreased intake. Psychopathological examination became difficult due to her language disorder since she presented an incoherent speech with paraphasias and loss of the common thread. Neurological study guided diagnosis to frontotemporal dementia even though they left the psychopharmacological treatment to our discretion. Olanzapine 5 mg twice a day was initiated, and behavioral improvement was observed. However, the patient maintained a significant functional impairment.

Conclusions: Psychiatric presentation is frequent in dementia, even before cognitive failures which makes essential an exhaustive differential diagnosis. It's important to consider the diagnosis of frontotemporal dementia in those patients who debut with behavioral disturbance in the 50s. Psychopharmacological treatment is only symptomatic so functional recovery should not be expected.

Disclosure of Interest: None Declared

EPV0674

Navigating Neurocognitive Territory: Late-Onset Bipolar Disorder Insights

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Introduction: Affective disorders are associated with cognitive deterioration, manifested by an increased risk of developing dementia. Late-onset bipolar disorder (BD) establishes a dynamic interaction between dementia and BD, considering its particular manifestations in old age.

Objectives: Provide a comprehensive overview of the clinical and epidemiological attributes specific to late-onset BD, elucidating its interplay with dementia.

Methods: We conducted a literature search on PubMed in August 2023, using the following terms: late-onset bipolar disorder AND dementia. Only systematic reviews and meta-analysis were included with no year or language restrictions. Three articles were eligible for this review: two systematic reviews and one meta-analysis.

Results: Late-onset BD can be defined as a secondary condition and may result from an expression of lower vulnerability to BD, when compared to early-onset BD. On the other hand, late-onset BD may be conceptualized as a subtype of pseudodementia, or even considered a risk factor for dementia. In fact, this particular association with dementia supports the existence of a specific class of BD, i.e. BD type VI. Such diagnostic overlap might be explained by common factors that have been associated with both BD and dementia, such as cardiovascular risk factors, systemic inflammation, stress and levels of baseline cognitive reserve. Despite the commonalities, other aspects, such as family history and prior history of a mood disorder, may help to make the differential diagnosis between late-onset BD and dementia.

Conclusions: There is a diagnostic challenge between dementia and the neurocognitive decline associated with BD, particularly in the case of a late-onset BD. Although the available evidence is limited, current evidence demonstrates that BD can indeed be seen as a risk factor for dementia. Therefore, cognitive impairment in individuals with BD should not be overlooked.

Disclosure of Interest: None Declared

EPV0675

Factors associated with psychotropics adverse effects in elderly psychiatric inpatients

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Introduction: Adverse effects (AEs) of psychotropic drugs are more frequent and potentially more dangerous in elderly subjects

(ES), probably due to a greater frequency of somatic comorbidities, as well as polymedication.

Objectives: The aims of this study were to determine the prevalence of AEs of psychotropic treatment among ES hospitalized in psychiatry, and to identify the associated sociodemographic and clinical factors.

Methods: We conducted a retrospective and descriptive study. It concerned male patients aged at least 60 years, hospitalized in the psychiatry B department at CHU Hedi Chaker (Sfax, Tunisia) between 2018 and 2022. We collected demographic and clinical data from their medical records using a pre-established form.

Results: We included 30 patients. The average age was 64 years. Addictive behaviors were reported in 60%, and somatic histories were noted in 53.3% of patients. The three most frequent psychiatric diagnoses were schizophrenia (43.3%), bipolar disorder (33.3%) and depressive disorder (13.3%). Among our patients, 10% experienced adverse psychotropic drug reactions: orthostatic hypotension 6.7%; neurological AEs 3.3%. Univariate analysis showed no significant relationship between sociodemographic variables and psychotropic drug AEs. Patients with bipolar disorder were more likely to develop AEs of psychotropic treatment ($p=0.04$).

Conclusions: Our results suggest that special attention should be paid to avoiding psychotropic medication AEs in psychiatric inpatients ES. Indeed, extra precautions need to be taken in this population due to their reduced ability to report their symptoms.

Disclosure of Interest: None Declared

EPV0676

Meta-analysis of generalization reliability of the Montreal Cognitive Assessment (MoCA) questionnaire in cognitive impairment

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Introduction: Dementia is a syndrome of high prevalence and health impact. The Montreal Cognitive Assessment (MoCA) questionnaire is a screening tool whose use has increased in recent years, especially in cases of mild cognitive impairment. Some studies suggest that its ability to detect cognitive impairment, especially in early or mild stages, seems to be greater than gold-standard instruments (Ciesielska et al., 2016).

Objectives: We have performed a meta-analysis of reliability generalization to see if different adaptations and use in different contexts show consistent results.

Methods: We performed a literature search in PscINFO and Medline with the terms "Cognitive impairment" AND "internal consistency" AND "Cronbach", using the following inclusion criteria:

1. Be a study in which the MoCA scale was applied to a population sample.
2. Studies published in the last 10 years.

3. Studies that provide the reliability coefficient or sufficient data to calculate them.
4. Be written in English or Spanish.

We have limited our study to the last 10 years and the English language has given us a total of 19 results in Medline and 132 results in PscINFO. Subsequently, we completed this search by snowball sampling.

A random effects model was assumed for the statistical calculations and the transformation of our values using the Hakstian and Whalen (1976) proposal. Statistical analysis was performed with the MAJOR package of the Janovi program, based on the R environment.

Results: We obtained a mean reliability for the transformed test scores of 0.42 (95% CI: 0.38 - 0.45), as well as high heterogeneity measured by Cochran's Q statistic and the I^2 index, which is attributed after analysis of moderating variables to the geographical adaptation of the questionnaire and the type of patient on whom it is applied. Our Funnel Plot graph indicates that we do not appear to have committed a publication bias.

Conclusions: Our meta-analysis shows high heterogeneity, mainly explained by the population of origin, both geographically (continent) and clinically (presence of primary cognitive impairment or not), with special incidence in those with impairment secondary to other pathologies, mainly neurological. However, we should consider the high probability that we have not included important variables in our analysis that could increase the explanatory power of our model.

Disclosure of Interest: None Declared

EPV0677

Gender differences in the association of dementia and depression

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Introduction: The evolution of depression and dementia has been shown to differ in some studies. For example, a history of recent depression has been found to be associated with an increased risk of Alzheimer's disease in women (Kim et al., 2021).

Objectives: We will use data collected from several dementia studies to analyze whether the presence of depression at diagnosis is more frequent in women.

Methods: We conducted a systematic search for articles analyzing the presence of depression in patients with a diagnosis of dementia. We analyzed by Student's t test the presence of depression according to sex, considering the alternative hypothesis that there is more depression in female than male patients.

Results: The mean age of the sample was 71 years. We obtained a statistically significant Student's t test ($p=0.02$).

Conclusions: The approach and approach to depression in the elderly as a risk factor could be different according to sex. For example, some studies have proposed the use of hormone replacement therapy (HRT) after menopause as a possible protective factor

for the subsequent development of dementia (Kim et al., 2022). Further studies are recommended in this regard.

Disclosure of Interest: None Declared

EPV0678

Neuropsychiatric symptoms in frontotemporal dementia: a case report

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Introduction: We present the case of a 70-year-old man who, after presenting atypical depressive symptoms, was diagnosed with incipient frontotemporal dementia.

Objectives: Through the presentation of the case, a brief review is made of the affective prodromes of frontotemporal dementia

Methods: The patient, who had no personal history of interest, suddenly began to present depressive symptoms consisting of marked irritability, dysphoric mood, anxious semiology with a subjective feeling of anguish, maintenance insomnia and a feeling of lack of self-control, with a tendency towards verbal heteroaggressiveness. The patient reported all these symptoms with great suffering. After one year of treatment with venlafaxine 300g DMD and quetiapine 400g DMD, with one admission to the short-stay inpatient unit for self-harm threats, the patient had not experienced any improvement. In addition, during this year, the patient's family began to observe small memory lapses that affected his daily functioning, making the patient progressively more dependent.

Results: In view of this clinical picture, it was decided to request an MRI and a brain PET scan, where deficits in the frontal and temporal regions were observed, and a diagnosis of incipient frontotemporal dementia was made.

Conclusions: Frontotemporal dementia is the third most common dementia in people over 65 years of age. About half of the patients debut with psychiatric symptoms, one of them being depressive symptoms. Treatment is focused on the use of psychotropic drugs with the aim of symptom management. Olanzapine or aripiprazole are effective for psychotic symptoms or acute agitation. For more subacute conditions, SSRIs or trazodone are recommended. The iACOs are not recommended, because they are ineffective and worsen neuropsychiatric symptoms.

Disclosure of Interest: None Declared

EPV0679

Major depressive episode in the elderly. Use of maintenance ECT: a case report.

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Introduction: We present the case of an elderly patient with a severe depressive episode who, in order to maintain psychopathological stabilisation, receives ECT on an outpatient basis.

Objectives: The objective is to briefly review the use of ECT as a maintenance treatment for severe depression in the elderly.

Methods: Patient aged 76 years, multipathological, with a history of hypertension, DM and LBP. Femoral head fracture, myelodysplastic syndrome, severe osteoporosis with vertebral crushing, requiring rescue treatment with tramadol, and renal failure.

She came for consultation, reporting depressive symptoms of months' duration, together with delusions of ruin and nihilism. Despite antidepressant and stabilising treatment with duloxetine at daily doses of 120mg, extended-release quetiapine 600mg, lorazepam 2.5mg and mirtazapine 45mg, the patient began to show negative behaviour towards accepting food, clinophilic behaviour and abandonment, which led to her being admitted to the short-term hospitalisation unit.

Results: Due to the severity of the depressive symptomatology, it was decided to start ECT, administering a total of 12 sessions, which were effective, and outpatient follow-up was resumed. However, after a week, the patient again began to show marked apathy and abulia, as well as complete anorexia lasting more than 24 hours, which led to a new admission. It was then that it was decided to maintain the ECT treatment, on an outpatient basis, as maintenance treatment, together with pharmacological treatment.

Conclusions: ECT is indicated in severe depression, with or without psychotic symptoms, with malnutrition and organic pathology. According to studies, it has a beneficial response of more than 60%. However, the rate of receiving depressive symptomatology in a severe episode is high, despite ECT, so studies and clinical practice recommend maintenance ECT. It is usual to start with weekly sessions, and progressively space them out to maintain the minimum that guarantees stability.

Disclosure of Interest: None Declared

EPV0680

Schizoaffective Disorder and Parkinson's Disease: a case report

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Introduction: We present the case of a patient with schizoaffective disorder and Parkinson's disease (PD), requiring treatment adjustment, with the use of high doses of quetiapine for the treatment of psychotic symptomatology.

Objectives: The aim is to briefly review the treatment of dopaminergic psychosis in the elderly.

Methods: Patient aged 86 years, institutionalised, presenting severe episodes of behavioural alteration, high anxiety and delusions of harm, together with auditory and visual

hallucinations. As relevant physical history, the patient has AHT, aortic insufficiency, and bladder cancer operated on in 2012. As psychiatric history of interest, the patient has been diagnosed since his 30s with schizoaffective disorder, Parkinson's disease and moderate-severe cognitive impairment secondary to the previous two.

As usual treatment, in addition to anticoagulation and antihypertensive therapy, the patient has been receiving L-dopa for his PD for years, antidepressant treatment with escitalopram 10mg, haloperidol 80 drops a day, divided into three doses, and lormetazepam 2mg as a hypnotic.

In addition to the symptoms described above, the patient had episodes of confusional features, as well as marked stiffness in the cogwheel and significant gait disturbance, having suffered several falls without serious repercussions.

Results: Due to the comorbid neurological pathology, it was decided to progressively modify the treatment, withdrawing the benzodiazepine due to the risk of confusional disorder and replacing it with trazodone. Antipsychotic treatment was gradually replaced by extended-release quetiapine, reaching a maximum dose of 800mg. Likewise, escitalopram treatment is replaced by sertraline.

With this adjustment, there was an improvement in the psychotic symptoms, as well as in the anxious symptoms. Episodes of distress are NOT observed, and the patient's functionality improves, allowing him/her to participate in daily activities, both cognitive stimulation and physiotherapy.

Conclusions: The Spanish Society of Psychogeriatrics recommends that before using antipsychotics, it is advisable to first treat the underlying potentially treatable causes (pain, infections, toxic effects of drugs...), assess non-pharmacological interventions and always, if the use of antipsychotics is required, assess the risk-benefit ratio.

In relation to the above, it is not surprising that in the elderly, the use of second-generation antipsychotics is recommended in the first place, as opposed to the classical ones. The latter are only recommended in emergency situations where an almost immediate effect is required.

For dopaminergic psychosis, there are only controlled trials with clozapine. However, due to prescribing difficulties, aripiprazole or quetiapine is recommended in the first instance.

Disclosure of Interest: None Declared

EPV0682

"Neuropsychiatric manifestation of hyponatremia: a case report"

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Introduction: "Electrolyte abnormalities are commonly encountered in daily clinical practice, and their diagnosis relies on routine laboratory results. Electrolyte disturbances can affect the brain among many other organs and tissues and must be promptly recognized, as they can lead to serious and potentially life-threatening complications if neglected or not appropriately

treated. Neurological manifestations reflect the severity of acute neuronal dysfunction and thus require urgent treatment. Acute and/or severe electrolyte imbalances can manifest with rapidly progressive neurological symptoms, seizures, and psychiatric manifestations. They are more frequently observed in patients with sodium disorders (especially hyponatremia), hypocalcemia, and hypomagnesemia.

Objectives: Were the psychiatric manifestations secondary to hyponatremia or epilepsy? Or is it a comorbidity? What are the risk factors? And what is the appropriate course of action for this type of patient?"

Methods: We present, through a clinical case, the situation of a 64-year-old patient who experienced status epilepticus secondary to hyponatremia, requiring hospitalization in the neurology department. Subsequently, she developed psychiatric manifestations with a marked change in behavior. She began experiencing symptoms of anxiety and depressive mood, headaches, somatic complaints, and social isolation. Her condition gradually worsened, necessitating hospitalization in the psychiatry department 3 years later.

Results: The patient was placed on Carbamazepine by her neurologist, and since then, she has not experienced epileptic seizures. Her follow-up electrolyte panel initially showed slight disturbances before normalizing. Psychiatric manifestations were concurrent with these somatic symptoms and worsened over time. During her psychiatric hospitalization three years later, after a thorough evaluation, she was prescribed Sertraline and Risperidone in combination with Carbamazepine, resulting in a significant improvement in her condition.

Conclusions: In summary, this case illustrates the critical impact of electrolyte abnormalities on both neurological and psychiatric health, especially in older patients. Understanding risk factors associated with electrolyte imbalances is crucial for effective diagnosis and management, particularly in the elderly. This underscores the importance of a multidisciplinary approach to address the potential serious consequences of electrolyte disturbances on overall patient well-being.

Disclosure of Interest: None Declared

EPV0684

Cytoprotective mechanism of cerebro-cognitive reserve

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Introduction: Consideration of the reserve problem would be incomplete without an analysis of the cytoprotective mechanism. The predominant molecular hallmark of aging and degeneration is the accumulation of altered gene products. Moreover, several conditions, including protein, lipid, or glucose oxidation, disrupt redox homeostasis and lead to the accumulation of unfolded or misfolded proteins in the aging brain in case of AD, and other neurodegenerative diseases that have as a common denominator abnormal protein production, mitochondrial dysfunction and oxidative stress. Some authors classify aging, pathological aging, and neurodegeneration as "protein conformational diseases".

Objectives: scientific publications

Methods: analytical review

Results: The central nervous system has evolved a conserved unfolded protein response mechanism to cope with the accumulation of misfolded proteins. As one of the main intracellular redox systems involved in neuroprotection, the vitagene system becomes a potential neurohormetic target for novel cytoprotective interventions. Vitagens encode the cytoprotective heat shock proteins (Hsp) Hsp70 and heme oxygenase-1, as well as thioredoxin reductase and sirtuins. The cellular stress response is the ability of a cell to withstand stressful conditions, including the heat shock response. The production of heat shock proteins, including protein chaperones, is necessary for the folding and repair of damaged proteins, which promotes cell survival to avoid apoptosis. «Molecular chaperone» are proteins that function as part of an ancient defense system in our cells. They promote cell survival by sequestering damaged proteins and preventing their aggregation. Chaperone complexes are involved in the regulation of mitochondrial functions, assembly of the cytoplasmic proteolytic system of brain cells. The cellular response to stress requires the activation of survival pathways that are under the control of protective genes called vitagens. Vitagens are involved in the production of heat-shock protein molecules, glutathione, and bilirubin. They have antioxidant and anti-apoptotic activity and provide protection against oxidative stress.

Conclusions: Studies have shown that the heat shock response contributes to the maintenance of cellular homeostasis, the establishment of a cytoprotective state in a wide range of human diseases, including inflammation, cancer, aging, and neurodegenerative disorders. Endogenous proteins can be manipulated by food or pharmacological compounds, which represents an innovative approach to therapeutic intervention in neurodegenerative disorders, actually influencing reserve mechanisms and adaptive capacity.

Disclosure of Interest: None Declared

EPV0686

Platelet enzymatic activities in patients with late-onset schizophrenia spectrum disorders

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Introduction: Impairments in energy metabolism, glutamate neurotransmitter and antioxidant systems contribute substantially in development of schizophrenia spectrum disorders, especially in late-onset psychosis (LOP).

Objectives: Revealing subgroups of patients with LOP by determining activity of platelet enzymes of energy, glutamate, and glutathione metabolism.

Methods: 62 women of 52-89 years old were studied, with late onset schizophrenia spectrum disorders (F20.0, F25, F22.0, F06.2 by ICD-10). PANSS with its subscales was used to assess the severity of psychotic symptoms. Scores by PANSS and activity levels of

platelet cytochrome c-oxidase (COX), glutamate dehydrogenase (GDH), glutathione reductase (GR) and glutathione-S-transferase (GST) were evaluated twice: before and on the 28-th day of antipsychotic treatment. Activities of COX, GDH, GR, and GST were measured in 37 women of 50-84 years old comprising the control group.

Results: Clustering of patients by the enzymatic activities resulted in 2 clusters (C1 and C2) significantly different by COX and GST ($p < 0.001$). In C1 ($n=40$), as compared with control, reduced level of GDH activity before and after treatment ($p=0.049$ and $p=0.032$, respectively) and a reduced level of GR activity before treatment ($p=0.026$) were revealed. In C2 ($n=22$), as compared with the control, COX activity was increased before and after treatment ($p=0.0001$), GDH activity was decreased before and after treatment ($p=0.0002$ and $p=0.0001$, respectively), and GST activity was decreased before and after treatment ($p=0.029$ and $p=0.0029$, respectively). GR activity was not significantly changed in both clusters. Significant correlations were found between enzymatic activities and scores by psychometric scales: in C1, GR activity positively correlated with the score reduction (delta) by PANSS-Pos ($R=0.45$, $p=0.004$), by PANSS-Psy ($R=0.44$, $p=0.005$), and by PANSS ($R=0.47$, $p=0.002$), and GST activity – with the score reduction by PANSS-Psy ($R=0.315$, $p=0.048$). In C2 ($n=22$), GDH activity negatively correlated with the score reduction by PANSS-Pos ($R=-0.41$, $p=0.050$) and by PANSS ($R=-0.49$, $p=0.021$).

Conclusions: The different correlations revealed in two separated clusters between enzymatic activity levels and clinical measures characterizing the antipsychotic treatment efficacy will allow us to approach differentiated predicting the effectiveness of pharmacotherapy using the biochemical parameters.

Disclosure of Interest: None Declared

EPV0687

Clustering patients with late-life depression by blood glutathione-dependent enzymatic activities for stratification of a heterogeneous group

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Introduction: We have previously found significant alterations in activities of glutathione dependent enzymes in blood cells of patients with late-life depression (LLD) compared with age-matched controls.

Objectives: The revealing subgroups of LLD patients by glutathione-metabolism enzymes' activities in blood cells using cluster analysis.

Methods: LLD patients ($n=101$) of 60-86 age (69 patients with recurrent depression (RD), 23 with bipolar disorder (BD) and 9 patients with a single depressive episode (DE)) were assessed by Hamilton depression rating scale (HAMD-17), and Hamilton Anxiety Rating Scale (HARS). Activity levels of glutathione reductase (GR) and glutathione S-transferase (GST) were

determined in patients' platelets (-pl) and erythrocytes (-er). The control group consisted of 51 peoples 55-84 years old without mental pathology. Cluster analysis module of the STATISTICA software was used for clustering the patients by baseline blood parameters.

Results: Three clusters of patients were obtained: C1, $n=39$, C2, $n=31$, C3, $n=31$, differing significantly in all biochemical parameters (Kruskal-Wallis test, $p<0.001$), except GST. When compared with control group by Mann-Whitney test, GST-pl, GST-er, and GR-er were significantly decreased in C1; GST-er was significantly increased in C2; GST-pl, GR-pl, and GR-er were significantly decreased in C3. Several significant correlations were found between the measured parameters and scores by HDRS or HAMD-17. In C1, baseline activity of GST-er correlated with total scores by HAMD-17 ($R=0.335$, $p=0.043$) after treatment. In C2, baseline activity of GR-er correlated with total scores by HARS ($R=-0.376$, $p=0.037$) after treatment and GR-pl correlated with delta scores by HAMD-17 under the treatment ($R=0.484$, $p=0.006$). No significant correlations were found in C3. Patients with BD distributed significantly unevenly between C1, C2, and C3, with significantly more BD patients clustering in C1 (61%) compared with C2 and C3 (Yates-corrected Chi-square = 7.73, $p=0.0054$), whereas patients with RD and DE distributed evenly.

Conclusions: Patterns of activity levels for glutathione-dependent enzymes in patients with BD differ from those in patients with RD and DE. Significant correlations of the measured biochemical parameters with scores by HDRS or HAMD-17 assessed after the treatment and evidenced for the treatment efficacy seem to be promising biomarkers for further evaluation of the treatment efficacy in heterogeneous group of LLD patients using the proposed approach to their stratification into subgroups.

Disclosure of Interest: None Declared

EPP0529

Aberrant Functional Connectivity Between Regions Involved in Belief Evaluation and Processing of Bodily Information in Patients with Somatic Delusions

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Introduction: According to the two-factor theory of delusional belief (Coltheart. Ann N Y Acad Sci 2010; 1191 16-26), explaining the presence of a delusion requires a combination of two neuropsychological impairments. The first deficit initially prompts the delusional belief and defines its content, whereas the second deficit – aberrant belief evaluation – interrupts the

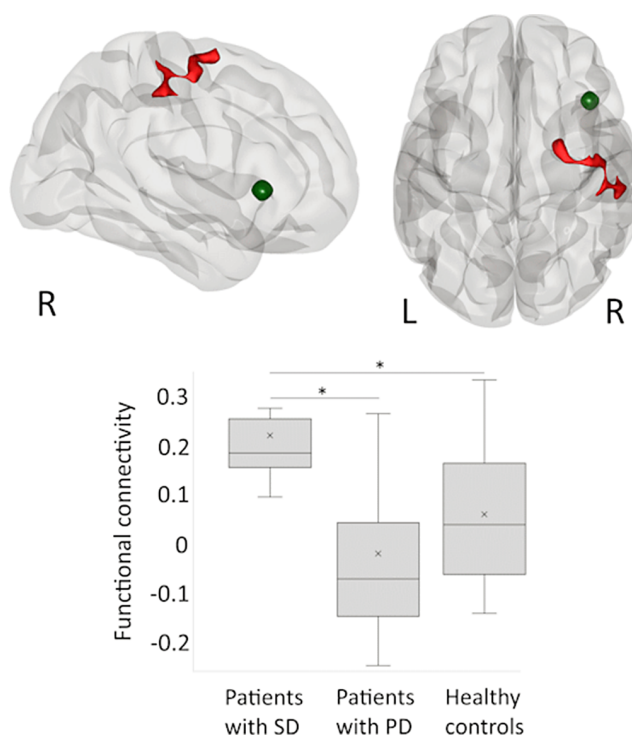
rejection of a delusional belief and is common for different types of delusions. The second deficit is associated with compromised functioning of the right ventral frontal/anterior insular cortex (r-VF/AI; Darby et al. Brain 2017; 140 497-507). However, neural correlates of the first deficit in different types of delusions remain obscure.

Objectives: The aim of the study was to search for regions whose functional connectivity with r-VF/AI is different between patients with somatic delusions (SD) and persecutory delusions (PD) and to further clarify the results by comparing clinical groups with healthy controls. We hypothesized that each clinical group is characterized by aberrant functional connectivity between a region, associated with poor belief evaluation (r-VF/AI), and a region, presumably associated with a neuropsychological impairment specific to the corresponding type of delusions.

Methods: Patients with delusional disorder or paranoid schizophrenia ($n = 23$) and healthy controls ($n = 9$; 5 females; mean age 36.2 ± 1.3) underwent resting-state fMRI (Philips Ingenia 3T). Nine patients had SD (5 females; mean age 40.3 ± 7.9) and fourteen patients had PD (3 females; mean age 35.6 ± 10.2). The clinical groups were compared in terms of whole-brain functional connectivity of r-VF/AI (ROI-to-voxel analysis in CONN; RRID: SCR_009550; www.nitrc.org/projects/conn). Statistical thresholds were $p < .005$ voxelwise, $p[\text{FDR}] < .05$ clusterwise. Each clinical group was compared with controls in terms of functional connectivity between r-VF/AI and previously identified regions with between-group differences in connectivity (ROI-to-ROI analysis). Age was a covariate of no interest in all analyses.

Results: Patients with SD compared to patients with PD and healthy individuals had higher functional connectivity between the r-VF/AI and a cluster in the right precentral and postcentral gyri extending to supramarginal and superior frontal gyri (Figure 1).

Image:



Conclusions: The regions whose functional connectivity with r-VF/AI was aberrant in patients with SD are involved in the processing of tactile, proprioceptive, and visceral information. Our results coincide with a suggestion that the evaluation of beliefs related to bodily sensations is disturbed in patients with SD.

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Disclosure of Interest: None Declared

Oncology and Psychiatry

EPV0688

Are antipsychotics carcinogenic?: A review of the literature

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Introduction: Antipsychotics are currently widely prescribed for various mental disorders. A presumption of a potential carcinogenic effect of antipsychotics was raised by certain studies. There are few data in the literature on this subject.

Objectives: Study the relationship between the use of antipsychotics and the risk of cancer.

Methods: A systematic literature review was carried out on PubMed looking for articles in English, published during the last decade (2013-2023), using the keywords "Antipsychotics" and "Cancer". We included all articles studying the relationship between antipsychotics use and cancer risk.

Results: Nine articles were included in our study, the majority of which focused on breast cancer. The results regarding breast cancer were discordant: although three studies did not show an association between the administration of antipsychotics and breast cancer, more recent studies have proven the opposite. Indeed, chronic exposure to antipsychotics, particularly those raising prolactinemia, was significantly associated with an accumulated risk of breast cancer, especially with positive estrogen receptors, whereas prolactin-sparing antipsychotics were not associated with it. Regarding hematologic malignancies, unlike other antipsychotics, long-term use of clozapine was associated with a high risk of malignancy, and had a greater effect on mortality from lymphoma and leukemia than to agranulocytosis. On the other hand, it has been proven that the use of atypical antipsychotics is associated with a reduced risk of lung cancer.

Conclusions: Data from the literature regarding the carcinogenic potential of antipsychotics remain discordant and inconclusive. The most recent studies are worrying and highlight in particular an association between the use of antipsychotics and the increased risk of breast cancer. If these data are confirmed in future studies, this will undoubtedly impact the benefit-risk balance when making therapeutic decisions.

Disclosure of Interest: None Declared

EPV0689

Exploratory study of a meditation intervention program on Portuguese breast cancer survivors

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Introduction: Cancer patients, namely breast cancer survivors, are highly vulnerable to psychological morbidity. Noninvasive interventions are incentivized to promote the mental health and quality of life of cancer survivors. Recent studies provided evidence supporting the use of meditation as a promising adjuvant tool for improving the mental health and quality of life of cancer survivors.

Objectives: The present study aims to carry out a clinical trial to evaluate the effects of an online group of meditation program of Kundalini Yoga on breast cancer women, through a longitudinal and randomized research design, in the following variables: psychological morbidity, self-compassion, spirituality, and quality of life.

Methods: This study had the participation of 35 participants distributed randomly for 3 equivalent groups (N=11 EG, N=13 ACG, N=11 PCG), with the diagnosis of breast cancer, aged between 34 and 78 years.

The sample of women with breast cancer was randomly selected from a breast cancer support association.

The protocol was applied online individually on pre-test, post-test, and 1-month follow-up moments, in 3 comparison groups: 1) the Experimental Group(EG), who practiced yoga Kundalini meditation; 2) the Active Control Group(ACG) that practiced relaxation; 3) the waiting list Passive Control Group(PCG). Intervention sessions were carried out for the EG and the ACG, in an online format, lasting about 30 minutes, weekly, for 8 weeks. Statistical analyses were considered at a 0.05 significance level. All analyses were performed with IBM SPSS, version 27.

Results: The results showed that the group that did yoga kundalini meditation (EG) had benefits, unlike the control groups, in the variables of emotional functioning, global spiritual well-being, and personal well-being. There were statistically significant differences in the overall self-compassion score when comparing the 3-time points in all groups. The sub-scale of self-kindness and transcendental well-being shows an increase significantly between the 3 moments in the active control group. The passive control group performed significantly worse over time in the self-kindness.

Conclusions: Based on preliminary results, the Experimental Group (EG) exhibited improvements in Self-Compassion, Spirituality, and Emotional Functioning (as evaluated by the QLQ C-30) following eight consecutive weeks of online Kundalini Yoga Meditation practice. These findings contribute to the growing body of evidence supporting meditation's potential to enhance life quality and spiritual well-being in individuals with breast cancer. These preliminary findings suggest that further research in this promising field is warranted.

Disclosure of Interest: None Declared

EPV0690

Network Analysis of the Relationships Between Symptoms, Functioning, and Sleep/Fatigue in Colorectal Cancer Patients

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Introduction: Among the various patient experiences, cancer-related fatigue and sleep disturbances emerge as pivotal aspects that can substantially impact individuals' quality of life. There exists a relative scarcity of research focusing on the intricate relationship between symptoms, functioning, fatigue, and sleep disturbances in colorectal cancer (CRC) patients.

Objectives: In this context, the current research endeavors to apply advanced statistical methodologies to elucidate the complex relationships between symptoms, functioning, fatigue, and sleep disturbances. By exploring the intricate web of patient characteristics, clinical factors, psychosocial elements, this study aims to construct a holistic model that not only captures the nuances of colorectal cancer patients' experiences but also uncovers potential avenues for intervention and support.

Methods: In our cross sectional study, we administered the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core 30 (EORTC QLQ-C30), the Quality of Life Questionnaire Colorectal Cancer Module (QLQ-CR29) to 987 patients who were surgically-treated for CRC from the tertiary hospital from 2013 through 2018. To confirm the relationship between symptoms of CRC patients, univariable logistic regression was used to examine the potential relationship between independent variables and the occurrence of fatigue and sleep disorders. Least Absolute Shrinkage and Selection Operator (Lasso) was used for variable selection. The selected variables were then applied to a multivariate logistic regression analysis to examine the most influential predictors of fatigue and sleep disturbance. Finally, gaussian graphical models (GGM) were used to identify potential interactions between characteristics, symptoms, functioning, with fatigue, and sleep disturbances in CRC. In this study, Directed Acyclic Graph (DAG) was used to identify causal dependency and path of variables.

Results: About 10.4% of study participants reported experiencing fatigue. Sleep problems were reported by 15.8% of the study participants. Multivariable logistic regression analysis using Lasso showed that sleep problem (odds ratio [OR]=2.34; 95% CI, 1.03-5.31), physical, role, and emotional functioning, pain, dyspnoea, and appetite loss were significant predictors of fatigue, while emotional functioning, dyspnoea, and appetite loss were significant predictors of sleep problem. The variables that were directly linked to fatigue were role functioning, emotional functioning, dyspnoea, appetite loss, body image and trouble with taste. The variables that were directly linked to sleep problem were emotional functioning and appetite loss.

Conclusions: In conclusion, there were complex relationships between symptoms, functioning, fatigue, and sleep disturbances. The symptom network of CRC patients showed different patterns toward fatigue and sleep.

Disclosure of Interest: None Declared

EPV0691

Case Report and Literature review. Neuropsychiatry Manifestation of Frontal Lobe Neoplasm- Meningioma. Prevalence, Presentation and Pathogenesis

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Introduction: Meningiomas are the most frequent primary brain tumor. Although most Meningiomas are benign, their location in the central nervous system can predict symptomatology which could result in significant morbidity and mortality. However, due to the slow-growing nature, meningiomas are usually asymptomatic, and diagnosis is often made incidentally on neuroimaging or at an autopsy. The incidence rate is 1.2-fold higher in Black Americans than White Americans. Neuropsychiatry manifestation might be only initial presentation; thus, psychiatrists are often the first to see these patients, and the correct diagnosis may be made only when the tumor has grown to a considerable size and begun to displace the brain.

Objectives: The aim of this study is to understand the biological basis of psychiatry symptoms in patients with Frontal Lobe meningiomas.

Methods: A review of literature and individual patient data analysis was conducted. The literature review was conducted on PubMed, Medline, MeSH, Google Scholar, and Mount Sinai's Levy Library using the key words; meningioma, meningioma with psychiatric symptoms, psychosis, depression, neuropsychiatry manifestation of meningiomas.

Results: The review revealed that 88% of brain tumors and psychiatric symptoms are located in the frontal region. Meningiomas accounts for 13%-26% of intracranial tumors. There is a reported low incidence due to its slow growing nature and are usually asymptomatic. Incidence of meningiomas is predominant in females, and is attributed to hormonal factors, this is associated with estrogen and progesterone cycles. Reports shows that smoking has been linked to increase risk of meningiomas in men. Frontal lobe meningiomas may present with only psychological symptoms that resemble depression, anxiety states, hypomania and schizophrenia. Personality and mental status changes are also noted in Frontal lobe tumors. Left sided lesions are associated with inhibition of motor activity, impairment in motor and initiative aspect of speech, diminished generalization ability and general inertia of mental process.

Conclusions: Given the absence of frank neurological symptoms, to help localize the lesion, most meningiomas are missed due to diagnostic overshadowing of the primary psychiatric illness. Peritumoral edema indicates the underlying mechanism and location of the lesion predicts symptomatology. Like our patient who is an 81-year-old male with no past psychiatry history, presenting to our comprehensive psychiatry emergency program with psychiatric manifestation as the initial presentation and subsequently with MRI suggestive of Right Frontal extra-axial meningioma. This study shows that primitive frontal lobe tumors are likely to be misdiagnosed as patients with such tumors are often referred first to psychiatrist. High index of suspicion is needed.

Disclosure of Interest: None Declared

EPV0692

Emotional meanings attributed to sexual experiences reported by Brazilian Men with Head and Neck Cancer seen at a Public University Oncologic Outpatient Service: A Qualitative Study

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Introduction: "What can and what cannot I do in a sexual relationship?" [In this way, a middle-aged man with HNC - Head and Neck Cancer, under chemotherapy or radiotherapy, asks. This doubt is raised to the oncologist, radiotherapist, nurse or psychotherapist. Apparently, his concern is objective, considering he has a severe diagnosis and important treatments. However, underlying the manifest doubt, there are symbolic constructions in his mind that generate anguish. The health professionals' response must go beyond information. They also must understand the symbolic emotional meanings associated with the patient's speech. This attitude will bring a psychotherapeutic effect to the ill man.

Objectives: To interpret symbolically sexual and emotional experiences reported by male patients diagnosed with HNC under outpatient treatment in a public specialized clinical unit.

Methods: We used the CQM - Clinical-Qualitative Method (Turato. Portuguese Psychos. J, 2000 2(1): 93-108). For data collection, the main researcher used the Semi-Directed Interview with Open-ended Questions In-Depth and Field Notes. The employ of the Seven Steps of the CQCA - Clinical-Qualitative Content Analysis (Faria-Schützer et al. Cien Saude Colet. 2021; 26(1): 265-274) brings us to discussion categories. The sample was closed with 12 patients according to the information saturation strategy (Fontanella et al. Cad Saude Publica. 2008; 24(1): 17-27). The interviews were conducted by the first author of this abstract, a male nurse, as part of his master's research at a postgraduate course in Oncology. The findings were validated by peer reviewers from the Lab of Clinical-Qualitative Research at the State University of Campinas.

Results: Two categories were chosen for this presentation: 'The dyad perceived in the felt body and the experienced body', and 'The body re-signified between the sexual and affective dimensions'. The body symbolized before and after the illness experiences a movement in phenomenological consciousness that leads to external changes in its attitudes. The patient needs now to ask himself and others what this body can - or cannot - do. The severely ill body imposes new meanings for life and sexuality. It does not cancel the wish but asks for a new channelling of your psychic/sexual energies.

Conclusions: These findings indicate that patients with HNC want to talk about sexuality and ask about the risks of sexual activity, contrary to what the common view supposes. Traditional Balint groups met with the multidisciplinary team can be beneficial for doctors and nurses to deal with their own emotional limitations. Furthermore, the Consultation-Liaison Psychiatry, under the approach of psychosomatic medicine, focuses on the care of patients with behavioural and emotional manifestations, together with the work of the oncologists.

Disclosure of Interest: None Declared

EPV0696

Neuropsychiatric manifestations in oncological patients: A clinical case of manic syndrome in a patient with pancreatic adenocarcinoma

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Introduction: Neuropsychiatric manifestations in the context of medical illnesses, particularly oncological conditions, pose unique challenges. Pancreatic carcinoma is known to present a high rate of psychiatric comorbidity, with its association with major depressive disorder documented in up to 75% of patients. This poster focuses on the case of a 51-year-old patient recently diagnosed with stage IV pancreatic adenocarcinoma, who exhibited manic symptoms without any prior psychiatric history.

Objectives: To describe the clinical presentation of a patient with previous diagnosis of advanced pancreatic cancer who is admitted in the ER with a maniform episode and review in literature its possible etiology and its clinical management.

Methods: Clinical case report and brief literature review.

Results: 51-year-old male was admitted at the emergency department with subacute behavioral changes in the previous weeks which included growing irritability, aggressive attitudes (which resulted in a restraining order from his mother), excessive spending, insomnia and inappropriate life plans. He had no psychiatric history, substance misuse of any kind or family history of mental disorders. Medical evaluations including a cranial CT scan, an MRI, blood and serological tests, were all within normal parameters. The patient had been recently diagnosed with pancreatic adenocarcinoma stage IV and was undergoing treatment that included corticosteroids, immunotherapy and chemotherapy (FOLFIRINOX).

During the hospitalization, the patient was assessed by the oncology team, who based on the normality of the imaging and laboratory findings, initially discounted an organic or metastatic cause for the symptoms. Pharmacological treatment with Sodium Valproate, up to 1000 mg/day and Quetiapine up to 450 mg/day was initiated, resulting in a progressive improvement in irritability and related symptoms. While the normality of medical tests initially suggested a non-organic cause, the atypical onset of psychiatric symptoms at this age in a patient with no prior psychiatric history raised the hypothesis of a potential link with his medical condition. The final diagnosis was mania secondary to pancreatic adenocarcinoma.

Conclusions: This case underscores the complexity of neuropsychiatric manifestations in oncological patients, particularly when presented without a prior psychiatric history. Upon reviewing the existing literature, it is clear that manic symptoms are relatively rare in patients with pancreatic adenocarcinoma. Furthermore, the underlying mechanisms behind these symptoms remain poorly studied. Potential contributors may include the effects of treatment modalities such as corticosteroids, immunotherapy and chemotherapy. Additionally, the manifestation of paraneoplastic syndromes and immunodysregulation could play a role in the context.

Disclosure of Interest: None Declared

EPV0697

A cross-cultural analysis of the relationship between the level of depression and attitudes toward death in cancer patients

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Introduction: ♦Over the last 10 years, the number of cancer patients in the world has increased by almost 23%, and the number of cancer deaths has also increased by about 10%. Malignant neoplasms still remain as one of the main causes of mortality in the population. Patients with oncopathology are characterized by a high level of depression which leads to inadequate attitudes towards the disease and its treatment, and this may further act as a risk factor for disease susceptibility and aggravate its course (Schulz-Kindermann, 2021). It is relevant to search for variables that act as a personal resource in coping with cancer. It is hypothesized that one such personal resource is the specificity of attitudes towards death.

Objectives: To conduct a comparative analysis of the relationship between the level of depression and the peculiarities of the attitude to death in cancer patients in Russia and Germany.

Methods:

- Beck Depression Inventory to determine the level of depression severity.
- Death Attitude Profile-Revised to determine the type of attitude to death.

For statistical processing of data, the SPSS 23.0 statistical package was used with a preliminary check for normality of distribution using the Kolmogorov-Smirnov statistical criterion.

SELECTION: The sample consisted of a total number of 50 cancer patients with 25 each undergoing treatment in Russia (Moscow) and in Germany (Munich). The study was based on the sample obtained from the P. A. Herzen Moscow Research Oncological Institute and the Helios Munich-West Clinic. Overall, the sample was relatively gender-balanced.

Results: The following results were obtained from the study:

1. The mean value of depression level in cancer patients is higher in Russia than in Germany.
2. The level of depression in cancer patients in both the countries is correlated with:
 - marital status ($p=0.36$)
 - stage of disease ($p=0.001$)
 - type of treatment ($p=0.001$)
 - belief in God ($p=0.024$)
 - adherence to a particular religious denomination ($p=0.008$)
3. The level of depression was correlated with a certain type of attitude towards death: a higher level of depression was associated with scores on the "fear of death" scale ($p=0.000$), and a lower level (or lack of) with the "neutral acceptance of death" scale ($p=0.000$)
4. The fear of death is seen to be most common in the sample of patients from Russia, while the neutral acceptance of death is more prevalent in the sample from Germany.

Conclusions: The results suggest that a positive attitude to death (neutral as one of these types) is correlated, along with other factors,

with lower levels of depression, which may be a personal resource in coping with the disease.

This allows us to make the assumption that when providing psychological support to cancer patients, it is necessary to pay attention not only to the attitude to life and illness, but also to the attitude to death.

Disclosure of Interest: None Declared

EPV0698

The study protocol of the winners project: a randomized and controlled trial using a videogame-based training program in pediatric cancer survivors

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Introduction: Childhood cancer survivors have neurocognitive sequelae that in most survivor follow-up programs are underdiagnosed and for which there is usually no treatment plan.

Video games have demonstrated various psychological and neurocognitive benefits in different subpopulations, such as patients with organic neurological deficits or children with ADHD. However, few studies have been carried out using video games-based interventions in the paediatric oncology population.

Objectives: The aim of this work is to present the WINNERS study protocol, the objectives of which are to diagnose the neurological and cognitive sequelae in child cancer survivors, and to demonstrate the benefit in these areas of a training program based on video games.

Methods: A randomized controlled and unblinded trial is presented. Fifty-six patients aged 8 to 17 years stratified into two age groups (8-12 and 13-17) who had received any of the following treatments 1 to 6 years before the enrolment will be selected: high-dose chemotherapy with blood-brain barrier crossing, intrathecal or intraventricular chemotherapy, CNS radiotherapy or hematopoietic stem cell transplantation.

A neuropsychological evaluation will be performed consisting of a battery of neuropsychological tests to assess parameters such as attention, memory, visuospatial ability or speed of response, as well as a neuroimaging evaluation by structural and functional magnetic resonance imaging. The evaluation will be repeated 3 months and 6 months after the enrolment. Patients will be randomized to a treatment group or to a recycled waiting group. Intervention will consist on a 12-week training at home using 3 video games: a brain training game, an exergaming game and a skill training game.

Results: According to the hypotheses of this study, it is expected that the proposed program of videogame-based interventions will improve neurocognitive and other wellbeing parameters in the intervention group.

Conclusions: This study aims to improve the quality of care for patients who have survived a cancer disease by detecting sequelae that have so far been poorly attended, and by proposing a gamification-based intervention program that is effective and attractive for this population.

Disclosure of Interest: None Declared

EPV0699

The winners project: neuropsychological changes after a video game-based training program in pediatric cancer survivors. a case report

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Introduction: Children who have undergone an oncological process and have received treatment with chemotherapy or radiotherapy on the central nervous system may have significant neurocognitive sequelae. Some video games have shown neurocognitive benefits in people with impairments in different areas, such as attention or memory.

Objectives: This work aims to demonstrate the benefit of a video game-based training program to improve the neurocognitive profile in a child survivor of cancer.

Methods: The patient is a 9-year-old female who was diagnosed with acute lymphoblastic leukemia at the age of 4 years. She received routine treatment of this disease by chemotherapy, including high-dose chemotherapy (with blood-brain barrier crossing) and intrathecal chemotherapy. She is currently 3 years after the end of treatment.

The Continuous Performance Test 3 (CPT-3) (sustained attention/vigilance) was administered before and after a multifaceted training program consisting of playing 3 video games for 12 weeks, as follows: a brain-training game (4 days per week, 7-12 minutes per day), a skill-training game (2 days per week, 10 minutes per day) and an exergaming game (2 days per week, 10 minutes per day).

Results: Prior to intervention, the patient had 3 atypical z-scores on the CPT-3 (z scores: mean = 0, S.D. = 1), with a pattern compatible with ADHD (omissions z = 1.2; hit reaction time z = 3.4; hit reaction time block change z = 1.2). After intervention, she had only an atypical z-score (hit reaction time z = 3.6), with a pattern compatible with slowing, without ADHD.

Conclusions: The neuropsychological evaluation of this patient showed an improvement in his attentional pattern on the CPT-3 after the video game-based training.

Disclosure of Interest: None Declared

EPV0700

Discrepancy between subjective perception and objective cognitive performance in attention assessment within the winners project for cancer survivors. a case report

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Introduction: Paediatric cancer survivors have a risk for neuropsychological impairment due to the disease and the treatment received. These affections have been neglected in the follow-up of these patients. It is important to identify the most valid outcomes in the evaluation of neurocognitive sequelae in childhood cancer survivors.

Objectives: This work aims to compare the results obtained between subjective perception of caregivers and objective cognitive performance based on validated attention tests.

Methods: In a randomized controlled and unblinded trial to demonstrate the benefit of video games on different neurocognitive areas in cancer survivors, we studied attention functioning before and after the intervention program. The attention deficit subscale from the Behavior Assessment System for Children 3rd edition (BASC-3), self- and parent-reported versions, and the Continuous Performance Test, 3rd edition (CPT 3) will be used as outcomes (z scores: mean = 0, S.D. = 1).

Results: We observed an improvement in attention after intervention using the CPT-3 (omissions z = 1.2; hit reaction time z = 3.4; hit reaction time block change z = 1.2 versus hit reaction time z = 3.6 without other atypical z scores after intervention), changing the attentional pattern from "ADHD" to "slowed". However, in the parent-reported version of the BASC-3, a worsening in the attention subscale is observed (z = 0.3 pre-intervention vs z = 1.0 post-intervention) while the self-reported version of the patient didn't show any significant changes (z = 1.4 pre-intervention vs z = 1.1 post-intervention).

Conclusions: It is essential to use objective tests to measure neurocognitive sequelae in these patients. Subjective surveys can provide additional information, but not substitute the above.

Disclosure of Interest: None Declared

EPV0701

Emotional meanings reported by patients about their life experiences under the following in the Watch and Wait protocol: A qualitative study in a Brazilian surgery university specialized outpatient service

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Introduction: Health Psychology is aggregated to clinical studies providing physicians, nurses, and psychotherapists with psychodynamics of sick persons, facilitating interpersonal relationships and greater adherence to treatments. How do people deal with illness and treatment from what they symbolize in experiences of becoming ill? Watch & Wait Protocol for patients with rectal cancer is an active surveillance as an alternative approach in surgical medical management. Patients are followed with physical examinations, endoscopy, and imaging. Observation carried out through periodic examinations aims to avoid surgery stage while rectal cancer is maintained.

Objectives: To interpret emotional meanings attributed by patients, after adhering to the W&W protocol for rectal cancer, to life experiences of watching and waiting for the disease course.

Methods: Clinical-Qualitative Method (Turato. Portuguese Psychos. J, 2000 2(1): 93-108). For data collection, the first author used Semi-Directed Interview with Open-ended Questions In-Depth and Field Notes, after acculturation. Sample closed by information saturation (Fontanella et al. Cad Saude Publica. 2008; 24(1): 17-27). Interviews conducted by the first author, a female psychologist. We employed the Seven Steps of the Clinical-Qualitative Content Analysis (Faria-Schützer et al. Cien Saude Colet. 2021; 26(1): 265-274) to construct categories. Theoretical framework was the Balintian Medical Psychology. Findings were validated by peer reviewers from Lab of Clinical-Qualitative Research.

Results: Sample had 10 patients, 3 female and 7 male, from 52 to 77 years. Interviews carried out from October 2022 to March 2023. We constructed 03 categories: 1) Fate out of hands - "I get sick just coming in here." There is an apprehension experienced in each medical evaluation to check the clinical condition because the symbol of waiting is not having the own destiny in the hands. 2) Psychic defence - "Sometimes I even thought if I had to live on a grant for the rest of my life or die!" Imagining the worst is a psychic defence because if this probability occurs, the mind has already begun its elaboration. 3) Life upside down - "I was going to have the surgery, use a bag, my life was going to be upside down." Anxiety generated by waiting is a mental disorganizing.

Conclusions: Attitudes of observing and waiting carry different symbolisms to those who work with scientific thinking and who experience the observation of their own disease and the wait for what conduct they will receive. Observing oneself in illness requires acceleration of changes in ego identity. Waiting in front of illness asks the ego to think the worst. It is not a volitional choice. Preparing for the worst is a defensive

necessity in the emotional sphere to avoid surprises that take to mental rupture.

Disclosure of Interest: None Declared

EPV0702

Assessment of psychological impact and relationships interpersonal in women with malignant breast neoplasia

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Introduction: Cancer causes an impact in the face of its news, whether due to feelings of anguish, stress and suffering due to the presence of the disease, which can be shared between patients, family members and loved ones. The news regarding the diagnosis generates, in addition to the psychological impact, financial difficulties, as the patient himself can often be responsible for a large part of the family income. Other complications are the difficulties in understanding the disease by the family members and/or the patient, denial of the disease in order to spare the patient from suffering and other loved ones, family conflicts related to the need to adapt to the new routine of daily life that the family should carry out aiming at the well-being of the patient and his treatment.

Objectives: To evaluate the psychological impact and interpersonal relationships in patients with breast cancer treated in the city of Presidente PrudenteSP by a support association.

Methods: This is an observational, quantitative, analytical and cross-sectional study, in which 200 patients with malignant breast cancer will be invited.

Results: The sociodemographic results found were: 62.5% white women, 65.6% aged between 45-65 years, 56.3% married, 46.9% have completed higher education, 56.3% had no family history of cancer, predominance of stages II, III and IV when discovered, 93.5% did not drink, 84.4% did not smoke. On the anxiety scale, 53.1% and 43.8% report getting tired easily and feeling like crying, respectively. On the social adequacy scale, 72.5% continued working only with some limitation during treatment, despite this, 41.4% had minor financial difficulties, 34.5% had difficulties expressing feelings with family members, 40.7% had a relationship well with family members with small arguments and finally 34.8% felt affection for the partner all the time, despite this 36.4% did not have sexual intercourse with them in the last month.

Conclusions: It was concluded, therefore, that when a family member gets sick, they all feel impacted, and each family will deal with the experience in a particular way, therefore, it is worth highlighting the encouragement of family participation in therapy sessions.

Disclosure of Interest: None Declared

EPV0704

Fibromyalgia: functional, autoimmune or both? Treatment options for drug-resistant fibromyalgia

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Introduction: fibromyalgia is a modern disease, with growing investigation concerning its etiology and treatment. It has become a very prevalent diagnosis and total remission of symptoms is the exception which is dramatic considering the socio-occupational impact of this highly debilitating disease.

Objectives: to review the updates in the pathophysiology and treatment of fibromyalgia, especially when it is refractory to treatment. The authors also intend to better understand where fibromyalgia belongs, is it in psychiatry as a functional disorder or in rheumatology as an auto-immune disease?

Methods: bibliographical search in PubMed database, using the key-words “fibromyalgia” and “psychiatry”, limited to works published in the last 10 years.

Results: from our search resulted 158 articles, from reading of abstracts 30 were chosen for further reading.

Conclusions: concerning the etiology of this disease, on the one hand psychological factors cannot be neglected since there are several studies finding a positive correlation between stressors like history of physical abuse and fibromyalgia in adulthood, on the other hand investigation and meta-analysis have found that the immune-inflammatory response system might be altered with dysregulation of pro and anti-inflammatory cytokines and cell-mediated immunity. Regarding treatment, symptom relief is often unsatisfactory with classical treatment and so adjunct treatment such as electrical neuromodulation and aerobic exercise might, respectively, be effective in reducing pain and depressive symptoms, thereby improving quality of life, and in improving fatigue and in a lesser degree sleep.

Disclosure of Interest: None Declared

EPV0705

Back pain and its association with mental health issues in young doctors

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Introduction: Among young medical practitioners, the exigencies of daily practice entail many challenges concerning both physical and mental dimensions. The study of the interplay between these two dimensions is crucial to provide the necessary care for this population.

Objectives: This study aims to evaluate the prevalence of back pain and its association with mental health issues in young medical practitioners.

Methods: A cross-sectional study (January to April 2023) was conducted in the university interns and residents from Sfax. The Nordic questionnaire was used to evaluate back pain. The Generalized-Anxiety-Disorder (GAD -7) and the Patient-Health-Questionnaire (PHQ-9) were used to assess signs of anxiety and depression respectively.

Results: Our population consisted of 404 young doctors. One-hundred and twenty were males with a sex-ratio of 0.42. Among them, 76 (18.8%) had surgical specialties. Mean age was 28.03 ± 2.89 , BMI's mean was 23.65 ± 3.98 . Medical history was reported by 29.2% and psychiatric history by 4.9%. The median of the PHQ-9 and GAD-7 score were 3.5 (IQ: [1;6]) and 2 (IQ: [0; 5]). Signs of depression were found in 11.1% of the population whereas anxiety was found in 8.4% of them. Sixty-seven residents (16.6%) reported having back pain in the previous year. Neck pain, upper-back pain and lower back pain were experienced by 8.7%, 6.4% and 10.1% respectively.

Bivariate analysis showed that back pain was associated with PHQ-9 score ($p=0.006$), GAD-7 score ($p=0.018$) and it was not associated with BMI ($p=0.769$) neither with surgical specialties ($p=0.824$). Lower Back pain was associated with GAD-7 score ($p=0.004$).

Conclusions: Our study highlights the link between back pain and mental health problems in young doctors. Interventions englobing a better understanding of these two facets are needed to ensure an optimal care for this young population.

Disclosure of Interest: None Declared

EPV0706

Low back pain and perceived psychological workload among electricians

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Introduction: Low back pain (LBP) is a serious threat to electricians. It is well known that LBP is associated with physical strain. But the impact of psychological workload on the occurrence of LBP needs further investigation.

Objectives: This study aimed to assess the link between LBP and perceived psychological workload among electricians.

Methods: The study was conducted with a sample of workers from a Tunisian Electricity society. Data were gathered between January-June 2022 using a self-administered questionnaire including socio-professional characteristics and the Nordic musculoskeletal questionnaire during the last 12 months and the last 7 days. To assess the perceived workload, we used the National Aeronautics and Space Administration Task Load Index (NASA-TLX). In this study, we evaluated raw NASA-TLX scores.

Results: Our study included 68 male electricians. The mean age was 39.2 ± 10.3 years. The average job tenure was 16 ± 11.4 years.

According to the Nordic musculoskeletal questionnaire, 32.4% of participants reported low back pain during the last 12 months. Thirty participants (19.1%) had low back pain during the last 7 days. The mean score of mental demand, physical demand, performance, effort, frustration level and temporal demand were respectively 88.2 ± 14.3 , 61.1 ± 24 , 84.8 ± 13.3 , 82.6 ± 14.5 , 35.8 ± 29.2 and 60.4 ± 28.8 . The frustration level was associated with the presence of LBP during the last 12 months and the last 7 days ($p < 0.05$).

Conclusions: From the results of this study, we conclude that LBP was associated with the perceived psychological workload. Hence, the prevention of LBP should go through the improvement of work conditions to enhance the mental health of the electricians.

Disclosure of Interest: None Declared

EPV0707

Psychosocial risk factors for headache in medical students

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Introduction: Headache is often considered as a symptom reflecting mental ill-being of a person. Taking into account heavy academic loads, we should study it in medical students in reference to its connections with various psychosocial risk factors

Objectives: To establish interrelations between the frequency of headaches in medical students and risk factors of psychosocial nature

Methods: We conducted the research based on the Faculty of Medicine of Ulianov Chuvash State University. It covered 546 students of both genders who had no complains of having mental problems. We surveyed the students by means of Sociocultural Health Questionnaire (E. Nikolaev)

Results: The research showed that two out of three students complained of headaches of various intensity and frequency. It was present with statistically equal frequency ($p > .05$) in domestic (68.85%) and foreign (63.90%) medical students. Females experience headache more often ($r = .20$), and it more often correlates with a high level of stress ($r = .25$), lesser satisfaction with studying ($r = -.14$), higher frequency of e-cigarette consumption ($r = .15$), higher anxiety due to phantom ringing syndrome ($r = .15$), lower self-esteem of health ($r = -.29$), confidence ($r = -.16$), successfulness ($r = -.12$), happiness ($r = -.18$), well-being ($r = -.11$), liveliness ($r = -.16$), higher frequency of medication consumption ($r = .27$), higher frequency of visits to a psychotherapist in the childhood ($r = .11$), higher current need in the help of a psychologist ($r = .21$), psychiatrist and psychotherapist ($r = .21$).

Conclusions: These psychosocial risk factors call for attention from mental health professionals, and we should take them into consideration while providing medical care to medical students and developing health programs in universities.

Disclosure of Interest: None Declared

Personality and Personality Disorders

EPV0708

Impulsivity as a predictor factor of health-related risk-taking

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Introduction: There is a broad consensus that risk taking is largely determined by risk perception. However, previous literature has shown numerous examples of situations associated with potential health risks where our decisions are not made in accordance with the level of perceived risk.

Objectives: The aim of the present research was to investigate the role of impulsivity in the explanation of the discordance observed between risk perception and risk-taking in health-related domains.

Methods: The sample consisted of 612 participants (Mage = 23.54, 73.2% women). All participants were assessed for levels impulsivity and levels of risk perception and risk-taking propensity in contexts related to health.

Results: Results revealed that higher levels of impulsivity were significantly related to a lower tendency to perceive and take risks in the health domain. Most important for our objectives, we observed that the relationship with impulsivity was significantly stronger for risk taking than for risk perception. Moreover, impulsivity significantly predicted risk taking propensity when controlling for risk perception.

Conclusions: These findings suggest that, in the health-related domains, impulsivity can differentially affect risk perception and risk taking, thus, offering a possible explanation for the inconsistencies observed in the previous literature.

Disclosure of Interest: None Declared

EPV0709

From adjustment disorder to schizotypal personality disorder

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Introduction: Individuals with schizotypal personality disorder are characterized by tendencies to magical thinking, unusual perceptions, discomfort in social situations, and restricted affect. It is

frequent that they have social anxiety and have difficulty in understanding the motivations and thoughts of others.

Objectives: Presentation of a case of a patient who was first diagnosed with adjustment disorder, but on a closer study, was discovered to have a schizotypal personality disorder.

Methods: We conducted a bibliographic review by searching for articles about schizotypal personality disorder and theory of mind in Pubmed.

Results: We present the case of a 39-year-old woman, diagnosed with adjustment disorder after a conflict at work with a colleague that caused her anxiety-depressive symptoms. In consultations, the patient shows verbiage without expansiveness or euphoria, with rambling speech. She expresses feelings of indignation and injustice, she is irritable, with contained anger. She refers that she prefers to be distrustful of others because she does not understand their intentions. Her thoughts are very rigid, which leads her to have avoidant and phobic attitudes, having no relationships of friendship throughout her life.

A neuropsychological evaluation is carried out, resulting in a surprising WAIS with a TIC of 128. However, the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) shows difficulties in Perception, Comprehension and Emotional Management. Considering the patient's symptomatology as a whole, it is noteworthy:

- Sustained social isolation throughout their life history
- Superficiality of interpersonal relationships
- Distrust and slight self-referentiality. Deficit in inferring the feelings and thoughts of others
- Peculiar speech with ideas of magical content, superstitions and rituals...

Which together supported a diagnosis of schizotypal personality disorder and generalized anxiety disorder. From this point we started to work on her self-esteem, modification of irrational beliefs and cognitive distortions, interpersonal communication and meta-cognitive therapy, with good results.

Conclusions: The type of schizotypal patients who come to consultations most frequently are the actively isolated/timorous profile due to their intense social anxiety and difficulties in understanding and adapting to the social world around them. Initial therapy should be empathic support. The theory of mind is the ability to infer the other's mental states and therefore predict their behavior, this ability being diminished in the schizotypal patient. Mentalization tasks, metacognitive therapy, cognitive flexibility training, social skills training, and promoting self-worth are useful. On some occasions it may be necessary to start psychopharmacological treatment to control anxiety and unusual perceptions when they cause discomfort.

Disclosure of Interest: None Declared

EPV0710

BUT WHO LOOKS AT ME? About a daily clinical case in treatment in a mental health center

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Introduction: BUT WHO LOOKS AT ME?

Patient around thirty years old, teacher and with obsessive, anxious, paranoid, schizotypic semiology that affects his functionality to the point of isolation, and take sick leave, which with pharmacological treatment with antipsychotics such as aripiprazole and olanzapine and the antidepressant sertraline (at a final dose of 200 mg) and group psychotherapy in multifamily groups remits from these symptoms with functional and symptomatic improvement.

Objectives: Highlight the diagnostic difficulties due to the coexistence of symptoms that are part of personality imbalances or first-order diagnostic entities as in this case, depressive picture in a personality with obsessive and paranoid traits

Methods: Describe the evolution and psychiatric clinical decompensation of a patient with depression and anxiety and a personality of cluster A traits, paranoid type and obsessiveness

Results: CLINICAL DIAGNOSTIC TRIAL

ANXIOUS DEPRESSIVE SYNDROME (PREDOMINANCE OF SYMPTOMS OF OBSESSIVENESS AND DISTRUST)

MIXED CLUSTER A PERSONALITY DISORDER (PARANOID AND SCHIZOTYPIC TRAITS)

Conclusions: Discussions and conclusions: There is a gap difficult to separate in many cases between obsessiveness and paranoidism as communicating vessels, whose worsening of one worsens another and whose improvement of one leads to the improvement of the other, which at the pharmacological level respond to combined approach versus potentiated atypical antipsychotics and antidepressants such as sertraline that help us neutralize the discomfort

Disclosure of Interest: None Declared

EPV0713

“Esketamine” in Borderline Personality Disorder: focus on suicide ideation

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Introduction: Borderline personality disorder is often associated with comorbid conditions such as eating disorders, mood disorders, and substance use disorders. The prevalence of BPD and major depressive disorder (MDD) are about 5.9% and 8%, respectively, but up to 80% of patients with BPD experience one or more episodes of MDD in their lifetime. BPD is associated with suicidal behaviors and self-harm, they are also fifty times more likely than the general population to attempt or die by suicide. Up to 10% of BPD patients will die by suicide

Objectives: Our aim is to verify if Esketamine could be effectiveness in treating patterns of behavior that have proven to be socially disruptive like self harm, suicidal attempts in patients with BPD. Suicidal ideation is a major risk factor for suicide in patients with TRD and BPD. The interval between the onset of suicidal ideation and suicide attempt is often very short, highlighting the need for urgent intervention and the development of new rapid-onset antidepressant therapies.

Methods: We recruited 25 adult subjects referred to the outpatient clinics of Pavia suffering from TRD with current Moderate-Severe Depressive Episode (scoring ≥ 22 on the MADRS). Of them 9/25 patients has a BPD. Study duration was 8 weeks. The following evaluation scales were administered before the first drug administration (T0) and repeated after one week (T1), four weeks (T2) and eight weeks (T3) of treatment: Montgomery Asberg Depression Rating Scale (MADRS), Columbia-Suicide Severity Rating Scale (CSSRS), and The Zanarini Rating Scale for BPD subgroup patients. We also collected sociodemographic and clinical information. Doses and frequency of esketamine administration during the study period, adverse events and reasons for discontinuation were also recorded.

Results: A significant reduction of depressive symptoms was found at T1 and T2 compared to T0. Suicidal ideation disappeared as early as T1 and was maintained at T2, especially in the BPD group. In the subgroup with borderline disorder we saw more improvement in impulsive (Self-mutilation and/or suicidal efforts; two other forms of impulsivity) and affective categories (Inappropriate anger / frequent angry acts; chronic feelings of emptiness; mood instability) in Zanarini Rating Scale.

Conclusions: Our findings support the safety and tolerability of esketamine in TRD and BPD comorbidity sample. It is noteworthy that esketamine has an action on various pathways that are considered defective in borderline patients. Glutamate plays a key role in personality traits such as impulsivity, aggression, and suicidal behavior. Treatment with esketamine could reduce the number of suicide attempts and help reduce the self-harm of BPD.

Disclosure of Interest: None Declared

EPV0714

The relationship between non-suicidal self-injury and suicidal ideation in patients with borderline personality disorder treated at the Arrazi psychiatric hospital in Salé

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Introduction: Non-suicidal self-harm, i.e. the intentional self-infliction of bodily harm without apparent suicidal intent, is a powerful risk factor for suicidal ideation and behavior [1]. Although non-suicidal self-harm and suicidal behaviour are distinct concepts, the two forms of deliberate self-harm frequently coexist and share key instrumental functions, such as escaping aversive internal states, reducing dysphoria or communicating distress, especially in patients with personality disorders. [2] Some individuals also report using non-suicidal self-harm to ameliorate suicidal thoughts or urges [2].

Objectives: To assess the relationship between non-suicidal self-harm and suicidal ideation in patients with borderline personality disorder followed at the Arrazi psychiatric hospital in Salé.

Methods: This was a descriptive cross-sectional study using a questionnaire including sociodemographic criteria, clinical criteria and the Beck suicidal intentionality scale to assess the relationship between non-suicidal self-harm and suicidal ideation in patients

with borderline personality disorder followed and hospitalised at the Arrazi psychiatric hospital in Salé.

The inclusion criteria were as follows: both sexes with a diagnosis of borderline personality disorder according to DSM 5 criteria.

Exclusion criteria were current psychosis and severe intellectual disability.

Results: We collect 63 participants.

The average age of the participants was 23, and they were predominantly female (89%). About 85% were single and 97% had no occupation. The majority of participants had a substance use disorder.

All participants had a history of non-suicidal self-harm and 36% had a history of suicide attempts.

Suicidal intent was strong in 45% of participants who had already attempted suicide.

Approximately 46% of participants reported that non-suicidal self-harm was intended to alleviate suicidal ideation and approximately 27% of participants reported having experienced suicidal ideation shortly after non-suicidal self-harm.

Conclusions: Non-suicidal self-harm is very common in patients with borderline personality disorder often considered to have a mitigating effect on the internal stress of these patients and sometimes even neglected. The relationship between non-suicidal self-harm and suicidal ideation is an important one, and may reduce suicidal ideation in the short term but subsequently encourage further self-harm, thereby increasing the risk of suicide.

Particular attention must be paid to these patients and their self-harm, and specialised, comprehensive care is required.

Disclosure of Interest: None Declared

EPV0715

A man stitches his mouth in the context of a personality disorder

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Introduction: A 28 year old patient will be presented. This paramilitary man was brought to the Emergency Room due to an autolytic attempt with Benzodiazepines, along with a mouth suture, in the context of a soon to be resolved problematic ankle osteosynthesis procedure. The patient claimed to be suffering pain, furthermore struggling due to the fact he could not be working due to his ankle issue. Language barrier was a problem during the interview.

Objectives: The objectives of this case is to try to explain the issues that may arise in patients with personality disorders in the context of an autolytic attempt

Methods: This patient will be presented, along with systematic bibliography review of the topic.

Results: The following results were extracted upon the attention given to this patient which was admitted to the Psychiatric Unit. First of all, the mouth stitches were removed, along with a petition for toxicological analysis. The results gave positive for cannabis and benzodiazepines. The patient was also brought previously this year with another autolytic attempt, this time on cocaine consumption too. Furthermore, a thorough review was made of the other autolytic attempts, including those which happened in his country of origin. The patient has hundreds of small cuts among his arms, from previous cuts made in the past. Furthermore, subcutaneous wounds were auto inflicted in the ER, with a small blade.

Among the whole interview, it was clear he had a personality disorder, with high impulsivity levels and lack of control once the situation overflows.

We also tried to understand the outcome of suturing his mouth. The patient referred his acts of impulsiveness due to his overwhelming situation of both having no job at this moment and the pain he was suffering due to his ankle procedure.

The patient was admitted to our Unit due to the high risk he could repeat this act. Upon arrival, the same day he was admitted, the patient asked if he had to stay at the unit. When explaining the following already told event, furthermore insisting in the possibility of been evaluated by the Traumatology team, he proceeded to try and hang himself with his medical-hospital clothing.

The patient was treated with antipsychotics. Along with Lormetazepam at night. At the end of the hospitalization, and after been evaluated by the Psychiatrist of this Unit, the patient was also treated with Lithium due to its effectiveness in the treatment of autolytic attempts.

Conclusions: Personality disorders are one of the psychiatric pathologies that prevail with greater frequency in autolytic attempts ¹. Additionally, it should be taken into account the possible ongoing consumption of psychoactive drugs that could also derive in psychopathological decompensation. On top of the following, the use of antipsychotic treatment is indicated for the managing of conduction altercations ², besides Lithium being a great option in managing suicidal temptations ³.

Disclosure of Interest: None Declared

EPV0716

Personality disorders and addiction A study of 54 patients

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Introduction: Personality disorders are very often comorbid with addictions and are known to have a negative impact on the development of substance use disorder.

Objectives: Evaluate the prevalence of personality disorder in patients with problematic use of psychoactive substances followed at Ar Razi hospital Determine the relationship between different personality disorders and the clinical aspects of psychoactive substance use

Methods: This is a descriptive and analytical cross-sectional study carried out among 54 patients followed at Ar-Razi hospital Salé in Morocco for problematic use of psychoactive substances from June 1 to September 15, 2023 (Diagnosis assessed by DSM 5) Data collection was done using a questionnaire including clinical and socio-demographic characteristics and data on addiction to psychoactive and behavioral substances. The psychometric scale used to assess personality disorder: Personality Disorder Questionnaire (PDQ-4+)

Results: We recruited 54 patients with age ranges from 18 to 45 years, with a male predominance. The average age at the start of psychoactive substance use was 15 years. Tobacco is the most used substance followed by cannabis Antisocial, histrionic and borderline personality disorders were the most common in our population. There was a statistically significant difference between specific personality disorder and the presence of severe psychoactive substance use disorder

Conclusions: The frequency of personality disorders is high among subjects with problematic use of psychoactive substances. It is necessary to take care of them simultaneously (integrated care) in order to improve the prognosis

Disclosure of Interest: None Declared

EPV0718

Avoidant personality disorder through the lens of ICD 11

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Introduction: With the new dimensional diagnosis of personality disorders in ICD 11, the categorical model has been abandoned. The types of personality disorders in the new dimensional model should show certain common characteristics. According to the recognition of the common characteristics of individual types of personality disorders, as well as determining the severity, a transition from the categorical to the dimensional diagnostic system can be made.

Objectives: To analyze and present the trait domains specifiers in persons with avoidant personality disorder and to facilitate the adoption of the new diagnostic criteria.

Methods: An unsystematized literature review was made, with key words: avoidant personality disorder, ICD 11, ICD 10, traits; and a case was presented.

Results: This is the case of a 26-year-old student who has had no friends since his school days. During his secondary education, on the initiative of another person, he got together with several other people, but he was not fully accepted. During the studies, the communication with the colleagues took place only at the university and around the responsibilities. About a year ago, he had reduced willpower and suicidal thoughts, when he took antidepressant and adjuvant antipsychotic therapy for some time. He is now being examined due to severe tension, dissatisfaction, lack of friends, repeated suicidal ideation. According to researches, people with avoidant disorder have prominent trait domains – negative affectivity, detachment and

reduced dissociality (Bach *et al.* BMC Psychiatry 2018; 18:351), negative affectivity, detachment and anankastia (Simon *et al.*, Front. Psychiatry 2023, 14:1175425), negative affectivity and detachment (Bach *et al.* Borderline Personality Disorder and Emotion Dysregulation 2022, 9:12). In our case, assessments of trait domains were made with PSQ-11 and PiCD. On the PSQ-11, an increase in the negative affectivity, detachment and anankastia on critical score was obtained, while on the PiCD, an increase in negative affectivity, detachment, anankastia, and a decrease in dissociality was obtained. Mild personality disorder was scored on the Rating Scales for Severity of Disorder (SASPD, LPFS-BF 2.0).

Conclusions: The types of personality disorder can be represented by certain common trait domains specifiers, which will be useful in adopting the diagnostic criteria in ICD 11 for personality disorder. Assessment of the severity of the disorder provides additional information on treatment strategies and prognosis. The most significant features of avoidant personality disorder are negative affectivity and detachment, while anankastia is on the borderline score and has a reduction in dissociality.

Disclosure of Interest: None Declared

EPV0719

Level of personality functioning among outpatients with predominant anxiety symptoms

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Introduction: Dimensional diagnosis of personality disorders has as its main criterion the assessment of the level of functionality. And in patients with other diagnostic categories, there is a difference in the degree of functioning, as well as a difference in the course and prognosis of the disorder. The reason for such a different course may be the existence of a certain degree of personality dysfunctionality.

Objectives: The aim of the study is to determine the prevalence of personality disorder in patients with neurotic disorder and predominantly anxiety symptomatology.

Methods: A descriptive cross-sectional study was made to determine personality disorder in patients with neurotic disorder (F40-F48, excluding those where the disorder is related to stress F43) and predominantly anxiety symptomatology. The HAM-A scale was used to assess anxiety, and the LPFS-BF-2.0 was used to assess the level of personality functioning. The results were processed by descriptive statistical analysis.

Results: The study included 25 individuals (N 25, 64% women), aged between 18 and 65 years (mean age 44.16, SD 13.20) with a diagnosed neurotic disorder. All subjects had elevated anxiety symptomatology, mean HAM-A score was 35.36 (SD 7.76). The assessment of the level of personality functioning with the LPFS-BF-2.0 gave the following results: 20% of people have a personality difficulty, 12% have a mild personality disorder, 32% have a moderate and 4% have a severe personality disorder.

Conclusions: According to the obtained results, 68% of people with a neurotic disorder and a high degree of anxiety have a

certain degree of personality dysfunction. The prevalence of personality disorder in individuals with neurotic disorder is high (48%). These results lead to the conclusion that people with pronounced anxiety often have a disruption in personality. In people with a high level of anxiety, an assessment should be made for the level of functioning of the person, as well as for the existence of a personality disorder, and the treatment should be adjusted according to the results obtained. In addition to the treatment of the emerging symptoms, the personality dysfunctions should also be treated.

Disclosure of Interest: None Declared

EPV0720

Typology of hyperthymic personalities with affective phases

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Introduction: Modern authors characterize hyperthymic individuals as eloquent, humorous, self-confident, optimistic, energetic, liberated, sexually active, constantly planning and implementing their plans. Four or more of the listed characteristics indicate the individual's involvement in the circle of hyperthymic people. Statistical data on the prevalence of hyperthymic is scarce, which is due to rare requests for help and the diagnosis of this condition not as a disease, but within the framework of characterological traits. Attempts to classify hyperthymics have been made more than once, but previously none of the authors divided them according to the presence of side character traits in the personality structure.

Objectives: To establish psychopathological types of hyperthymic individuals in whom affective states were formed.

Methods: The sample consisted of 50 patients (42 women, 8 men) who were on inpatient or outpatient treatment at the clinic since 2019 to 2022. Patients were examined by clinical-psychopathological, clinical-anamnestic methods due to the presence of a phase affective state.

Results: Four types of hyperthymic personalities have been identified: anxious-hyperthymic, hysterical-hyperthymic, schizoid-hyperthymic and standard hyperthymic. *Anxious-hyperthymic type*, 20% (n=10) characterized by a combination of increased activity, sociability with such traits as suspiciousness, perfectionism, meticulousness, exactingness, concern for one's health and the desire to maintain a healthy lifestyle. *Hysterical-hyperthymic type*, 46% (n=23) includes both hyperthymic and hysterical traits in the form of increased emotionality, egocentrism, drama, and desire for recognition from others. In addition, patients in this group are characterized by increased concern about their appearance (bright clothes, makeup, tattoos). *Schizoid-hyperthymic type*, 10% (n=5). In addition to increased activity and emancipation, patients in this group are prone to fantasizing, overvalued hobbies, sthenicity, emotional poverty and rationalism. *Standard type*, 24% (n=12) are characterized by the presence of typical hyperthymic traits - optimism, energy, constant desire for productive

activity, success in the chosen profession, rapid career growth, sociability, openness.

Conclusions: Hyperthymic individuals with the development of affective phases are heterogeneous in their psychopathological structure and have features of the pathocharacterological structure that make it possible to distinguish anxious-hyperthymic, hysterical-hyperthymic, schizoid-hyperthymic and standard types. The developed classification of hyperthymia reveals the predominance of the hysterical-hyperthymic type (46%).

Disclosure of Interest: None Declared

EPV0721

ADHD and BPD, two disorders for the same patient? Psychopathological dimensions and other cross-cutting factors in ADHD and BPD: a pragmatic review

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Introduction: The relationship between Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder has been highlighted in different studies over the last few years, with an estimated prevalence of around 15-35% of ADHD in adult patients diagnosed with BPD and a 7.4 times higher risk of developing BPD in patients diagnosed with ADHD.

Objectives: To conduct a pragmatic review of the recent literature on the relationship between ADHD and BPD, so that it serves as a starting point for an in-depth study of the socio-demographic, clinical and cross-sectional dimensional factors of both disorders.

Methods: A bibliographic review of scientific articles published in recent years, in English and Spanish, extracted from the MEDLINE database, which delve into the relationship between BPD and ADHD, will be carried out. In addition, the common psychopathological dimensions, such as impulsivity or emotional dysregulation, as well as the weight of other dimensional factors related to both disorders, will be studied.

Results: The results of the selected articles will be grouped, for a better understanding, in the following sections:

- Clinical factors and shared comorbidities.
- Psychopathological dimensions: impulsivity and emotional dysregulation.
- Other common dimensional factors.

Conclusions: There are common symptoms and etiological or perpetuating factors, as well as comorbidities shared in both conditions, which in many cases make the correct diagnosis and, therefore, the appropriate therapeutic approach to these patients, quite difficult. Taking into account the differential characteristics of BPD and ADHD, it is possible to create different profiles that allow a precise approach to both disorders in those cases in which they coexist in the same patient.

Disclosure of Interest: None Declared

EPV0722

Narcissistic predispositions of self-harm in young women with and without depression

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Introduction: Diagnostic criteria for narcissistic personality disorder primarily focus on grandiosity and significance. In psychotherapeutic work, it is important to distinguish two subtypes of pathological narcissism: narcissistic grandiosity and narcissistic vulnerability. One of the manifestations of narcissistic traits is unstable or unformed self-esteem, manifested in attempts to conform to ideals. A part of modern society perceives the female body as an object that "needs to be looked at". Self-objectification refers to a learned pattern of self-assessment of the importance of one's body and appearance compared to other aspects of the self. Self-observation and comparison of oneself with others is one of the manifestations of self-objectification. With acts of auto aggression, the body becomes a tool or a means to solve psychological problems. In order for this to become possible, the ability to objectify your body "to look at it from the outside" plays an important role.

Objectives: Analysis of the relationship between non-suicidal self-injurious behavior and narcissistic personality traits in young women with depression and young women without a psychiatric diagnosis.

Methods: The study included 49 women divided into two groups. The first group included 24 patients with depression undergoing inpatient treatment (mean age 18.4). The second group included 25 healthy subjects (mean age 18 years). The methods: The answer to the question "Sometimes I purposely injure myself" was used as an indicator of self-harm (NSSI) (five-point Likert scale); "Ich structure test" (ISTA); "Physical Appearance Comparison Scale-Revised" (PACS-R).

Results: In the clinical group, a significant association of severity of NSSI with indicators of "deficit narcissism" was revealed (Spearman $r=,534^*$). Correlations were found between the severity of NSSI and PACS-R ($r=,344^{**}$). In the clinical group, there was no connection between "Comparison with others" and narcissistic traits. In a group of healthy subjects, significant associations of NSSI severity with "destructive narcissism" ($,572^{**}$) and PACS-R ($,576^{**}$) were revealed. In the clinical group, the severity of NSSI is associated with a more serious pathology - the lack of formation of "normal" narcissism, and in the healthy group it is more likely to be deformed narcissism. Self-objectification and comparison of oneself with others in the clinical group is not associated with manifestations of narcissistic traits, such connections are demonstrated in the group of healthy young women.

Conclusions: It is shown that in the clinical group of depressed young women, the severity of self-harming behavior is associated with "deficit narcissism", and in healthy young women, first of all, with "destructive narcissism" with an increased need to compare themselves with others.

Disclosure of Interest: None Declared

EPV0723

Explanation of the personality factor with the Enneagram in the selection of the specialty branch of the intern doctors

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Introduction: Personality characteristics have an important place in the choices of interns who are at the stage of deciding how their profession will be shaped in the future. While the Big 5 personality model has been widely used in evaluating the personality traits factor in career planning, the Enneagram has increased in popularity in recent years. In this study, it was aimed to investigate how senior medical students evaluate their professional future between these choices and the students' personality types.

Objectives: Forms and scales were presented to 221 interns who agreed to participate in our study and were studying in their final year in the 2022-2023 period at three different faculties, two state universities and one private university in the Marmara Region in Turkey.

Methods: The sociodemographic data form, Enneagram Personality Types and Subtypes Inventory, and Positive Future Expectation Scale, prepared by the researchers and containing questions about the factors that may be effective in choosing medical specialization, obtained through a face-to-face pilot interview with ten students and literature review, were applied to the participants. Participants answered the forms and scales via 'Google forms'.

Results: 211 out of 221 participants, who did not constitute outliers, were included in the analysis. The mean age of the participants was 24.43 (S.E= 0.11)

In terms of Enneagram typologies, Type 2 (39.3%) exhibited the highest prevalence, followed by Type 1 (13.3%), Type 6 (11.8%), and Type 7 (8.5%).

Furthermore, a statistically significant relationship was found between specialization area and Enneagram types (Fisher exact <.001, p< .001). Post-hoc examinations highlighted specific associations, such as the relationship between Type 3 and Cardiovascular Surgery, Orthopedics and Traumatology; Type 4 and Pneumology, Psychiatry; Type 5 and PRC, Type 6 and Infectious Diseases, Neurology, Medical Microbiology; Type 7 and Cardiology; Type 8 and Pediatrics, Medical Biochemistry; and Type 9 and Family Medicine, Radiology, Psychiatry, Medical Pathology.

Conclusions: When the results are evaluated, the highest rate of type 2 and type 1 of the Enneagram typology in senior medical faculty students supports the fact that the medical profession consists of responsible and principled people who love helping others. It is compatible with the character traits of people with type 9 who avoid stress and conflict, preferring the department to have a low workload, and turning to family medicine, radiology, psychiatry and medical pathology departments, which are estimated to have relatively fewer working hours and emergency applications. Our study suggests that this scale be used more widely, as the Enneagram typology, which is used in many professional and career choices, shows results compatible with the participants' preferences in choosing a medical specialty.

Disclosure of Interest: None Declared

EPV0724

From schizotypy to psychosis: is it a natural continuum?

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Introduction: Schizotypal personality is a condition suffered by 4% of the population. It is defined by presenting interpersonal, behavioral and perceptual features similar to the clinical features of psychotic disorders, such as schizophrenia, in less intensity and dysfunctionality, but at risk of reaching psychosis.

Objectives: Presentation of a clinical case about a patient with premorbid schizotypal personality traits presenting with an acute psychotic episode.

Methods: Literature review on association between schizotypal personality and psychosis.

Results: A 57-year-old woman with a history of adaptive disorder due to work problems 13 years ago, currently without psychopharmacological treatment, goes to the emergency room brought by the emergency services due to behavioral alteration. She reports that "her husband and son wanted to sexually abuse her", so she had to run away from home and has been running through the streets of the town without clothes and barefoot.

Her husband relates attitude alterations and extravagant behaviors of years of evolution, such as going on diets of eating only bread for 40 days or talking about exoteric and religious subjects, as believing that the devil got inside her husband through a dental implant. He reports that these behaviors have been accentuated during the last month. She has also created a tarot website, and has even had discussions with several users. She is increasingly suspicious of him, has stopped talking to him and stays in his room all day long, with unmotivated laughter and soliloquies.

It was decided to admit him to Psychiatry and risperidone 4 mg was started. At the beginning, she was suspicious and reticent in the interview. As the days went by, communication improved, she showed a relaxed gesture and distanced herself from the delirious ideation, criticizing the episode.

Conclusions: In recent years, there has been increasing interest in understanding the association between schizotypy and serious mental disorder. Several theories understand schizotypy as a natural continuum of personality that reveals genetic vulnerability and that can lead to psychotic disorder when added to precipitating factors. Other theories define schizotypy as a "latent schizophrenia" where symptoms are contained and expressed in less intensity.

Around 20% evolves to paranoid schizophrenia or other serious mental disorders. It is complex to distinguish between those individuals in whom schizotypy is a prodrome and those in whom it is a stable personality trait. To date, studies applying early psychotherapeutic or pharmacological interventions have had

insufficient and contradictory results, and the follow-up and treatment of these individuals could be a stress factor and a stigma. Some studies are looking for reliable markers of evolution to schizophrenia in order to establish adequate protocols for detention, follow-up and treatment.

Disclosure of Interest: None Declared

EPV0725

Specifics of anticipatory competence of adolescents with speech pathology

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Introduction: Adolescents with speech pathology experience disturbances in sound pronunciation, phonemic processes, poor vocabulary, insufficiently formed grammatical structure, and disturbances in coherent speech. The specifics of the emotional-volitional sphere of adolescents in this group are anxiety, isolation and negativism prevent the establishment of full social contacts with peers and adults and complicate the formation of their anticipatory competence.

Objectives: Studying the specifics of the anticipatory competence of adolescents with speech pathology.

Methods: The study involved 56 adolescent children aged 11-15, attending an educational institution for children with disabilities, diagnosed with general speech impairment level 2. The study was carried out using the following methods: "Achenbach Questionnaire", "Test of Anticipatory Consistency" by V.D. Mendelevich, "Anticipation of the outcome of a situation with a violation of the norm" by V.P. Ulyanova and the author's methodology "Studying the anticipatory competence of adolescents" by Akhmetzyanova A.I., Artemyeva T.V.

Results: It was revealed that adolescents with speech pathology experience difficulties in mastering the material, it is difficult for them to concentrate their attention on the task and bring the work they have started to the end. Adolescents of this nosological group face difficulties in predicting the outcome of situations and the consequences of their own behavior in a situation of social interaction, find it difficult to control time in the process of doing homework and organizing leisure time, make a forecast of various situations that may arise at school and family, make new acquaintances, and communicate freely with parents, teachers and peers.

Conclusions: The level of speech development influences the formation of personal-situational, speech-communicative anticipatory competence of adolescents, and the ability to predict speech situations. Teenagers with speech pathology need help from adults. This paper has been supported by the Kazan Federal University Strategic Academic Leadership Program.

Disclosure of Interest: None Declared

EPV0726

Specifics of socialization of children with autism spectrum disorders

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Introduction: One of the important tasks of modern education is the adaptation of children with autism spectrum disorders to the social space, which allows them to ensure their personal development and self-realization.

Objectives: Study of the specifics of the socialization of children of preschool age with autism spectrum disorders.

Methods: The study involved 27 preschool children with autism spectrum disorders attending an educational institution for children with disabilities; 6 were girls and 21 were boys; 20 children with intact speech and 7 children with speech disorders. The following methods were used: "Map of manifestations of activity by A.M. Shchetinina, N.A. Abramova; "Map of observations of the manifestations of communicative abilities in preschool children" A.M. Shchetinina, M.A. Nikiforova; "Emotional faces" N.Y. Semago.

Results: It was found that children with autism spectrum disorders have the greatest severity of such activity indicators as "is in a good mood" (1.67), "shows stubbornness" (1.56) and "shows great mobility" (1.56). Among the manifestations of communicative abilities in preschool children, the most developed parameter is: "sincere in his statements, in the manifestation of his feelings" (2.07). At the same time, the lowest expression of communication skills (0.96) in children with autism spectrum disorders is observed in terms of: "has organizational skills", "the child seeks to understand the other, his thoughts, feelings"; "observant, sees and realizes the characteristics of other children and adults". The least pronounced indicator is observed in the indicator of initiative; children do not show initiative in communication, have difficulty understanding and supporting the initiative of another child in an interaction situation. Children have a low level of operational communicative actions and skills: children are not expressive in communication, do not master verbal means of communication and are not able to maintain contact with communication partners.

Conclusions: The results obtained in the study confirm the need to develop and implement psychological and pedagogical programs aimed at developing social skills in preschool children with autism spectrum disorders. This paper has been supported by the Kazan Federal University Strategic Academic Leadership Program.

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EPV0727

Anticipatory competence of adolescents with movement disorders in the prevention of deviations

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Introduction: Anticipation is the most valuable component of the regulatory side of human behavior. Adolescence is a sensitive period in relation to the formation of an anticipatory and prognostic system, which in turn provides an opportunity to assess causal relationships and evaluate the consequences of actions taken.

Objectives: Study of the anticipatory viability of adolescents with long-term disorders in the prevention of deviations.

Methods: The study involved 46 adolescents aged 11-15 studying at a specialized boarding school for children with disabilities. The observational method was used as well as the author's methodology "Studying the anticipatory solvency of adolescents" Akhmetzyanova A.I., Artemyeva T.V.; "Diagnostic questionnaire for identifying propensity to various forms of deviant behavior for students of educational institutions" developed by the Department of Psychiatry of the Military Medical Academy named after S.M. Kirov.

Results: The subjects had difficulty predicting the passage of time, with its adequate and rational distribution, including planning their own activities. Adolescents with musculoskeletal disorders had difficulty making a pragmatic and realistic forecast of possible events in communication with other people, as well as predicting the emotional states of interaction participants. Adolescents with movement disorders were characterized by an inadequate assessment of themselves as a subject of professional activity, fixation on the movement disorder, and high levels of anxiety and neuroticism. The subjects showed a tendency to suicidal behavior due to risk factors such as high levels of anxiety associated with self-esteem and anxiety in interpersonal relationships, high affectivity and demonstrativeness, social pessimism and negative prediction of the future. During the correlation analysis, the relationship between spatio-temporal and speech-communicative anticipatory consistency with indicators of deviant behavior - delinquent behavior and deviant behavior was revealed.

Conclusions: The data obtained in the study will allow specialists to timely identify and prevent the development of deviant behavior, as well as build a route for correctional classes with each child. This paper has been supported by the Kazan Federal University Strategic Academic Leadership Program.

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Philosophy and Psychiatry

EPV0728

Mental disorders: exploring normality models to distinguish what is normal from what is illness

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Introduction: When reading about psychopathology what we find described are experiences similar to our own. Psychiatry deals with anguish, fear, motivation, choice, and many other aspects that makes us human. However, even though psychopathology is rooted in common human experience, mental disorders are often outside the experience of those who don't suffer from it. Therefore, the distinction between normality and disease is central to psychiatry.

The DSM proposes that mental disorders are necessarily linked to distress and/or impairment. However, it adds that the syndrome or pattern must not be an expectable response to an event - it excludes "normal" experiences and responses from the realm of mental illness. But how do we distinguish normal distress from illness? This review investigates how different meanings of normality can help us discern the fine line between mental illness and ordinary human experience.

Objectives: We intend to critically examine and compare different models of normality. Additionally, we seek to discern the implications of these models for distinguishing mental disorders from normal mental experiences.

Methods: Review of the literature.

Results: We analyzed definitions and models of normality throughout the literature and selected the most relevant ones according to their popularity and/or strength of argument. Different models of normality (e.g. Biostatistical, Process, Health, Ideal, Biological advantage, etc.) were examined and compared, and the conceptualization of mental disorder was examined through the lens of each of these frameworks. Our investigation reveals the multifaceted nature of normality, with different models offering unique perspectives on mental health. From statistical approaches to cultural considerations, each model contributes distinct criteria for distinguishing what is normal from what is illness. By synthesizing these results, we gain a comprehensive view of the factors influencing the conceptualization of normality in the context of mental health.

Conclusions: This review emphasizes the importance of adopting a nuanced, cautious and multifactorial approach when discerning mental disorders from normal experiences. Rather than relying on a singular definition, our analysis suggests that a comprehensive understanding of normality can help us to better discern what is normal and what is illness.

Disclosure of Interest: None Declared

EPV0729

Phenomenology or constructivism in psychopathology

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Introduction: Phenomenology is historically fundamental for psychopathology. In recent decades constructivist approaches occur as an alternative. Some consider them quite compatible, others take the reverse stance, arguing for advances of one or the other. This has parallel in discussions and contradictions in philosophy of mind.

Objectives: As Dennett points, there is no science free of philosophy, so it is recommendable to make clear and bear in mind on what kind of philosophy is based contemporary psychopathology.

Methods: Brief review and comparison between phenomenological and constructivist approaches.

Results: There is no doubt, that culture influences self and experience. Culture and social environment shape abnormal experiences as well. In an extreme variant a constructivist statement would sound as "Someone suffers from a disorder because a violation of social norms." The self is considered as socially constructed entirely, in the spirit of Mead. Psychopathological theories are

function of societal development as well. Phenomenological approach pays attention to constitution and structure of subjective experience. The self has a multilayer structure with a pre-reflexive experiential level of self. Elements of subjective reality do exist, that are not result from social influence, these include abnormal experiences. Especially some experiences in severe mental illness originate from profound disturbance of intentionality based on dysfunction of pre-reflexive self-awareness as it shown by T. Fuchs.

Conclusions: Phenomenology offers more broad and satisfying framework for psychopathology and psychiatry. Contribution of constructivism is not to be ignored, but seems to be one-sided. Further research and deeper education in phenomenological psychopathology of trainees would be valuable.

Disclosure of Interest: None Declared

EPV0730

The Reductions in Phenomenology - A Comparison Across Main Authors

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Introduction: Phenomenology is one of the fundamental tools in the clinical practice of psychiatrists, constituting one of the touchstones regarding the diagnostic framework in which clinicians navigate.

For Husserl, Phenomenology provided access to the structure of pure consciousness, experience and existence. These are conditions of possibility for the object of Psychiatry, ontologically prior to it. Thus, clarification of the object and method of Phenomenology is preliminary to understanding the object of Psychiatry.

Phenomenology, being a direct tributary of Philosophy, evolves dialectically, constantly dialoguing with its predecessors. While it is taken as a philosophical current, it is also considered a method. It is precisely as a method that we can see how the methodology changes in different phenomenological traditions.

Objectives: To compare how the main phenomenological traditions operate.

Methods: Comparative analysis between the phenomenological reductions in key figures of the phenomenological tradition, resorting to the corpus of the *Husserliana*, *Being and Time*, *Phenomenology of Perception* and *General Psychopathology*. Additionally, a non-systematic literature review of papers on the database Philpapers, using the keywords “critical phenomenology”, “eidetic reduction”, “phenomenological reduction”.

Results: While there is a multiplicity of ways of taxonomizing phenomenological currents, we divide it in: pure, existential, embodied, jasperian, psychopathological, and critical.

Husserl's pure phenomenology uses the free variation in phantasy and *epoché* as operators, starting from the natural attitude.

Heidegger's existential phenomenology makes no reference to a reduction of any kind. For him, it is necessary to take a step back, to a more primordial mode of being through which we can access Being, where the world is given and constituted.

Embodied phenomenology, of Merleau-Pontian provenance, recognizes the reduction, but cannot be fully achieve it.

Jasperian phenomenology uses empathy and co-experience as its operators, through which it gains access to the subjective states of the other, with the aim of systematizing and taxonomizing subjective phenomena.

Phenomenological psychopathology tentatively uses Husserlian reductions to identify the a priori structures of the human, be it Biswanger's forms of manifestation of failed human existence or Blakenburg's anthropological disproportions.

Critical phenomenology uses a historical-transcendental analysis of experience as its operator, through which it accesses transcendental intersubjectivity.

Conclusions: At a time when the DSM and ICD are increasingly seen as inadequate, limited and dogmatic, the resurgence of interest in Phenomenology is evident. It is important to avoid falling back on new presuppositions without constant revision and questioning, at the risk of simply mutating dogmas and missing the original legacy of pure phenomenology, the suspension of presuppositions.

Disclosure of Interest: None Declared

EPV0732

Achieving self-awareness through film screening “Twin Peaks” By D. Lynch as an example of mindfulness meditation

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Introduction: Transcendental cinema, distinguished from slow cinema by Paul Schreder, draws on the philosophy of existentialism and depicts the complexity of the human psyche using psychoanalytic tools. We claim that through the use of special procedures, the projection of transcendental cinema essentially becomes a meditation session in the spirit of mindfulness, which has been proven to alleviate and cure more than just neuropsychiatric ailments.

Objectives: The purpose of this work is to demonstrate the similarity between mindfulness philosophy and transcendental cinema. We believe that the assumptions of both currents are so similar that we can treat the film screening in the category of a meditation session. Thus, we arrive at a situation in which we not only watch the protagonist developing his own consciousness in accordance with the mindfulness philosophy (also following the path of psychoanalysis), but also we, as viewers, develop self-awareness.

Methods: We analyze D. Lynch's Twin Peaks series in accordance with Paul Schrader's understanding of ‘transcendental cinema’. In addition, we use the scientific achievements of classical psychoanalysts, analyzing the metaphysical world of the characters in accordance with this trend. Using J. Kabat Zinn's scientific publications, we analyze cinema in terms of a meditation session.

Results: Participation is crucial; in meditation and in the transcendental cinema. Mindfulness means focusing on the emotions and feelings experienced at a given moment, on what comes to us, what we experience. Transcendental cinema using specific formal and

narrative tools (e.g. extended scenes, no cuts, etc.) forces us to actively participate. Transcendental cinema fulfills the tenets of mindfulness, and during the screening we undergo a meditation session. What's more, this style in cinema allows an in-depth exploration of the psyche, it brings us closer to the metaphysical, emotional dimension of humanity what develops in us the ability to understand the psyche of others, as well as our own.

Conclusions: We claim that the similarity between the philosophy of mindfulness and transcendental cinema allows us to treat a film screening as a meditation session. Cinema enriches us not only with knowledge about disorders and the therapeutic process, but is in itself a supportive tool - screening can allow viewers to deepen their awareness and improve their health. What is more, David Lynch's work brings us closer to exploring the human psyche and the individualization of inner experiences, while also showing us what influence transcendental meditation has on characters and what happens when they undergo a kind of therapy; in the spirit of psychoanalysis or mindfulness philosophy.

Disclosure of Interest: None Declared

EPV0733

Philosophy of transcendental cinema and its applications in psychiatry. The case of lost highway by david lynch

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Introduction: Thanks to Paul Schrader, transcendental cinema was distinguished from the slow cinema trend. What distinguishes it from it are the precise psychological portraits of the characters and the aptly reproduced world of internal experiences. Transcendental cinema draws from the philosophy of existentialism, presenting the assumptions of the human psyche. In D. Lynch's cinematography, we can find faithful representations of mental disorders, such as dissociative fugue, depersonalization, mania or psychosis. Based on the "Lost Highway" (1997), we will prove that D. Lynch, with his cinematography, not only provides knowledge about mental disorders, but also gives patients humanity and dignity. The series also resembles a meditation session in the style of mindfulness, which, when practiced, helps a person affected by mental illness in his recovery process.

Objectives: The aim of this work is to indicate the accurate record of the inner characters' experiences in D. Lynch's cinematography, which provides us with knowledge about mental disorders of an individual. By creating a visual image that affects many senses, transcendental cinema sensitizes us and makes us aware of the suffering of a patient affected by mental disorders. The session, while drawing on the philosophy of mindfulness, becomes a meditative session, therapeutic for both us and the protagonist.

Methods: In this research we use the approach proposed by Paul Schrader and David Lynch to analyze transcendental cinema as an art that combines philosophy, cinematography and psychiatry. As a representation of the experiences of a person outgoing the therapy basen on psychoanalysis.

Results: Many studies indicate the positive impact of mindfulness meditation on physical and mental health. Through long scenes, transcendental cinema draws attention to individual stimuli reaching our body, non-judgmental noticing them, focusing on one thought and one sensation, draws from the philosophy of mindfulness, becoming a meditative session in itself. Therefore, a film screening provides us with knowledge about the internal experiences of a psychiatric patient, indicates the form of therapy and at the same time leads us through a therapeutic meditation session.

Conclusions: We believe that the transcendental cinema represented by David Lynch can be treated not only as a representation of mental disorders and the suffering associated with them, but also as a meditative, healing and liberating session. Not only for the person affected by the disorder, but also for us as viewers.

Disclosure of Interest: None Declared

EPV0734

Mental health support through transcendental cinema. "Mulholland Drive" By D. Lynch as an example of a mindfulness meditation session

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Introduction: Regular practice of mindfulness has proven effectiveness in the treatment of affective disorders (Cash and Whittingham, 2010), increases the level of satisfaction in life (Brown and Ryan, 2003), as well as the level of self-esteem (Rasmussen & Pidgeon, 2010). Using "Mulholland Drive" (2001) by David Lynch as an example, we will prove that transcendental cinema, through the unique slow character, the means of expression used and the emphasis placed on the metaphysical experiences of the characters, in which D. Lynch forces us to participate, makes the screening similar to a meditation session.

Objectives: The aim of this work is to indicate a new direction of research, linking cinema with psychoanalysis, philosophy and psychiatry and proving that a screening of transcendental cinema can be treated as a mindfulness meditation session.

Methods: This work is based on the film "Mulholland Drive" by D. Lynch and the understanding of transcendental cinema according to Paul Schrader. Using J. Kabat Zinn's scientific publications, we analyze cinema in terms of a meditation session and using the approach of first generation analysts (S. Freud, C. Gustav Jung, S. Spielrein) in terms of a therapeutic process based on psychoanalysis.

Results: "Mulholland Drive" subjects the protagonist to a therapy session: the woman lives guided by the unconscious, a dream that seems real and finally at the end she reaches her own true self. On screen, she undergoes successfully the therapeutic process. The transcendental cinema focuses on metaphysical sensations, has elongated scenes, creates *dead time*, viewer remains in the frame even when the character comes out of it, and strives for *kenosis* - the reduction of sensory experience. All of these qualities are crucial in mindfulness: focusing on emotions and feelings experienced in the moment, non-judgmental and calmly concentrating on single

stimuli. This similarity allows us to treat a transcendental film show in the category of a meditation session.

Conclusions: Recognizing the similarity between the philosophy of mindfulness and transcendental cinema allows us to conclude that a film screening enriches us not only with knowledge about disorders and the therapeutic process, but is in itself a supportive element for mental health. Our work is the first to analyze cinema in the context of mindfulness meditation. In our opinion, culture should be more widely analyzed as a tool to support mental health and the development of one's own identity.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPV0735

Person-centered approach to suicide ideation in posttraumatic stress disorder in veterans: a latent profile analysis

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Introduction: While most research on suicidal ideation (SI) in veterans adopts a variable-oriented perspective, this approach often fails to capture the complex interplay of symptoms and comorbid disorders. We hypothesised that a person-centred approach can identify distinct subpopulations of veterans with varying profiles of SI, PTSD symptoms, depression, and agitation.

Objectives: To examine whether distinct subpopulations of veterans exist, characterized by different profiles of PTSD severity, depression and agitation, and intensity of SI.

Methods: We conducted a cross-sectional study in one big University Hospital Centre in Croatia on the sample of men, war veterans aged 30-65 years, undergoing treatment for chronic PTSD. Latent profiles indicators included the Clinician-Administered PTSD Scale (CAPS), Beck Scale for Suicide Ideation (SSI), Hamilton Depression Rating Scale-17 (HDRS-17) and Corrigan Agitated Behaviour Scale (CABS).

Results: We included 203 male participants with a median age of 47 (IQR 43-45) years. The optimal model, allowing variances of indicators to vary between profiles while constraining covariances to zero, yielded five distinct latent profiles. Notably, the highest SI was found in a subpopulation with elevated CABS scores, but moderate PTSD and depression symptoms (13% of participants). Next in SI intensity were 11% of veterans with severe symptoms across all assessed disorders. Next in SI severity were 21% of veterans with low levels of agitation but high levels of depression. The last two profiles, one with mild symptoms of all assessed disorders (43%) and the other with high agitation (12%), have low SI severity.

Conclusions: Our findings affirm the utility of a person-centred approach in identifying nuanced subpopulations of veterans with

diverse symptom profiles related to SI. This stratification can inform targeted interventions, thereby enhancing the efficacy of suicide prevention strategies.

Disclosure of Interest: None Declared

EPV0737

Analyze the factors that influence the therapeutic response to psychic trauma

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Introduction: Psychic trauma profoundly affects a person's confidence in himself and others. There is a sudden experience of helplessness, loss of control, fear for one's own life, and the humiliation of having been violated. The victim may run out of internal and external reference elements.

Objectives: Describe the factors that influence the development of Post-traumatic stress disorder after experiencing traumatic experiences.

Methods: Review in the literature of the different factors that influence the subject's response to the traumatic experience.

Results:

1) Predisposing and precipitating factors:

- characteristics of the traumatic event: severity of the stressor agent: dose-dependent, Characteristics of the same: sudden, prolonged, repetitive, intentional; decrease the ability to control the situation and develop effective coping strategies; they question basic cognitive schemas; the symbolic meaning of the traumatic event.
- characteristics of the person (predisposing factors of vulnerability): genetic-constitutional vulnerability, adverse experiences in childhood, previous traumatic events: increased vulnerability, personality characteristics, recent stressors or life changes, inadequate support system, use of alcohol, perception locus control more external than internal, pre-existing psychiatric symptoms: neuroticism, anxiety, depression, critical ages of development: time of greatest vulnerability (11-16 years).

2) Perpetuating and empowering factors: sharing traumatic events, seeking the logic of the facts, rupture of affective ties.

3) Elements of Resistance: tendency to selectively remember the positive elements in autobiographical memory, acceptance of a certain dose of uncertainty in life, perceiving themselves as survivors, perception of the stressful stimulus as less threatening, Less physiological reactivity to stress, use of humor, positive emotions counteracting during the traumatic process.

4) Elements of Resilience: ability to extract and assimilate positive elements from negative situations.

Conclusions: Trauma threatens 3 basic assumptions of life: the world is good, the world has meaning, the self has value. The knowledge of these mentioned factors allow a better psychotherapeutic approach to Psychic Trauma.

Disclosure of Interest: None Declared

EPV0740

Comparative study of the effectiveness of EMDR G-TAP and CBT group protocols for the treatment of trauma in children exposed to a conflict context

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Introduction: 357 million children live in conflict zones. Children's mental health is a major but complex issue as needs and interventions depend on the age of the child, caregivers, daily safety and protection, etc. EMDR and CBT are the recommended therapies to treat PTSD according to the WHO, but there is not enough standardized evidence-based protocol for children. Testing and evaluating trauma management systems for children is essential for trauma treatment interventions to be implemented in emergency contexts, such as war and conflict situations.

Objectives: This research compares two intervention protocols for children aged 6 to 17 years suffering from Post Traumatic Stress Disorder after exposure to conflict traumatic events in the Central African Republic: the protocol "Kôno" developed by Action contre la Faim, based on a CBT and narrative approaches and the EMDR/G-TAP (Group Traumatic Events Protocol). After a psychoeducation session, the children were assigned to the ACF-KONO or EMDR/G-TAP groups for 5 sessions. The Child Psychosocial Distress Screener (CPDS) to measure general well-being and functioning and the Child Revised Impact of Events Scale (CRIES) to assess trauma, were administered before and after treatment.

Methods: 793 children participated in the research, 391 were included in the ACF-KONO protocol and 402 in the EMDR/G-TAP protocol. Both protocols have been shown to be equally effective in improving well-being and reducing traumatic symptoms. 185 children (90 ACF-KONO and 95 EMDR/G-TAP) were also re-evaluated after 5 months. The CPDS and CRIES-8 measurements reveal that the results are stable over time, with the use of both protocols. Detailed results will be presented.

Results: This research contributes to the discussion on a framework for group protocols for children in mental health and psychosocial support interventions in humanitarian programs. The two protocols tested showed very good results in reducing symptoms of PTSD in children. How to choose between EMDR/G-TAP and CBT? What contextual and cultural adaptations are to be expected? Are there differences in children's appreciation? And in that of mental health practitioners? Ideas for reflection will be shared.

Conclusions: It is possible to widen access to therapeutic treatment of PTSD for children in emergency situations such as war and conflict. Further research in other contexts is needed. These studies should explore qualitative elements, such as children's appreciations, but also the impact of these different protocols on the vicarious trauma of professionals involved in the treatment of children's trauma.

Disclosure of Interest: None Declared

EPV0742

Post-traumatic stress disorder after childbirth: A Tunisian study

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Introduction: Childbirth is a special time for every woman, bringing pregnancy to an end and marking the birth of a new baby. This transitional event presents countless physical and psychological changes. Post-traumatic stress disorder (PTSD), the result of particularly intense stress, is often linked to the perception of childbirth as a traumatic event, requiring optimized follow-up and screening.

Objectives: The aim of this current study is to estimate the prevalence of post-partum post-traumatic stress disorder in a sample group of Tunisian women and to determine factors associated with childbirth-related post-traumatic stress disorder.

Methods: This is a longitudinal prospective descriptive study conducted among women hospitalized for childbirth in the obstetrics and gynecology department and those who consulted the prenatal outpatient clinic at Taher Sfar Mahdia Hospital. The duration of the study is 7 months, from March 15, 2020 to September 15, 2020. Data collection was based on a pre-established questionnaire determining the various socio-demographic and clinical characteristics. Psychometric assessment was carried out using the Posttraumatic Stress Disorder Checklist Scale (PCL-S).

Results: We enrolled 120 women with a mean age of 28.2 ± 5.3 years. Few women had a psychiatric history of depression (1.2%) or anxiety (3%), and 29% had a pathological obstetric history. Nevertheless, 12.5% of patients were hospitalized during pregnancy. Eighty-seven patients expressed anticipatory fear of childbirth, and 102 women had good marital and social support. Almost half of deliveries (48.3%) were vaginal, and almost a third (27.5%) were emergency caesarean sections. Level 3 pain was reported in 73.3% of cases. Psychometric assessment revealed a prevalence of PTSD of 5.8%, with PTSD symptomatology in 18.4% of women. PTSD was statistically associated with low level of education ($p=0.02$), postpartum complications ($p=0.05$) and gender of newborn ($p=0.01$).

Conclusions: Postpartum PTSD is a major public health problem affecting the healthy development of the newborn, the overall mental and physical recovery and well-being of the mother. Our findings suggest several intervention points for healthcare practitioners, including careful prenatal screening of past trauma history, social support, pain management and expectations about the birth, within a multidisciplinary approach.

Disclosure of Interest: None Declared

EPV0743

Post-traumatic stress disorder in parents of schizophrenic patients at the Arrazi Psychiatric Hospital in Salé following familial violence

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Introduction: Parents whose adult child has a serious mental illness are at risk of serious violence from their child. One of the reasons for the high risk of PTSD is violence in the home [1,2]. The high risk of PTSD in parents of patients with schizophrenia is an issue of great concern because parents are likely to fear repeated violence and, therefore, to object to patients being discharged from hospital.

Objectives: To assess the existence of post-traumatic stress disorder in relatives of patients with schizophrenia treated at the Arrazi University Psychiatric Hospital in Salé following familial violence.

Methods: This was a descriptive cross-sectional study using a questionnaire including sociodemographic criteria, clinical criteria, questions about domestic violence and an "IES-R" post-traumatic stress symptom assessment questionnaire to investigate the existence of post-traumatic stress disorder in relatives of patients with schizophrenia followed up at Arrazi University Psychiatric Hospital in Salé following familial violence.

Results: The response of 72 relatives of schizophrenic patients was collected. About 70% of the participants were mothers. The average age of the participants was 58. All lived with children who had been treated for schizophrenia for more than 18 years (57% of participants). Around 20% of these children were in hospital at the time of completing this questionnaire.

About 80% of the children with schizophrenia spent all their time at home, and about 89% of the participants had already been victims of violence from their sick children. 90% had been sworn at and insulted, the majority blamed themselves for the illness, about 56% had already been kicked or punched, and 36% had already received death threats and 12% serious injuries/.

For all items, parents with a high IES-R score had significantly more experiences of violence than parents with a low IES-R score. The percentage of parents with a high IES-R score was 45%.

Conclusions: The experience of severe violence and hospitalisation of a patient was related to a high risk of post-traumatic stress disorder in parents. These two factors can be considered as traumatic events arising from crisis situations and can have harmful consequences for parents and their schizophrenic children, who are sometimes rejected. There seems to be a need to create crisis intervention programmes that offer a multidisciplinary approach capable of rapidly detecting the exacerbation of a serious mental illness and providing rapid and intensive treatment as quickly as possible. Finally, the provision of support, education or treatment for parents during their child's hospitalisation is essential.

Disclosure of Interest: None Declared

EPV0744

Uncovering the Connection: PTSD and Road Accidents

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Introduction: Post-Traumatic Stress Disorder (PTSD) is a psychiatric disorder that can occur after a traumatic event. It results in mental suffering and physical complications that profoundly alter personal, social, and professional life.

One can develop PTSD after experiencing a frightening event, for example: rape, the death of a loved one, war veterans, or following a car accident. In Morocco, traffic accidents cause, on average, nearly 3,500 deaths and 12,000 serious injuries per year.

Objectives: Our main purpose is to evaluate the incidence of post-traumatic stress disorder in patients who are victims of traffic accidents and to identify key risk factors in the general population.

Methods: This is a descriptive cross-sectional study through a questionnaire shared on social networks including a socio-demographic description, a clinical description, and the "Peritraumatic Distress Inventory (PDI)" Scale to evaluate the risk of developing PTSD.

Results: This study is based on 48 participants with 82.8% of females and 17.2% of men. The average age was 27.6. Most of the participants lived in urban areas (93%), a majority had higher education (93.1%), and 41.4% of the candidates had a physical impact of the accident.

According to PDI scale, 65% showed PTSD and the average score was 20.3. A score of 15 and above indicates significant distress.

Conclusions: Our results confirm the presence of PTSD in victims of accidents. We propose a clinical reflection on the possible improvement of the care of people suffering from PTSD following a public road accident.

Disclosure of Interest: None Declared

EPV0745

Prevalence and patterns of post-traumatic stress disorder in victims of intimate partner violence

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Introduction: It's a well-known fact that violence, particularly repetitive violence or violence lasting several years, as is often the case with intimate partner violence (IPV), has a severe psycho-traumatic impact. Although not all women are affected to the same degree or in the same way, post-traumatic stress disorder (PTSD) is the most common mental health consequence of IPV.

Objectives: To assess the psycho-traumatic impact of IPV on female victims. To study the factors associated with PTSD among these women.

Methods: We conducted a descriptive and analytical cross-sectional observational study, carried out over a 10-month period from March 2021 to December 2021, among female victims of IPV

consulting psychiatric emergencies at UHC Hédi Chaker, Sfax, Tunisia for medical expertise at the request of the court. We studied the PTSD in these women using the Post Traumatic Stress Disorder Checklist Scale (PCLS).

Results: The total number of participants was 120 with an average age of 37.27 years. The majority had secondary education or less (62.5%), were professionally active (53.3%), and were financially dependent on their partners (26.7%). As for the women's clinical characteristics, 19.2% were under psychiatric care, 15% had attempted suicide and 10% had a history of childhood abuse. Regarding the couple's profile, marriage was arranged in 58.3% of cases, and the average duration of marriage was 12.34 years, exceeding 10 years in 44.2% of cases.

The impact reported by our women was 100% psychological and 96.7% familial. As a result, 75.8% had sought help from family and friends, and 55.8% had decided to separate from their partners. According to the PCLS scale, 78.3% of female victims showed PTSD with a positive score > 44. It was associated with a higher number of suicide attempts ($p=0.04$), a marriage duration exceeding 10 years ($p=0.02$), help-seeking ($p=0.001$), and divorce ($p=0.014$).

Conclusions: PTSD is a particularly serious psychiatric condition. However, its impact remains insufficiently understood and taken into account in medical, psychological, social, and legal care. Knowing the psycho-traumatic consequences of violence is absolutely essential to better protect, support, and care for victims.

Disclosure of Interest: None Declared

EPV0746

Secondary Trauma by Internet Content Moderation: a Case Report

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Introduction: In recent years, a global debate has emerged regarding the protection of Internet users from exposure to harmful content. Content moderation is defined as the organized practice of filtering user-generated content posted on internet, social networks, and media to determine the appropriateness of the content for a site, locality, or jurisdiction. The growing volume of this content along with the psychological impact of this activity have promoted the application of automated approaches based on artificial intelligence and machine-learning. However, the changing characteristics of content, as well as the cultural differences that influence its appropriateness, mean that human moderation of Internet content currently continues to exist. Psychological effects of this activity such as symptoms of post-traumatic stress disorder (PTSD) could represent an example of secondary trauma.

Objectives: Our aim is to describe a clinical case of post-traumatic stress disorder presenting with specific traumatic exposure idiosyncrasy that could lead to a better consequence characterization of a recent social phenomena such as internet content moderation.

Methods: We expose the clinical case of a woman with emotional distress who was referred to our outpatient psychiatric unit in

Barcelona in 2022 after five years working as an internet content moderator.

Results: We describe the case of a 35-year-old woman without relevant medical, toxicologic or psychiatric record that presents to our out-patient psychiatric clinic with post-traumatic stress disorder after five years of working as an internet content moderator and being exposed to visual traumatic content such as sexual assault and paedophilia. The clinical presentation consisted with one year of recurrent daily panic attacks, intrusive images about the traumatic exposure, intrusive thoughts, insomnia, vivid nightmares, avoidance of exposure to her son, distrust of the environment and intense fear for her son security. The disorder interfered in her capacity to work. The patient received psychological treatment and ISRS (Sertraline) was prescribed, however only partial response was reached with persistence of the majority of symptoms.

Conclusions: The presented case suggests a temporal and symptom content relationship between the described work exposure and the appearance of emotional distress in a patient without PTSD history. Although previous evidence of secondary trauma in people exposed to indirect traumatic experiences has been reported, for example in healthcare professionals, the exposure to alien trauma through digital exposure as a work activity is yet to be specifically examined. It is necessary to expand knowledge on the clinical expression of this phenomenon due to the observed recurrence of anxious and depressive symptomatology related to repeated exposure to traumatic content.

Disclosure of Interest: None Declared

EPV0748

Post-traumatic stress in healthcare workers during the COVID-19 pandemic: a cross-sectional study

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Introduction: During the COVID-19 pandemic, healthcare professionals worked under critical care conditions and had to adapt quickly to extreme work situations. They were confronted with several occupational stressors.

Objectives: To determine the prevalence and factors associated with post-traumatic stress symptoms among healthcare personnel at Farhat Hached Hospital in Sousse during the COVID-19 pandemic.

Methods: This was a descriptive cross-sectional study conducted among care staff at the Farhat Hached University Hospital in Sousse over a 3-month period during the 4th wave of COVID-19. Data were collected using a questionnaire covering socio-professional and medical data. Post-traumatic stress symptoms were assessed using the Impact of Event Scale-Revised (IES-R). Statistical analysis was performed using SPSS.23 software.

Results: Our study included 326 health professionals from the CHU Farhat Hached. The mean age of our population was 36.38 ± 10.19 years. The sex ratio was 0.23. Most healthcare staff were married (61.3%) and had dependent children (60.4%). Nurses were the most represented at 32.2%, followed by health technicians (22.7%) and medical residents (18.4%). Average job tenure was 10.62 ± 10.69 years, with extremes ranging from 1 to 39 years. The prevalence of post-traumatic stress disorder was 32.5%. Paramedics were more likely to develop post-traumatic stress symptoms ($OR=2.3$ (IC95%: 1.4-3.8), $p=0.001$). Leisure activities were protective factors against post-traumatic stress symptoms ($OR=0.4$ (IC95%: 0.2-0.8), $p=0.018$). The multivariate analytical study revealed that being a paramedic and having a personal history of COVID19 infection were independently associated with post-traumatic stress symptoms.

Conclusions: Our results demonstrated the significant impact of the COVID-19 pandemic on the mental health of healthcare personnel. Lessons learned from this pandemic should help in the development of context-specific strategies to support healthcare workers and promote the protection of their mental health.

Disclosure of Interest: None Declared

EPV0749

A randomized controlled trial comparing trauma-focused treatment with and without concurrent personality disorder treatment in patients with posttraumatic stress disorder and comorbid borderline personality disorder

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Introduction: Posttraumatic stress disorder (PTSD) and borderline personality disorder (BPD) often co-occur. There is growing motivation among clinicians to offer trauma-focused treatments, such as Eye Movement Desensitization and Reprocessing (EMDR), to patients with PTSD and comorbid BPD. However, a large subgroup of these patients does not sufficiently respond to trauma-focused treatment and is more likely to be excluded or dropout from treatment. Dialectical Behaviour Therapy (DBT) for BPD is well established and although there is some evidence that DBT combined with prolonged exposure is twice as effective in reducing PTSD symptoms than DBT alone, the comparative efficacy of trauma-focused treatment with and without concurrent PD treatment has not been investigated yet.

Objectives: The current study will therefore evaluate the comparative clinical efficacy of EMDR with and without concurrent DBT in patients with PTSD and comorbid BPD.

Methods: Adult patients were randomly assigned to EMDR with ($n = 63$) or without concurrent DBT ($n = 63$). A wide range of clinician-administered and self-report assessments were conducted

before, during and up to six months after treatment. The longitudinal change in PTSD severity as the primary outcome was measured using multilevel mixed regression in SPSS. The present study is part of the overarching Prediction and Outcome Study in comorbid PTSD and Personality Disorders (PROSPER), which consists of a second RCT comparing trauma-focused treatment with and without concurrent PD treatment in patients with PTSD and cluster C PD.

Results: Results, available in January 2024, will reveal which treatment works best for this difficult-to-treat group of patients.

Conclusions: This is the first study to compare the clinical efficacy of EMDR with and without concurrent DBT in patients with PTSD and comorbid BPD. Results will reveal which treatment works best for this difficult-to-treat group of patients.

Disclosure of Interest: None Declared

EPV0750

Reactivation of trauma in an inadequately structured person

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Introduction: The person is constantly exposed to various types of psychosocial stress, and what will be the course and outcome of the reaction, in addition to other factors, primarily depends on the structure of the person (cognitive, conative, affective and somatic characteristics).

Objectives: Presentation of a case of an inadequately structured person (a 29-year-old girl) who experiences an emotional loss, thus reactivating a trauma experienced many years ago (content-like emotional loss). The activation of traumatic memory as a center for generating a complex of pathological symptoms is provoked due to the personal structural inability of a person to legally reorganize, reintegrate and absorb stress.

Methods: For a complete psychological exploration of an organization, personality dynamics, symptoms, defenses, motives, goals, values, interpersonal relationships, etc. I have applied: MMPI-202, NEO PI-R, Millon's test, PIE, ZS and Azinger aggression scale.

Results: The result is an inadequately structured person of the avoidant type: introverted, vulnerable, disturbingly self-centered, constantly alert to prevent his impulses and affectional compunctions from leading to a repetition of pain and suffering experienced in the past, denying his feelings to maintain interpersonal distance, sensitive, helpless in an aggressive environment, low self-esteem and self-confidence, with weak capacities to overcome stress, etc. Anxiety and depressive symptoms are dominant. Manifest symptomatology is elaborated.

Conclusions: In a person with an inadequate structure, there is an increased vulnerability, therefore applying an exploratory approach to people with a stressful condition in daily professional practice is a necessary need in order to more effectively, comprehensively treat the current and previously memorized stressful reactions with an emphasis on the highly personalized response to stress.

Disclosure of Interest: None Declared

EPV0752

The Contribution of Maladaptive Personality Traits to Psychological Distress Among Israeli Women Veterans

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Introduction: Exposure to potentially traumatic events (PTEs) during military service is associated with mental health problems such as posttraumatic stress disorder (PTSD) and depression symptoms. However, knowledge regarding the implications of maladaptive personality traits in psychopathology among female veterans is sparse.

Objectives: The present study aims to use the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) -- an alternative model of personality disorder, to examine associations between maladaptive personality traits, PTSD and depression symptoms, among female Israeli veterans.

Methods: A volunteer sample of female Israeli combat veterans ($n=616$) and non-combat veterans ($n=484$) responded to self-report questionnaires in a cross-sectional study.

Results: Combat veterans reported higher levels of combat exposure and PTSD symptoms, but not depressive symptoms, than non-combat veterans. Combat veterans also reported lower levels of negative affectivity but higher levels of disinhibition than non-combat veterans. All five traits were positive predictors of psychological distress, with psychoticism constituting the strongest predictor. A moderated-mediation analysis indicated four traits (negative affectivity, detachment, disinhibition, and psychoticism) that had a moderating effect on the relationship between combat exposure and PTSD symptoms, and two of the traits (antagonism and disinhibition) that had a moderate effect on the relationship between combat exposure and depressive symptoms.

Conclusions: Maladaptive personality traits play an important role in psychological distress following female veterans' combat service. Future prospective research is necessary to determine the temporal associations between pre-enlistment maladaptive personality traits and post-deployment mental health of veterans.

Disclosure of Interest: None Declared

EPV0753

Impact of excessive interest in news related to the war on mental health in conditions of big invasion and information war: experience of Ukraine

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Introduction: An important component of the russian-Ukrainian war is information war. Russia conducts psychological diversions the purpose of which is harming and disorganization the

population's mental health by reducing the ability of criticality thinking and formation of various stress-associated, anxiety-depressive, phobic, etc. disorders.

Objectives: To study the impact of information about the war on the mental health of Ukrainian population.

Methods: 186 Ukrainian people voluntarily completed the questionnaire in Google format. It contains tools for assessing the level of stress PTCL, anxiety response GAD-7, depression PHQ-9, the intolerance to the uncertainty (IUS-12 in G.Gromova's adaptation) and developed by us "Test for the detection of disorders related to the obsession with news about the Russian-Ukrainian war" (M. Markova et al, 2022).

Results: Most of the civilian population of Ukraine demonstrate excessive fascination with news associated with the war, with almost 50% have all the signs of clinically formed addiction. Psychopathological anxiety and depressive manifestations of varying intensity are characterized by more than 30% of the population. Almost 80% suffer from the effects of psycho-traumatic factors, of which 45% are observed by post-stress maladaptation, 25% - by signs of PTSD (23%) or PTSD (2%).

The presence of anxiety-depressive response does not depend on the level of obsession with the news: among persons with signs and/or clinical psychopathological symptoms, there are persons both excessively passionate about information and with a safe level of use.

Any high level of interest in news (addiction/dangerous/risky) has a close direct correlation with the intensity of pathological stressful response and the level of tolerance to uncertainty.

All persons with anxiety-depressive and pathological stressful response symptoms, and 58% of people with excessive fascination with news are characterized by low tolerance to uncertainty. This can serve as a prognostic marker of development of maladaptation and testify to the leading role of a lack of tolerance to uncertainty in its development in wartime.

42% of people who have an excessive interest in news, haven't signs of maladaptive response. They use the interest of information as a stress management's resource, which has a positive effect on the mental state and increases the ability to successfully function in uncertainty.

Conclusions: The development of information and psychological stability by increasing tolerance to uncertainty is a perspective area of research in the field of mental protection of the population of Ukraine.

Disclosure of Interest: None Declared

Precision Psychiatry

EPV0755

The new paradigm of psychiatry precision medicine and its emerging clinical framework

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Introduction: Precision medicine is a promising approach to improving the prevention, prediction and treatment of disease,

based on individual characteristics and biomarkers/genetic variants shared by specific subgroups of patients.

Objectives: This study aims to address the new paradigm of precision medicine in psychiatry and to discuss, through the literature, its emerging clinical framework.

Methods: We conducted an exhaustive review of the scientific literature using PubMed database and Google Scholar, with “Precision Medicine in Psychiatry” as keywords.

Results: Our review revealed that while psychiatrists have long practiced a personalized therapeutic approach with, for example, treatment choices guided by individual criteria, the methods for achieving this objectively have until now been largely lacking. This dilemma has begun to be resolved with the implementation of data analysis methods such as machine learning and large-scale genomic analysis studies. The goals of precision psychiatry involved the delineation of genetic risk factors using GWAS, the redefinition of the functional domains involved in mental disorders and pharmacological repositioning. The highly polygenic nature of mental disorders and the failure of GWAS to confirm the role of candidate genes have suggested that a systems genetic approach that considers function at the network level would provide a better approach to the problem of linking heterogeneous genetic risk factors and brain mechanisms. In addition, the growing evidence that certain disorders such as psychotic disorders are syndromes rather than diseases in their own right suggests that many conditions currently recognized as such may have similar underlying patterns of cognitive dysfunction and neurobiological abnormalities that will need to be reclassified.

Conclusions: The application of precision medicine in psychiatry is still in its infancy. Numerous research programs creating large multimodal databases with multiple data on brain imaging, genetics, etc. will soon support the clinical deployment of precision medicine in psychiatry.

Disclosure of Interest: None Declared

EPV0756

Dismantling task-sharing psychosocial interventions to personalize care for people affected by common mental disorders: developing a taxonomy of active ingredients and ranking their efficacy

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Introduction: The global burden associated with common mental disorders is high, especially for people living in low resource settings. Although psychosocial interventions delivered by locally available lay or community health workers are effective, mechanisms of intervention response are poorly understood. One of the greatest barriers is that psychosocial interventions are administered as complex, multi-component “packages of care”.

Objectives: Our aim is to systematically review all the randomized controlled trials (RCTs) that have tested the efficacy of psychosocial interventions delivered through the task shifting modality to treat

people suffering from common mental disorders (depression, anxiety, and related somatic complaints) in low resource settings, dismantle the intervention protocols creating a taxonomy of active intervention components, and re-evaluate their efficacy.

Methods: We will use the component network meta-analysis (cNMA) methodology. The major benefit of cNMA is the possibility to disentangle intervention components and explore their effectiveness separately or in various combinations (even in disconnected networks). cNMA increases statistical power by combining direct and indirect comparisons while fully respecting the randomized structure of the evidence. According to the additive cNMA model which we will implement, adding a component “c” to a composite intervention “X” will lead to an increase (or decrease) of the effect size by an amount only dependent on “c”, and not on “X”. We will denote the corresponding component specific incremental standard mean difference (iSMD) so that $iSMD_c = SMD(X+c) - SMD(X)$. Combining these component-specific iSMDs will allow the estimation of SMD between any two composite interventions.

Results: A network of comparisons and a hierarchy that includes all intervention components expressed as iSMD, indicating the added benefit of adding a component to an intervention, will be presented. By selecting the most effective components it will be possible to outline a novel task shifting psychosocial intervention to be tested in future RCTs.

Conclusions: These findings will set the basis for further investigations in the field of precision medicine. This project is funded by the European Union’s HORIZON EUROPE research programme under grant agreement No 101061648.

Disclosure of Interest: None Declared

EPV0757

Pharmaco-EEG of antipsychotics’ response: a systematic review

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Introduction: Response to antipsychotic medications (AP) is subjected to a wide and unpredictable variability and efforts were directed to discover predictive biomarkers to personalize treatment. Electroencephalography abnormalities in subjects with schizophrenia were reported, as well as a pattern of EEG changes induced by APs

Objectives: The aim of this review is to provide a synthesis of the EEG features that are related to APs efficacy, including both pre-treatment signatures and changes induced by APs during treatment.

Methods: A systematic review of English articles using PubMed, PsychINFO and the Cochrane database of systematic reviews was undertaken in april 2023. Additional studies were added by hand-search. Studies having as an endpoint the relationship between AP-related clinical improvement and electroencephalographic features were included. Heterogeneity prevented a quantitative synthesis.

Results: Out of 1232 records screened, 22 studies were included in a final qualitative synthesis. Included studies evaluated resting-state

and task-related power spectra, functional connectivity, microstates and epileptic abnormalities. At pre-treatment EEG, the most relevant predictors of a poor response were a change in theta power compared to healthy control, a high alpha power and connectivity, a diminished beta power in resting-state. Considering EEG during treatment, an increased theta power, a reduced beta-band activity, an increased alpha activity, a decreased coherence in theta, alpha and beta-band were related to a favorable outcome.

Conclusions: EEG is promising as a method to create a predictive biomarker for response to APs; further investigations are warranted to harmonize and generalize the contradictory results of reviewed studies.

Disclosure of Interest: None Declared

O0089

Multidimensional assessment of personality disorders using different theoretical models: a comparison of the Young Schema Questionnaire, the SCID-5-AMPD structured diagnostic interview, and the PDS-ICD-11 self-report questionnaire

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Introduction: There has been a recent shift in the conceptualisation of personality disorders in diagnostic systems such as DSM-5 or ICD-11, from a categorical approach towards a dimensional approach reflecting severity in general or severity of dysfunction and related pathological traits. In addition, several psychotherapeutic approaches work with their own model of personality pathology, which similarly capture symptoms of personality disorders and their underlying processes in a more subtle way from multiple aspects, and along different constructs.

Objectives: The aim of our study was to investigate similarities and differences between conceptualisations of personality disorder and instruments used for evaluation based on the BNO-11 Personality Disorders Severity Questionnaire (PDS-ICD-11), Module I. of the Structured Diagnostic Interview for the DSM-5 Alternative Personality Model (SCID-5-AMPD) measuring level of personality function, and the Young Schema Questionnaire assessing early maladaptive schemas.

Methods: Hospitalized borderline patients were assessed using the Young Schema Questionnaire, the PDS-ICD-11, and Module I. of the SCID-5-AMPD assessing personality function level. Data are analysed using correlation and linear regression models.

Results: Only part of the results are shown. The PDS-ICD-11 Severity Index and Self-function Index showed significant ($p < 0.05$) and strong correlations with the Abandonment ($r = 0.98$, $r = 0.94$), Vulnerability to harm and illness ($r = 0.92$, $r = 0.98$),

Insufficient Self-Control ($r = 0.91$, $r = 0.88$) and Negativism/Pessimism ($r = 0.95$, $r = 0.90$) schemas. The mean score and all domains of the SCID-5-AMPD Module I (level of personality function) showed significant strong correlations with the Vulnerability to harm and illness schema (AMPD-Average $r = 0.87$; AMPD-Identity $r = 0.86$, AMPD-Objectivity $r = 0.81$, AMPD-Empathy $r = 0.77$, AMPD-Intimacy $r = 0.80$, $p < 0.05$); moreover, a strong significant correlation was found between the Abandonment schema and AMPD-Average ($r = 0.81$, $p < 0.05$), AMPD-Identity ($r = 0.98$, $p < 0.05$), and AMPD-Intimacy domains ($r = 0.77$, $p < 0.05$).

Conclusions: The main indicators of measures that operationalise a dimensional approach to personality disorders show distinct patterns of strong overlap with some of the maladaptive schemas but cover only a part of the schema domains. For a careful diagnosis and psychotherapeutic plan, the combined use of these measures can provide in-depth and multifaceted information.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPV0759

The Role of Alcohol Use Disorders in the Development and Progression of Dementia

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Introduction: In recent years, there has been an increase in interest and research into the link between alcohol use disorders (AUD) and dementia. Alcohol use disorders, which are characterised by excessive and problematic alcohol consumption, have been associated to a variety of detrimental health effects, including liver disease, cardiovascular difficulties, and cognitive impairments.

Objectives: To explore the link between alcohol use disorders and dementia onset and progression, explaining probable causes and emphasising preventive approaches.

Methods: The present study involved a thorough examination of relevant research papers, with a specific emphasis on longitudinal cohort studies, neuropathological observations, and biochemical interactions pertaining to the effects of alcohol on the brain. In addition to the aforementioned criteria, the review also took into account other complicating factors, including choices regarding lifestyle, genetic predisposition, and coexisting medical conditions.

Results: The results indicate a strong association between prolonged and excessive alcohol consumption and a heightened susceptibility to the early onset of dementia. The mechanisms underlying alcohol-related neurological damage encompass direct neurotoxic effects of

alcohol, thiamine shortage, and alcohol-related cerebrovascular illness. Moreover, it is worth noting that alcohol use disorder (AUD) has the potential to worsen the advancement of neurodegenerative processes in individuals already diagnosed with dementia.

Conclusions: The association between AUD (Alcohol Use Disorder) and dementia is complex and involves multiple factors, presenting considerable difficulties in terms of clinical intervention and treatment. The use of early intervention strategies and public health initiatives focused on addressing alcohol use disorder (AUD) could have a significant impact on preventing or reducing the development of dementia.

Disclosure of Interest: None Declared

EPV0761

Under-attribution in self-agency on pre-reflexive task connected to positive schizotypal traits among healthy students

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Introduction: The aim of this study was to identify low-risk traits of schizophrenia among healthy undergraduate student volunteers, and the investigation of these traits with regards to their specificity in contrast to individuals with a latent disposition towards bipolar disorder. Self-agency, as a phenomenon closely related to psychomotor functioning, provides a unique opportunity for the investigation of subjective self-perception.

Objectives: The implicit self-agency performances that are considered illness- (or risk state-) specific were compared between groups to find early markers of a specific schizotypic developmental path.

Methods: In a sample of 710 healthy university students, with the help of screening questionnaires, we were able to successfully form two risk groups, in one of them the emphasis on cyclothymia (CTF: Cyclothymia factor group, N=25), and in the other (PSF: Positive schizotypy factor group, N=26) the tendency to unusual experiences and paranoid thinking emphasis was typical. We assigned a properly matched control group (N=29) displaying both features on average. We focused on the implicit aspect of self-agency, using the well-known paradigm of intentional binding, as well as the self-developed device that exclusively tests the pre-reflexive feeling of movement initiation, the sense of self-agency.

Results: During the examination of intentional binding, although the specific predictive and retrospective component indicators did not show any significant difference for either group, the association of the sound alone could induce a binding effect in the control group. In the predictable frequency condition, there was a strong significant effect ($W = 65.00$, $p = .007$, $r_{rb} = -.60$), and in the non-predictable condition a trend-level effect. Remarkably, this binding

effect did not develop in either the CTF or PSF groups, indicating an implicit agency impairment in both risk groups. However, during the examination of sense of self-agency, we observed a disturbance specifically among healthy college students with positive schizotypal traits, in the form of falsely attributing their movement initiation to external influences. The percentage of this 'miss'-type answering differed between groups, $H(2) = 7.68$, $p = .021$, $\epsilon^2 = .10$. The Dwass-Steel-Critchlow-Fligner pairwise comparisons showed that this difference was due to the PSF Group showing a significant difference from the Control Group ($W = -3.83$, $p = .019$), but not from the CTF group, and the CTF Group also did not differ from the Control Group.

Conclusions: Thus, in premorbid conditions, in at-risk groups of non-help-seeking individuals, or in cases of early detection of prodromal abnormalities, objective confirmation of suspected susceptibility to schizophrenia may be aided by, among other things, instrumental assessment of self-agency.

Disclosure of Interest: None Declared

EPV0762

Chronotype and health related quality of life among undergraduate university students

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Introduction: Chronotype represents genetically determined behavioral characteristics of a person's twenty-four-hour activity. Research shows that a person's chronotype is interrelated with their mental health. Are there similar connections with general health and health related quality of life?

Objectives: To establish how various chronotypes are represented in university students and if there are any interrelations between chronotypes and health-related quality of life

Methods: We used SF-12 Health Survey и Morningness–Eveningness Questionnaire (MEQ) by Horne and Ostberg to survey 305 university students of both genders.

Results: The results showed that the majority of the students (71.2%) have an intermediate chronotype. The second goes a moderate morning chronotype (17.7%), the third – a moderate evening chronotype (9.8%). Definite morning and definite evening chronotypes were revealed in less than 1% of the students. SF-12 Health Survey scale indicators that assess quality of life corresponded to standard scores for the given group of the respondents. We have revealed valid relations in correlational interconnections of the achieved parameters. Thus, the morning chronotype is most consistently associated ($p < 0.01$) in undergraduate university students with higher indicators of health related quality of life including General Health ($r = .23$), Vitality ($r = .21$), Role Physical ($r = .18$), Role Emotional ($r = .17$), Physical Functioning ($r = .16$), Social Functioning ($r = .13$). Mental Health and Bodily Pain in university students are not connected with the chronotype ($p > .05$).

Conclusions: Therefore, this research establishes that the majority of the students are related to the intermediate chronotype, and the

morning chronotype corresponds to higher levels of most indicators of health related quality of life excluding the level of mental health.

Disclosure of Interest: None Declared

EPV0763

Assessment of the relationship between psychotic-like experiences and traumatic life events: a cross-sectional study

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Introduction: Traumatic life events (TLEs) have been associated with the entire spectrum of psychosis outcomes, including risk and severity of psychotic disorders and psychotic-like experiences (PLEs). In a non-clinical setting, understanding the relationship could help improve prevention services.

Objectives: The aim of this study is to establish the relationship between TLEs and PLEs.

Methods: A cross-sectional study was conducted in a Tunisian business and engineering school from March 2022 to June 2022. Participants completed the Tunisian dialect version of the Prodromal Questionnaire-Brief (PQ-B), a validated self-report instrument designed to evaluate prodromal symptoms. TLEs such as physical, sexual, and emotional abuse, as well as neglect experiences, lived or witnessed have been assessed along with bullying experiences.

Results: The final sample size consisted of 358 participants, with a median age of 22 ± 2.22 years, with a sex ratio (M/F) of 1.41. More than half of the participants (58.6%) reported having experienced TLEs (49% in the preceding 6 months) while 31% had experienced bullying or abuse in school (27.9% in the preceding 6 months). The mean total score of the PQ-B for the study population was 7.27 ± 4.387 , 36.3% reached the threshold and were defined as PQ-B-positive subjects. Those with a lifetime history of major life events were more likely to screen positive on the total score PQ-B ($p = 0.000$), as were those with a lifetime history of bullying or abuse ($p = 0.000$).

Conclusions: Understanding the factors that interact in the significant association between PLEs and TLEs may provide useful information for prevention programs and the improvement of mental health.

Disclosure of Interest: None Declared

EPV0764

Urban planning, noise pollution and mental health outcomes

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Introduction: In large cities around the world, many sources of noise including traffic, domestic, construction, and industrial activities, contribute to urban noise pollution, which is now, a major concern in public health as declared by the WHO, for more than a decade (in 2011).

Objectives: The aim of this study was to try to find potential recommendations and references in terms of urban planning, particularly with the emergence of smart cities, to combat the problem of noise pollution and related mental health hazards.

Methods: We conducted a comprehensive review of the scientific literature using the following keywords: cities, smart cities, noise, pollution and mental health.

Results: Our research found that the continuous exposure to high noise levels could lead to psychological and physiological problems, such as hearing disorders, high blood pressure, heart disease, inconvenience and sleep disorders. While recent evidence indicates that road traffic noise has a negative impact on mental health and that aircraft noise significantly increases the risk of depression, there are not enough studies to date to properly assess the relationship between urban noise pollution and mental health hazards such as anxiety, mood disorders, sexual disturbance, cognitive impairment, learning disabilities, dementia, etc. In the field of urban planning, there is also a lack of reliable data on individual exposure to environmental noise in space and time, and on its effects on mental health.

Conclusions: Various noise mitigation strategies in urban renewal plans are proposed, such as the implementation of noise mapping to provide the detailed spatial distribution of noise levels in urban areas, their sources and time intervals, noise barriers along traffic arteries, vegetation and landscaping. New infrastructure projects involving new expressways and high-speed trains as well as the widening of major roads in their central areas are also suggested.

Disclosure of Interest: None Declared

EPV0765

The impact of eating habits on mood disorders (A prospective study to show the importance of food on preventing mental health disorders)

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doi: 10.1192/j.eurpsy.2024.1398

Introduction: Adopting a traditional healthy eating pattern is strongly associated with a more stable, adaptive, and serene mood. In contrast, adopting a modern and industrialized diet is linked to a higher incidence of anxiety and depressive disorders.

To prevent mood disorders, a varied diet rich in colorful fruits and vegetables is recommended. Studies show that the consumption of vegetables, whole grains, and fruits can help prevent the risk of major depression and anxiety disorders by more than 35%. A well-rounded plate, rich in micronutrients (trace elements, vitamins, minerals), is essential for the proper functioning of our brain and its emotional areas.

Our brain requires significant amounts of iron, zinc, magnesium, and vitamins B, E, D, and K. Unfortunately, our modern diet often lacks sufficient intake of these essential micronutrients. A deficiency in iron or zinc is associated with a significantly higher risk

of major depression, and a lack of magnesium is a potential source of anxiety disorders.

Choosing a diet rich in micronutrients (whole grains, cereals, fresh fruits, and vegetables) can address potential deficiencies and contribute to a more adaptive and balanced mood. Similarly, carefully selected dietary supplements can prove to be effective.

Objectives: it shows the importance of alimentation and her role on Primary and secondary prevention in depressive disorders.

Methods: This poster is a prospective study done on 100 random people via a multi choice quizz, to see the impact of their food on their mental health .

Results: in the making

Conclusions: Food should today be universally considered as a potential risk factor or protective factor in depressive disorders. Since the recent decades, nutritional psychiatry has developed a field of research promising The International Society For Nutritional Psychiatry Research (ISNPR) who is a collective of doctors and researchers with the common objective of advance research and communication of nutritional medicine in the field of psychiatry. Cross-sectional epidemiological studies finding an association between diet quality and mental health in longitudinal studies, a step has been taken. The observational data have been widely replicated and documented in several meta-analyses and are supported by prospective studies studying the effectiveness of improving nutritional quality in the treatment of depression. It now appears necessary that in the near future psychiatrists must receive training on the impact of diet in psychiatric disorders including depression, and get into the habit of taking an interest in the eating habits of their patients, as well as their microbiota .

Disclosure of Interest: None Declared

EPV0766

Vitamin D, vitamin B12, folate, homocysteine, and major haemato-chemical parameters in patients with mood disorders

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Introduction: The potential involvement of the immune and inflammatory systems has been extensively studied in mood disorders (MDs). Despite these findings and despite the fact that the pathogenetic role of altered immunologic and metabolic profiles in MDs is being confirmed in many current studies, there is still a lack of consensus about it, due to controversial results.

Objectives: The present study aimed to appraise peripheral metabolic parameters (blood glucose, lipoproteins, triglycerides, uric acid, blood urea nitroge [BUN], transaminases and others⁹ and plasma/serum levels of essential nutrients (vitamin D, B12, folate and homocysteine) in a group of inpatients affected by MDs, as compared with healthy controls.

Methods: Methods. Ten ml of venous blood was drawn from fasting subjects. The metabolic parameters and vitamins were measured according to common clinical-chemistry methods. Comparisons for continuous variables were performed by the Student's

t-test for variables that follow a normal distribution, and by the Wilcoxon-Mann-Whitney test for variables not normally distributed. The correlations between biological markers were explored by calculating the Pearson's correlation coefficient or Spearman rank correlation.

Results: Most patients showed loer circulating vitamin D levels, in respect to both control subjects ($P < .0001$) and the normative cut-off values. This finding was paralleled by increased serum homocysteine concentrations i ($P < .0001$), indicating an imbalance in their methionine metabolism. Homocysteine levels were negatively correlated with vitamin D, vitamin B12 and folate in control subjects, but not in patients. In addition, patients displayed higher blood glucose and lower BUN than controls, indicating an impaired protein-to-carbohydrate metabolism and/or altered nutritional/dietary status.

Conclusions: We provide herein further support to the notion that MD patients are a population where vitamin deficits, dysmetabolism and/or dietary defects are common feature, and, s such, they might be more vulnerable to a variety of somatic illnesses than the general population. This cross-sectional investigation, albeit preliminary, might contribute to improve the characterization and the monitoring of the clinical status of mood disorder patients, as well as to identify new molecular targets for more tailored treatments ad of more pointed health-care intervention,

Disclosure of Interest: None Declared

Promotion of Mental Health

EPV0768

Quality of life in children and adolescents with beta thalassemia

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Introduction: Children and adolescents with thalassemia suffer from chronicity of the disease and its treatment, including transfusion dependence and complications of iron overload.

Objectives: To investigate the quality of life of children and adolescents with Beta Thalassaemia.

Methods: This study is a cross-sectional study conducted at the Greek public Children's Hospital. PedsQL™ 4.0 Generic Core Scale (Greek version) was used to evaluate HRQOL in 41 thalassemia patients aged between 5 and 18 years and in 41 healthy controls of the same age range. For the analysis, the Statistic Package (SPSS ver.24) was used. Using Spearman's correlation coefficient, t-test and MannWhitney tests were used, while for variables with three or more levels the Anova and Kruskal-Wallis. In order to investigate the relationship between two quantitative variables, Spearman's correlation coefficient was used, while the relationship between two qualitative variables was used to control x2. As a statistical significance level, $\alpha = 5\%$ was defined.

Results: Of the 41 children with beta Thalassemia who participated in the study, 48.8% (n = 20) were boys and 51.2% (n = 21) girls. The mean age of children was 10.02 ± 4.10 years. For healthy children who participated in the study 51.2% (n = 21) were boys

while 48.8% (n = 20) were girls. The mean age of the children was 9.63 ± 3.77 years. Children with Beta Thalassaemia have a lower quality of life in Physical Health and Activity(<0,001), Emotional Health(0,031), School Activities(0,008), Psychosocial Health (0,014), and the overall PedsQL 4.0 (<0,001)questionnaire compared to healthy children. Children between the ages of 5 and 7 have higher levels of quality of life in physical health and activity than older children(<0,001). In addition, children aged 5 to 7 have higher quality of life and overall PedsQL 4.0 score than older children(0,033) Children receiving combination therapy show better quality of life than children receiving subcutaneous therapy (total PedsQL 4.0 <0,001).

Conclusions: Children and adolescents in all five categories had a better quality of life, after improved iron chelating methods and other psychosocial interventions.

Disclosure of Interest: None Declared

EPV0769

Parents' needs during a child's hospitalisation in a paediatric intensive care unit (PICU): a systematic review

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Introduction: The admission of children to PICU is a painful experience for parents. Regularly, they are asked to make important decisions about treatment options in collaboration with the care team, which causes them stress, uncertainty and trauma.

Objectives: To investigate the needs of parents during the child's hospitalization in a pediatric intensive care unit (PICU).

Methods: A systematic review of the literature and a search of articles in the international databases PubMed, Cinahl, Google Scholar, Cochrane Library and Greek scientific journals was performed with a peer review process during the period between April and July 2022. A time limit was set regarding the date of publication of the articles (articles published in the last 15 years).

Results: Nine studies were found that met the criteria for inclusion in the review. The thematic analysis of the results deduced the following sections A: Need for information from health professionals regarding the child's health status and the possible treatment options available, B: Need for psychological support from health professionals (psychologists, nurses, doctors) in order to be able to manage the difficult situation they are experiencing due to the hospitalization of their child, but also to be able to manage their grief and sorrow in case of loss of the child. C: Need for safe hospitalisation of the child.

Conclusions: Parents have needs during their child's hospitalization in the PICU, which if put in boundaries-frames and guided by health professionals (who possess knowledge and composure in difficult moments) can bring about a smooth course of the child's health during hospitalization.

Disclosure of Interest: None Declared

EPV0770

Parents' psychosocial needs during the child's hospitalization in pediatric intensive care units (PICU): a systematic review

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doi: 10.1192/j.eurpsy.2024.1402

Introduction: The admission and hospitalization of a child in a Pediatric Intensive Care Unit (PICU) creates stress and anxiety in the family. The family is called upon to make important decisions about the child's treatment, while roles within the family environment are disrupted.

Objectives: The investigation of the psychosocial needs of the relatives of hospitalized children in the NICU.

Methods: We conducted a systematic review of studies published until the end of 2022 in the Greek and English languages in the databases "Pubmed", "Scopus" and "Iatrotec" with the following keywords: "Pediatric Intensive Care Unit", "Socio-psychological Needs" and "Parents".

Results: Of the 26 studies found, 5 studies met the inclusion-exclusion criteria and were included in the review. The most frequently mentioned psychosocial needs of the parents were: (1) the need for complete, immediate and honest information regarding the health status of their hospitalized child and the changes in their condition, (2) the need to provide comfort to the parents during duration of their child's hospitalization, (3) the parents' need for psychological support and guidance regarding the care of their hospitalized child, (4) the feeling of security regarding the care provided, and (5) the need for frequent contact with the hospitalized child. Also, it was observed that the medical and nursing staff underestimated some needs of the parents, such as the need for closeness, while there were others that we underestimated, such as the religious needs.

Conclusions: Parents present increased psychosocial needs during their child's hospitalization in the PICU. Nursing staff play an important role in supporting relatives by providing family-centered care.

Disclosure of Interest: None Declared

EPV0771

Evaluation of adherence to treatment in patients with anxious-depressive syndrome.

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Introduction: Treatment-resistant depression can pose a major challenge to mental health professionals, both in identifying cases and in devising consequent therapeutic strategies (1). However, it is not uncommon that the lack of response to antidepressant treatment is actually due to non-adherence to it in many cases (2).

Objectives: In this context, it would be interesting to know the rate of abandonment of antidepressant treatment in patients with anxious-depressive symptomatology, since the patient's evolution may depend entirely on this.

Methods: To this end, the psychiatry service of the Hospital Clínico Universitario de Valladolid has collected data on adult patients who come for a first consultation in the mental health team, referred for presenting symptoms of anxiety and depression.

These data have been recorded over the last 2 years, including different socio-demographic and clinical variables. Subsequently, a descriptive analysis was carried out, the preliminary results of which are presented below.

Results: We started from a sample of 222 patients at the present time: 69 men and 153 women, which is in accordance with previous data on the prevalence of anxiety disorders and depression by gender (3). Antidepressant treatment was prescribed (from psychiatry or primary care) in 80% of them. A review 6 months later showed that up to 1/3 of these patients (34%) had abandoned treatment on their own before completing this period, as can be seen in the first graph (image 1), which is contemplated in several guidelines and recommendations in the scientific literature (4). No major differences were observed between genders for treatment indication or treatment abandonment.

On the other hand, 61% of the patients in the sample had been treated with benzodiazepines. Among them, up to 74% were still taking these drugs 6 months later (image 2). This result is striking, since in reality, the duration of treatment with benzodiazepines should be much shorter, according to the latest reviews (5).

Finally, cross-checking these data, it was observed that for 116 patients (52% of the total) the initial treatment included antidepressants and benzodiazepines. At 6 months, 18 of these patients (16%) had voluntarily discontinued the antidepressant, but continued with benzodiazepines.

Image:

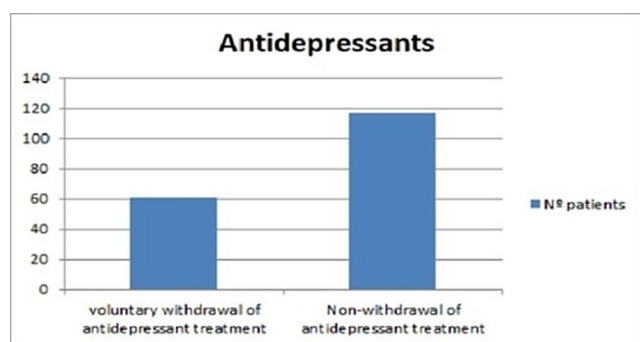
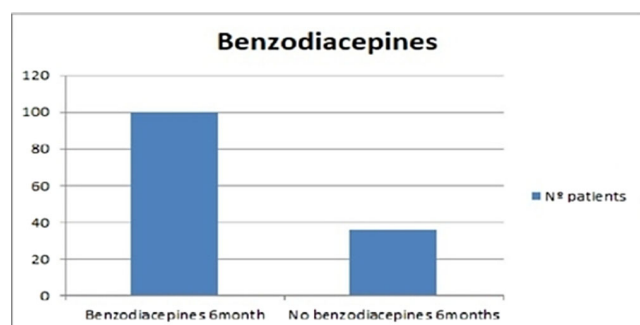


Image 2:



Conclusions: It is very important to review adherence to treatment in all patients, especially in those cases in which the persistence of symptoms makes us think of a possible resistant depression. For this reason, it would be advisable to try to establish an adequate doctor-patient relationship that allows trust in the therapist and communication between both and leads to a favorable evolution.

Disclosure of Interest: None Declared

EPV0772

Dimensions of Psychological Resilience Among Mental Health Professionals in Greece: A Postdoctoral-based Literature Review

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Introduction: Resilience is defined as the process and outcome of successfully adapting to difficult or challenging life experiences, and adjustment to external and internal demands, including challenges in family or relationship dynamics, serious health concerns, financial pressure or work-related stress. Employees' creative self-sufficiency, work environment, as well as the interpersonal relationships developing in the workplace which constitute basic parameters of professional satisfaction can potentially affect both psychosomatic resilience of the employees as well as their performance at work. Exploring the available bibliography, it was revealed that the mental health professionals' community has not been sufficiently examined in terms of emotional resilience.

Objectives: To examine the dimensions of psychological resilience among mental health professionals.

Methods: In the context of a postdoctoral research which is conducted on a sample of the Greek population- personnel working in mental health hospital and community-based settings -a review of 35 articles from 1985 to 2023 on PubMed and Google Scholar was proceeded regarding psychological resilience among mental health professionals.

Results: Creative self-sufficiency and professional satisfaction were found to be positively correlated with resilience among mental health professionals. Additional factors have been found to influence mental resilience among mental health professionals, such as individual personality traits, coping style, perceived social support, a sense of security, and organizational support.

Conclusions: This review contributes to the evolving understanding of resilience, particularly regarding mental health providers. The positive correlation between creative self-sufficiency and professional satisfaction highlights the importance of fostering these dimensions to enhance mental resilience through implementing emotional capacity-building practices, social skills counseling, as well as mindfulness-based interventions.

Disclosure of Interest: None Declared

EPV0774

Attitudes and knowledge toward mental disorders among healthcare providers in psychiatric departments

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Introduction: Stigma towards mental health disorders is an issue standing in the way of healing and integrating the patient into the social life. Stigmatising does not only come from the general population but also from health care providers. Studies found out that lack of knowledge and skills among health care professionals is associated with stigmatization, which affects the attitudes and the patient's treatment process.

Objectives: The main aims of this study were to evaluate the attitudes and knowledge about mental health among nurses and psychiatry residents working in psychiatric departments, to explore the relationship between knowledge and attitude toward mental health and to find out the possible link with sociodemographic and work characteristics

Methods: A cross-sectional questionnaire was conducted in two departments of psychiatry at RAZI hospital focusing on nurses and psychiatrist trainees. The sociodemographic informations, duration and choice of working in psychiatric field, personal experience with mental illness were collected.

The Mental Health Knowledge Questionnaire (MHKQ) and the mental illness clinicians attitude scale (MICA-4) were used to evaluate the participants mental health knowledge and attitude towards psychiatry and people with mental disorders.

Results: A total of 30 health care providers finished the questionnaire. Their median (\pm interquartile range) age was 29 (\pm 9) years within a range of 25 to 60 years old. Our participants were predominantly female (N = 26; 86.7%). The overall median of MHKQ scale was 10 (\pm 6) with a higher score in psychiatrist trainees than nurses but no significant difference was found (p= 0.066) However there was a significant difference between the two groups regarding the MICA scale (p=0.02) with a negative attitude found in the group of nurses. Participants with no personal experience with mental illness along with those who were obliged to work in psychiatric facilities tend to have higher score on the MICA scale with significant statistically relationships, respectively, p =0.18 and p=0.09 We didn't find any statistically significant relationship between the total scores of the MICA and MHKQ scales (ρ = -0.206, p = 0.275)

Conclusions: In our study negative attitude toward mental disorders were found in the group of nurses. Education about mental health disorders as well as addressing the importance of mental health outcomes must be included in the first year training of every healthcare provider. New strategies Focusing on improving the knowledge and skills among healthcare professionals are important to make due to their positive effect on the recovery.

Disclosure of Interest: None Declared

EPV0777

Teaching stress reduction techniques including biofeedback for managing stress in medical students

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Introduction: Medical students have been under immense pressure throughout their studies, impacting their mental health and academic performance. Stress reduction is a fundamental skill that all students require to manage their studies and lives efficiently. Biofeedback devices providing information about physiological states have been shown to aid stress reduction. Methods to reduce stress should be taught to medical students to help them tackle the challenges of medical school.

Objectives: Our goal was to teach stress reduction methods such as extracurricular activities and paced breathing aided by biofeedback training and its application in simulated healthcare situations to medical students.

Methods: 15 medical students who completed medical physiology were recruited for an elective course of 7 sessions on practical techniques in stress management. One credit was offered to those who completed the course requirements consisting of participation in sessions and individual biofeedback training.

Sessions (classes) consisted of presentations on good sleeping and eating patterns, group simulations of stressful hospital environments, visiting a science centre with interactive displays, an orchestra performance, and nature walks. Before biofeedback training, heart and respiration rates were taken individually by a biofeedback device during the first week of the course. Data was processed using a code created in statistical software. Heartbeats per minute and heart rate variability (HRV) for every 10 seconds were calculated and plotted on a graph. Two measurements were taken with each student: a baseline measurement for 10 minutes and another measurement during controlled breathing paced at 6 breaths per minute for 15 minutes, of which the first 10 minutes were used for calculation and plotting. Students provided narrative feedback in an essay submitted after the course was completed.

Results: 5 males and 10 females from years 2-5 registered for the elective, and 12 participated in individually scheduled sessions. Heart beats per minute decreased, whereas HRV increased during paced breathing sessions in 83% of them. Most students reported feeling calm and drowsy during the sessions, and 2 students fell asleep by the end.

Feedback from 11 students showed that the music session and the science centre visit were the highlights throughout the elective. Improvements recommended were to have a consistent time slot for all sessions and fewer simulations.

Conclusions: In concert with the literature, biofeedback training seems to be a feasible and effective method for relaxation in medical students. This method could be offered as part of mental health services for students. Data could be used to follow students' progress and identify those requiring extra support. Providing them with avenues to de-stress while emphasizing activities outside medicine could boost their confidence and improve their coping skills.

Disclosure of Interest: None Declared

EPV0778

Measuring CO in an anti-smoking campaign in Virovitičko-podravka County in Croatia

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Introduction: Measuring carbon monoxide (CO) in exhaled breath with a visual representation can aid in smoking cessation by increasing smokers' awareness of how smoking negatively affects their health and how many harmful substances they introduce into their bodies. Individuals attempting to quit smoking can regularly measure CO levels to monitor their progress in reducing this gas in their system. The national „Smoke Out Day” is a day aimed at encouraging smokers to quit smoking in the Republic of Croatia. It is celebrated on the first day of Lent, as it is a period when most people contemplate giving up something they enjoy throughout the year. The Institute of Public Health of Virovitičko-podravka County sets up a booth in one of the cities in County on that day. There we offer pamphlets to passersby with information about the harmful effects of smoking and provide them with the opportunity to measure carbon monoxide in their exhaled breath.

Objectives: The aim of this study was to explore relationship between smoking status, smoke exposure and the levels of exhaled carbon monoxide.

Methods: For measuring CO we used piCO simple Smokerlyzer. From April 2015 till May 2023, 462 individuals have participated in this measurement. The data were processed using the Python programming language version 3.9 and the statistical library Pingouin version 0.5.3. Data visualization was performed using the Seaborn library version 0.12.2. The statistical analyses employed in this study are partial correlations. The Spearman method was used for partial correlations because it can identify nonlinear relationships and is more accurate and robust when the assumptions for Pearson correlation are not met.

Results: Partial correlation analysis indicates that there is a statistically significant relationship between the level of carbon monoxide and the following parameters:

- Non-smoking status in years ($\rho = -0.526$, $p < 0.001$, two-tailed test).
- Number of cigarettes smoked per day ($\rho = 0.369$, $p < 0.001$, two-tailed test).
- Testing time after 3 PM ($\rho = 0.234$, $p < 0.001$, two-tailed test).
- Number of years as a smoker ($\rho = 0.230$, $p < 0.001$, two-tailed test).
- Age in years ($\rho = -0.179$, $p < 0.001$, two-tailed test).
- Time spent in a smoky area ($\rho = 0.114$, $p < 0.016$, two-tailed test).

Conclusions: In summary, these results provide valuable insights into the factors associated with carbon monoxide levels in humans, with smoking-related variables, age, and testing time showing notable partial correlations. It is important to consider these relationships when assessing and managing carbon monoxide exposure and its potential health implications.

Disclosure of Interest: None Declared

EPV0779

The Nefashot Initiative's Journey: Transforming from Local Activism into a Diverse Community Promoting Mental Health through Arts and Culture

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Introduction: *Nefashot*, meaning ‘Souls’ and ‘People’ in Hebrew, emerged from a local group of impassioned activists. Our core mission is to promote mental health awareness through cultural and artistic expressions, bridging gaps in open and inclusive conversations.

Objectives: In our early years, our primary goal was to infuse MH discussions into public spaces through art. However, as our community has evolved, so too have our objectives. Today, we recognize the profound impact of these connections and discussions, both within and beyond our dynamic community. We've come to understand that belonging to this community is, in itself, a catalyst for change. This shift in perspective has allowed us to fully embrace the transformative potential of community engagement and direct our activities.

Methods: At the heart of our approach is the nurturing of a profound sense of belonging within our diverse community. We achieve this through two vital activities: (1) Ongoing Community Communication: Within our dynamic community, which includes individuals dealing with mental health challenges, professionals, family members, friends, and allies, communication is paramount to our unity. We maintain an open and continuous dialogue through a dedicated WhatsApp group. This platform facilitates connection, sharing of experiences, and mutual support, strengthening the bonds that unite us in our shared mission. (2) Community-Driven Event Production: Beyond our annual ‘Osim Nefashot’ week, held around World Mental Health Day, we seize opportunities throughout the year to organize events or collaborate with larger events like International Women's Day in March or Book Week in June. Encouraging active participation in event planning and execution not only amplifies the voices of our members but also deepens their sense of belonging within our ever-evolving community.

Results: Our hallmark is a sustainable process, welcoming new creators, forging connections, and expanding our influence while retaining core members. This renewal and continuity enable us to reach new audiences and expand mental health awareness through art and culture. Our growth is showcased, with 90 events organized last year.

Conclusions: Nefashot's transformation from activists to a diverse community is an ongoing journey requiring commitment and deliberate steps. Our allocated resources and activities ensure each participant, from creators to venues to attendees, plays a vital role in advancing mental health awareness. We remain dedicated to nurturing inclusivity and promoting mental well-being through art and culture.

Disclosure of Interest: None Declared

EPV0780

Variables Predicting Psychological Help Seeking Attitudes: Self-Stigma, Mental Health Literacy, and Depression/Anxiety

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Introduction: Psychological help-seeking attitudes are influenced by various factors, including self-stigma, mental health literacy, and levels of depression and anxiety. Several studies have examined the relationships between these variables and help-seeking attitudes, shedding light on the predictors of seeking psychological help. Self-stigma, or the internalization of negative attitudes towards seeking psychological help, has been found to significantly impact help-seeking attitudes. Individuals who experience higher levels of self-stigma are more likely to hold negative attitudes towards seeking help. Additionally, mental health literacy, which refers to knowledge and understanding of mental health issues, has been identified as another important predictor of help-seeking attitudes. Individuals with higher mental health literacy are more likely to have positive attitudes towards seeking psychological help. Depression and anxiety, two common mental health concerns, have also been found to influence help-seeking attitudes. Research has shown that individuals with higher levels of depression and anxiety symptoms are more likely to express intentions to seek counseling for psychological and interpersonal concerns. These mental health concerns can serve as motivators for individuals to seek professional help. Furthermore, cultural and demographic factors can also play a role in shaping help-seeking attitudes.

Objectives: This study was planned to examine the variables predicting psychological help seeking attitudes: self-stigma, mental health literacy, and depression/anxiety

Methods: The sample of the study was determined by purposive sampling method. The study was conducted with individuals who willing to participate the study and above 18 years age. Individuals who saw the online advertisement and click on the study's link were brought to the study's home page on Online Surveys. Should they wish to proceed, they will be brought to an information page detailing the purpose of the study, how their confidentiality and anonymity will be preserved and how their data will be treated.

Socio-Demographic Data Form, Mental Health Literacy Scale, Self-Stigma of Seeking Psychological Help Scale and Attitudes Towards Seeking Psychological Help Scale were used. Data analyses was planned to run via Statistical Package for the Social Sciences version, 27.0.

Results: The analysis of the data is still ongoing in detail by the researchers. The findings and relational implications of the study will be presented.

Conclusions: In conclusion, self-stigma, mental health literacy, and levels of depression and anxiety are important variables that predict psychological help-seeking attitudes. Understanding these factors can inform the development of interventions and strategies to promote help-seeking behaviors and reduce barriers to seeking psychological help.

Disclosure of Interest: None Declared

EPV0781

Teacher well-being: Perceived stress, psychosocial risks, and burnout in Morocco

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Introduction: Teachers encounter various challenges that can significantly affect their professional well-being. This issue stands as of paramount importance, for it not only wields influence over job satisfaction but also carries weighty implications for the quality of education provided.

Objectives: This study aims to investigate the factors that affect teachers' well-being, specifically examining the relationship between perceived stress, psychosocial risks, and burnout among public high school teachers in Tetouan, Morocco.

Methods: A questionnaire survey was conducted among 258 teachers, resulting in a response rate of 57%. Three distinct instruments were used to collect data: The Perceived Stress Scale (PSS) to evaluate perceived stress levels, the Job Content Questionnaire (JCQ) to assess psychosocial risks at work, and the Maslach Burnout Inventory (MBI) for burnout measurement. We examined the bivariate correlations among these three concepts.

Results: The results demonstrate significant associations among the studied factors. Perceived stress has a positive correlation with emotional exhaustion ($r=0.51$; $p<0.01$) and depersonalization ($r=0.56$; $p<0.01$), and a negative correlation with personal accomplishment ($r=-0.31$; $p<0.01$). Additionally, emotional exhaustion has a positive correlation with psychological demand ($r=0.38$; $p<0.01$). Depersonalization shows a positive correlation with psychological demand ($r=0.18$; $p<0.05$), but a negative correlation with decision latitude ($r=-0.30$; $p<0.01$) and social assistance ($r=-0.24$; $p<0.01$). Conversely, personal accomplishment presents a positive correlation with decision latitude ($r=0.58$; $p<0.01$) and social assistance ($r=0.50$; $p<0.01$).

Conclusions: This study underscores the importance of decision latitude and social assistance in promoting personal accomplishment and mitigating burnout among teachers. Nonetheless, further research is required to substantiate these results and determine the fundamental cause and effect relationships.

Disclosure of Interest: None Declared

EPV0782

The relationship between bornout, somatic symptoms and work stress among hospital medic staff.

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Introduction: The mental health for workers in the healthcare industry have been put through challenges. The first evaluation happened during the first wave of the pandemic, the second one, with grater sample size, have been conducted in Spring 2022. The healthcare system makes it less plausible to release stress adequately. The attitude of repression by the people makes the rise in stress-levels less knowledgeable. This time the somatic symptoms makes the stress-levels steady shown. Our goal, to make visible, to categorise and recognise the somatic symptoms and the psychological symptoms, thus predicting the burn-out phase.

Objectives: The attitude of repression by the people makes the rise in stress-levels less knowledgeable. This time the somatic symptoms makes the stress-levels steady shown. Our goal, to make visible, to categorise and recognise the somatic symptoms and the psychological symptoms, thus predicting the burn-out phase.

Methods: Methods:

Participants: 497 medic workers

- PPS - Perceived Stress Scale - Type d personality scale -
- Workplace Stress Questionnaire and Symptom List (Hungarian Hypertonia Society)
- Beck Depression Questionnaire (9-item)
- Oldenburg Burn-Out Questionnaire Results: From the questionnaire answers we counted
- WHO Well-being Scale (5-item)

Results: 12% of the people reached levels above the significant stress-level and 26% reached the mild-depression level. The burn-out levels have been significantly higher in the region of disappointment. Regarding the results of the somatic symptoms, depression and stress levels it had a leading factor, which was exhaustion.

The most frequent co-occurrences of the 20 somatic and psychological symptoms of the Hungarian Hypertension Society Symptom List were also used in this study to refine the analysis. The factor analysis highlighted 3 symptom clusters out of the 20 symptoms with the following co-occurrences (fatigue, concentration disturbance, headache, feeling of tension, palpitation, dizziness, inner tremor, distressing thoughts, sweating and nausea) The symptoms formed a total of 6 factors, of which 2 were found to be predictive of burnout and depression. The factors of muscle tension, fatigue, lack of concentration, feeling tense showed the strongest correlation with the measured variables (burnout $r=0,447$, depression $r=0,343$, D-scale, negative mood $r=0,369$, $p=0,000$ at significance levels.)

Conclusions: The attention for the somatic complaints have a high attention between the workers, it's part of the work culture to give more and more sacrifices, to hide the psychological effects, and deem them as weaknesses. Regarding the health of the worker it's necessary to be more informative, to show more bearable physical symptoms to define and prevent the burn-out periods.

Disclosure of Interest: None Declared

EPV0783

Physical activity and self-esteem in domestic and foreign medical students

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Introduction: It is a well-known fact that regular physical activity (PA) has a positive effect on a person's somatic health. Does PA have similar correlations with self-esteem in medical students of different cultural backgrounds?

Objectives: To determine the intensity and correlations of PA and self-esteem in domestic and foreign undergraduate medical students

Methods: We carried out a survey of 305 domestic and 241 international medical students of both genders at Ulianov Chuvash State University. For this aim we used the Sociocultural Health Questionnaire (E. Nikolaev)

Results: We have established that with the same duration of the sessions the average frequency of physical activity (PA) of foreign medical students is higher than that of domestic students ($p=.001$). The latter more often exercise in gyms ($p=.001$) and consume bodybuilding supplements ($p=.01$). Foreign medical students' self-assessment of their health ($p=.001$) and sportiness ($p=.001$) is higher than that of domestic students (7.90 vs 6.98 и 6.72 vs 5.82 correspondingly). Higher frequency of PA correlates in domestic medical students with higher self-assessment of their successfulness ($r=.47$), attractiveness ($r=.46$), and confidence ($r=.43$); while in foreign students – of their sportiness ($r=.49$), confidence ($r=.25$), sociability ($r=.23$). Longer sessions of PA by domestic medical students are interrelated with higher self-assessment of their intellect ($r=.35$), confidence ($r=.34$), happiness ($r=.34$); while in foreign students – of sportiness ($r=.47$), health ($r=.36$), and successfulness ($r=.36$).

Conclusions: The revealed data testify to the fact that PA of both domestic and foreign medical students closely correlates with positive assessment of their own personality.

Disclosure of Interest: None Declared

EPV0784

Assessment of the methylome and the cognition in urban dwellers

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Introduction: The epigenome involving chemical modifications of DNA and chromatin that modulates gene expression in response to external and environmental conditions is characterized by great plasticity and reacts by epigenetic marks such as methylation signatures that can be inherited across generations.

Objectives: Urban dwellers likely adapt to the level and growth of urbanization and resulting environmental changes through epigenetic changes. The aim of this study is to present what is currently known about the DNA methylome (the information of DNA methylation of all cytosines in a genome) and cognition when humans are exposed to changing urban environments.

Methods: We conducted a comprehensive review of the scientific literature using PubMed database with the following keywords: DNA methylation, brain and urbanity.

Results: Our search revealed a scarcity of scientific articles reporting methylome studies with assessment of correlations between methylome, cognitive status and urban environment. Among these papers, a Chinese study (2021) found a significant correlation between childhood urbanicity and better cognitive performance by measuring genome-wide methylation profile using more than 850,000 genome-wide CpG sites. In this study, the authors suggested that the impact of childhood urbanicity on cognition is partially mediated by the methylome and brain structure/function in humans whose childhood urbanicity differed. Other studies using other research approaches, suggested that the impact of living in an urban area is linked to better performance in terms of working memory, processing speed and verbal learning. We also found that the vast majority of studies investigating DNA methylation involved in rapid adaptation to new environments, including urban environments, focused on plant and animal species.

Conclusions: The effects of urbanization on human beings are a topic of ongoing debate. Some studies suggest that urbanization can have beneficial effects on cognition, while others find that it can have harmful effects. Quantitative studies of methylation and the correlations between methylome, cognition, and urbanicity offer new opportunities to measure these effects and gain a better understanding of their mechanisms.

Disclosure of Interest: None Declared

EPV0785

Natural soundscapes, urban design and psychological well-being

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Introduction: While the acoustic environment in the cities correlates with various health-related problems, health benefits of natural sounds are proven. These positive effects of the sounds of nature should probably be taken seriously in urban design and urban renewal projects.

Objectives: The aim of this study was to review the paradigm of natural soundscapes in the cities, psychological effects of natural soundscapes and the potential urban recommendations for such architecture design.

Methods: We conducted a comprehensive review of the scientific literature using Web databases with the following keywords: natural soundscapes, natural sound, urban design, and mental health.

Results: Our research found that improving the urban environment soundscape for the well-being of city dwellers has become one of the most pressing challenges of modern times. In a growing number of published studies, positive psychological effects of natural soundscapes are explored using various methods such as questionnaires, biofeedback sensors coupled with virtual reality

experiences in laboratories, and quantification of the prevalence of restorative acoustic environments in parks. In a recent study (2023), Jian Kang from the United Kingdom, reported that “by taking psycho-acoustical, neural and physiological, and contextual factors into account, the European Research Council Soundscape Indices project will adequately reflect levels of human comfort, to integrate side-by-side with (and eventually replace) decibel-based metrics into existing (international) regulations”. The same paper highlighted how the transition from fighting noise pollution to creating soundscapes is key.

Conclusions: Architects should develop mandatory guidelines regarding the spatial planning focusing on managing natural soundscapes in cities. Various sites such as green urban public spaces that offers exposure to natural sounds should be an integral part of the urban environment. These areas must be with a high abundance of natural sound (geophony and bio phony) and a low anthropogenic sound to enhance human physical and psychological health.

Disclosure of Interest: None Declared

EPV0786

The Impact of Climate Change on Mental Health: A General Population Study

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Introduction: Climate change and its impact on mental health is a growing area of research. Several studies have explored the relationship between climate change and mental health, highlighting the various ways in which climate change can affect individuals' psychological well-being. Incorporating mental health indicators into climate change and health vulnerability and adaptation assessments is another important aspect of research in this area (Hayes & Poland, 2018). The study suggests that standardized methods to measure and predict the psychosocial outcomes of climate change should be implemented to better understand the mental health impacts. While the physical health consequences of climate change have received more attention, the mental health impacts are often overlooked (Nicholas et al., 2020).

Objectives: This study was planned to examine the impact of climate change the impact of climate change on mental health

Methods: This descriptive and cross-sectional study was conducted with individuals who willing to participate the study and above 18 years age. Individuals who saw the online advertisement and click on the study's link were brought to the study's home page on Online Surveys. Should they wish to proceed, they will be brought to an information page detailing the purpose of the study, how their confidentiality and anonymity will be preserved and how their data will be treated.

Socio-Demographic Data Form, Climate Change Worry Scale, Eysenck Personality Questionnaire Revised- Abbreviated, general health questioner and Depression, Anxiety, Stress scale were used

for collecting data. Data analyses was planned to run via Statistical Package for the Social Sciences version, 27.0.

Results: The analysis of the data is still ongoing in detail by the researchers. The findings and relational implications of the study will be presented.

Conclusions: In conclusion, this study highlight the importance of understanding the mental health impacts of climate change and developing strategies to address them. Climate change can have direct and indirect consequences on mental health, and vulnerable populations such as children and adolescents may be particularly at risk. Reducing psychological distance and incorporating mental health indicators into assessments can help in understanding and addressing the mental health consequences of climate change.

Disclosure of Interest: None Declared

EPV0787

The short- and long-term effects of yoga on relaxation states measured by the Smith Relaxation States Inventory 3

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Introduction: The beneficial effects of yoga have been researched for decades, and in some countries it is also used in health care to maintain physical and mental health. Its effectiveness in the treatment of stress and anxiety, as well as in achieving a relaxed state, is supported by numerous studies.

Objectives: In the present research, our aim was to investigate the direct and subclinical effects of yoga, where the subjects did at least 10 minutes of yoga a day for two weeks. Our hypotheses are that the participants experience relaxation, mindfulness and positive emotions significantly (1) more often and (2) more intensely as a result of yoga.

Methods: We included 25 average population, healthy people between the ages of 18 and 30, who exercised at least 10 minutes of yoga a day for two weeks with the help of a mobile app. We used the Smith Relaxation States Inventory (SRSI3) and its disposition-measuring version (SRSI3d), which examine 19 relaxation states (R-states) presumably related to relaxation, divided into 4 categories: basic relaxation, mindfulness, positive energy and transcendence. During the statistical analyses, the values taken at the beginning of the research, before practice, were compared with the values taken directly after the last practice using the Wilcoxon test. Bonferroni correction was used to correct the first-order error that increases when testing several hypotheses simultaneously.

Results: Immediately after practicing yoga, the participants had significantly higher basic relaxation ($M_0=2.74$, $M_1=4.24$, $p<0.0001$), awareness ($M_0=2.71$, $M_1=2.89$, $p<0.0001$) and positive energy ($M_0=3.88$, $M_1=4.81$, $p<0.0001$) and in the long term they experienced significantly more relaxation ($M_0=3.12$, $M_1=3.94$, $p<0.0001$), awareness ($M_0=3.41$, $M_1=4.40$, $p<0.0001$), positive

energy ($M_0=4.39$, $M_1=5.14$, $p<0.001$) and transcendence ($M_0=3.23$, $M_1=4.05$, $p=0.001$).

Conclusions: Based on our results, yoga can be an effective additional tool in maintaining and improving health, but also in improving the condition and quality of life of mental and somatic patients.

Disclosure of Interest: None Declared

EPV0788

Cerebral-cognitive reserve: concept and functions of the cerebral-cognitive reserve

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Introduction: The modern understanding of AD allows us to consider it through the constructs of “vulnerability” and “stability” of the brain as a dynamic system of dialectical interaction between the pathogenic process and the protective process that prevents neurodegeneration. The concept of cognitive reserve (CR) is based on observations of discrepancy between the degree of brain pathology and the severity of clinical manifestations. The concept of “reserve” was proposed to describe the resistance of the brain to a developing damage caused by a pathological process. Stern (2002) considered CR as a protective factor that modifies the impact of brain pathology on cognitive function. The researchers have defined CR as an ability to optimize cognitive function through differential involvement of structures or neural networks of the brain into brain activity.

Objectives: A systematic review of scientific studies has been conducted

Methods: The review includes an analysis of full-text literature sources.

Results: Several possible directions of CR influence on cognitive functions have been described:

- 1) CR may reduce the risk of MCI or dementia through mechanisms, which do not depend on the level of neurodegenerative pathological changes in the brain.
- 2) CR can interact with the markers of brain pathology or healthaffectingthe future cognitive decline or risk of progression. It has been found that smaller volumes or thickness in some AD vulnerable areas of the brain represent a stronger risk factor for cognitive impairment in people with low CR than in people with higher CR. CR protective effects on clinical outcomes reduce as the number of damaged neurons increases.
- 3) The protective effect of CR increasesduring late AD onset and at a low rate of the damaged substrate accumulation.
- 4) CR changes the relationship between genetic factors and aging withclinical and cognitive outcomes. The relationship between age and AD pathology level or age-related structural changes in the brain may weaken in people with higher CR

Conclusions: The concept of cerebral-cognitive reserve actualizes the problem of the search for compensatory mechanisms of cognitive deficit in AD, the assessmentof the structure of the reserve, the development and implementationof programs to maintain the

reserve, the prevention of its depletion, starting from the preclinical stage of the disease, which can prevent the transformation of preclinical manifestations of AD into cognitive disorders

Disclosure of Interest: None Declared

EPV0789

Psychological meanings reported on access to guidance on love life and sexuality in prenatal consultations at a public primary health care service in a Brazilian metropolitan city: a qualitative study with pregnant adolescents

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Introduction: What topics from their personal lives do patients bring to talk to the clinical team, in addition to reporting their health-illness complaints, being examined, and receiving medical and nursing guidance? Knowing the symbolic aspects of the professional-patient relationship allows for care with more empathy and greater adherence to outpatient service follow-ups. The sociocultural contexts of vulnerable adolescents amplify the importance of reproductive health care and understanding perceptions about romantic relationships and sexuality. During adolescence, risky behaviours can interfere with life opportunities and the future. The lack of care for adolescents' reproductive health is associated with irreparable physical and psychosocial consequences. In Brazil, the Unified Health System functions as an important support for the community.

Objectives: To interpret the symbolic meanings attributed by pregnant teenagers regarding the possible experience of talking and receiving guidance about romantic relations and sexuality from the clinical team of public primary attention (in the EPA-2023, we presented the work "on family relationships", another branch belonging to the same PhD research).

Methods: We used the Clinical-Qualitative Method (Turato. Portuguese Psychos. J, 2000 2(1): 93-108). For data collection, the main researcher used the Semi-Directed Interview with Open-ended Questions In-Depth and Field Notes, fully transcript. The employ of the Seven Steps of the Clinical-Qualitative Content Analysis (Faria-Schützer et al. Cien Saude Colet. 2021; 26(1): 265-274) permits the solid discussion categories. Sample closed by saturation information criterion (Fontanella et al. Cad Saude Publica. 2008; 24(1): 17-27).

Results: Sample of 10 adolescents, from 15 to 19 years. Interviewed by the first author, a female psychologist, online from September 2020 to June 2022. Findings validated by peer reviewers from Lab of Clinical-Qualitative Research. Categories to this congress: 1) maternal figure referred to as the axis of orientations on sexuality. This seems to empty the opportunity or the need to discuss these aspects in clinical consultations; 2) interviewees do not cite teenage pregnancy in its new emotional status as present in the prenatal consultation protocol; 3) there is a discourse of the re-signification of relationship with a loving partner by assuming also symbolically the pregnancy by both.

Conclusions: Professionals that the teenagers access in clinical consultations at primary attention are not perceived psychoanalytically as transferential figures for conversations about romantic relationships and/or sexuality. It is opportune to rediscuss the expected and/or desired roles of the clinical team in that studied context from the psychic and cultural symbolic universe.

Disclosure of Interest: None Declared

Psychoneuroimmunology

EPV0791

Interleukine-6 and Interleukine-1 β levels in post-traumatic stress disorder, depression and healthy controls: a preliminary report

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Introduction: Patients with Post-traumatic stress disorder (PTSD) or mood disorders, as depression, often showed dysregulation of the hypothalamic-pituitary-adrenal axis and autonomic nervous system, resulting in increased levels of pro-inflammatory cytokines and heightened activity of the immune system that may cause alterations in the structure and function of brain regions through direct neurotoxic effects, oxidative stress, changes in levels of neurotransmitters and decreasing some neurotrophins. Among the most studied pro-inflammatory cytokines in this field there are Interleukine-6 (IL-6) and Interleukine-1 β (IL-1 β); however, scant and conflicting data are currently available in the literature about their use as potential biomarkers, and even less on possible comparisons in PTSD and depression.

Objectives: The aim of the present study was to evaluate circulating levels of IL-6 and IL-1 β in patients with PTSD and to compare them with those of subjects with depression and healthy controls.

Methods: A sample of 45 subjects, including 15 subjects diagnosed with PTSD (PTSD group), 15 with depression (DEP group), and 15 healthy controls (HC group) were recruited at the Psychiatric Clinic of the Department of Clinical and Experimental Medicine, University of Pisa. HC group included subjects recruited on a voluntary basis. The psychiatric diagnosis was assessed by the Structured Clinical Interview for DSM-5-Clinician Version (SCID-5-CV), the Impact of Event Scale-Revised (IES-R) and the Trauma and Loss Spectrum-Self Report lifetime version (TALS-SR). A peripheral venous blood sample was collected to perform the biochemical assays. The analyses of IL-6 and IL-1 β were performed with a dedicated enzyme-linked immunosorbent assay (ELISAs) achieved at the Laboratory of Biochemistry of the Department of Pharmacy, University of Pisa.

Results: No statistically significant gender or age differences emerged in the three groups. There were no statistically significant differences in IL-1 β levels among the three groups. Conversely, the PTSD group showed higher levels of IL-6 compared to the DEP and to the HC ones, with a statistically significant difference in the post-

hoc analysis among the PTSD and DEP groups with respect to the HC one ($p < 0.05$).

Conclusions: Our results suggest the key role of a chronic low-grade inflammatory state in PTSD and in depression, probably related to a dysregulation in HPA axis and cortisol release, with an increase in proinflammatory cytokines including IL-6 that seemed to be more pronounced in PTSD.

Disclosure of Interest: None Declared

EPV0792

Psychoneuroimmunomodulating effect of lymphocytes with ortho-fluoro-benzonal modulated activity in syngeneic long-term alcoholized recipients

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Introduction: Lymphocytes are dysfunctional during long-term ethanol consumption and may contribute the progression from healthy to problem drinking. GABAA receptors are molecular targets of ethanol on lymphocytes, potentiating the effects of alcohol.

Objectives: We first demonstrated that original compound *ortho*-fluoro-benzonal, artificial GABA receptor ligand, has immunostimulating properties and is able to restored long-term alcoholized mice lymphocytes activity *in vitro* through GABAA receptors. Based on the previous results we investigated effects of the *ex vivo ortho*-fluoro-benzonal modulated lymphocytes in recipients with experimental alcoholism.

Methods: Male (CBAXC57Bl/6)F1 mice with 6-month 10% ethanol exposure were undergoing the transplantation of syngeneic long-term alcoholized mice lymphocytes, pretreated *in vitro* with *ortho*-fluoro-benzonal. Recipient's ethanol consumption, parameters of the nervous and immune systems functional activities were estimated.

Results: It was shown that lymphocytes modulated *ex vivo* with *ortho*-fluoro-benzonal after intravenous injection caused in syngeneic long-term alcoholized recipients ethanol consumption decrease and stimulation of behavioral activity in the "open field" test against the background of changes in the level of a number of cytokines in pathogenetically significant brain structures. Stimulation of humoral immune response, estimated by the relative number of antibody-forming spleen cells was also detected in recipients after lymphocytes transplantation. The injected immune cells were recorded in the parenchyma of the spleen and brain of recipients, which suggests, in particular, their direct influence on these functions.

Conclusions: Results demonstrated that transplantation of *ortho*-fluoro-benzonal-modulated lymphocytes caused positive psychoneuroimmunomodulating effect in long-term alcoholized recipients, which makes it possible to consider adoptive immunotherapy as a promising method in the treatment of alcoholism.

Disclosure of Interest: None Declared

EPV0793

Central effects of peripherally administrated immune cells modulated by a psychoactive substance in aggression

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Introduction: It is known that the formation of aggressive behavior is accompanied by neurodegenerative and neuroinflammatory changes. Immune cells have a regulatory effect on the central nervous system functions, including regulation of behavior.

Objectives: We first demonstrated that *ex vivo* chlorpromazine - modulated immune cells have a positive aggressive behavior editing effect. The aim of the study was to investigate the influence of the indicated cells on some central mechanisms underlying the development of aggressive reactions.

Methods: (CBAXC57Bl/6) F1 aggressive male mice, developed in conditions of chronic social stress, were undergoing the transplantation of syngeneic spleen lymphocytes with *ex vivo* chlorpromazine-modulated functional activity. In recipients the immunohistochemical analysis was performed assessing the expression of the microglial marker Iba1. The levels of brain-derived neurotrophic factor (Bdnf) and cytokines was assessed by ELISA. For histological examination Nissl staining was applied.

Results: Aggressive behavior editing after the chlorpromazine-modulated immune cells transplantation registered against the background of some structural and functional changes in the brain. It was found an increase in the density of pyramidal neurons in CA1 and CA3 hippocampal regions and augmented level of Bdnf. The decreased expression of microglial activation marker Iba1, accompanied with decreased levels of pro-inflammatory cytokines (IL-1 β , IL-2, IL-6, INF- γ) and increased anti-inflammatory (IL-4) cytokine was found. Visualization of functionally active lymphocytes pre-treated with chlorpromazine in the brain parenchyma of aggressive recipients suggests a direct effect of injected lymphocytes on CNS.

Conclusions: The effect of chlorpromazine - modulated immune cells that edits aggressive behavior is realized by stimulating neurogenesis, neuroplasticity and reducing neuroinflammation.

Disclosure of Interest: None Declared

EPV0794

Psoriasis and Schizophrenia: An immunological link

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Introduction: Schizophrenia has progressively been seen as a multifactorial disease, with its pathogenesis including immune dysfunction. Studies have leaned into the activation of brain inflammation, influencing the development of schizophrenia in certain subgroups of patients. Additionally, the role of the T helper (Th17) cells and neuromediators associated are implicated in the pathophysiology of psoriasis, a chronic immune-mediated dermatological condition. A significantly elevated risk was found with 41% increased odds of schizophrenia compared with subjects without psoriasis. The concomitant diagnosis of both illnesses has motivated further investigation into their shared pathways.

Objectives: Characterize the prevalence of psoriasis in patients with schizophrenia and mutual involved mechanisms.

Methods: Retrospective analysis of inpatients of a Portuguese Psychiatry department with the established diagnosis of Schizophrenia, between 2018 and 2022. Additionally a literature review on the topic was conducted.

Results: A sample of 94 patients admitted was obtained. The majority of patients were male (80,1%). The prevalence of the diagnosis of Psoriasis was 6,4% (n=6). A previous epidemiological study conducted in the Portuguese general population concluded that the prevalence of psoriasis is on average 4,4%, which is inferior to the value obtained in our sample. Other studies that measured the relationship between both diagnoses corroborated our results, documenting higher prevalences of psoriasis in patients with schizophrenia than the general population.

Conclusions: The relationship between psoriasis and schizophrenia seems to be bidirectional, with schizophrenia patients having higher risk of psoriasis and psoriasis patients having higher risk of schizophrenia. This could be explained by multiple mechanisms, mainly the activation of Th17 cells but also the fact that there may be a genetic susceptibility due to proximal chromosome loci associated with both diseases (chromosome 6p21.3). This information is essential in providing care to patients because treatment must be carefully adapted. It has been demonstrated that atypical antipsychotics might worsen psoriatic manifestations and immunosuppressive agents are linked to psychotic episodes and worse mental health. Thus, there should be increased alertness for the detection of these conditions in patients with either one of them.

Disclosure of Interest: None Declared

EPV0795

A study on the complex interplay between inflammation and severe mental disorders (SMInflam)

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Introduction: An alteration of inflammatory indices has been reported in several major mental disorders. This alteration seems to be related to disease severity and treatment resistance, but its pathophysiological meaning remains to be established. Patients with severe mental disorders tend to have increased levels of circulating cytokines and increased microglial activity in the central nervous system, suggesting that inflammation may contribute to

the onset, or chronicity, of mental disorders. Detecting inflammation-relevant symptom clusters across mental disorders may represent an important step towards precision medicine in psychiatry.

Objectives: The SMInflam project is a longitudinal, observational, real-world study which aims to: assess a set of inflammatory indices at baseline in a sample of patients with the diagnosis of a major mental disorder; identify inflammatory profiles of these patients using a latent class analysis approach; assess the response to pharmacological treatments of patients with different inflammatory profiles; re-assess the inflammatory indices and profiles at several times during follow-up and test their correlation with the evolution of psychopathology.

Methods: The sample will consist of 50 patients with a diagnosis of a major mental disorders consecutively enrolled at the outpatient unit of the Department of Psychiatry of University of Campania. All enrolled patients will be administered a set of reliable and validated psychopathological assessment tools. We will perform a complete physical evaluation, and a battery of laboratory tests. Peripheral markers of chronic inflammation will be assessed. Clinical and biological assessments will be performed at baseline (T0) and after 3 and 6 months (respectively, T1 and T2).

Results: Expected results include the evaluation of the levels of inflammatory indices in a varied sample of patients with severe mental disorders. According to the pre-post design, these aspects will be evaluated before the start and at the follow-up. We will also take into consideration the role of confounding factors such as age and gender, which represent a critical biological variable influencing such inflammatory pathways.

Conclusions: Collected data will be used for having a more informative, reliable and valid characterization of psychopathology in a vast sample of patients with severe mental disorders. Our study may represent the first of a new wave of methodologically-sound studies on the role of inflammation and psychopathology in patients with severe mental disorders.

Disclosure of Interest: None Declared

EPV0796

Limbic encephalitis – A case report of atypical dementia syndrome with potentially therapeutic consequence

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Introduction: Limbic encephalitis (LE) is a subacute or chronic, non-infectious inflammation of the brain, usually occurring in adulthood, with predominant involvement of mesiotemporal structures and a clinical manifestation consisting mainly of new memory impairment, affective disorder, temporal lobe epilepsy, psychoses, etc.

Objectives: To point out the importance of knowledge of potentially treatable dementia syndromes such as atypical manifestation of probably LE.

Methods: We present a clinical case of a 47-years-old woman with an atypical dementia syndrome and typical radiological findings

corresponding to a LE, among others, but without the previously known immunological antibodies.

Results: According to the literature, the diverse subsyndromes of LE can be subsumed under the two main categories of “paraneoplastic” and “non-paraneoplastic”. In addition to the acute and subacute courses, there is increasing evidence for chronic, slowly progressive courses, which expand the spectrum of potentially treatable dementia syndromes. Understanding and knowledge of the broad, clinical syndrome of LE have increased dramatically in recent years. Both nosological classification through differentiated diagnosis and specific therapeutic protocols have become increasingly developed and established. Nevertheless, there are rare clinical cases with a clinical phenotype and radiological findings that correspond to LE, but are both non-paraneoplastic in origin and seronegative with respect to the previously known immunological typing by autoantibodies. This gray area of nosological entity represents a diagnostic and therapeutic challenge.

Conclusions: The authors would like to point out the importance of an adequate diagnosis of the forms of LE that have been nosologically classified so far and are partly well treatable. Limbic encephalitis is an important differential diagnosis in dementia, especially in young patients with atypical courses. There is a need for further research regarding better diagnosis and therapy of the so far immunologically unidentifiable forms of clinical LE.

Literature:

Bazir Ahmad et al., Practical Neurology 2011

Guidelines of the German Neurological Society (DGN), 2008

Leypoldt et al., Akt Neurol 2012

Prüss et al., Neurology 2012

Disclosure of Interest: None Declared

EPV0797

Investigation of cytokine imbalance in schizophrenia, assessment of the possible role of serum cytokine levels in predicting treatment response, prognosis and psychotic relapses

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Introduction: Schizophrenia, a multisystem chronic psychiatric disorder of unknown etiology, is associated with several immune dysfunctions, including abnormal levels of circulating cytokines. Existing evidence shows a potential causative role for cytokines in schizophrenia symptom development. Furthermore, disease duration, symptom severity, aggressive behavior, and cognitive deficits are correlated with levels of certain cytokines. Despite the development of new antipsychotics, the negative and cognitive symptoms of schizophrenia often do not respond adequately to pharmacotherapy.

Objectives: Research questions and hypotheses: 1. Can there be a cytokine or cytokines among the different cytokine levels detected in schizophrenia that can be used as biomarkers of treatment response? 2. Can changes in cytokine levels indicate the occurrence of psychotic relapse? 3. Can changes in the cytokine level play a role

in predicting the prognosis of the disease? The secondary objectives of the planned research, in addition to the above, are to clarify the knowledge gathered so far about the relationship between cytokine level changes and the clinical symptoms associated with them.

Methods: We investigate cytokine levels, blood samples are taken on hospital admission. Based on the publications, we mainly focus on the IL-2, IL-4, IL-6 and IL-10 levels, which can serve as possible predictive biomarkers relating to treatment response. We will also assess the possible role of abnormal cytokine levels and their association with symptoms severity and their potential clinical implications. The severity of the symptoms is monitored with the PANSS.

Results: 15 schizophrenic patients who were hospitalized due to a psychotic relapse have been included. Blood samples were taken to measure cytokine levels, the PANSS scale was recorded during a psychotic relapse. We have included 9 healthy, age- and gender-matched healthy controls in the study, from whom blood samples were taken to measure cytokine levels. Preparation for measurement of cytokine levels is underway. Patient involvement is ongoing.

Conclusions: A better understanding of cytokine imbalance in schizophrenia patients can potentially help in early diagnosis, novel therapeutic target identification and development, patient stratification for choosing the best therapeutic protocol, and predicting prognosis, relapse and treatment response.

Disclosure of Interest: None Declared

EPV0798

Spirituality is Associated with Immune Parameters and Disease Activity in Primary Sjögren's Syndrome: A Cross-Sectional Study

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Introduction: The role of spirituality in health and disease is a complex and emerging area of research. Incorporating spirituality into the bio-psycho-social model of health and disease leading to the bio-psycho-social-spiritual model provides a more comprehensive framework. In this context, chronic disorders like primary Sjögren's syndrome (pSS) are of interest due to their intricate interactions between biological, psychological, and spiritual factors.

Objectives: To study possible relationships between spirituality, immune parameters, and disease activity in pSS patients.

Methods: Patient recruitment for the study took place at the Autoimmune Sjögren specialty clinic, University of Debrecen, resulting in 112 patients. Assessing spirituality of the patients happened through 4 direct questions and the Spirituality

Transcendence Scale (24 items). Besides, clinical data of the patients were involved in the study including blood cell counts, rheumatoid factor, immunoglobulin G, Sjögren-specific autoantibodies and disease activity scores (semi-objective and patient reported.). The statistical analysis was conducted applying group comparisons between spiritual and non-spiritual groups, and linear and logistic regression analyses adjusted for sex, age, disease duration, settlement type, education, living in partnership and smoking. Out of the 112 patients 4 gave incomplete response, and therefore got excluded from the analysis, resulting in a total sample size of 108.

Results: Semi-objective disease activity score (ESSDAI) and perceived vaginal dryness was significantly lower in the non-spiritual group. Spirituality was proven as a significant predictor of anti-SSB autoantibody serum activity and ESSDAI, while engaging in prayer/meditation and its duration predicted significantly anti-SSA autoantibody serum activity, perceived skin and tracheal dryness. Concerning logistic regression analysis, we found that an increase of one unit in spirituality reduces the probability with 81.6% of having a detectable, semi-objective disease activity at all. Significant associations were found between the duration of prayer/meditation and both semi-objective and patient reported disease activity scores and autoantibody anti-SSB with an inverse ratio based on logistic regression model.

Conclusions: Spirituality is associated with immune parameters and disease activity in pSS. Patients with spiritual attitude are less likely to have increased disease activity. Besides being spiritual, engagement in individual spiritual activities, such as prayer/meditation has beneficial disease modifying effect. These changes are supposedly due to psychoneuroimmunological pathways. In addition to the biologically measurable variables, the alleviation and aggravation of perceived symptoms (e.g. dryness) are important outcomes of spiritual engagement and practice.

Disclosure of Interest: None Declared

EPV0799

Case-series of patients treated with anti-NMDAR encephalitis at Semmelweis University

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Introduction: Anti-NMDAR encephalitis is an autoimmune disorder, characterized by neuropsychiatric symptoms, such as mood instability, psychosis, catatonia, dyskinesia, seizures and vegetative lability. Psychiatric symptoms usually occur in the initial phase, therefore almost half of the patients are first observed at a psychiatric unit, however in later phases the patients' condition often show progression with the characteristic neurological symptoms, such as perioral dyskinesia and seizures. Although, early recognition and treatment is essential to reach good outcomes, delay in the diagnostic process often happens due to the unspecific early symptoms and the lack of knowledge of this disorder amongst psychiatrists.

Moreover, there are cases, where neurological symptoms do not appear, which can lead to diagnostic failure and mismanagement of these patients. Since anti-NMDAR encephalitis is a rare

condition, it is important to treat such cases in specific centres, where sufficient knowledge and multidisciplinary approaches are available.

Objectives: Our aim was to gather all patients' data treated with anti-NMDAR encephalitis at two departments (Neurology and Psychiatry) of Semmelweis University. We wanted to analyse psychiatric manifestations of the disorder in details and follow these symptoms long term, with special interest on the cognitive symptoms.

One of our aims was to follow-up these patients and measure antibody titres in their serum, to be able to assess, whether there was any association between prolonged serum positivity and cognitive impairment.

Methods: We have retrospectively analysed data of previous cases and prospectively followed up recently hospitalised patients.

Neurocognitive assessment had been conducted by the same psychologist, all the patients were followed up by the same interdisciplinary team, including a neurologist and two psychiatrists. Laboratory tests (autoimmune antibody essays) were conducted by the Immunological Laboratory at Semmelweis University.

Results: Altogether, 13 female patients were treated with anti-NMDAR encephalitis in the past ten years at Semmelweis University. All of them received plasma exchange, iv. steroids and azathioprine. 8 out of the 13 needed ventilation and intensive care treatment. 2 of these patients have mild psychiatric symptoms as residual symptoms, and 1 of them is still in the recovery stage, currently experiencing mild cognitive symptoms.

Only two patient had ovarian teratomas out of the 13, which is a lower number than expected from previous studies.

4 out of 12 had positive antibody titre at follow up, one patient is still at recovery stage, however her antibody titres are still very high.

Conclusions: Semmelweis University is one of the largest centre treating patients with anti-NMDAR encephalitis in Hungary. We had altogether 13 patients in the last ten years, with very good outcome, since all of them recovered, although 2 have residual symptoms.

Disclosure of Interest: None Declared

EPV0800

Interleukin-15: a possible link between anorexia nervosa and schizophrenia

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Introduction: Interleukin-15 is a cytokine that induces or enhances differentiation, maintenance, or activation of several T-cell subsets (including NK, NKT, Th17, Treg, and CD8+ memory cells) and also plays an important role in regulating visceral (intra-abdominal or interstitial) fat breakdown and myofibrillar protein synthesis (hypertrophy). It is also involved in modulating serotonergic activity in the brain by modulating the transmission of GABA and serotonin, which may be the basis for mood and memory disorders, as well as activity levels, sleep, and thermoregulation. Both anorexia nervosa (AN) and schizophrenia (SCH) represent two distinct and serious psychiatric disorders in which

some of these symptoms may overlap and where neuroinflammation plays an important role which is yet to be precisely determined.

Objectives: This article summarizes recent findings and highlights interleukin-15 as a possible link between anorexia nervosa and schizophrenia.

Methods: A review of the current literature in the field of psychoneuroimmunology.

Results: In recent years, research has shown elevated levels of IL -15 in the serum of patients suffering from anorexia nervosa and schizophrenia. It is also interesting to note that IL -15 has structural similarities to IL -2, which previous studies have also shown to be elevated in patients with schizophrenia.

Conclusions: These associations, so far suggesting an important role of inflammation and its mediators, need further investigation in light of possible genetic overlap between anorexia nervosa and schizophrenia identified in genome-wide association studies (GWAS).

Disclosure of Interest: None Declared

EPV0801

Clinical and immunological features of prolonged and chronic endogenous manic and manic-delusional states in the structure of endogenous diseases

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Introduction: The relevance of studying the clinical and immunological characteristics of prolonged and chronic endogenous manic and manic-delusional states is conditioned by their high prevalence, insufficient understanding of pathogenetic mechanisms, and the need to develop adequate therapeutic approaches.

Objectives: To study the clinical and biological correlations between inflammatory markers of blood plasma, the severity of manic symptoms and psychopathological characteristics of patients with prolonged and chronic endogenous manic and manic-delusional states.

Methods: 70 female patients aged 18 to 55 years (mean age 33.6 \pm 5.9 years) with prolonged and chronic endogenous manic and manic-delusional states within different nosologies (F31.1-2, F25.01, F25) were examined. Psychometric assessment was performed using the PANSS, YMRS, and GAF scales. The control group consisted of 55 mentally and somatically healthy women of the corresponding age.

Leukocyte elastase (LE) activity, α 1-proteinase inhibitor (α 1-PI) activity, and the autoantibody levels to astrocytic protein S-100B and myelin basic protein (MBP) were determined in blood plasma.

Results: The increase in the level of immune system activation of different degrees (according to the complex of inflammatory and autoimmune markers) associated with the severity of the patient's condition within the examined nosologies was revealed.

The highest level of immune activation, characterized by an increase in the activity of both LE and α 1-PI ($p < 0.01$), and the level of autoantibodies to S-100B and MBP ($p < 0.05$), was characteristic of patients with chronic endogenous manic and manic-delusional states in the framework of schizophrenia. Manic symptoms within different

nosologies had clinical features, however, no differences in the severity of these symptoms on the YMRS scale were revealed ($p > 0.05$).

Positive correlations were found between LE activity and the PANSS subscale of general psychopathological symptoms ($R = 0.3$, $p = 0.006$) and the PANSS total score ($R = 0.3$, $p = 0.03$). The level of antibodies to S-100B correlated with the PANSS negative subscale score ($R = 0.3$, $p = 0.04$). A negative correlation was found between LE activity and the level of social functioning of patients according to the GAF scale ($R = -0.3$, $p = 0.02$).

Conclusions: The immune profile of patients with prolonged and chronic manic and manic delusional states within endogenous psychiatric disorders is determined mainly by nosologic affiliation, which is also related to the clinical features of manic states.

Disclosure of Interest: None Declared

EPV0802

You are what you eat: diet, microbiota and mental health

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Introduction: In recent years, there is a growing interest in microbiota and how certain dietary patterns affect our brain.

We know that diet has an important impact in physical and mental health. The mechanism that underlies is already unknown, but there is emerging evidence that diet modulates brain gut microbiota and has implications in mental problems.

Objectives: The aim of this poster is highlight the importance of diet in mental health and the link with microbiota.

Methods: Review of recent literature about diet, microbiota and psychiatry. The studies were collected of the electronic databases PubMed.

Results: New researches highlight the importance of adequate nutrition for mental health. Several studies link healthy diet with a minor risk of mental illnesses or with the improvement of depressive symptoms. Likewise, poor dietary habits could aggravate cognitive decline and increased risk of developing anxiety, depression or other mental illnesses.

It has been shown that a diet rich in fiber, polyphenols and micronutrients improve gut microbial composition and can reduce metabolic endotoxemia and neuroinflammation, and this has been associated with improvements in brain health. Also, prebiotic and probiotics have positive effects.

Therefore, dietary interventions could be a complementary therapeutic approach for patients with mental problems. This is what nutritional psychiatry focuses on.

Conclusions: Microbiota as a potential therapeutic target for mental illness is a hot topic in psychiatry, but also, its interaction with dietary change or the use of probiotics and prebiotics. This action is easy to implement in our clinical practice and could be part of a biopsychosocial treatment to improve or prevent some psychiatric disorders. Nutritional psychiatry is a new field that needs to be developed and the knowledge in microbiota, diet and mental health could help. Hopefully, the research about this topic continues expanding.

Disclosure of Interest: None Declared

EPV0803

The activity of platelet enzymes and subpopulation composition of monocytes in schizophrenia

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Introduction: The studies on various groups of patients with schizophrenia revealed impairments in immune system, glutamatergic, and antioxidant systems contributing substantially in schizophrenia pathogenesis.

Objectives: To search for links between the activities of platelet enzymes involved in glutamate and glutathione metabolism and monocytes' subpopulation compositions in patients with schizophrenia and to identify possible correlations of the biomarkers with clinical data. Research objectives: determination of subpopulation ratio of monocytes; measurement of the activity levels of glutamate dehydrogenase (GDH), phosphate-activated glutaminase (PAG), glutathione reductase (GR) and glutathione S-transferase (GST) in blood platelets; search for correlations between these parameters and the scores by psychometric scales.

Methods: The study included 36 women aged 16-45 years with acute schizophrenia hospitalized in the Mental Health Research Centre with their current condition assessed as depressive-delusional. The control group consisted of 17 women 18-45 years old without somatic or mental pathology. GDH, PAG, GR and GST activities were measured by spectrophotometric methods, and numbers of monocyte subpopulations - "classical", "intermediate", "non-classical" - by flow cytometry. The Hamilton Depression Rating Scale (HAMD-17) was used to assess depression severity. The data was processed using the Statistica 8.0 software.

Results: The detected changes in monocyte subpopulations' composition towards the increase in the proportion of cells having a pro-inflammatory phenotype (CD14++CD16+ "intermediate") indicated the activation of inflammatory reactions. Also, the activities of platelet enzymes of glutathione metabolism (GR and GST) were significantly decreased ($p < 0.05$). Moreover, GDH and GST activities significantly correlated with the scores by HAMD-17 ($r = 0.40$, $p = 0.022$ and $r = 0.45$, $p = 0.030$, respectively). The results indicate the presence of pathological inflammatory process, the decrease in activities of glutathione antioxidant metabolism enzymes and a link to glutamate metabolism involvement (GDH) in the studied patient group.

Conclusions: The identified redistribution in the monocyte subpopulations' composition and decrease in the activity of enzymes involved in glutamate metabolism and antioxidant system indicate the involvement of the immune, glutamate and antioxidant systems in the pathogenesis of schizophrenia and may reflect a functional interaction between these systems.

Disclosure of Interest: None Declared

Psychopathology

EPV0805

Unitarity or multiplicity of the psychosis: neverending question in psychopathology.

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Introduction:

- Introduce the topic of the continuity of psychoses and its relevance in contemporary psychiatry.
- Present authors as Henry EY, Jim van Os and Germán Berrios as key figures in the discussion on this topic, highlighting Ey, Dr. Jim van Os's significant contributions to the understanding of the continuum of psychosis, Germán Berrios's historical and cultural perspectives, and the importance of Bartolomé Llopis's critical viewpoint. We also review the evolutionary approach about mental disorders as a keypoint in this discussion.

Objectives: Analyzing and comparing the theses of Jim van Os, Ey, Germán Berrios, and Bartolomé Llopis's critical perspective. about the continuum of the psychosis and the importance of this never-ending question for its use in the clinical practice.

Methods: I will present a detailed literature review and a textual analysis of their writings.

Results:

- Provide a brief description of Jim van Os's theses highlighting his key ideas:
- **Dimensional Approach:** promotes a dimensional approach to understanding psychosis, viewing psychotic experiences as continuous variables rather than categorical entities. This challenges the traditional diagnostic system.
- **Psychotic-Like Experiences:** His research focuses on "psychotic-like experiences" (PLEs) in non-clinical populations, including mild hallucinations or paranoid thoughts.
- **Transdiagnostic Perspective:** His work contributes to a transdiagnostic perspective, suggesting flexibility in diagnostic boundaries in psychiatry.
- Next, introduce Germán Berrios's theses on the same topic, emphasizing his historical and cultural perspectives and recognition of individual variability.
- Finally, introduce Bartolomé Llopis's critical perspective:
- Llopis criticizes simplistic models of psychosis, arguing that they fail to capture the complexity of individual experiences.
- He advocates for comprehensive assessments that consider not only symptomatology but also the unique contexts and histories of individuals.
- While Ramón y Cajal is best known for his contributions to neuroscience and neuroanatomy, he did not directly apply Darwinian principles to his work in those fields. However He believed that an understanding of the evolutionary history of

the brain and nervous system could provide valuable insights into their structure and function.

Conclusions:

- Highlight the potential for a more comprehensive and holistic approach to understanding and addressing psychotic experiences within an evolutionary context.
- The relationship between the continuum of psychosis and evolutionism is a complex and multifaceted topic. It involves exploring how the concept of the continuum of psychosis, which suggests that psychotic experiences exist on a spectrum in the general population, may relate to evolutionary theories and perspectives on mental health. We will explain some key points to consider about this and the main psychiatrists which dealt with this question.

Disclosure of Interest: None Declared

EPV0807

Examining Challenges and Evaluating Supportive Counseling Approaches for Students with Attention Deficit Hyperactivity Disorder (ADHD)”

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Introduction: Introduction: Research indicates that 2-8% of students exhibit ADHD symptoms, a condition impacting personal, social, and academic functionality (Kwon et al., 2018). A significant proportion encounter educational and socio-emotional challenges, often leading to academic disruptions; indeed, 11-21% of such students defer enrollment for two consecutive years (DuPaul et al., 2021). Studies have highlighted pronounced issues related to academic performance within this demographic (Henning et al., 2022). These findings emphasize the critical need for innovative interventions and a deeper understanding of ADHD’s impact on young adults in academic contexts.

Objectives: To investigate challenges and evaluate supportive counseling approaches for students with Attention Deficit Hyperactivity Disorder (ADHD)”

Methods: This study utilized a qualitative approach, employing semi-structured interviews to understand the experiences and perspectives of university students with ADHD from across the country. The diverse sample comprised students from various academic disciplines and levels. Data were collected, ensuring participants’ comfort, and were analyzed using content analysis method, revealing insightful themes and patterns about ADHD’s impact in students’ quality of life and academic issues. The findings aim to contribute to a better understanding of ADHD

Results: The results of the study highlight the significant academic and organisational difficulties faced by participants with ADHD. Many struggled intensely to maintain concentration in class, with distractions causing significant attentional lapses and increased anxiety. Procrastination was a recurring problem, leading to last-minute submissions and increased stress. Forgetting to complete academic tasks, such as course registration, had a cumulative negative impact

on participants’ academic journeys. These findings highlight the complex challenges faced by people with ADHD in educational settings, and the need for comprehensive interventions. Addressing these multifaceted issues goes beyond academic accommodations and requires inclusive learning environments, counselling, peer support, and specialised faculty training to create a supportive ecosystem conducive to the success of individuals with ADHD.

Conclusions: This study highlights the multifaceted challenges, notably in concentration and task management, faced by individuals, presumably with ADHD, within academic settings. The reported struggles emphasize the urgent need for specialized interventions and support structures, focused on fostering concentration, effective task management, and administrative diligence. The insights provided are instrumental, guiding future research and intervention strategies aimed at addressing the identified needs and fostering an inclusive and supportive learning environment.

Disclosure of Interest: None Declared

EPV0809

Emotionally charged events as a trigger for the acute development of psychotic symptomatology. A case report

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Introduction: A 21-year-old male presented to the emergency room due to strange behavior

Objectives: Show how emotionally intense events can be a stress factor leading to dissociative or psychotic symptoms.

Methods: Case report and literature review

Results: The patient is in Spain after having attended the meeting with the Pope at the World Youth Day in Portugal. He is an engineering student who, in the week prior to the trip, had high levels of stress related to exam time. He also explained that he had recently had conflicts with his partner. In the psychopathological examination of the patient, a global insomnia of 3 days of duration stands out. In addition, a disorganized and disjointed speech focused on high concern that something bad could happen to his family and partner. In the interview he appears restless, nervous, with a perplexed contact. The patient’s companion says that he has been very worried and obsessed about his relationship with his partner, with constant doubts about asking her to marry him. It is decided to start olanzapine, receiving up to 15 mg per day. In the following interviews he shows better contact and a more organized speech.

Conclusions: It is known that emotionally intense situations can be a trigger for the development of psychotic symptoms. There are different manifestations of these stressful situations such as physical symptoms like fainting or but mental symptoms are also described such as dissociative amnesias, or less frequent as in this case psychotic symptoms. They are usually of sudden onset and early remission with good response to anxiolytics or antipsychotics.

Disclosure of Interest: None Declared

EPV0810

Going through the adolescence with disabled sibling: resilience as a protective factor for the occurrence of internalizing and externalizing disorders in adolescents

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Introduction: Presence of the disabled child in the family poses many challenges for their siblings, especially in adolescence. Children with disabled siblings often receive less attention from family and friends, experience a sense of injustice and anger towards sick siblings, as well as they are more likely to experience various somatic complaints and higher levels of depression and anxiety. However, research shows that resiliency could be a protective factor associated with the functioning of children and adolescents in certain life events, such as sibling's disability, referring to good adaptation despite facing emerging adversities.

Objectives: Therefore, the aim of the current study was to examine the role of resilience as a possible protective factor for the occurrence of internalizing and externalizing disorders in adolescents having disabled sibling.

Methods: 175 diads of a healthy adolescent and one of its parents ($N = 350$) participated in the study. Participants were divided into two groups - 119 diads in the group with disabled sibling ($M_{\text{adolescent's age}} = 16.70$; $SD = .66$) and 56 diads in the group with a healthy sibling ($M_{\text{adolescent's age}} = 16.64$; $SD = .75$). The following measures were used in the study: Resilience Measurement Scale (SPP-18) and Child Behavior Checklist for Ages 6-18 (CBCL/6-18).

Results: The results showed no statistically significant differences in any of the measured resilience factors (optimistic attitude and energy, persistence and determination in action, sense of humor and openness to new experiences, personal competences and a tolerance for negative affect), in adolescents with disabled sibling, comparing to the control group. However, adolescents with disabled sibling were found to have a significantly higher risk of the occurrence of both, externalizing and internalizing disorders compared to adolescents with healthy siblings. Furthermore, findings of the study also confirmed that personal competences and a tolerance for negative affect predicts lower risk of the occurrence of internalizing disorders in adolescents having disabled sibling.

Conclusions: Our findings highlights that resilience may have important role in reducing the risk of the clinical problems occurrence in adolescents having disabled sibling. Therefore, comprehensive psychological support enhancing their personal growth and competence should be provided in the above group.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPV0811

The Application of Pharmacogenetic Testing in Psychiatry for Treatment-Resistant Disorders: Optimal Timing and Implementation, a literature review

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Introduction: Treatment-resistant psychiatric disorders present a significant clinical challenge, often requiring trial-and-error approaches to find effective therapeutic interventions. Pharmacogenetic testing has emerged as a promising tool to guide medication selection and dosing, potentially reducing the time to achieve remission and alleviating the burden of persistent symptoms. However, the optimal timing and integration of pharmacogenetic testing into psychiatric practice remain underexplored.

Objectives: Pharmacogenetic tests can identify individuals with genetic variants that may predict their response to psychotropic drugs, thus enabling a more personalized approach to treatment. Evidence suggests that early application of pharmacogenetic testing, particularly after the first failed medication trial, can substantially improve outcomes for patients with treatment-resistant disorders. Such timely intervention can inform drug choice and dosing, averting protracted periods of ineffective treatment and minimizing exposure to unnecessary side effects.

Methods: This review synthesizes current literature on pharmacogenetic testing in psychiatry, with a focus on its application in treatment-resistant mood disorders, schizophrenia, and other non-responsive psychiatric conditions. We examine the genetic polymorphisms that influence drug metabolism, efficacy, and the risk of adverse effects, particularly considering cytochrome P450 enzymes and receptor gene variations.

Results: Pharmacogenetic testing holds significant promise in psychiatry, especially for treatment-resistant disorders, by aligning genetic profiles with medication selection to enhance therapeutic efficacy. While cost and access remain barriers, the benefits of early testing support its integration into standard care protocols. Further research is needed to establish clear guidelines and to expand the genetic targets relevant to psychiatric pharmacotherapy.

Conclusions: Adoption of pharmacogenetic testing after the initial treatment failure offers a pragmatic balance between the practical limitations of universal screening and the clinical imperative to alleviate the substantial morbidity associated with treatment-resistant psychiatric conditions.

Disclosure of Interest: None Declared

EPV0812

Successful treatment of Premenstrual dysphoric disorder with irritable bowel syndrome using sulpiride

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Introduction: Premenstrual dysphoric disorder (PMDD) is prevalent, more severe than premenstrual syndrome (PMS), and a challenging disorder. The first line of treatment is pharmacotherapy. Non-pharmacological therapy includes aerobic exercise, consumption of complex carbohydrates and frequent meals, relaxation training, light therapy, sleep deprivation, and cognitive-behavioral therapy could be helpful

Objectives: To our knowledge, there have not yet been any studies on this treatment option for PMDD with IBS

Methods: a case report

Results: A lady suffering from PMDD and irritable bowel syndrome (IBS) did not respond to antidepressants, painkillers, and melatonin. She used to sit at home and in her room these days, waiting for the PMDD severity to decrease. Her condition reached remission after taking a small dosage of sulpiride and stopped on the last day of the period. The patient is satisfied with the result since concerns about antidepressants are addressed and avoided. This case provides a new approach to using low-dosage sulpiride temporarily every month in patients with both PMDD and IBS

Conclusions: Premenstrual dysphoric disorder is a challenging condition. The symptoms of PMDD are not continuous, and somatic symptoms are a significant component of both the diagnosis and the patient's suffering. Choosing a suitable medication based on pros and cons contributes to successful treatment and patient satisfaction. This case provides a new approach to using low-dosage sulpiride in patients with both PMDD and IBS, but more studies are needed to confirm its efficacy and safety.

Disclosure of Interest: None Declared

EPV0813

Neuroscience-based Nomenclature (NbN) and Early Career Psychiatrists: A Cross-Sectional Study on Views, Attainment and NeedsA. Seker^{1*}, D. Cavaleri², F. Santos Martins³, S. Bianchi⁴, D. Zani⁵, S. Zemach⁶, J. Zohar⁷ and A. Young⁸

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Introduction: Anatomical Therapeutic Chemical (ATC) indication-based classification system is the World Health Organization (WHO) drug classification system and it is widely used in clinical and research practice, however there has been questions around the scientific base of this (1, 2). Neuroscience-based Nomenclature (NbN) has been developed by representatives from 5 international organizations, with specific expertise in psychopharmacology, to address the issues around neuropsychopharmacological drug classification and improve the focus on pharmacological domains and mode of action:

ECNP – European College of Neuropsychopharmacology

ACNP – American College of Neuropsychopharmacology

AsCNP – Asian College of Neuropsychopharmacology

CINP – International College of Neuropsychopharmacology

IUPHAR – International Union of Basic and Clinical Pharmacology

References:

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Objectives: As NbN is a novel classification system that can be used as a teaching tool as well as for other purposes, we aimed to understand the experience, views and needs of the psychiatric trainees and early career psychiatrists who will shape the future of psychiatry, around drug classification systems.

Methods: The ethical clearance of the study was obtained from King's College London. We prepared an online survey (<https://forms.gle/FCSdVTFH4U5QNn5t8>) with a multinational group of early career psychiatrists who met through the CINP and EFPT, and test-run the survey with a small group of psychiatric trainees. The online survey was then disseminated via emailing lists and groups of early career psychiatrists as well as through social media.

Results: At the time of this abstract submission, the data collection is ongoing. Results will include analyses of the experience with different drug classifications systems, awareness, views and attainment of NbN, stratified according to the demographic data (country, careers status, main work setting).

Conclusions: The findings from this study will shed light on the views and needs of early career psychiatrists on the topic from clinical and academic aspects, a previously unexplored perspective on drug classification systems. The findings can inform the planning of various strategies to address areas to improve the use and teaching of these tools.

Disclosure of Interest: None Declared

EPV0814

Haematological alterations in the context of olanzapine treatment

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Introduction: Haematological alterations, especially in the red blood cell series, are a rare adverse effect of olanzapine treatment. A 64-year-old female patient with a diagnosis of long-standing schizophrenia was admitted to the psychiatric room for psychotic decompensation and leukopenia in control laboratory tests. She had a history of mild psoriasis, allergy to sulphonamides and infectious bursitis nine years earlier secondary to neutropenia due to clozapine. On previous admission, episodes of anaemia and neutropenia related to increased doses of olanzapine were observed. On current admission, a new episode of anaemia and neutropenia occurred with doses of up to 20 mg/day of olanzapine, hemoglobin levels of 63g/L and neutrophil count of $0,8 \times 10^9$ neutrophils/l were detected.

Objectives: Report a very rare but serious adverse effect in patients treated with olanzapine.

Methods: Haematological analysis were periodically carried out from 2009 to 2023.

A complete study was carried out with parameters of haemolysis, autoimmunity, a pharmacogenetic study and a myelogram.

Results: The autoimmunity and haemolysis study excluded an autoimmune or haematological illness that could justify the haematological alterations.

The myelogram showed normal cellularity.

The pharmacogenetic study showed no relevant alterations.

Image:

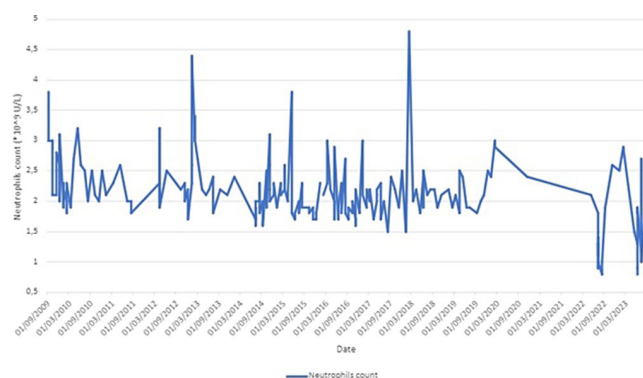
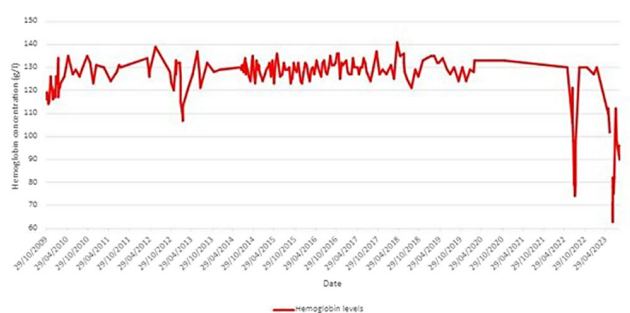


Image 2:



Conclusions: The case was classified as a non-immune haemolytic anaemia secondary to olanzapine and improved with withdrawal of the drug.

Disclosure of Interest: None Declared

EPV0815

Intranasal esketamine efficacy as a treatment for treatment-resistant depression, case series

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Introduction: Intranasal esketamine has been approved as a treatment for patients with treatment-resistant depression. We analyzed the results of its efficacy in 15 patients.

Objectives: To evaluate the efficacy of intranasal Esketamine as a treatment in patients with treatment-resistant depression

Methods: Case series

Results: For the last 8 months, since the treatment with intranasal esketamine was approved for resistant depression, we have treated 14 patients with this drug. Through this process, we followed a standardized method consisting in the following steps:

On the first esketamine session (DAY 1) the patient has to fill a CGI and a MADRS scale.

On the second esketamine session (DAY 7) the patient has to fill a CGI, a MADRS scale, a form about the level of satisfaction with the drug and a last form in which they can include the secondary effects. On week 6 since the start of the treatment, the patient has to fill again a CGI, a MADRS scale, a form about the level of satisfaction with the drug and a last form in which they can include the secondary effects.

In the 6th month since the start of the treatment, the patient has to fill again a CGI, a MADRS scale, a form about the level of satisfaction with the drug and a last form in which they can include the secondary effects they have perceived.

We analyzed and compared all of the previous data and obtained the following results:

At day 7: 64% of the patients had a response in the form of improvement, of which 66% were feeling "slightly better" and 33% were feeling "better".

At week 6: 71% of the patients had a response in the form of improvement, of which 50% were feeling "slightly better" and the other 50% were feeling "better".

At month 6: only 28% of the patients completed the treatment; of which 100% had a response in the form of improvement: 50% were feeling "slightly better", 25% were feeling "better" and 25% were feeling "far better".

Conclusions: Although our data suggests that intranasal esketamine has been effective in short term depressive symptoms, we have yet no information about its medium and long-term efficacy or secondary effects. Nevertheless, other potential factors should be evaluated as they could affect the results in the long-term such as the difficulty in maintaining the treatment for more than 6 weeks. In addition, the patients who experienced the most improvement according to our data were patients with a TAB diagnosis, so this could be an interesting research focus.

Disclosure of Interest: None Declared

EPV0816

Sodium Oxybate-Induced secondary mania with psychotic symptoms: a case report and literature review

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Introduction: Sodium oxybate, an effective treatment for narcolepsy-associated daytime sleepiness and cataplexy, has been extensively. Despite its therapeutic benefits, sodium oxybate is not without its risks, and adverse psychiatric effects have been documented. This case report highlights a rare manifestation of sodium oxybate-related secondary mania with psychotic symptoms in a patient with narcolepsy, emphasizing the importance of recognizing and managing such adverse events. Additionally, we provide a brief review of similar cases reported in the literature.

Objectives: This report aims to describe the presentation, evaluation, and management of sodium oxybate-induced secondary mania with psychotic symptoms in a patient with narcolepsy. We also discuss the potential mechanisms underlying this adverse reaction and its clinical implications. Furthermore, we summarize findings from previous studies that have reported cases of secondary mania associated with sodium oxybate use.

Methods: We present the case of Mr. X, a 48-year-old male diagnosed with “Narcolepsy with cataplexy,” who had been receiving sodium oxybate treatment for 11 years. He was admitted to the hospital following a mild head injury and the emergence of a manic episode with psychotic features. Comprehensive clinical evaluation, including medical history, toxicology screening, and neuroimaging, was conducted.

Results: Upon evaluation, Mr. X exhibited hyperactivity, restlessness, grandiose delusions, paranoid delusions related to hospital staff, and decreased need for sleep. Notably, he had been consuming sodium oxybate excessively. Sodium oxybate was discontinued, and low-dose olanzapine was initiated. Within 24 hours, his manic and psychotic symptoms resolved. He admitted to overusing his medication, and his family reported a recent increase in his activity level. A review of the literature revealed similar cases of sodium oxybate-induced secondary mania with psychotic symptoms.

Conclusions: This case underscores the importance of vigilance for psychiatric side effects of sodium oxybate, particularly in patients with a history of substance abuse or potential overuse. Secondary mania associated with medications is a rare but significant clinical entity. Prompt recognition and intervention are crucial for patient safety and well-being. Further research is needed to elucidate the mechanisms underlying such reactions and to establish guidelines for their prevention and management.

Disclosure of Interest: None Declared

EPV0817

Brief psychotic disorder treatment with Olanzapine in a patient with Phelan-McDermid syndrome

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Introduction: The patient is a 50-year-old female, with multiple admissions in the PICU. At her first admission, at the age of 30 she presented the following main symptoms :mutism, negativism, crying and loss of bladder and bowel control. After collecting her complete family history, it was determined that her mother and one of her brothers were diagnosed with mild intellectual disability. Concerning her childhood history, she presented with late milestones as an infant and toddler and difficulties throughout primary education. Little information concerning her adult life was given, since the patient remained mute during the entirety of her first hospitalization.

Objectives: Determination of the efficacy of olanzapine in a patient with Phelan-McDermid syndrome with mild intellectual disability and psychotic symptoms such as auditory hallucinations, delusional ideas and disrupted behavior.

Methods: PANSS Test, intellectual capacity test, genetic testing.

Results: PANSS Scale Score at the 1st day of admission:100

PANSS Scale Score at the last day: 79

Intellectual capacity test: mild intellectual disability

Genetic testing results: Phelan-McDermid syndrome

Conclusions: After 20 days, symptoms showed mild recession in response to 20mg of olanzapine. In a period of 12 months, the patient showed no signs of relapse and she was not readmitted in the PICU.

Disclosure of Interest: None Declared

EPV0818

Urinary retention induced by psychotropics: A case report

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Introduction: Neurological bladder is considered a functional disability that has a significant impact on the quality of life and psychological state of patients. Psychotropic drugs, in turn, can worsen the urinary dysfunction caused by this disease.

Objectives: Our objective is to illustrate, through the case of a patient suffering from a neurological bladder decompensated by the treatment of a characterized depressive episode, the link between these two pathologies.

Methods: We report the case of Ms. M.W., aged 51, with a history of high blood pressure stabilized under nebivolol and a neurological bladder diagnosed 10 years ago with episodic pollakiuria, admitted to the psychiatric department for repeated suicide attempts. She had never used psychoactive substances and had no family psychiatric history. The patient presented depressive symptoms evolving for 5 months. The diagnosis of a characterized depressive episode with melancholic features was made and the patient was treated with sertraline. From the first intake of the drug, the patient presented acute urinary retention (UR) requiring the placement of a permanent bladder catheter. The urinary symptoms improved upon stopping the treatment. Sertraline was changed to olanzapine and escitalopram. The patient stopped the treatment after one month because of the worsening of urinary symptoms requiring the installation of a suprapubic catheter. The urinary problem, together with the cessation of treatment, were responsible for a worsening of psychiatric symptoms leading to multiple suicide attempts. Given the advanced stage of the neurological bladder demonstrated by the urodynamic tests, our patient was treated with paroxetine, quetiapine and oxazepam along with psychotherapeutic education. The evolution was characterized by improvement in psychiatric symptoms and the urinary symptoms were stable.

Results: The lack of improvement after treatment discontinuation could be explained by an underlying neurological bladder manifesting with pollakiuria. The current literature on UR induced by psychotropic treatments is quite rare limited in case reports. This effect occurs especially when selective serotonin reuptake inhibitors (SSRIs) are prescribed in combination with other antipsychotics. Unlike first generation antipsychotics, atypical antipsychotics have muscarinic receptor antagonist properties which can induce UR. Among atypical antipsychotics, olanzapine has been shown to have the greatest antimuscarinic effects. Regarding SSRIs, they are associated with a lower risk of UR than other antidepressants and sertraline had the highest risk of UR.

Conclusions: SSRIs can induce UR particularly in combination with atypical antipsychotics. Coordination of care across multiple specialties and understanding the side effects of psychotropic medications can enable faster diagnoses and adequate management.

Disclosure of Interest: None Declared

EPV0819

False-Positive Urine Drug Screening in a Patient on Quetiapine

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Introduction: Urine drug tests are commonly used in psychiatry settings, mainly for the purpose of screening for substance abuse and excluding drug-induced psychiatric disorders. When carefully interpreted, these tests offer critical information for clinical judgement. However, certain psychotropic medications can trigger false-positive results in common urine drug screenings. For example, aripiprazole has been reported to cause false-positive urine amphetamine test results, and haloperidol has been associated with false-

positive urine drug tests for lysergic acid diethylamide (LSD). It is clinically significant to recognize some false-positive urine drug results and interpret certain results cautiously in clinical settings.

Objectives: We present a case of false-positive urine drug screening for tricyclic antidepressant (TCA) in a patient on quetiapine and aim to highlight the importance of accurate result interpretation in urine drug tests.

Methods: Details of the case were described. Information was gathered based on medical records.

Results: Mr. A, a 25-year-old construction worker, first presented at our hospital's emergency room on a Saturday in January 2023. He was brought by the police because he was aggressive and mentioned his colleagues were monitoring him. Being a foreigner, he did not have any prior medical records in our hospital. Urgent blood tests were performed, and organic causes were ruled out. He was started on quetiapine and lorazepam in the emergency room and was then admitted to our hospital.

A urine drug test was ordered on the following Monday, the third day of his admission. Surprisingly his urine drug screening revealed positive results for TCA and benzodiazepines. Initially as the patient was psychotic and could not give reliable history, we considered a few differential diagnoses, such as schizoaffective disorder and major depressive disorder with psychotic features, based on the presumption that TCA had been prescribed by the psychiatrist in Mr. A's home country. After further treatment, Mr. A became less psychotic and was able to share that he had a past psychiatric history of schizophrenia, but he had stopped antipsychotic medications four months ago.

Conclusions: This case report described a false-positive urine drug test for TCA while the patient was taking quetiapine. In this case, initially other diagnoses, such as schizoaffective disorder, were considered based on the incorrect assumption that patient was taking TCA.

False positive urine drug results can be confusing and misleading for clinicians. This report underscores the possibility of such false positives arising from quetiapine and emphasizes the critical importance of careful result interpretation.

Disclosure of Interest: None Declared

EPV0820

Syndrome of Irreversible Lithium-Effectuated Neurotoxicity: Silent, but not innocent

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Introduction: Lithium is one of the main drugs used in Bipolar Affective Disorder. However, it has a narrow therapeutic window, which requires close monitoring and progressive dose adjustment, according to serum levels, clinical response and the appearance of side effects. The term 'SILENT' explains descriptively persistent neurological sequelae related to lithium salt intoxication when symptoms persist for more than 2 months after stopping treatment. SILENT Syndrome is more common in females, at ages ranging

from 21 to 77 years and is characterized mainly by avermian-type cerebellar disorder, persistent extrapyramidal syndrome, brainstem dysfunction and dementia of varying severity. It can also result in apraxia of the body, changes in the coordination and balance, dysarthria, as well as intentional and kinetic cerebellar tremor, involuntary movements of orofacial dyskinesias or resting tremor.

Objectives: The authors intend to review the relevant and current literature in order to extend the knowledge about this condition and find the best conducts for clinical practice.

Methods: Non-systematic literature review.

Results: Complications from the use of lithium known in the medical literature include mainly nephrotoxicity, endocrine alterations and neurotoxicity. The neurotoxic effects of lithium usually occur at high serum concentrations. However, they can also occur with lithium in the therapeutic range, and memory, attention and ataxia impairment may be some of the permanent sequelae. The etiopathogenesis is unclear, but demyelination has been detected in multiple brain regions, mainly in the cerebellum. The mechanism of lithium-induced cerebellar injury is believed to be mediated by the entry of calcium into the cells of this organ. The main factors that predispose to greater side effects and risk of toxicity are patients with decreased renal function, advanced age, use of diuretics, dementia, pregnancy, low sodium intake and physical illness with vomiting and/or diarrhea.

Conclusions: Lithium is a drug used mostly in affective disorders and given the narrow therapeutic window, it requires close monitoring in order to avoid side effects that can be permanent. In this way, it is important to review the factors that increase the lithium toxicity and make recommendations about it.

Disclosure of Interest: None Declared

EPV0821

Abilify Maintena 400 mg (aripiprazole once-monthly), two-injection start (TIS) regimen: the experience of the Psychiatric Unit (SPDC) of Rimini

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Introduction: The single-injection start regimen for aripiprazole once-monthly 400 mg (AOM 400) in patients with schizophrenia requires a single intramuscular injection in the gluteal or deltoid site and 14 days of concurrent oral therapy. Based on a population-pharmacokinetic model, the European Medicines Agency and Canada has recently approved a simplified starting strategy of aripiprazole once a month with single-day regimen of two injections at separate gluteal and deltoid injection sites, together with a single 20 mg dose of oral aripiprazole on the 1st day.

Objectives: The aim of the study is to evaluate the two injection start (TIS) regimen in inpatients in the Psychiatric Unit (SPDC) of the Hospital of Rimini.

Methods: We retrospectively reviewed medical records of patients, from February 2021 to April 2023, that have more than 18 years, who received the newly approved 2-injection start regimen as part of their standard care, evaluating if exist changes in clinical indicators, safety and tolerability of this regimen.

We valued retrospectively the days of hospitalization after the aripiprazole 400 mg TIS and the number of emergency room access, analyzing the “repository of AUSL della Romagna” and discharge letters and the “CURE” program of the Psychiatric Service of Rimini.

Results: We evaluated 24 patients from February 2021 to April 2023, 11 male (45,8%), 13 female (54,2%); average age 37,95, average length of stay in hospital was 11,75 days. 10 patients with diagnosis of psychosis/schizophrenia (41,7%), 6 patients with bipolar disorder (25%), 4 patients with personality disorder (16,6%), 2 patients with substance induced psychosis (8,3%), 1 patients with delusional disorder (4,2%), 1 patient with schizoaffective disorder (4,2%). 6 patients had the two-injection start regimen in 2021 (25%), 13 patients in 2022 (54,2), 5 patients in 2023 (20,8%); 20 patients did not have admission in hospital after the TIS (83,3%), 4 patients had 1 or more admission after the injection (16,7%). 3 patients (12,5%) had accesses in emergency-room after Abilify Maintena. 15 patients (62,5%) continue therapy; 9 patients (37,5%) had suspended the injection for drop-out or because of change of therapy not correlated at adverse effects (1 female patient had suspended treatment after the two-injections due to pregnancy). Just 1 patient that continue Abilify Maintena 400 mg had 2 accesses in the emergency-room.

Conclusions: The coadministration of 2 injections of 400 mg aripiprazole was not associated with safety concerns beyond those expected with a single-injection start regimen. From the study it appears that the long-acting therapy with Abilify Maintena 400 mg once-monthly helps to stabilize the patient to prevent hospitalization and accesses in emergency-room.

Disclosure of Interest: None Declared

EPV0822

Evaluating the Efficacy of Prucalopride, a 5-HT₄ Agonist, in Managing Antipsychotic-Induced Constipation: A Prospective Randomized Controlled Trial Conducted at Chronic Psychiatric Rehabilitation Facilities on Corfu Island

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Introduction: Achieving successful stabilization in patients with mental disorders often requires the administration of multiple antipsychotic medications, with the increasing prevalence of clozapine in cases resistant to other treatments. Constipation emerges as a particularly troublesome side effect, gradually progressing into a chronic state of gastrointestinal dysfunction, often accompanied by recurrent episodes of paralytic ileus of varying severity. Prucalopride, a 5-HT₄ agonist, selectively targets receptors within the intestinal system. This interaction induces muscular contractions and promotes chloride secretion. Literature suggest its potential efficacy in managing constipation induced by clozapine. In light of these observations, we designed and will conduct a randomized controlled trial to evaluate the effectiveness of prucalopride in alleviating constipation in patients who had

shown limited responsiveness to conventional laxatives or other conservative treatments

Objectives: The primary objective of this article is to present the methodology of a randomized control trial assessing the efficacy of prucalopride in the treatment of constipation among patients with mental disorders

Methods: The study will enroll 60 adult patients with mental disorders who will require more than two antipsychotic medications, including clozapine, for stabilization, and who will be experiencing constipation as a side effect

To ensure the validity of the study, the following additional inclusion criteria will be applied:

- Patients will have no severe acute medical conditions
- Patients will have no history of malignancy
- Patients will have no severe respiratory or cardiac diseases
- Patients will have negative results from an endoscopic evaluation of the large bowel, ruling out conditions such as irritable bowel syndrome, ischemic colitis, inflammatory bowel disease, or malignant neoplastic disease

Following the screening process, the patients will be randomly assigned to one of two treatment groups:

Prucalopride Group: Patients in this group will receive prucalopride for the treatment of refractory constipation

Conservative Treatment Group: Patients in this group will continue with conservative treatments. The treatment's success will be determined based on specific endpoints:

- Normalization of bowel movements, characterized by having more than five bowel movements per week
- Resolution of symptoms related to gastrointestinal dysfunction, including pain, bloating, defecation difficulties, and paralytic ileus

Results: Following the conclusion of the study, data from both groups will be meticulously collected and subjected to rigorous statistical analysis to identify differences in treatment outcomes between these two therapeutic approaches

Conclusions: The detailed findings will be presented in a forthcoming article

Disclosure of Interest: None Declared

EPV0823

A case of delirium following treatment with low dose mirtazapine and pregabalin

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Introduction: Pregabalin is a gamma-aminobutyric acid analogue used for the treatment of neuropathic pain, partial-onset-seizures, fibromyalgia, and anxiety disorders. Mirtazapine is an atypical antidepressant used in major depression and often prescribed off-label for insomnia. Delirium, an acute confusional state, is a very rare adverse reaction of both medications.

Objectives: We report a case of an elderly patient treated with low dose pregabalin and mirtazapine who developed drug-induced delirium which resolved rapidly upon withdrawal of both drugs

Methods: A 75-year-old woman was admitted for symptoms of anxiety, various bodily complaints (dysphagia, headache, tinnitus, weakness) and sleep-onset insomnia over the preceding 2 months. On admission, examination revealed an apparently anxious, uneasy and emotional looking patient. Mini mental state examination, as well as clock drawing and copying were normal, suggesting absence of cognitive impairment. Physical examination was unrevealing except for high blood pressure recordings (150/90 mmHg). Laboratory testing indicated creatinine at 1.19 mg/dl, with a creatinine clearance moderately decreased at 38 ml/min. Upon admission, she was placed on pregabalin 25 mg bid and mirtazapine 30 mg ¼ tablet qd.

Results: Three days after admission, pregabalin was increased to 25 mg tid. On the same day and about 2 hours after the night dose, the patient acutely developed delirium: she presented confusion, disorientation, incoherence, restlessness and deterioration of her anxiety. On physical examination she was afebrile with no hypertension or ataxia. An urgent brain magnetic resonance imaging was grossly unrevealing. Pregabalin and mirtazapine were discontinued, as a drug-induced delirium was suspected. She received as a symptomatic treatment lorazepam progressively up to 4 mg qd. Symptoms of delirium resolved rapidly, and she was discharged days later with full functional recovery

Conclusions: Cases of delirium have been described following treatment with pregabalin, but in significantly higher doses. Pregabalin relies heavily on renal clearance for its excretion and the dose should be adjusted in patients with creatine clearance below 60 ml/min. As our patient had a moderate decrease in renal clearance, we prescribed a dose within suggested limits, but in combination with mirtazapine led to the appearance of a drug-induced delirium. In conclusion, combined therapy with low-dose pregabalin and mirtazapine seems to account for the development of delirium in our patient as based on its temporal association with the initiation of this drug combination and its prompt resolution upon withdrawal of these two agents

Disclosure of Interest: None Declared

EPV0824

Hyperammonemic encephalopathy in a 46 year old patient treated with valproic acid as treatment for borderline personality disorder: a case report.

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Introduction: Valproic acid (VPA) has been used in clinical practice since the 60's, with a relatively favourable safety and efficacy profile. Pancreatitis, hepatotoxicity and teratogenicity are the most significant adverse drug reactions. VPA is also known for causing hyperammonemia, which may be asymptomatic or can present with encephalopathy. VPA-induced hyperammonemic encephalopathy (VHE) is a serious but reversible condition, which requires high clinical suspicion for diagnosis. It may occur acutely or after chronic use of VPA.

Objectives: Review how frequent is for valproic acid to cause hyperammonemic encephalopathy, signs to watch out for and how it can be treated.

Methods: Presentation of a patient's case and review of existing literature, in regards to encephalopathy caused by valproic acid as a result of ammonia elevation.

Results: In the case displayed here, the patient is diagnosed of hyperammonemic encephalopathy after being treated with valproic acid as treatment for borderline personality disorder.

Reviewing literature, cases of hyperammonemia are rarely reported as VPA-induced, probably because this increased level of ammonia in blood can vary between asymptomatic, and clinically relevant levels. Symptomatology due to VPA-induced hyperammonemia include: lethargy, impaired consciousness, focal neurological signs and symptoms and increased seizure frequency. More rare described symptoms are: aggression, ataxia, asterixis, vomiting and coma.

There are multiple treatment modalities for patients diagnosed with VHE, the primary treatment being the discontinuation of VPA. Other treatments frequently used are Lactulose and Carnitine.

Conclusions: VHE is a rare occurrence, however can have fatal outcomes if not recognized and managed in time. Physicians should be vigilant while initiating Valproate therapy to patients. Clinicians should consider the possibility of VHE in patients with unexplained altered mental status, regardless of the duration of VPA therapy. A timely diagnosis is essential to prompt effective treatment, thus ensuring the patient's safety and decreasing the length of hospitalisation and the cost of care in hospitals.

Disclosure of Interest: None Declared

EPV0827

A case report of Paliperidone palmitate-induced anaphylaxis

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Introduction: Paliperidone Palmitate (PP) is an atypical antipsychotic, approved by the FDA for acute and maintenance treatment of schizophrenia and schizoaffective disorder.

It has a relatively safety profile, and reported cases of paliperidone palmitate-induced angioedema or anaphylaxis are uncommon.

Objectives: We intend to present a case of paliperidone palmitate-induced anaphylaxis to alert clinicians regarding this rare, but possible complication.

Methods: Non-systematic review of the literature and report of a case study.

Results: Long-acting injectable Paliperidone Palmitate (LAIPP) is a safe and effective alternative to oral Paliperidone, with less incidence of disease relapse related to medication non-compliance.

Substance use disorder (SUD) is highly prevalent in first-episode psychosis (FEP), and it is associated to decreased treatment compliance, which impairs the outcomes of these patients. Therefore, several authors have been recommended long-acting injectable antipsychotics (LAI-AP), such the LAIPP, as a first line for treatment of FEP-SUD patients.

The most common side effects associated with LAIPP are injection site reactions, extrapyramidal symptoms, hyperprolactinemia, sedation, hypersalivation, orthostatic hypotension, tachycardia, and

weight gain. Hypersensitivity reactions have rarely been reported and may be dose-dependent.

We report a case of a 20-year-old female, without medical history and no history of allergies, who was medicated with once-monthly LAIPP at dose 100 mg for the maintenance treatment of a first psychotic episode associated with cannabis abuse.

Approximately 24 hours after the first monthly injection dose, she was admitted in the emergency room (ER) presenting an increasing angioedema associated with stridor, requiring endotracheal intubation and administration of adrenaline, clemastine and hydrocortisone during the assessment in the ER.

After clinical stabilization, she was transferred to the internal medicine ward, and following a full recovery, she was discharged 6 days later while being medicated with Olanzapine 15 mg/day, Lorazepam 3 mg/day and Sertraline 50 mg/day. LAIPP was suspected as the etiology of the anaphylaxis reaction due to temporal relationship of its onset with therapy administration and by the exclusion of other potential causes. Consequently, LAIPP was discontinued at discharge.

Conclusions: This report shows the possibility of a late and potentially life-threatening anaphylactic reaction to LAIPP. So, all physicians should be aware of this potential complication, which requires timely recognition and management.

Disclosure of Interest: None Declared

EPV0828

Guanfacine in the Treatment of a Child Diagnosed with Tourette Syndrome: A Case Report

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Introduction: Tourette syndrome (TS) is a neurodevelopmental disorder characterized by the development of persistent and changing motor and phonic tics over time. The presence of at least two motor tics and one vocal tic that have persisted for at least a period of 1 year is required, and which developed before the age of 18. The most commonly used pharmacological treatment are antipsychotics, with a preference for atypical antipsychotics such as aripiprazole or risperidone. Clonidine and guanfacine have shown effectiveness in suppressing tics, and although generally less effective than antipsychotics, some authors are considering them as first-line treatments. The treatment is also influenced by any comorbidities the patient may present.

Objectives: To enumerate in a clinical case the pharmacological alternatives for TS, which vary according to the patient's comorbidities and the intensity of the tic symptoms.

Methods: Case study. Anamnesis of the patient and their family.

Results: A 12-year-old boy presenting simple motor and vocal tics for over a year. At the same time that a valuation is requested by child psychiatry, the mother also requests follow-up by neuropediatrics. Other causes are ruled out, an EEG is performed, and a TS diagnosis is made. The initial treatment was low-dose aripiprazole with partial effectiveness. After 3 months, he presents an

exacerbation of the tics, interfering with his social and academic life, making it impossible to attend classes. The mother takes him to emergency services, and he is admitted to pediatrics. During the stay in pediatrics, he is diagnosed with Attention Deficit Hyperactivity Disorder, in addition to confirming the TS diagnosis. Extended-release methylphenidate is initiated (neuropsychiatry). After starting methylphenidate, the patient's tics worsen, also presenting insomnia and hyporexia. Due to the diagnosis of ADHD, school failure, and affective symptoms (hypothymia), atomoxetine is initiated. The tics become constant and incapacitating. As the dose of aripiprazole is increased, the child presents extrapyramidal effects. As a therapeutic alternative, guanfacine is initiated, progressively discontinuing aripiprazole. Currently, the child is stable from motor and vocal tics, allowing him to lead a normalized life.

Conclusions: Although guanfacine is not as effective in reducing tics as antipsychotics, since the latter produce more side effects, it is justifiable to use it. This drug is capable of enhancing the therapeutic effect and reducing the adverse effects that antipsychotics could produce. Guanfacine may be a good alternative as a first line in the treatment of Tourette Syndrome with or without attention deficit disorder and hyperactivity.

Disclosure of Interest: None Declared

EPV0830

Asenapine versus other atypical antipsychotics for schizoaffective disorder Case study

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doi: 10.1192/j.eurpsy.2024.1452

Introduction: Antipsychotics are psychotropic medications that are indicated for the treatment of psychosis and mood disorders. Due to minimal side effects and their efficacy (affecting many receptors) compared to standard antipsychotics, today atypical antipsychotics are being used more and more as first-line treatment.

The aim of this study is to show the efficacy of asenapine and its tolerability as opposed to other atypical antipsychotics.

Objectives:

1. What are the side effects identified?
2. Side effects and efficacy of asenapine vs other atypical antipsychotics?

Methods: It is a comparative, regular, clinical study, an examination case of a 53-year old female diagnosed with Schizoaffective Disorder 27 years ago and treated outside of hospital with atypical antipsychotics, such as: risperidone, olanzapine, quetiapine, aripiprazole, amisulpride. The study covers the timespan of 2010-2022.

Results: The results showed that asenapine sublingual 15 mg had fewer side effects than other atypical antipsychotics. They were mouth dryness, headache, fatigue.

The other atypical antipsychotics caused: metabolic disorders, like considerable weight gain, cholesterol and glycaemia increase, extrapyramidal side effects, hyperprolactinemia.

Asenapine sublingual 15 mg was not as effective in treating Schizoaffective Disorder as risperidone 5mg, olanzapine 15 mg, aripiprazole 20 mg, amisulpride 600 mg.

The efficacy of asenapine sublingual 15mg was the same as quetiapine 400 mg.

Conclusions: This study showed that asenapine has minimal side effects but its efficacy in treating Schizoaffective Disorder as monotherapy is lower than other atypical antipsychotics.

Key words: antipsychotics, schizoaffective disorder, side effects, efficacy

Disclosure of Interest: None Declared

EPV0831

Importance of the type of pharmacological treatment in patients with severe mental disorder

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Introduction: The use of long-acting treatments is a common clinical practice in psychiatry. No disease insight and the risk of treatment discontinuation in a significant portion of our patients, increase the demand for psychiatric emergency and hospital admissions. Treatment adherence must be facilitated, taking into account possible side effects and patient's subjective satisfaction.

Objectives: -Evaluate the type of long-acting intramuscular treatment in selected patients. -Evaluate the differences in treatment satisfaction between different types of long-acting intramuscular treatments as well as frequency of psychiatric emergency and hospital admissions in the last year.

Methods: We select patients with different severe mental disorders who stay in a Medium Stay Unit, Sociosanitary Community Residence, Supervise house and Residence for the elderly in Albacete (Spain); all of them, with intramuscular neuroleptic treatment (zuclopenthixol dihydrochloride, aripiprazole long acting, palmitate paliperidone monthly, 3-monthly and 6-monthly) at least 1 year.

We evaluate their sociodemographic characteristics, the satisfaction questionnaire with the treatment (TSQM-9) and the rate of psychiatric emergencies and admissions after current intramuscular treatment in last year.

Results: We have selected 57 patients with an average age of 45.86. 78.94% with a diagnosis of schizophrenia, 12.28% with schizoaffective disorder, 5.26% bipolar disorder and 3.5% unspecified psychotic disorder.

We can see in the graphics below that the longer duration of the intramuscular treatment, the greater satisfaction in all the items of the TSQM-9 questionnaire.

31% of the patients with zuclopenthixol dihydrochloride treatment, have gone to psychiatric emergencies and 28% of psychiatric admissions in the last year. 18% of the patients with aripiprazole long acting, 17% with paliperidone palmitate long acting-monthly and 12% de 3-monthly have gone to psychiatric emergencies and 15%, 12% and 12% needed psychiatric admissions respectively. Patients with palmitate long acting-monthly have not emergencies or psychiatric admissions in the last year.

Image:

	Prevent	Relieves your symptoms	Time to start working	Easy or difficult to use	Easy or difficult is it to plan	Convenient or inconvenient to take	Good thing for you	Good treatment outweigh bad things	Global satisfaction
ZPX (2-4 M)	4,1	4,1	4,7	4	4,31	3,02	3,5	3,4	4,4
ARP 1M	5,9	6,2	5,2	4,7	6,2	6,2	4,12	4,05	5,34
PPLP1M	4,69	5,94	5	4,56	6,3	5,87	4,82	5,2	5,32
PPLP3M	5,8	6,1	5,8	5,12	6,5	6,3	5,15	5,8	6,01
PPLP6M	7,03	6,88	6,4	8,13	7,1	7,2	6,4	7,26	8,17

Image 2:

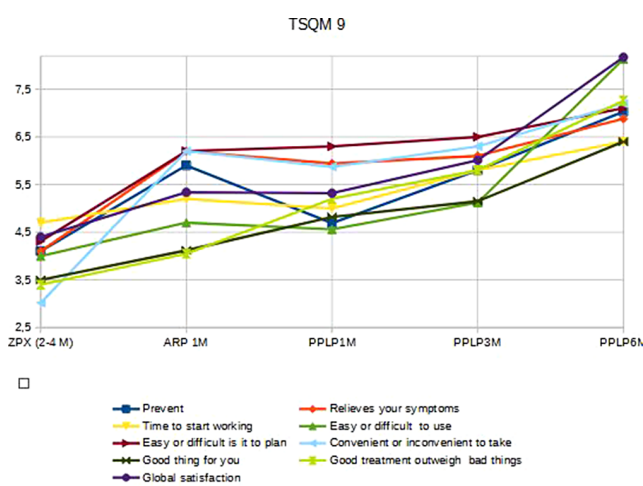
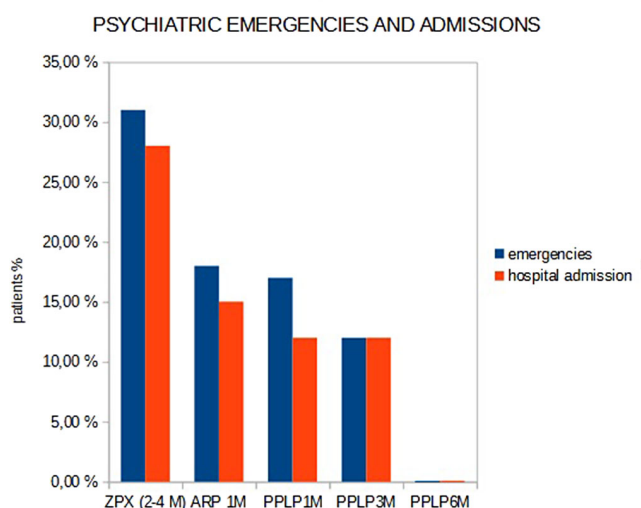


Image 3:



Conclusions:

- The longer long acting of the intramuscular treatments, the better patient satisfaction.
- With the longer duration treatment (Palmitate paliperidone LD 6 month), we have lower psychiatric emergencies and hospital admissions.

Disclosure of Interest: None Declared

EPV0832

Aripiprazole induced reversible ptosis and oromandibular dystonia

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Introduction: Aripiprazole is an atypical antipsychotic orally indicated for the treatment of schizophrenia, bipolar I, major depressive disorder. It is also indicated as an injection for agitation associated with schizophrenia or bipolar mania. Aripiprazole exerts its effects through agonism of dopaminergic and 5-HT_{1A} receptors and antagonism of alpha-adrenergic and 5-HT_{2A} receptors (Cosi et al., 2006). Ptosis is known as the drooping of the upper eyelid, and the patient usually presents with the complaint of the defect in vision and cosmesis (Shahzad & Siccardi, 2023). Oromandibular dystonia is uncommon neurological disorders with involuntary, mainly choreic (dance-like) movements, or excessive, involuntary and sustained or repetitive muscle contractions that may involve the face, lips, tongue, and/or jaw (Bakke, 2016).

Objectives: The aim of this study is to present a case of ptosis and orofacial spasm, which are neurological side effects that may be very rare side effects of aripiprazole.

Methods: The 22-year-old woman was referred to the psychiatric service via the emergency service, due to thoughts of harming herself and irritability. The patient was planned to be hospitalized due to decreased sleep, increased speech, and persecution delusions for the last days. After the patient stayed in the service for 25 days, the patient was prescribed olanzapine 10 mg for discharge. At the follow-up appointment, it was learned that the patient had gained weight due to olanzapine and was switched to aripiprazole on 4th of July. The patient's aripiprazole dose was gradually increased to 10 mg/day. The patient's relatives gradually noticed drooping eyelids, involuntary oral movements, and impaired speech due to aripiprazole. Cranial MRI and cranial MRI angiography performed to rule out organic pathologies resulted normal. Accordingly, the aripiprazole dose was reduced to 5 mg/day by his mother, and at the last follow-up appointment on August 4, aripiprazole was stopped and paliperidone was started, and the neurological symptoms completely resolved 4 days later.

Results: Since aripiprazole is frequently used in the field of psychiatry, its side effects are often wondered about. Extrapyramidal system side effects of antipsychotics are more common than ptosis. And In terms of the incidence of various extrapyramidal side effects, overall, no significant effects of age, sex, mean dose, study duration, or measuring method could be demonstrated. It is very important to distinguish between organic pathology and drug side effects, especially since ptosis accompanies neuromuscular diseases, ischemic, demyelinating brain lesions and intracranial aneurysms.

Conclusions: As a result, patients who are started on antipsychotics should be closely watched for side effects to increase patient comfort and drug compliance. Also organic pathologies must be excluded before making a final decision that it is a drug side effect.

Disclosure of Interest: None Declared

EPV0833

Risperidone Induced DRESS Syndrome: A case reportS. E. Ilgin^{1,2*}, Ö. Yanartaş¹ and E. Akça²¹Psychiatry, Marmara University Research & Training Hospital and²Psychiatry, Marmara University Research & Training Hospital, Istanbul, Türkiye

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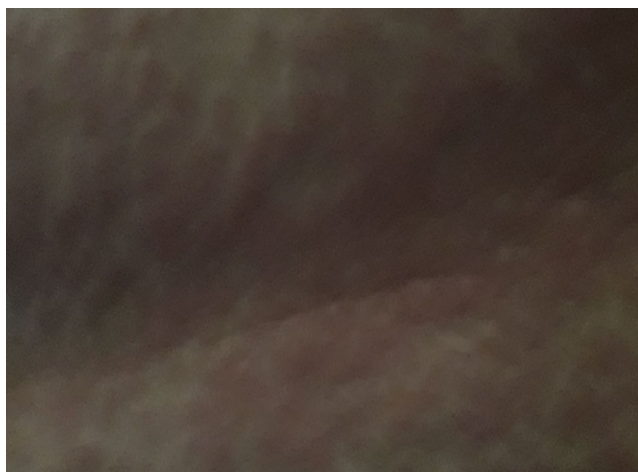
Introduction: DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms) syndrome, also called DIHS (Drug-Induced Hypersensitivity Syndrome) is a rare drug-induced systemic hypersensitivity reaction that can be potentially life-threatening (Choudhary et al. J Clin Aesthet Dermatol 2013; 6 -7). Risperidone is an antipsychotic drug with significant antagonist activity at the 5-HT₂ and the D₂ receptors. It has been reported that risperidone may be effective in controlling agitation, delusion, hallucination, and withdrawal behavior in geriatric patients (Yunusa & El Helou. Front Pharmacol 2020;11:596).

Objectives: The aim of this study is to demonstrate the case of developed DRESS syndrome following the use of risperidone.

Methods: The 81-year-old female patient was admitted to the Dermatology Clinic due to skin rash, high fever and leukocytosis following the use of risperidone. The patient was consulted to Psychiatry.

Results: In her history it was determined that risperidone 0.5 mg/d was started to the patient with depression due to agitative symptom. On the 4th day of treatment, targetoid lesions, starting from the back and spreading first to the trunk and then to the extremities, were observed. Further laboratory examinations revealed that the fever was measured at 39.5 C°, liver enzymes were elevated (ALT= 119 IU/l, AST= 124 IU/l), and significant leukocytosis (WBC=12.000) was present along with the lesions. The patient was planned to be hospitalized to Dermatology Clinic on the 5th day and risperidone was stopped. The patient's agitation increased and following the risperidone discontinuation thereupon the lesions tended to fade and desquamation began. After the treatment of the DRESS syndrome, aripiprazole was given to the patient for agitative symptom. The level of agitation symptoms decreased, and the patient tolerated aripiprazole well without any observed side effects.

Image:



Conclusions: When initiating medication for the elderly population to address agitation, considering such rare side effects can prevent the patient from being hospitalized due to DRESS syndrome. To the best of our knowledge, this is the first case report associated with DRESS syndrome and risperidone treatment thus, it is necessary to be very careful when starting psychotropic medication for elderly patients.

Disclosure of Interest: None Declared

EPV0834

Clinical Insights into Antipsychotics and Rifampicin Interaction: A Case Report

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Introduction: Antipsychotics are the primary class of drugs used to manage schizophrenia. These medications help control and reduce the severity of these symptoms, allowing individuals with schizophrenia to better function. On the other hand, rifampicin, used as treatment for tuberculosis, is a powerful inducer of several drug-metabolizing enzymes which have the potential to decrease the plasma levels of antipsychotics. Therefore, the presence of multiple pharmacokinetic interactions can alter how antipsychotics are metabolized, leading to a notable clinical impact when these medications are administered concurrently.

Objectives: The objective is to share valuable clinical experiences and insights to aid healthcare providers in making informed decisions when faced with the challenge of co-administering antipsychotics with rifampicin, ultimately ensuring the safety and efficacy of treatment for their patients.

Methods: It will be discussed a case of a 41-year-old woman with the diagnosis of schizophrenia under treatment with paliperidone palmitate and clozapine who had a sudden relapse after starting treatment for latent tuberculosis with rifampicin as a framework for a literature review based off Pubmed.

Results: The antituberculosis drug rifampicin induces drug-metabolizing enzymes in the liver, having the greatest effects on the expression of cytochrome P450 (CYP3A4) and therefore can lead to a decrease in the plasma levels of antipsychotic medications that also rely on these pathways for clearance. In this particular case, although specific data on clozapine and paliperidone concentrations were not reported, fluctuations in symptomatology following rifampicin introduction were probably explained by an inducing effect of this drug on their metabolism. So, when initiating rifampicin treatment and when discontinuing it, clinicians should carefully assess the dosages of any concomitant medications that may potentially interact with rifampicin. To ensure effective therapy during rifampicin treatment, it is crucial to monitor both the patient's clinical response and their blood drug concentrations, making dosage adjustments as necessary.

Conclusions: This case report offers valuable guidance to clinicians on safely and effectively managing drug interactions between antipsychotic medications and rifampicin, ensuring the well-being of

their patients during treatment. The co-administration of these medications lacks robust clinical evidence, and notably, there is insufficient data regarding its impact on plasma antipsychotic levels, a crucial factor in determining clinical effectiveness.

Disclosure of Interest: None Declared

EPV0835

A Comparison of medication management with separate psychotherapy to medication prescribing with psychotherapy

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Introduction: Little research has been conducted on outcomes in mental health care by intensity of level of service. Mental health care has evolved in the United States to psychiatrists or psychiatric nurse-practitioners overseeing medications in 15-minute appointments while non-physicians provide the psychotherapy.

Objectives: We wished to compare these two models when one psychiatrist worked in two settings, providing the medication management alone model in one setting and the medication + psychotherapy model in the second setting.

Methods: All patients were seen by the same psychiatrist at (1) a community mental health center (CMHC) and (2) a private practice (PP) providing services to the same type of patients over 2 years. Patients were assessed with the My Medical Outcomes Profile (MYMOP2) and the Brief Psychiatric Rating Scale (BPRS). In the CMHC, patients were seen for a 15 – minute visits every 1 to 3 months. Patients were offered psychotherapy, ranging from 1/2 hour monthly to 1 hour every other week. Some patients received weekly psychotherapy due to an interest by the clinician. In the PP, patients were seen every 1 to 4 weeks by the psychiatrist who also provided psychotherapy when that was desired. Visits ranged from 15 to 75 minutes. Other practitioners could have also provided psychotherapy. Analysis was conducted for patients who completed at least four outcome ratings. Multi-level modeling techniques as implemented in SPSS were used to determine if patients improved over time.

Results: There were no differences in age, socioeconomic status, type of insurance, and type of diagnosis among the two groups. Follow-up occurred for two years. On average, no improvement occurred in outcome measurements in the CMHC setting while statistically significant improvement occurred in the PP setting. The cost of care was statistically significantly greater in the CMHC setting, due to the facility fees billed and collected for each patient (and approved by the government) of \$176 additional per visit.

Conclusions: Further work can be done on establishing minimal levels of service delivery that can produce improvement for large populations in community settings. Since it is unlikely that we can generate control groups of no treatment, perhaps analyses like this one, comparing treatment models, can establish a benchmark from which we can understand the necessary level of treatment. The PP setting may have afforded more attention for patients than the CMHC setting, though at a lower cost to the government. The

psychiatrist believed that he wanted patients to improve equally in both settings, but he could have been more enthusiastic in the setting in which he also did psychotherapy and therefore had better relationships with patients. On the other hand, this may be the point – better relationships with patients may be associated with better outcomes.

Disclosure of Interest: None Declared

EPV0836

Psychological vulnerability and problematic psychotropic drug use among medical residents: exploring the relationship

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Introduction: Psychological vulnerability and problematic psychotropic drug use among medical residents are critical and intricate areas of study in the field of healthcare and mental well-being. This topic looks into the potential links between the psychological vulnerabilities experienced by medical residents, which are frequently associated with the demanding nature of their profession, and their use of psychotropic drugs in a way that poses problems or risks. Exploring this relationship is critical for understanding the mental health challenges that medical residents face and developing effective strategies to support their psychological well-being.

Objectives: to identify the psychological factors linked to problematic psychotropic drug use in medical residents.

Methods: We conducted a cross-sectional descriptive and analytical study among Tunisian medical residents between August and September 2022. We used a self-administered questionnaire with a data collection form, the DAST-10 (Drug Abuse Screening Test) scale, and the DASS-21 (Depression, Anxiety, and Stress Scale) in an online survey. Data was analyzed using the 20th version of the SPSS software.

Results: The sample consisted of 80 medical residents. Among them, 23.8% (n=19) had reported a previous use of psychotropic drugs, and 15% (n=12) a misuse (without a prescription and/or without following the prescription). The DAST-10 revealed that 6 residents (31.6%) had problematic use of psychotropic drugs.

A high level of stress on the DASS-21 scale was associated with a problematic use (p=0.01) and a misuse (p=0.01) of psychotropic drugs. Furthermore, residents with high stress levels were more likely to demonstrate problematic use of psychotropic drugs (p=0.004). Such problematic use was correlated with personal history of anxiety disorders (p=0.01).

Furthermore, residents with problematic psychotropic drug use had higher anxiety and depression scores on the DASS-21 scale (p>0.05).

Conclusions: Our findings revealed a concerning prevalence of psychotropic drug use among medical residents and an association with high stress levels. This result emphasizes the need for targeted interventions to support young doctors' mental health.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPV0843

Non MRI Guided Accelerated Intermittent Theta Burst Stimulation is Effective in Patients with Treatment Resistant Depression and Suicidality

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Introduction: The U.S. Food & Drug Administration (FDA) has cleared SNT (Stanford Neuromodulation Therapy) for treatment of major depressive disorder (MDD) in adults who have failed to achieve improvement from at least two prior trials of antidepressants. SNT protocol requires both structural and functional connectivity MRIs which is limited by high cost and lack of availability, its use without neuronavigation is still considered an off label use and need more investigation.

Objectives: 1-To investigate efficacy of SNT like accelerated off-label protocol without Neuronavigation in treating patients with TRD and suicidality.

2-To investigate durability (up to one month) of SNT like accelerated off-label protocol without Neuronavigation in treating patients with TRD and suicidality

Methods: Two cases diagnosed as treatment resistant unipolar depression with suicidal ideations received accelerated intermittent theta burst stimulation (a iTBS); with figure of eight coil administered to the left dorsolateral prefrontal cortex (DL-PFC) determined using Beam method. Stimulation was at 90% MT for 1800 pulses with an intersession interval of fifty minutes. Patients received ten sessions every day for five consecutive days for a total of fifty sessions (90,000 pulses). The following scales were applied at the baseline and at the end of each day of five treatment days: The Montgomery and Asberg Depression Rating Scale (MADRS) The Beck Depression Inventory, Columbia Suicide Severity Rating Scale (C-SSRS) and Young Mania Rating Scale (YMRS).

Results: The two cases at the end of the fifth day were completely improved regarding both suicidal ideations and depression without emerging of hypomania. Follow up was done weekly for one month with durable results.

Conclusions: SNT protocol without neuronavigation needs to be well investigated in suppressing both suicidality and depression in patients with TRD.

Disclosure of Interest: None Declared

EPV0844

Non-Invasive Brain Stimulation for Perinatal Depressive Disorder: A Literature Review

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Introduction: Peripartum Depressive Disorder (PPD) is a Peripartum Mental Disorder (PMD) characterized as a Major Depressive Disorder (MDD), wherein the manifestation of depressive symptoms initiates either during pregnancy or within the first 12 months following childbirth.

PPD impacts both maternal well-being and infant health, resulting in unfavorable outcomes during pregnancy and the postpartum period.

Non-Invasive Brain Stimulation (NIBS) is one of the rapidly expanding fields in medicine, using a range of techniques to modulate the brain.

Objectives: This study aimed to summarize the latest evidence about the impact of NIBS (efficacy, tolerance, and safety) in PPD.

Methods: A review was conducted, drawing on reputable (PubMed and Web of Science databases).

Key brain stimulation modalities, such as Transcranial Magnetic Stimulation (TMS), Transcranial Electrical Stimulation (TES), and Electroconvulsive therapy (ECT) were analyzed in the context of PPD.

Results: Preliminary findings indicate promising positive effect of NIBS in reducing symptoms associated with PPD.

In the postpartum, the favorable outlook on the effectiveness of NIBS implies that, when feasible, women diagnosed with mild to moderate PPD, especially those reluctant to initiate pharmacological interventions, should be presented with TMS or TES as an alternative therapeutic approach.

However, some doubts persist about the safety of NIBS regarding fetus and preterm birth.

Conclusions: NIBS constitutes a viable option for pharmacological and psychotherapeutic interventions, and it can also be integrated into comprehensive treatment regimens.

Future research include large-scale clinical trials and longitudinal studies is needed to address the efficacy, security, and long-term effects of NIBS.

Disclosure of Interest: None Declared

EPV0845

The perception of Romanian mental health professionals on electroconvulsive therapy

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Introduction: The journey for the electroconvulsive therapy began in 1938, when convulsive seizures induced by electrical stimulus were used, for the first time, in the therapy of patients diagnosed with Schizophrenia. Over the time, this therapy remains an important one, due to its applicability and necessity in the therapeutic management of patients with psychiatric pathology.

Objectives: Electroconvulsive therapy has evolved as a technique, nowadays being applied under induced intravenous anesthesia with the administration of oxygen on the mask, and from 2001, the sinus electrical stimulus has been replaced by the one in the form of a short pulse, upon the recommendation of professional organizations, in order to increase its therapeutic effectiveness. However, this form of therapy continues to be stigmatized, largely due to the

way it is presented in the mass media. The objective of this work was to analyze how mental health professionals perceive electroconvulsive therapy.

Methods: We conducted a study in which we used a questionnaire applied to the Romanian professionals in the field of mental health.

Results: The results were analyzed in accordance with the objective of the study.

Conclusions: Through this analysis we wanted to understand how electroconvulsive therapy is seen through the eyes of mental health professionals and to identify those aspects that can help us in carrying out information programs, with a major impact on mental health, in order to reduce stigma forasmuch the therapeutic benefits of electroconvulsive therapy outweigh the possible risks.

Disclosure of Interest: None Declared

EPV0846

Experiences and attitudes of early career psychiatrists towards ECT – an international study

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Introduction: Electroconvulsive therapy (ECT) is a psychiatric intervention that has proven effectiveness and safety in various psychiatric conditions, such as major depressive disorder, prolonged or severe manic episodes and catatonia. Despite positive scientific evidence, ECT was always seen as controversial by patients, caregivers, and even some psychiatrists, which lead to a decrease in its use over the years.

Objectives: To investigate the way young psychiatrists view the place of ECT in modern psychiatry by assessing their knowledge, attitude and access to training opportunities in ECT.

Methods: An anonymous survey was disseminated online among early career psychiatrists and psychiatric trainees. The questionnaire consisted of 36 multiple-choice and Likert scale questions.

Results: Most of our respondents consider ECT both an effective and a safe treatment option and would recommend ECT to their patients when indicated. Early career psychiatrists who had access to ECT training are more knowledgeable about the indications,

precautions and side effects of this method, but more than half of the participants mentioned ECT training was unavailable during their residency programme. Almost all respondents stated that they are interested in enhancing their theoretical and practical competencies in ECT.

Conclusions: Early career psychiatrists have a positive attitude towards ECT but express the need of targeted education aimed at improving levels of knowledge about ECT.

Disclosure of Interest: None Declared

EPV0847

Vagus nerve stimulation (VNS) as a long-term adjunctive treatment option in patients with difficult-to-treat depression (DTD)

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Introduction: VNS is a long-term adjunctive treatment option in patients with DTD. It has been shown that patients with VNS as add-on to treatment-as-usual (TAU) have higher response and remission rates than TAU alone. Data on the impact of VNS on the other complex concomitant treatments are limited.

Objectives: In this study we evaluated changes in drug load from baseline to 12 months as well as the impact of previous ECT response status at baseline on changes in mean depression severity after 12 months of VNS.

Methods: We included n=20 DTD patients (mean age 52.6 years) in the prospective, observational, naturalistic Restore-Life study, who have been treated with adjunctive VNS as add-on to treatment as usual. The RESTORE-Life study is a multi-center study. In this analysis, we report on exploratory results from a single tertiary center. An index has been calculated for each drug by comparing the actual dose with the standard dose of the drug. The drug load for each patient has been constructed by summing up the indices of all agents prescribed for the patient.

Results: We observed a slight decrease in mean drug load from 4.5 at baseline to 4.4 at 12 months (p=0.594). The drug load was lower in previous ECT-responders than in ECT-non-responders at both time-points. There was a significant decrease in mean MADRS score from 27.3 at baseline to 15.3 at 12 months (p=0.001). Patients with a history of ECT response at baseline have experienced significantly greater improvement in mean MADRS score at 12 months (p=0.013). Number of maintenance electroconvulsive therapy (ECT) and esketamine sessions decreased from 37 ECT and 58 esketamine sessions in the first six months to 17 ECT (-54%) and 29 esketamine (-50%) sessions between months 6 and 12. VNS-related adverse events were present in 50 % of patients at 12 months (voice alteration/hoarseness 45%, dyspnea and pain during stimulation each 5%). There was no discontinuation of VNS due to adverse events.

Conclusions: Overall, VNS was associated with significant decrease in mean MADRS score at 12 months, whereas we did not detect any

significant change in medication load. A more extended observation period might be necessary to observe changes in medication load. There was a reduction in the need of maintenance treatment sessions of ECT and esketamine. History of ECT response may be predictive for greater improvement of depression severity in VNS patients.

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EPV0848

Synchronization of accelerated intermittent Theta-Burst-Stimulation (aiTBS) with VNS in difficult-to-treat depression (DTD)

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Introduction: Patients with difficult-to-treat depression (DTD) need multimodal treatment with combination of psychotherapy, pharmacotherapy and neuromodulation. In severe cases, combination of neuromodulatory techniques may be considered to achieve symptom relief.

Objectives: To describe a novel treatment approach, which combines VNS in synchronization with accelerated intermittent Theta-Burst-Stimulation (aiTBS) over three weeks in two cases with difficult-to-treat depression.

Methods: In this presentation we describe two cases of DTD, which have been implanted with VNS and did not respond to aiTBS previously. Patients then were offered a synchronized treatment regimen, where each stimulus train of aiTBS was synchronized with ON-time of VNS. To start each train simultaneously with VNS ON-time, we set treatment cycle of each aiTBS and VNS to 19 sec. Patients received 2400-3000 TBS pulses daily for 3 weeks over left dorsolateral prefrontal cortex (DLPFC) at 100% of resting motor threshold.

Results: In the first patient the MADRS score decreased from 37 to 26 (-30%) and in the other patient there was a decrease of MADRS score from 20 to 9 (-55%), which corresponded to remission after 3 weeks of treatment. The synchronized treatment procedure was well-tolerated in both cases. As both patients experienced significant improvement, we planned maintenance treatment in both cases.

Conclusions: Synchronization of aiTBS with VNS is a novel treatment approach in patients with DTD, which can lead to improvement even if patients previously did not respond to aiTBS without synchronization with VNS.

Disclosure of Interest: None Declared

EPV0851

The Effectiveness of High-frequency Repetitive Transcranial Magnetic Stimulation in Persistent Somatic symptoms Disorder: A Case report study

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Introduction: Background:

Somatic symptoms disorders are usually comorbid with depressive disorders despite that there is little evidence for effective treatment for it. Repetitive transcranial magnetic stimulation (rTMS) have been approved by FDA for mildly resistance depression. From this point we hypothesized that rTMS delivered over the prefrontal cortex (PFC) may be useful in somatic symptoms disorder. Therefore, in our case report we want to shed light on the potential effectiveness of rTMS in somatic symptoms disorder.

Objectives: case report

Methods: case report

Results: Case Report:

A 65-year-old Omani female with multiple medical comorbidities on multiple medications. She presented complaining of multiple somatic complains in the last 2 years after visiting multiple clinics and underwent several specialists' examinations, investigations and procedure for somatic treatments, all of them where normal. Then patient was seen by different psychiatric clinic multiple antidepressant and adjuvant anti-psychotic medication were try, patient still not improve.

Patient get admitted to hospital for observation and management. Initially she was preoccupying by her somatic complain kept on Fluoxetine and Olanzapine along with that topiramate was added, but still with minimal improvement. Then rTMS was added to her management plan following Intermittent theta burst (iTBS) rTMS protocol. After complete all sessions of rTMS patient was recovering from her all symptoms, no complain report from her.

Conclusions: Conclusion: our case highlights the important of investigated more thoroughly in rTMS as treatment option for Persistent Somatic symptoms Disorder.

Disclosure of Interest: None Declared

EPV0852

Transient Febrile reaction after Electroconvulsive Therapy : A case report in an adult man with Ultra-Resistant Schizophrenia

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Introduction: Electroconvulsive therapy (ECT) is a therapeutic method that induces artificial seizure by electrical stimulation to resolve various psychiatric symptoms. ECT is particularly effective in resistant schizophrenia and may improve response to medication despite the presence of potential adverse side effects. Post-ECT delirium and Headaches are some of the most frequent side effects presented in literature. Fever is yet another unexplained reaction,

however there are a few case reports and retrospective studies that report on it.

Objectives: We aim to illustrate through a clinical case and a review of literature the prevalence of post ECT fever as well as the possible explanatory mechanisms.

Methods: In this study we report the case of a man with ultra-resistant schizophrenia who was treated successfully with ECT despite the development of transient febrile reaction and we present a review of literature on pubmed using the following key words : ECT, fever, resistant psychosis, mechanisms.

Results: Our patient is a 48-year-old man with a psychiatric history of schizophrenia evolving since the age of 34. He has a history of matricide in 2021 resulting in his hospitalisation in a forensic psychiatric ward. He underwent trials of classic and atypical antipsychotics that weren't efficacious thus he was diagnosed with resistant schizophrenia in 2022. He was treated initially with clozapine 500 mg per day and then with the association (clozapine + amisulpride) yet it wasn't effective on his persecutory delirium and fraticide ideas. Plus, there was no reduction in his PANSS (Positive and Negative Syndrome Scale) scores. The diagnosis of ultra-resistant schizophrenia was established. The staff indicated the adjunction of ECT to Clozapine. In the inpatient unit, hours after his fourth ECT session he developed a fever (40°C), his blood pressure (120/80 mm Hg), pulse (85 beats per minute), and respiratory rate (20 breaths per minute) were normal. Blood samples, including cultures, were drawn, which showed normal blood cell count and CPK (140 U/L) but CRP was elevated (31 U/L), a chest x-ray showed no acute pulmonary disease, and his urinalysis result and Covid test were negative. His fever resolved then spontaneously after two hours. The same transient febrile reaction occurred again 3 times. It was postulated in literature that fever may be due to inadequate muscle reaction. Data also suggested the potential influence of ECT on the hypothalamus that is a key region in regulating body temperature.

Conclusions: Further studies are required in order to establish the real prevalence of this side effect and its possible causes.

Disclosure of Interest: None Declared

EPV0853

The current status of recommendations for non-invasive neuromodulation therapy in severe mental disorders

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Introduction: There is an increasing rate of treatment resistance in severe psychiatric disorders (SPDs), which indicates the necessity for finding new therapeutic interventions, because of the significant negative impact these disorders have on the patient's quality of life, functionality, and other important parameters. In clinical practice, SPDs are estimated to represent up to 30-60% of all diagnosed cases. Schizophrenia spectrum disorders (SSD), major depressive disorder (MDD), and bipolar disorders (BDs) are associated with lower response to a large variety of therapeutic approaches. In this context, new technologies should be considered for SPDs, and non-invasive

neuromodulation techniques can be explored as add-ons to ongoing therapeutic interventions.

Objectives: A literature review was conducted to detect the available evidence to support recommendations for neuromodulation techniques in SPDs.

Methods: Three electronic databases (PubMed, Cochrane, Google Scholar) were searched for papers corresponding to the keywords "treatment-resistant psychiatric disorders" and "neuromodulation" or "electroconvulsive therapy" (ECT) or "transcranial magnetic stimulation" (TMS) or "transcranial direct current stimulation" (tDCS), published from the beginning of the respective databases up to July 2023.

Results: After the initial search, 1258 papers surfaced, but only 72 remained to be included in the analysis, after filtering them according to the inclusion and exclusion criteria. TMS may improve both depressive and manic symptoms, but also reports of polarity changes were found, indicating the need for careful monitoring of treatment-emergent affective switches (TEAS). TMS may also improve cognitive functions, although not sufficient evidence was found to support this observation clearly. The efficacy of temporoparietal TMS in schizophrenia has not been proven with certainty, although this intervention may improve positive symptoms. ECT was an effective and well-tolerated intervention for severe mood episodes, SSD, and BDs. Depressive symptoms responded to tDCS in bipolar/monopolar patients, but reports of TEAS in the BDs population have been reported.

Conclusions: Non-invasive neuromodulation techniques may represent an efficient option in patients with SPD, but more good-quality trials are needed before this recommendation is formulated in clinical guidelines.

Disclosure of Interest: None Declared

EPV0854

Attitudes and Perceptions of Early-Career Psychiatrists Towards Electroconvulsive Therapy (ECT) in Poland: A Call for Enhanced Training and Guidelines

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Introduction: In Poland, the therapeutic modality of Electroconvulsive Therapy (ECT) boasts a history spanning over seven decades. Despite its documented therapeutic efficacy and safety profile, its integration into clinical practice remains suboptimal. Recent data elucidates a marked paucity in the utilization rate of ECT in Poland. Therefore, it is imperative to discern the barriers impeding its broader adoption of this potentially life-saving treatment.

Objectives: The aim of this study is to investigate the attitude of early career psychiatrists towards ECT and its place in clinical practice in Poland.

Methods: A web-based, anonymous survey was conducted, targeting early career psychiatrists in Poland. The questionnaire, part of

an international study, consisted of 36 multiple-choice and Likert scale questions.

Results: The majority of respondents emphasised the importance of further educational opportunities related to ECT, seeing it as a safe, effective, and possibly lifesaving procedure. Most of them benefited from ECT training during their residency, however less than a half had the opportunity to administer ECT themselves. They exhibited an interest to introduce ECT into their therapeutic repertoire, depending on the provision of requisite financial and infrastructural support.

Conclusions: There is a palpable eagerness among early career psychiatrists in Poland to enhance their proficiency in ECT. A robust curriculum, encompassing both theoretical discourse and hands-on ECT training, is paramount for all psychiatry trainees. Concurrently, there is a pressing need to formulate national ECT guidelines within Poland, which could potentially ameliorate apprehensions surrounding this procedure.

Disclosure of Interest: None Declared

EPV0855

Exploring the Landscape of Psychosurgery in Low and Middle-Income Countries: A Scoping Review Protocol

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Introduction: Psychosurgical procedures gained an infamous reputation during the 20th century with the implementation of the lobotomy as treatment for several psychiatric illnesses. However, modern-day psychosurgery is a flourishing field that provides valid treatment alternatives to neuropsychiatric patients thanks to increasingly accurate and safe stereotactic procedures. As more than 80% of people with mental disorders reside in Low and Middle Income Countries (LMICs), investigating the impact of psychosurgical procedures has a global relevance. People living in LMICs are exposed to a variety of stressors which could facilitate the development of psychiatric and neurological diseases. The immense gap that still exists between the population of LMICs and adequate medical and surgical care is an important obstacle to the reduction of global mental health burden. A scoping review will be conducted to investigate the extent of the existing literature and identify key themes, challenges and research gaps on the implementation and outcomes of psychosurgery in LMIC settings.

Objectives:

- **To comprehensively map the existing literature:** Provide an extensive overview of the literature on the use of psychosurgery in low and middle-income countries.
- **To identify key themes:** Recognize recurring themes and topics within the literature related to psychosurgery in these settings.
- **To assess challenges:** Analyze the challenges and barriers associated with the implementation of psychosurgery in resource-constrained contexts.
- **To identify research gaps:** Highlight areas within the existing literature where further research is needed to enhance our understanding of psychosurgery in low and middle-income countries.

Methods: The methodology consists of five stages, consistent with Arksey and O'Malley's framework. Using the PICO model, the Research Question, Inclusion/Exclusion Criteria and search methods were developed. Electronic Medical Databases (Medline OVID, Cochrane Library, Embase, PubMed, Scopus) will be searched for relevant studies. The PRISMA-ScR framework is used to guide the reporting process. Quantitative and Qualitative data will be extracted, including key information such as study type, demographics and methods used to assess the outcomes of psychosurgical interventions. Data will be presented discursively, supported with statistics and graphs where appropriate. No ethical approval is required.

Results: /

Conclusions: The results will be useful to healthcare professionals in LMICs involved in neuropsychiatric care, evaluating the current uses of psychosurgery and their potential benefit for the affected population whilst highlighting gaps in knowledge with the aim of propelling further research.

Disclosure of Interest: None Declared

EPP0057

Transcranial Magnetic Stimulation-induced Mania: A Risk Worth Taking?

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Introduction: In the context of treatment-resistant bipolar depression, the use of neuromodulation techniques, notably transcranial magnetic stimulation (TMS), has been on the rise, particularly in the treatment of mood disorders. TMS involves the generation of a strong pulsed magnetic field through an electromagnet placed near the skull, thereby inducing an electrical field capable of depolarizing nerve cell membranes (Dolberg et al., 2001). The magnetic nature of TMS carries advantages compared to direct electric stimulation, such as fewer side effects, reduced invasiveness, and precise targeting. Nevertheless, it is not without its risks. Reported concerns include the induction of manic or hypomanic states, particularly in individuals with bipolar disorder, as well as unipolar depression (Sakkas et al., 2003; Ozten et al., 2013; Knox et al., 2021).

Objectives: This review aims to assess the safety and viability of TMS as a therapeutic option and how to best optimize its clinical use.

Methods: A comprehensive literature review was conducted utilizing resources from Pubmed, Researchgate, and Google Scholar.

Results: Despite some inconsistencies and potential confounding factors, our findings suggest that TMS may not significantly elevate the risk of manic switching, especially when compared to conventional treatments like antidepressants. However, it may potentially induce manic episodes, particularly when used as monotherapy or in combination with other treatments. Variables such as treatment protocol and prior response to medication may contribute to mood switching risk. Proposed safety measures include personalized protocol design, close patient monitoring and the combination with mood-stabilizing medication.

Conclusions: Transcranial magnetic stimulation has been associated with manic and hypomanic episodes in mood disorder patients. While the evidence remains limited, it appears that certain

individuals may be more susceptible to mood switching. Nevertheless, further research is needed to better elucidate variables influencing mood switching during TMS treatment and to develop effective preventative measures, especially for patients already predisposed to manic switching.

Disclosure of Interest: None Declared

Psychotherapy

EPV0856

Multifamily group evaluation with Score 15 questionnaire

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Introduction: The multifamily group that has been underway since April 2019 in Alcobendas, Madrid is described. A group that serves people diagnosed with mental disorder and their families, with the aim of improving their health and quality of life. It is about facilitating and improving the basic communication of relational aspects and healthy bonds. It is intended to offer a space where you can think together about the experiences lived in your own family with the rest of the group

Objectives: Assess the evolution and improvement of the patient and family members with the Score 15 questionnaire, The Score is a way of giving users a voice about the therapy process, not about the contents of their problems, but about their perception of the effectiveness of therapeutic work and for professionals it is an opportunity to obtain important feedback from their work.

Methods: Using the Score 15 questionnaire on all participants in the group at time zero and after 12 sessions

Results: Improvement in the family description items, and in the quantitative improvement in scoring of the following questions: What degree of severity would indicate? Do you think therapy will be helpful/has it been helpful to you?

Conclusions: Family therapy in the modality of Multifamily Groups provides an improvement in intrafamily communication, its links and therefore in the rest of social communication, facilitating the exit from loneliness and misunderstanding and in turn broadens the understanding and understanding by therapists

Disclosure of Interest: None Declared

EPV0858

Virtual Reality as Exposure Therapy in the Treatment of Blood-Injection-Injury Phobias

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Introduction: Virtual Reality (VR) is a transformative technology that facilitates the development of immersive virtual environments. Its application is steadily growing within Cognitive Behavioral Therapy (CBT) techniques, notably in virtual exposure therapy. This is particularly evident in the treatment of specific phobias, with a specific focus on addressing blood-injection-injury phobias.

Objectives: The objective of our study is to design a treatment protocol for patients suffering from blood phobia based on VR.

Methods: We used the following scales:

- Fear Survey Schedule-III (FSS-III) and the Injection Phobia Scale (IPS) for psychometric evaluation of the intensity of avoidance fear.
- Questionnaire on cybersickness: to identify potential adverse effects of exposure to virtual reality.

To conduct a functional analysis of phobias, we used the SECCA grid and the SORC grid.

Results: The therapeutic protocol stages of VR for a patient suffering from Blood-Injection-Injury Phobia (BIIP) are as follows:

1. Collection of sociodemographic and clinical data.
2. Functional analysis to identify triggering factors, contributing factors, and consequences of behavior. The SECCA or SORC grid can help in conducting this functional analysis.
3. Psychometric evaluation of the intensity of avoidance fear using the three scales: FSS-III, IPS, and the cybersickness scale.
4. Patient education on the mechanisms of the phobia.
5. Setting of objectives.
6. Therapeutic contract.
7. The Protocol :
8. Cognitive approach: identification of automatic thoughts and replacement with more rational thoughts.
9. Behavioral approach: Progressive exposure, controlled immersion of the patient in virtual environments corresponding to situations that trigger their phobia. This exposure is coupled with relaxation.

The treatment continues with regular follow-up to ensure the consolidation of progress and to adjust strategies.

For relapse prevention, simple measures, like personalized exercises to be done by the patient, can favor the long-term maintenance of the acquired skills.

Conclusions: Virtual reality exposure therapies (in virtual) are as effective as in-vivo therapies. Besides, they offer a significant advantage over the latter as they facilitate access to stimuli or anxiety-provoking situations that are difficult to access or control in the real world.

Disclosure of Interest: None Declared

EPV0859

Optimizing Outpatient Mental Health Services: A REBT-Infused Approach to Empowerment and Well-being

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Introduction: Rational Emotive Behavior Therapy (REBT) fundamentally posits that our thoughts, beliefs, and interpretations exert substantial influence over how we perceive and react to life's occurrences. Central to REBT is the process of recognizing and disputing irrational, self-defeating beliefs, in favor of adopting rational and constructive perspectives.

Objectives: This presentation endeavors to introduce the foundational principles of REBT, elucidate its applied techniques, demonstrate its efficacy through compelling case studies, and delineate its spheres of applicability.

Methods: Case Studies:

1. Overcoming Social Anxiety: Illustrating the transformation from debilitating social anxiety to enhanced social functioning.
2. Managing Work-related Stress: Exemplifying the alleviation of chronic stress in a high-pressure work environment.
3. Overcoming Depression: Demonstrating the journey from persistent despondency to restored vitality and engagement.

Results: In total, REBT furnishes a methodical and pragmatic approach to therapy, affording individuals agency in steering their emotional well-being towards positive and enduring transformation. It is imperative to acknowledge that the suitability of REBT hinges on the idiosyncratic needs, inclinations, and circumstances of each patient.

Conclusions: By internalizing and applying these foundational principles, REBT empowers individuals to identify and dispute irrational beliefs, paving the way for more adaptive emotional responses and an enhanced overall state of mental well-being. It equips individuals with tangible tools to navigate life's challenges with heightened resilience and emotional equilibrium.

Disclosure of Interest: None Declared

EPV0862

Family systemic therapy in patients with eating disorders

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Introduction: Eating disorders are a group of pathologies in which negative beliefs about food, body type and weight are associated with conducts that include food restriction, binge eating, excessive exercise, induced vomiting and the use of laxatives. They can be really severe, affecting quality of life and lead to multiple physical and psychiatric complications, even with a deadly fate.

Objectives: Presentation of a patient's case with an eating disorder and the intervention with her family, as well as, doing a review of the family interventions in these kinds of patients.

Methods: Presentation of a patient's case and review of existing literature, in regards to the use of family therapy in patients with eating disorders and its effects.

Results: As in the patient's case, there are a lot of studies that support the evidence of improvement using family therapy in patients with eating disorders. However, the difficulty to isolate

the necessary variables in order to do studies about psychological treatments, complicates finding scientific evidence that supports the clinical evidence that we see in our patients day by day with these types of interventions.

Conclusions: There are studies that support the efficacy of these types of family interventions. However, there needs to be a more thorough investigation with the objective of finding the more precise optimal family intervention, and specifically, determining for who and under what conditions, certain types of family interventions would be more effective.

Disclosure of Interest: None Declared

EPV0863

The association between trajectory of change in social functioning and psychological treatment outcome in university students: a growth mixture model analysis

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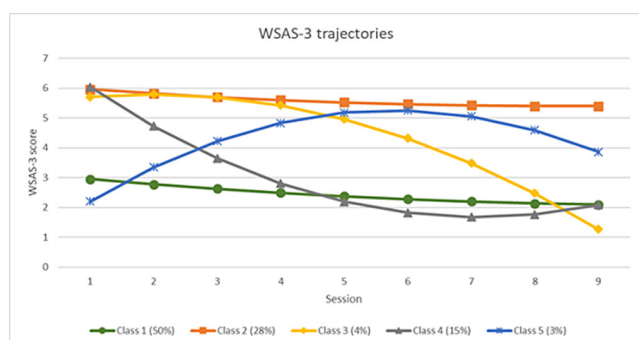
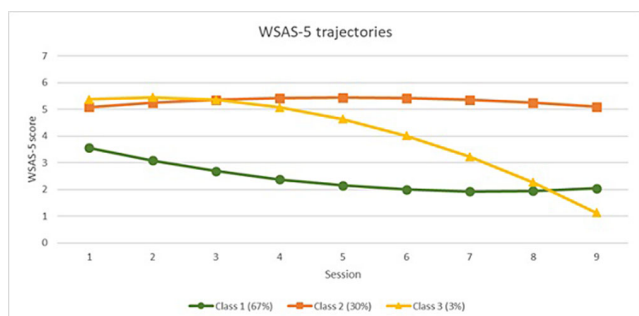
doi: 10.1192/j.eurpsy.2024.1475

Introduction: Attendance at university can result in social support network disruption. This can have a negative impact on the mental health of young people. Demand for mental health support continues to increase in universities, making identification of factors associated with poorer outcomes a priority. Although social functioning has a bi-directional relationship with mental health, its association with effectiveness of psychological treatments has yet to be explored.

Objectives: To explore whether students showing different trajectories of change in social function over the course of treatment differed in eventual treatment outcome.

Methods: Growth mixture models were estimated on a sample of 5221 students treated in routine mental health services. Different trajectories of change in self-rated impairment in social leisure activities and close relationships (Work and Social Adjustment Scale (WSAS) items 3 and 5) during the course of treatment were identified. Associations between trajectory classes and treatment outcomes were explored through multinomial regression.

Results: Five trajectory classes were identified for social leisure activity impairment (Figure 1), and three classes were identified for close relationship impairment (Figure 2). For both measures the majority of students remained mildly impaired (Class 1). Other trajectories included severe impairment with limited improvement (Class 2), severe impairment with delayed improvement (Class 3), and, in social leisure activities only, rapid improvement (Class 4), and deterioration (Class 5). There was an association between trajectories of improvement in social functioning over time and positive treatment outcomes. Trajectories of worsening or stable severe impairment were associated with negative treatment outcomes.

Image:**Image 2:**

Conclusions: Changes in social functioning impairment are associated with psychological treatment outcomes in students, suggesting that these changes may be associated with treatment effectiveness or recovery experiences. Future research should look to establish whether a causal link exists to understand if additional benefit for students can be gained through integrating social support within psychological treatment.

Disclosure of Interest: None Declared

EPV0864**Case Analysis of a Patient with Functional Pathological Crying**

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doi: 10.1192/j.eurpsy.2024.1476

Introduction: Functional pathological crying is a complex psychic phenomenon which poses both diagnostic and management challenges to the psychiatrist and psychotherapist. Apart from treatment with medications when clinically indicated, psychodynamic psychotherapy can be useful to understand the aetiology and to address these psychological issues faced by patients.

Objectives: In this case report, psychodynamic psychotherapeutic techniques are employed to examine and manage functional pathological crying.

Ms L was a 33-year-old Chinese single woman who presented with mixed depressive and anxiety symptoms associated with frequent severe bouts of wailing. She had a history of parental neglect and childhood sexual abuse. Following psychiatric assessment, she was diagnosed with Mixed Depressive and Anxiety Disorder, and Borderline Personality Disorder. She was treated with Sertraline 50mg every morning and was referred for psychodynamic therapy.

Methods: Building trust and rapport with Ms L was crucial so that the therapeutic relationship could be utilized as a vehicle for change through earned attachments. Helping her appreciate how present experiences reflect conflicts from her past and addressing her defence mechanisms with the aims of expression of emotions, exploring her wishes and fantasies to access unconscious conflicts were important. These build greater self-awareness which helped her to develop the capacity for emotional self-regulation, bringing about an increase in her level of adaptation to stressors.

Results: During the early phase of therapy, Ms L would be wailing throughout most of the therapy hour. As therapeutic rapport and trust were established, she began to open up about her abuse for us to explore her conflicts and complex emotions associated with it. The key themes that emerged were her chronic low self-esteem with fears of authorities and abandonment, the tendency to take up a defended regressive helpless child-like position whenever feelings related to the abuse were rekindled, as well as the manifestation of these complicated psychic experiences in the form of a complex wailing phenomenon.

The functional pathological crying was a mixture of an expression of her challenging conflictual painful feelings, symbolic expression of her cry for help, repressive and regressive child-like emotional states as well as having a defensive function to avoid coming in touch with painful feelings.

Through therapy, Ms L was able to make better sense of her wailing, develop the capacity for emotional self-regulation by adopting a healthier adult position in responding to difficult feelings when triggered, learning to forgive herself and others, assume better self-care and improved relationships with others.

Conclusions: Through psychodynamic psychotherapy, complex functional pathological crying can be better understood and managed to bring about intra-psychic and interpersonal functional improvements.

Disclosure of Interest: None Declared

EPV0865**Family intervention in schizophrenia: A case report**

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Introduction: Schizophrenia is a chronic mental illness that has a lifetime prevalence worldwide of about 1% regardless of culture, social class and race. This implies that it affects a large number of

families. Family therapy has been used for years as a promising approach to intervene with people suffering from such pathology. It has been shown that families with a high level of hostility, critical comments and over-involvement are related to a higher number of relapses in the family member diagnosed with schizophrenia.

Objectives: The objectives are to examine whether systemic interventions could help to decrease the emotion expressed in these family members and thus decrease the number of relapses of patients as an alternative to pharmacological treatment.

Methods: A case report and a literature review on the impact of family therapy in patients with a diagnosis of schizophrenia. The search strategy included keywords such as “family intervention”, “schizophrenia” and “systemic therapy”. Selection criteria included randomized controlled trials (RCTs) and meta-analyses published between 2010 and 2021. Studies focused on the impact of family intervention on symptom management, relapse prevention and general functioning were included.

Results: The findings consistently demonstrated the effectiveness of family intervention in improving outcomes for people with schizophrenia. These interventions generally involved psychoeducation, communication skills training, problem-solving techniques, and emotional support for family members. Results showed significant reductions in symptom severity, decreased relapse rates, improved adherence to pharmacological treatment, and better overall functioning among people who received family intervention compared with those who received only standard care. In addition, family intervention was associated with reduced caregiver burden, improved family communication, as well as increased knowledge about schizophrenia and its management.

Conclusions: Family intervention has become a valuable adjunctive treatment for people with schizophrenia. The findings of this review highlight its positive impact on symptom management, relapse prevention, and overall functioning. Family intervention offers a holistic approach that recognizes the importance of involving and supporting the family system in the treatment process. This intervention provides families with the tools and resources necessary to effectively cope with the challenges associated with schizophrenia and promotes a supportive and nurturing environment for the individual. Future research should focus on long-term outcomes and implementation of the family intervention in routine clinical practice.

Disclosure of Interest: None Declared

EPV0867

Combination of CBT and rTMS: what are the advantages?

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doi: 10.1192/j.eurpsy.2024.1478

Introduction: Obsessive-Compulsive Disorder (OCD) and Major Depressive Disorder (MDD) are among the ten most disabling disorders, yet only 30-40% of people with the condition seek

specialist care (WHO). Considered a relatively new tool in the treatment of OCD and MDD, repetitive transcranial magnetic stimulation (rTMS) was first used by our team 1 year ago. Based on current literature cognitive behavioural therapy (CBT) is effective in 60% of OCD cases, with MDD also having a good response rate of 50-60%. The efficacy of SSRI's has been demonstrated, but side effects can have a negative impact on adherence in the long term. Prolonged use of certain drugs has adverse reactions that lead specifically to memory impairment, which compromises suitability for psychotherapy. The same problem applies to the use of electroconvulsive therapy (ECT) in a major depressive episode.

Objectives: Our aim was to study the efficacy of combining rTMS with CBT, to gather clinical experience on how these two different methods work in practice when combined.

Methods: Patients diagnosed with therapy resistant MDD received rTMS treatment using 50Hz theta burst over 10 sessions. Therapy resistant OCD patients were treated by a 15 sessions rTMS using 1Hz single pulse. These rTMS sessions were combined with CBT, of which we would like to highlight two cases: one of them is a 34 years old woman, who has wide range of sexual, checking and contamination-related OCD symptoms and only received SSRI treatment so far. The other one is a 29 years old man, who suffers from religious obsessions, cleaning compulsions and other repetitive behaviours.

Results: The positive effects of rTMS treatment on working memory functions, attentional capacity and cooperative skills without significant additive effects suggest exciting possibilities for combining the two treatments, thus the combined treatment has been tested in clinical practice. In our own patient care, an important experience was that patients were committed to the therapy, felt safe and, unlike with medications, did not have to worry about side effects. While medication and ECT can make psychotherapy more difficult in the long term - mainly because of memory problems - rTMS facilitates it. Patients appreciate that we approach their problems in a complex way, and they perceive that the combination of the two very different methods reflects professionalism. Our poster attempts to present the experience of combining rTMS and CBT from the therapist's perspective through two case studies.

Conclusions: Based on our experiences it is an effective approach to combine rTMS with CBT in therapy resistant MDD and OCD patients. In the light of these results the revision of the existing guidelines are considerable.

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Disclosure of Interest: None Declared

EPV0868

Family systemic therapy: intervention in autism spectrum disorder

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Introduction: Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by communication impairments and difficulties in social interaction. These impairments can affect relationships with family members, increase stress and frustration for both the patient and family members, and contribute to behavioral disturbances in these patients. They are frequently associated with high rates of psychiatric comorbidity.

Objectives: Given the impact of this disorder on the family unit, we set out to assess the clinical effectiveness of systemic family therapy, its influence on improving communication and coping with this disorder, strengthening relationships and mental health in these patients and their families.

Methods: A literature review was performed by searching for articles in Pubmed on May 24, 2023, focusing the terminology used on “Autism Spectrum Disorder” and “Systemic Family Therapy”. The search was limited to full text articles in English and Spanish, published in the last 10 years.

Results: Several authors have stated that systemic family therapy could be beneficial:

- Providing education.
- Reporting additional educational resources.
- Focusing sessions on improving social and communication skills, mood and coping behaviors.
- Providing therapy to all family members to cope with this disorder and what it implies. It will be very important that the patient with ASD understands his condition and can receive support from his family, working with siblings on the bonding and coping with this condition.
- Contributing to facilitate mourning the loss of the condition of “neurotypical” person, exploring emotions, feelings and belief systems, valuing the social and cultural context of the family.

Conclusions: Reviewing a variety of literature on this therapeutic approach, the authors concluded that “strategic, narrative and structural interventions can be applied from multiple approaches, especially suited to the challenges often faced by patients with ASD and their families”. Therapeutic work needs to involve different family members at different times. Therapeutic conversations will consider the child, the family and the family unit in context. Studies so far have not been able to establish whether particular systemic approaches have more favorable outcomes than others, which warrants further research.

Disclosure of Interest: None Declared

EPV0869

The effect of music type in ketamine-assisted group therapy on treatment-resistant mental health conditions: a prospective observational study

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Introduction: Currently, Ketamine is the only safe, effective, and widely used psychedelic-like medicine in Canada. It has demonstrated notably efficacy in providing relief to those experiencing

treatment resistant mental health conditions. Pairing Ketamine treatment with psychotherapy, known as Ketamine Assisted Therapy (KAT), has been shown to yield more enduring outcomes. Work by Greenway et al. has demonstrated that playing music following ketamine administration for patients with bipolar disorder can help the patient feel more in control and reduce discomfort (Greenway et al. International Clinical Psychopharmacology 2021; 36 218-220).

Objectives: The primary objective is to evaluate and compare the subjective clinical efficacy of two different types of music during ketamine-assisted group therapy. This will be explored through various validated psychiatric questionnaires, including the PHQ-9, GAD-7, and PCL-5. The secondary objective is to compare the objective changes in brain activity between the two music types. This will be evaluated using EEG data collected from MUSE headband before and after each ketamine-assisted therapy session.

Methods: This study is a crossover trial of 32 participants undergoing ketamine-assisted therapy for treatment-resistant mental health conditions. Half of participants will undergo a KAT session with a “weightless” music playlist followed by a session with a “grounding” music playlist. The other half will do the same, in reverse order. All participants will complete several psychiatric questionnaires within 7 days of each session over email. Before and after each session, participants will play a simple game to test executive function while wearing a headband to measure EEG activity.

Results: The absolute and relative changes to the scores of the questionnaires will be examined between participants and music conditions. The change in brain activity from pre-session to post-session will be compared between the different music conditions as well. As this is a crossover trial, any changes in outcomes due to order effects will be controlled for. Relevant demographic and medical factors will also be controlled for.

Conclusions: To date, no studies have explored the influence that different types of music have on patients experience with KAT in a group therapy setting. With the results of this study, we hope to fine tune and improve the use of music in future KAT administration.

Disclosure of Interest: None Declared

Quality Management

EPV0871

Quality Improvement Programme on Implementing Co-Production in Care Programme Approach in an In-Patient Rehabilitation Psychiatric Unit to Enhance Patient Engagement and Positive Step-Down Discharges

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Introduction: This quality improvement (QI) programme was proposed to integrate co-production principles into rehabilitation psychiatry, focusing on enhancing patient-centred care and promoting positive step-down discharges within the mental health

system. The backdrop of the QI programme was the essential role of rehabilitation psychiatry in aiding the recovery and reintegration of individuals with mental health challenges, and sub-optimal audit results about patient's attendance and positive step-down discharges at an in-patient psychiatric unit.

Objectives: The QI programme aimed to implement and explore Co-production, a transformative approach involving patients and healthcare professionals as equal partners.

- To promote co-production in psychiatric in-patient service
- To improve patient experience in the CPA meetings
- To reduce anxiety associated with the CPA meetings and discharge planning
- To assess staff's limitations and barriers in promoting co-production.

Methods: The QI programme was divided into phases, including diagnostic, problem-solving, and evaluation. It employed diagnostic tools such as the fishbone cause and effect diagram and the 5-Why Technique for root cause analysis. The project's aim was aligned with the Model of Improvement, guided by the three fundamental questions. Change ideas were developed using driver's diagram and were then evaluated through PDSA cycles. Quantitative analysis utilized paired t-tests to assess the significance of changes, and qualitative analysis focused on patient perspectives gathered through the co-produced CPA questionnaire. Emerging themes from the questionnaire responses were integrated into the project's trajectory through narrative synthesis. Predictions were formulated to measure project success: 50% patient attendance in the next CPA meetings, 70% positive step-down discharges, and improved Hamilton Anxiety Rating Scale (HAM-A) scores.

Results: The iterative Plan-Do-Study-Act (PDSA) cycles demonstrated the evolving impact of interventions on patient engagement and discharge outcomes. Implementation of patient information leaflets, staff training, and a CPA agenda template led to increased attendance and positive step-down discharges. Analysis of HAM-A scores revealed a substantial decline in anxiety levels for almost all participants, suggesting the effectiveness of the interventions. Discharge outcomes were influenced by patient engagement and tailored interventions. Patient responses revealed themes such as challenges during transitions to community care, empowerment from shared decision-making, and diverse experiences in communication with healthcare professionals.

Conclusions: The CPA agenda template improved patient experiences by enhancing communication and patient-centeredness.

Disclosure of Interest: None Declared

EPV0872

REVIEW OF MEDICATION INCIDENTS IN MENTAL HEALTH SERVICE

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doi: 10.1192/j.eurpsy.2024.1482

Introduction: In this review, medication incidents across different mental health care facilities was reviewed and nuances, challenges, and advancements in the administration and management of

psychiatric medications was noted. Through gaining a better understanding of the complexities surrounding these incidents, valuable information can be gathered that will enhance patient safety, improving healthcare practices, and fostering a deeper understanding of the critical intersection between mental health care and medication management.

Objectives: To identify the most frequent types of medication errors or patterns of medication errors in a mental health service across different settings including inpatient, outpatient, liaison and long term residential unit

Methods: This is a multicentre project as it covers medication incidents in mental health care in a regional area in Ireland. It includes an acute psychiatric Unit, the General Hospital and patients admitted in medical and surgical wards and as well long term residential care. Using the National Incident Management System we collected National Incident Report Forms (NIRF) relating mental health care provided and medication prescribed within a region in Ireland. From these we selected the ones where medication hazard was noted. Data collection happened between July 2020 and July 2021. A statistical analysis was then performed to identify any patterns to medication errors.

Results: A total of 22 incidents were included. On review of these, it was noted, among other findings, that there was a significant increase in the frequency of medication errors during the month of December. It was also noted errors ranged from medication being given to the wrong patient, medication being given twice and medication being missed.

Conclusions: Minimising medication errors requires a comprehensive, multidisciplinary approach that involves healthcare providers, patients, and healthcare systems. Healthcare organizations should foster a culture of safety where medication errors are seen as preventable and where providers are encouraged to report errors without fear of retaliation.

Disclosure of Interest: None Declared

EPV0873

Compassion and the quality of life of the inpatient healthcare team

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Introduction: Nurse-patient relationships and interactions during inpatient care evoke feelings of empathy and compassion. Compassion can lead to satisfaction, but also to exhaustion. Compassion fatigue is a commonly used concept that signifies the exhaustion of healthcare personnel due to the specific activities and repeated exposure to the suffering of others. This manifests through physical and emotional over-tiredness, anxiety, anger and irritability, low vitality, social isolation, diminished sense of enjoyment of one's career, cognitive disorders, and sleep disturbances.

Objectives: To assess the level of compassion of the healthcare staff employed in a Romanian general hospital.

Methods: The study sample included 256 nurses working in a general hospital. To identify socio-demographic data we applied a specific questionnaire, and subsequently we also used the PROQOL scale (Professional Quality of Life Scale). All data were statistically analysed.

Results: The majority of healthcare professionals in our sample belong to the 40-49 age group (39.45%). Regarding work experience in the healthcare system, the majority (43%) have been working for over 10 years. 78.52% of nurses reported a high level of compassion satisfaction. Burnout was not identified in the majority of our sample (54.3%). We noted that the number of the staff affected by compassion fatigue increases proportionally with the years of work experience ($P=0.033$).

Conclusions: A high level of compassion satisfaction in medical professionals leads to a remarkable improvement in the quality of the healthcare they are providing. However, our study results suggest that compassion fatigue tends to increase in line with the years of work in healthcare

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPV0874

The level of consciousness and mental reactions of children after acute brain injury (interdisciplinary rehabilitation)

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Introduction: The process of recovery of mental reactions in children after acute traumatic brain injury is determined by complex methods with an interdisciplinary approach. Studies of emotional, communicative and behavioral reactions are based on an assessment by a psychiatrist and a teacher-defectologist.

Objectives: to study mental reactions and identify predictors of positive recovery of consciousness after acute brain injury in children in early rehabilitation.

Methods: psychiatric and pedagogical examinations; also - neuroimaging data and others.

Results: Three groups of children were identified, depending on the different severity of emotional, communicative and behavioral indicators:

Group 1 (11%): The level of consciousness is minimal positive. Reactions: stable gaze fixation; emotional reaction to sound (smile) and the face of an adult; short-term tracking of the gaze of the object; the ability to touch an object and hold it; sits himself.

Group 2 (33%): The level of consciousness is minimal positive / negative, with an advantage of positive. Reactions: unstable gaze fixation; emotional reaction and involuntary movements to sound; reflex seizure of an object; sits with support.

Group 3 (56%): The level of consciousness is minimal negative. Reactions: no emotional reactions, low motor and sensorimotor activity.

Conclusions: predictors of emotional-communicative and behavioral indicators of recovery of the level of consciousness were identified: sensory and motor, cognitive and socially-oriented (orienting reactions to the voice and face of an adult, tracking the gaze of an object, sensory and motor activity, etc.). These predictors are the basis for choosing a rehabilitation program with interdisciplinary support and a treatment strategy.

Disclosure of Interest: None Declared

EPV0875

The Effect of Physical Activity on Postural Abilities in Menopausal Women

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Introduction: Menopause marks a significant physiological transition in a woman's life, often accompanied by various health challenges. Understanding the impact of physical activity on postural abilities in menopausal women is crucial for promoting their overall well-being during this transformative stage.

Objectives: The aim of our study was to investigate the effect of a physical activity program on postural abilities, psychological well-being, and the quality of life of menopausal women.

Methods: Nineteen menopausal women, averaging 56 ± 3 years of age, participated in a 12-week Zumba-style physical training program, consisting of three 50-minute sessions per week. The exercise regimen incorporated aerobic workouts, muscle conditioning, balance exercises, and flexibility training, predominantly inspired by Latin dances. Postural balance was evaluated using a stabilometric force platform, measuring the average velocity of the center of pressure (COPvm) under open eyes (OE) and closed eyes (CE) conditions on both firm and soft surfaces. Quality of life and mood were assessed using the SF-36 questionnaire (Short Form Survey-36) and the BMIS score (Brief Mood Introspection Scale). Assessments were conducted before (pre-test) and after (post-test) the 12-week training period.

Results: The findings revealed a significant decrease in COPvm values in the post-test for both conditions (on a firm surface: OE $p=0.05$, CE $p=0.01$; on a soft surface: OE $p=0.001$, CE $p=0.05$). Additionally, improvements in mood ($p=0.05$) and quality of life ($p=0.05$) were observed compared to baseline values.

Conclusions: This study underscores the positive impact of Zumba-style physical training on postural abilities, mood, and quality of life among menopausal women. These results suggest that such exercise programs hold promise in reducing the risk and incidence of falls associated with menopause

Disclosure of Interest: None Declared

EPV0876

Experience real-time, health and biological outcomes of personal recovery in People With mental disorders in Residential facilities (EMPOWER): a cohort study

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Introduction: Deinstitutionalization has resulted in diverse mental health care models, influenced by local resources, funding, and cultural factors. In Italy, 127 Department of Mental Health (DMHs) provide care for individuals with mental disorders. People with severe mental disorders (SMD) live independently or in residential facilities (RFs). Approximately half of the Italian DMH budget is allocated to RFs, serving around 3.6% of people with SMD. Italian RFs prioritize personal recovery, empowering individuals with SMD to live fulfilling lives despite symptoms and psychosocial challenges. While personal recovery is known to improve well-being and cost-effectiveness, its implementation in Italian RFs remains incomplete. There is insufficient evidence regarding its impact on various outcomes for residents, including health, psychosocial, and biological factors.

Objectives: The EMPOWER Study aims to assess whether adding personal recovery to Treatment As Usual (TAU) in Italian RFs could improve functioning (primary outcome), health, biological status, productivity and interpersonal relationships (secondary outcomes) among patients receiving the personal recovery-oriented treatment, compared with TAU. Additionally, data will be collected from informal caregivers, mental health professionals, and concerning the recovery orientation of RFs.

Methods: This study employs a longitudinal cohort design, gathering data at baseline and six-month follow-up in Italian RFs. A cohort of residents over 18 y.o. who receive a personal recovery-oriented treatment, the Mental Health Recovery Star (N=20), is compared to a matched group of residents receiving the TAU (N=20). International standardized assessments collect patients' data on functioning, psychopathology, need for care, quality of life (QoL), positivity, social network, service satisfaction, and patient stigma. Informal caregivers' data includes burden, QoL, positivity, and service satisfaction. Mental health professionals' data encompasses burnout, stress, stigma, positivity, and work satisfaction. The working alliance between professionals and patients is assessed. Clinical and biological exams (blood and saliva samples) are collected, along with actigraphy data on patients' circadian rhythm and physical activities. Digital data through a mobile app captures psychopathology, productive activities, social network, using the Experience Sampling Method with questions defined with patients. Focus groups with patients, professionals, and informal caregivers are facilitated by an expert by experience. Recovery orientation of RFs is assessed.

Results: Not yet available.

Conclusions: This study aims to generate novel insight that could improve our treatment approaches for patients in residential facilities.

Disclosure of Interest: None Declared

EPV0877

Awareness and perceptions of managing recovery in psychiatric patients in a rehabilitation center: an observational study

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Introduction: In mental health prevention, person-centered, and rights-based approaches, the role of recovery is highlighted (WHO, 2021). Various evaluation tools are used in rehabilitation objectives and programs, including the Specific Levels of Functioning Scale (SLOF) (Mucci *et al.* Schizophr Res 2014;159 144-50) and the Recovery Assessment Scale – Domains and Stages (RAS-DS), a self-measure of mental health recovery. It includes 38 items clustered into four recovery domains and meets two functions. In addition to measuring self-reported outcomes, it increases service-user control towards objectives and recovery action plans (Honey *et al.* BMC Psychiatry 2023;23 500).

Objectives: To evaluate the efficacy of RAD-DS in a psychiatric rehabilitation facility to be used as a routine tool in daily rehabilitation activity.

Methods: In our observational study, we recruited 103 inpatients (total: 103 patients, females: 38 patients, males: 65 patients) in a psychiatric rehabilitation facility. The patient presented with psychiatric disorders that met the diagnostic criteria of DMS-5 (schizophrenia, bipolar disorder, MDD, personality borderline disorder). Epidemiological data are shown in Table 1.

All patients were undergoing a psychiatric rehabilitation program and were observed during a one-year evaluation.

In all patients, the following rating scales were administered at baseline (T0) and after a year (T1):

For the evaluation of social measures, life outcomes, and functioning and recovery:

- Recovery Assessment Scale – Domains and Stages RAS-DS
- Specific Levels of Functioning Scale (SLOF)
- Global Assessment of Functioning (GAF)

For psychopathological evaluation:

- Brief Psychiatric Rating Scale (BPRS)

The data were statistically analyzed with the EZAnalyze 3.0 software for the Excel platform.

Results: The RAS-DS total score results (Table 2) show a not significant difference between T0 vs. T1 (mean: 101.80 vs. 104.37, p. 0.193). An improvement in the score was observed after one year of rehabilitation treatment in the subgroup "Doing things I value" (T0 vs. T1: mean 16.15 vs. 18.77, p. 0.001). Statistically significant differences were observed in the subgroups "Mastering my illness" (T0 vs. T1: mean 18.3 vs. 20.85, p. 0.021). In the other subgroups, the differences were not statistically significant. Interestingly, these results are comparable to those found with SLOF and GAF (respectively, p. 0.972 and p. 0.873).

Image:

Table 1 Epidemiological Data			
Age			
	Patients	mean yrs	\pm DS
Total	103	48.74	12.60
Females	38	49.211	12.90
Males	65	48.462	12.51
Education			
		mean yrs	\pm DS
Total		10.52	3.68
Females		10.29	3.21
Males		10.66	3.94
Illness duration			
		mean yrs	\pm DS
Total		16.09	9.83
Females		15.79	9.07
Males		16.26	10.32

Image 2:

Table 2 Data RAS-DS			
	T0	T1	p.
Total			
Mean:	101,806	104,379	0.193
Std. Dev.:	16,715	18,516	
Doing Things I Value			
Mean:	16,155	18.77	0.121
Std. Dev.:	3,539	4,070	
Looking forward			
Mean:	49,184	51,010	0.102
Std. Dev.:	10,728	10,584	
Mastering my illness			
Mean:	18.39	20.85	0.021
Std. Dev.:	5,497	5,379	
Connecting and belonging			
Mean:	17,165	17,738	0.214
Std. Dev.:	3,559	4,494	

Conclusions: The current trend of research and clinical practice is to give more importance to psychiatric rehabilitation treatment (Franza Psychiatr Danub 2022;34(Suppl 8) 9-13). The results obtained with our observational study indicate the possible usefulness of indicators of patient well-being, as well as the RAS-DS in the management of psychiatric rehabilitation programs. The expectations, indications, and perceptions of psychiatric patients can be decisive in improving recovery.

Disclosure of Interest: None Declared

EPV0878

The Recovery concept in Assertive Community Treatment: Truth or Fake?

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Introduction: The concept of “Recovery” in the context of psychiatric rehabilitation has undergone significant evolution throughout history. This abstract delves into the question of the truth or falsity of this concept, examining diverse perspectives and arguments surrounding its application.

Objectives: The primary aim of this abstract is to critically analyze the concept of “Recovery” in psychiatric rehabilitation and ACT from both favorable and critical perspectives, considering its historical evolution, and highlighting key distinctions between the theories of Mike Slade and William Anthony.

Furthermore, it addresses the significance of measuring and evaluating the fidelity of healthcare practices to this mode

Methods: To conduct this analysis, an exhaustive review of current scientific literature was undertaken. Emphasis was placed on the importance of measuring and evaluating the fidelity of healthcare practices to this model.

Results: Slade and Anthony’s theories emphasize different aspects of recovery, while implementation models translate these theories into clinical practice and services. Additionally, the discussion highlights the significance of measuring and evaluating the fidelity of healthcare practices to this model.

Assertive Community Treatment (ACT) programs have increasingly recognized the importance of the “recovery” concept in promoting the empowerment and self-determination of individuals with severe mental illnesses. This discussion examines how ACT programs have adopted recovery-oriented principles, the ways in which they implement these principles, and the potential benefits and challenges associated with their integration.

Conclusions: The distinctions between Mike Slade and William Anthony’s theories and the implementation models underscore the importance of a precise and differentiated understanding within the field of psychiatric rehabilitation.

The integration of the “recovery” concept within Assertive Community Treatment (ACT) represents a significant shift towards person-centered care in psychiatric rehabilitation. Further research and evaluation are essential to assess the effectiveness and long-term impact of this integration.

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Disclosure of Interest: None Declared

EPV0879

Right to attention to sexuality for people with mental disorders: bridges between health and social services

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Introduction: The expression of sexuality in the adult with mental disorders depends on the early incorporation of factors for promoting social inclusion. It is fundamental that sexual educators and advisors, in addition to working with the clients, also work with close family members. Intervention programs should establish objectives for developing a positive attitude towards sexuality in people with mental disorders and improving self-esteem (Katz G, *Salud Publica Mex.* 2008;50 Suppl 2:s239-54).

Challenge: Achieving support for people with mental health problems and/or substance use disorder admitted to the Social Rehabilitation Process of a psychiatric hospital so that they develop their sexuality satisfactorily. The right to privacy must be taken into account.

Objectives: Promoting a healthy and satisfactory development of sexuality in people with severe mental disorders. Raising awareness among healthcare teams, families and legal representatives regarding the need and suitability for support. Introducing the concept of sexuality as a dignifying perspective. Promoting sexual education that avoids disadvantages and situations of abuse in the target group. Coordinating the continuity of the project with non-health social services after discharge.

Hypothesis: Possibility of receiving support in the development of sexuality through training, information and improvement in the management of emotions/feelings in people who express the need or willingness to receive it, will contribute to overcoming limitations or difficulties.

Methods: Detecting people who during 2021 wish to work on the objectives through the care team. Searching for community resources aimed at attending sexuality issues in people with mental health problems. Proposing the hospital a collaboration with a non-profit entity that develops a specialized program for attention to sexuality in disability. Coordination between

Treatment team and Entity. Quantitative and qualitative assess-

2022	People included	Percentage of people admitted to the Income Unit (65)
Detection concern sex-affectivity	5	7,69%
Verbalized concern	3	4,61%
Referral to the entity program	2	3,07%

ment of one year of experience according to the parameters of the entity.

Results:

Conclusions: All patients included have a diagnosis of psychosis. Experience was very positive for the participants. Community intervention projects that lead to an education in healthy and respectful relationships in the field of sexuality and affectivity are necessary. This would allow to prevent behaviours and situations at risk of abuse as well as social and emotional instability.

Disclosure of Interest: None Declared

EPV0880

Psycho-social predictors of motivation for treatment in patients with mental disorders: the role of adverse childhood experiences and internalized stigma.

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Introduction: Motivation for treatment is an important socio-psychological characteristic of patients, which is subject to the joint influence of various factors, each of which may require specific rehabilitation interventions.

Objectives: To analyze and evaluate the cumulative influence of adverse childhood experiences (ACE), internal stigma, social characteristics on the intensity of treatment motivation in patients with mental disorders.

Methods: 102 patients with mental disorders were examined using Adverse Childhood Experience Questionnaire (ACEQ), Russian-language validated Internalized Stigma of Mental Illness (ISMI) scale and Treatment Motivation Assessment Questionnaire (TMAQ).

Results: As a result of regression analysis (table 1), a model was obtained that predicted an increase in the chances of high patient's motivation for treatment with an increase in the total score of ACEs (ACEQ total score) and with higher education. The overall severity of internal stigma (ISMI total score) did not show a significant effect on the chances of developing intense motivation in patients.

Table 1. Model of logistic regression analysis of educational, ACE total score and ISMI total score with the severity of motivation for treatment.

Predictor	B	SE	p	Exp (B)	95% confidence interval for EXP(B)
Secondary education	1,120	0,699	0,109	3,065	0,778-12,074
Higher education	1,972	0,775	,011	7,189	1,574-32,834
ISMI total score	-0,435	0,773	0,574	0,647	0,142-2,946
ACEQ total score	0,346	0,147	0,019	1,414	1,060-1,886

After post data analysis (table 2), a cut-off point was established for the ACEQ total score of 4 points, corresponding to an increased chances of high patient's treatment motivation.

Table 2. Results of the test ROC analysis for ACEQ total score and the severity of motivation for treatment.

Cutpoint	Sensitivity (%)	Specificity (%)	Youden's index	AUC
3	64.71%	53.57%	0.183	0.689
4	50%	75%	0.250	0.689
5	38.24%	85.71%	0.239	0.689

Conclusions: ACEs may likely be a source of posttraumatic growth in adulthood in patients with mental illness specially if their count amounts to 4 or more variants. The role of social and psychological characteristics of patients with mental disorders in the psychology of the treatment process should be considered systemically, rather than discretely.

Disclosure of Interest: None Declared

EPV0881

Exploring participant's experiences in a multifamily therapy group on schizophrenia : a qualitative approach

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Introduction: Prevention of relapse in schizophrenia is a major public health issue. A recent network meta-analysis investigating interventions for relapse prevention in schizophrenia found that the efficacy of family psychoeducation and systemic integrated interventions were superior to treatment as usual at 12 months (Bighelli I, Leucht S et al. Lancet Psychiatry 2021). Other studies also found that multi-family therapies (MFT) were superior to treatment as usual and family psychoeducation in preventing relapses at 2 and 4 years (McFarlane WR, Lukens EP et al. Archives of General Psychiatry.1995). Considering this, we developped in

our community center an MFT program based on systemic approach and psychoeducation.

Objectives: Investigate the subjective experience of participants of an MFT group focusing on schizophrenia.

Methods: A qualitative study was designed to explore personal experience of participants using the Interpretative Phenomenological Analysis (IPA) method in order to analyse participant's feedback during semi-directive interviews. By using IPA, participants are experts of their experience. Eight participants took part in this study: 4 patients and 4 parents.

Results: Within all participant's feedback around 10 different themes emerged. We identified three major themes which we have described as: "Affiliation to the group", "Framework of Discovery", "Benefits of MFT".

According to "Affiliation to the group", all participants report movements of adhesion or rejection towards the group. This theme has been subdivided into two sub-themes: "Temporality", and "Identification/differentiation". These sub-themes revealed inter-individuals' differences.

According to "Framework of discovery", the MFT group has been identified as a secure place allowing self and other's discovery place. This theme has been divided into two sub-themes: "discovering skills" and "improving oneself and relatives' understanding". Participants experience taking a step back and decentering oneself from usual personal position.

According to "Benefits of MFT", participants report the feeling of belonging to a group, the impact on self-esteem, on mentalization skills, and on the reflexion on family members' experience of the disease.

Conclusions: This study is, to our knowledge, the first qualitative study examining the subjective experience of members who participated in a psychoeducational and systemic MFT group focusing on schizophrenia. It provides insight into the families' experience, both from the patient's and from each family member's perspective. Results highlight that participants seized the MFT group as a learning space at several levels: personal, intra-family and inter-family.

These data could enlighten professionals working with families on the potential apprehensions of participants, their representations of the group and what process MFT could initiate.

Disclosure of Interest: None Declared

EPV0883

Clinical and Psychosocial Impact of Psychoeducational Groups for Psychosis

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Introduction: Individuals with mental health disorders often lack access to appropriate care, including psychosocial rehabilitation programs, which are considered essential for their recovery. In 2019, as part of the intervention by the *Community and Mental*

Health Service, at *Hospital de Magalhães Lemos*, we initiated a psychoeducational group for patients with psychotic spectrum disorders, with the purpose of providing our patients with comprehensive information about their condition and effective management strategies. Our 8-week program consisted of 16 sessions, including icebreaker activities, discussion of certain themes, sharing of experiences and practice of stress management techniques.

Objectives: The aim of this study was to assess and quantify the impact of our 2023 program.

Methods: Out of a total of 20 patients interviewed for our program in 2023, 16 began the program and 12 completed it. The program's evaluation was based on several assessment tools, including a sociodemographic questionnaire, a knowledge assessment questionnaire, the *Positive and Negative Syndrome Scale (PANSS)*, the *Insight and Treatment Attitudes Questionnaire (ITAC)*, the *World Health Organization Quality of Life (WHOQOL)*, and the *Medication Adherence Rating Scale (MARS)*. We also created a health agenda to organize an individual plan of care.

Results: Our findings indicated an improvement in insight and attitudes towards treatment by 8.6%, an enhancement in treatment adherence by 5%, and an increase in knowledge by 11.9%. In terms of quality of life, we observed a slight improvement in the psychological domain by 0.6% and in the social domain by 1.2%. Regarding the impact on psychotic symptomatology, there was an average decrease in 4 points in the negative subscale and in 3 points in the general psychopathology subscale, whereas the positive subscale remained unchanged. None of the patients required hospitalization during this period.

Conclusions: Our study revealed some improvement in nearly all the evaluated parameters. There was an improvement of the therapeutic relationship, which we believe has contributed to lower scores in the negative symptoms and general psychopathology subscale. As for the study limitations, we acknowledge that we will need to expand our sample through additional programs in the next years, to include it in early intervention psychosis programs and to re-evaluate our patients' outcomes after a more extended follow-up period, particularly if they continue to participate in our monthly mutual support group. Additionally, we must consider potential study biases, including the subjectivity of PANSS evaluations and the influence of other confounding factors, such as changes in treatment regimens during the program.

Disclosure of Interest: None Declared

EPV0884

Long-Term Trends in Psychiatric Day Hospitalization: A Retrospective Study in Algarve, Portugal

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Introduction: Current healthcare policies encourage the investment in transition units between hospitalization and outpatient care. Psychiatry day hospitals (DH) serve as partial hospitalization structures that facilitate this transition. The DH at the Faro Unit of

the Centro Hospitalar Universitário do Algarve (CHUA), began its activity in 2008, is situated in southern Portugal and provides support to the entire eastern Algarve region (approximately 300,000 people). Its focus is on rehabilitating individuals with severe mental illnesses necessitating multidisciplinary care, with personalized therapeutic plans.

Objectives: We aimed to categorize patients based on diagnoses (primary psychotic disorder, depressive disorder, and others) according to the International Classification of Diseases (ICD-11) and to characterize and compare sociodemographic and clinical data among these three groups.

Methods: A retrospective study spanning from May 2008 to June 2023 was conducted. We assessed sociodemographic, clinical, and epidemiological data of patients undergoing treatment at CHUA Faro Unit's DH.

Results: Over this period, 541 treatment cycles were carried out to 433 distinct patients, between 18 and 78 years old. Of the total treatments, 38% were for Primary Psychotic Disorder (PPD), 24% for Depressive Disorder (DD) and among the others (39%) the diagnosis of Bipolar Affective Disorder and Personality Disorder predominated. Statistically significant differences were identified among these three groups. The PPD group exhibited a male predominance, whereas DD and others were largely female. Patients in the PPD group were significantly younger (average age of 36 in PPD, 40 in others, and 48 in DD), more likely to be single, and a majority were unemployed (with several patients retired due to disability). No significant differences were noted regarding drop-outs, expulsions, or the duration of DH treatment. These results are preliminary, and additional relevant data are being collected and processed.

Conclusions: The diagnostic group's consideration revealed differences in the social, demographic, and clinical characteristics of patients. These findings offer insights into patient details, enabling the future adaptation of intervention strategies in a more personalized manner.

Disclosure of Interest: None Declared

EPV0886

The effectiveness of computerized cognitive training on cognitive functions and mental health in people with schizophrenia

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Introduction: People with schizophrenia have multiple and persistent cognitive deficits. These defects have a deep impact on people's psycho-social functions. Although computerized cognitive training has positive results in some people, the effect of these treatment programs in schizophrenia is not clear.

Objectives: The purpose of this study was to investigate the effectiveness of computerized cognitive exercises on the components affecting the mental health and cognitive functions of schizophrenic patients.

Methods: Fifty-four adults with schizophrenia were randomly divided into two intervention and control groups. Participants in the intervention group received 30 sessions of 5-45 minutes of computerized cognitive training in addition to the usual treatment programs. While the control group only received their usual rehabilitation programs (Pharmacotherapy, psychotherapy and occupational therapy).

Mental health was evaluated with Warwick-Edinburgh Mental Well-Being Scale and Depression-Anxiety-Stress Scale (DASS), and cognitive functions with CANTAB tests Batteries before the intervention, after and two months after the intervention (follow up). The set of CANTAB tests used in this study included the following tests: Spatial Recognition Memory (SRM), Paired Associates Learning (PAL), Stockings of Cambridge(SOC), Spatial Working Memory (SWM), and Spatial Span (SSP).

Results: The analysis of the findings showed that the patients' performance in the cognitive tests related to memory and executive functions improved significantly in the intervention group after the intervention. In problem solving skills, despite the better performance in the intervention group, the difference between the two groups was not significant. Also, the intervention was able to significantly improve mental health and reduce stress. But no significant difference was observed in reducing anxiety and depression.

Conclusions: As a result, the study showed that 30 sessions of computerized cognitive training can have a positive effect on overall mental health and some cognitive functions.

Disclosure of Interest: None Declared

EPV0887

Cognitive Speech Therapy Protocol directed to Autistic Spectrum Disorder (PROFOCO-ASD): construction stage

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Introduction: Autism Spectrum Disorder (ASD) is considered a neurodevelopmental disorder characterized by changes in cognitive aspects that influence the process of social communication development in these individuals. The Speech-Language Pathologist is the professional qualified to evaluate and intervene in cases of language impairment, however, there are few accessible cognitive assessment instruments. The Cognitive Speech Therapy Protocol (PROFOCO) is a questionnaire to assess cognitive aspects directed to children with a clinical diagnosis of Autism Spectrum Disorder (ASD).

Objectives: The present study aims to present the construction phases of the Cognitive Speech Therapy Protocol aimed at Autistic Spectrum Disorders (PROFOCO-ASD), with emphasis on the panel of experts.

Methods: The Cognitive Speech Therapy Protocol was prepared as a PhD thesis in the area of Rehabilitation Sciences at the Faculty of Medicine of the University of São Paulo (FMUSP). This is a

questionnaire to investigate cognitive aspects aimed at children between 2 and 12 years old, diagnosed with Autism Spectrum Disorder, to be applied by a speech therapist and answered by parents or guardians. The construction of the protocol took place in 4 stages: experience of the authors, review of updated literature, a pre-test applied in person to 10 parents and guardians of children with ASD and the panel of experts where the protocol was analyzed by 3 specialists from area of speech therapy linked to USP AND UNIFESP, with experience in language and in the construction of protocols as criteria for selection, which analyzed the content of the questions, the vocabulary, the structure of the protocol and the answer

Results: The authors' experience in the construction process made it possible to observe the need to introduce issues involving the adequate state of brain regulation, conditions for reception, analysis and storage of information and conditions for programming, regulation and execution of activities. The updated bibliographic review made it possible to elaborate each question based on scientific evidence. The pre-test made it possible to analyze the understanding of the proposed questions, the vocabulary used and the time required for application. The expert panel provided an analysis of the content and vocabulary, leading to relevant changes in its general context, demonstrating the importance of the expert panel phase in the development of a reference protocol.

Conclusions: The present study demonstrates the importance of the expert panel phase in structuring a screening instrument, since a different perspective from people involved in the language area can give more clarity to the questions, as well as the vocabulary used, ease of A protocol capable of being understood by a population in different contexts, its vision also evolves, in different regions.

Disclosure of Interest: None Declared

Research Methodology

EPV0888

Insights into Early Onset Dementia: a protocol for an 8-year nationwide retrospective study using administrative data

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Introduction: Early-onset dementia (EOD) is defined as any type of dementia with an onset before the age of 65. Despite its profound impact on patients and their families, EOD has garnered less attention when compared to late-onset dementia (LOD), often resulting in its underestimation. In comparison to LOD, EOD

commonly manifests with atypical and heterogeneous symptoms, encompassing mainly non-memory problems, ranging from language and executive impairments to behavioral-led dysfunction. Despite the importance of accurate data to organize appropriate healthcare, evidence regarding EOD patients in Portugal is lacking.

Objectives: The primary aims of this study include identifying the causes for hospitalization in EOD patients, diagnosed with dementia either as a primary or secondary diagnosis, and comparing them with inpatients aged 65 and older (LOD). Additionally, the study aims to analyze key hospitalization outcomes for both groups, including length of stay, in-hospital mortality, and readmissions. As a secondary aim, this study seeks to describe subtypes of EOD.

Methods: A retrospective observational study will be conducted following the RECORD statement. Data will be retrieved from an administrative database that gathers de-identified routinely collected hospitalization data from all Portuguese mainland public hospitals. Hospitalization episodes of inpatients younger than 65 years old, with a primary or secondary diagnosis of dementia (ascertained by ICD-9-CM codes 290.0-290.4, 294.0-294.2, 331.0, 331.1, and 331.82), will be extracted. Comparison patients will be selected by propensity score-matching from inpatients over 65 years with a dementia ICD-9-CM code (in any position), matched for Charlson Comorbidity Index (CCI).

Results: Descriptive and analytical statistics will be conducted to describe and characterize both group of inpatients. Variables such as age at admission, sex, place of residence, causes and type of admission, psychiatric comorbidities, length of stay (LoS), destination after discharge, readmissions, in-hospital mortality and hospital charges will be analyzed.

Conclusions: With this nationwide analysis of EOD hospitalizations, we aim to reveal critical aspects of this condition, including common causes of admission, diagnostic features and health outcomes, allowing for appropriate medical interventions and support tailored to the specific needs of this clinical group.

Disclosure of Interest: None Declared

EPV0889

Prevalence and impact of comorbid mental disorders in hospitalized patients with obstructive sleep apnea: a protocol for a nationwide retrospective study

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Introduction: Obstructive sleep apnea (OSA) is a common sleep disorder in the adult population, often associated with an increased prevalence of comorbid conditions such as obesity and diabetes, but

also several mental disorders that have been independently associated with worse hospitalization outcomes in a variety of situations. However, and despite such associations, there is a relative dearth of studies exploring comorbid psychopathology beyond depression and anxiety, and no studies seem to address the impact of comorbid mental disorders on the hospitalization outcomes of patients with OSA.

Objectives: This study aims to characterize and compare mental comorbidities among hospitalization episodes of adult patients with and without OSA held in mainland Portugal, regardless of the primary cause of admission, and to analyze the impact of such comorbidities on hospitalization outcomes.

Methods: An observational retrospective study will be conducted using an administrative database comprising de-identified routinely collected discharge data from all Portuguese mainland public hospitals. Inpatient episodes spanning from 2008 to 2015 will be categorized into two groups according to the presence of an OSA code (ICD-9-CM codes 780.51, 780.53, 780.57, 327.20 and 327.23). For both groups, mental disorders will be identified according to categories 650 to 670 of the Clinical Classifications Software (CCS) for ICD-9-CM. Descriptive, univariate, and multivariate analyses will be performed. Study reporting will comply with the RECORD statement guidelines.

Results: Out of 6,072,538 sampled episodes, 57,301 have an OSA code. Prevalence of any comorbid mental disorder is 30.4% in the OSA group, and 19.3% in the non-OSA group. For both groups, sociodemographic, administrative, and clinical variables will be characterized and compared, as well as the prevalence of each mental disorder category, yearly hospitalization trends, and most common primary diagnoses. Hospitalization outcomes, including length of stay, in-hospital mortality, and readmissions, will be compared taking into consideration the presence of CCS categories of mental disorders.

Conclusions: We expect to improve the understanding of the prevalence of mental comorbidities among hospitalized patients with OSA, including understudied mental disorders, and to elucidate their impact on relevant hospitalization outcomes, thus highlighting the need to recognize and treat this common association to achieve optimal outcomes.

Disclosure of Interest: None Declared

EPV0890

Methods and experiences of a collaborative research project carried out by academic clinical researchers and experts by experience

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Introduction: Patient or service user participation in research and development is seen as essential in health research, including in

topics within psychiatry. The process and depth of research collaboration can vary and is not always described adequately.

Objectives: The objective is to describe the collaborative methods and the experiences of experts by experience and academic researchers in a research project on patients' experiences of remote care in psychiatric settings during and after the COVID-19 pandemic.

Methods: We describe our collaborative methods and experiences using the INVOLVE key features (www.involve.nihr.ac.uk).

Results: Collaboration started with an open discussion on research aims and role definitions. Collaborative methods included teaching and training sessions on interview methodologies, collaboratively writing and evaluating documents for ethical approval and research permission, collaboratively planning the recruitment process, preparation, and conducting research interviews and analysis. On-line and in-person meetings have been essential for an an-going dialogue and reflection. The methods and experiences are described in more detail in Table 1.

Openness and building trust have been important and time was needed to achieve these. All academic researchers had been actively working with experts by experience in the clinical settings before the research project. The collaboration in the current study has emphasized the need for active involvement of experts with experience throughout the research process. For the experts by experience, the project has provided new insight into academic research and given them confidence in their ability to participate meaningfully in a collaborative study project. The academic researchers valued the sense of significance of the research topic and shared decision-making that the collaboration has brought into the project.

Image:

Table 1 Methods and experiences of the co-research according to the INVOLVE key features.

Involve Key Feature	Establishing ground rules	Ongoing dialogue	Joint ownership of key decisions	Commitment to relationship building	Opportunities for personal growth and development	Flexibility	Valuing and evaluating the impact of co-produced research	Continuous reflection
Method	Open discussion on roles and aims before the project started	Frequent meetings and contact during the process	Meetings including everyone when difficulties occur, open discussion on possibilities	Frequent meetings during planning and conducting research, leaving spaces for open discussion	Co-presentations, learning by doing	Size and roles in the research team make it possible to share and take turns in roles	Stopping to reflect what we have done and officially acknowledging everyone's contribution	Frequent meetings and contact during the process, reflections after conducted interviews.
Experience	Important for building trust and role clarification "what is expected of me"	Adding meaning/units to the research process.	Possibility to reflect and discuss were important especially when difficulties occurred	COVID-19 restrictions allowed only on line meetings in the beginning made relationship building more difficult but with time we have been able to build trust.	Realizing own capability to conduct interviews, learning from the collaboration.	The research does not depend only on one person, flexibility with events in private life.	Emphasis on the research process and continuous learning.	Especially with difficulties in recruitment reflection has given sense of importance and to continue with the project.

Conclusions: Collaborative research needs time to build trust and to clearly define the roles of participants, from the opening stage of the process. Continuous learning during the research process is emphasized. Since different research methodologies arise from various theoretical backgrounds, we suggest adding a topic on research theory to the INVOLVE key features.

Disclosure of Interest: None Declared

EPV0891

Two Sides of the Same Coin? A Comparison between Internet-based and Paper-based Data Collection for Autism Quotient and Depression, Anxiety and Stress Scale

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Introduction: The utilization of internet-based data collection in mental health research has gained popularity for its convenience and affordability. However, concerns often arise regarding the validity and reliability of data collected via the internet. The Autism Spectrum Quotient (AQ) is a self-report questionnaire to measure the traits associated with autism spectrum disorder (Baron-Cohen *et al.* J Autism Dev Disord, 2001; 31 5-17) and the online usage of AQ is common and conducted with large numbers of participants across many studies. However, the effect of using internet-based data collection for AQ rather than conventional paper-based procedures is unknown.

Objectives: To address this issue, we conducted a study comparing the effectiveness of internet-based and paper-based data collection procedures for both the AQ and Depression Anxiety Stress Scale-21 (DASS-21, Lovibond & Lovibond, Behav Res Ther 1995; 33 335–343), which is also a prevalent mental health measurement in the literature and often used for online data collection (Zlomke, Comput Hum Behav 2009; 25 841-843). In addition, to compare internet-based and paper-based methods more fully, we included another variable (type of supervision) where a researcher was either present or absent during the completion of the questionnaires.

Methods: A power analysis was conducted, and a minimum of 90 participants were needed to reach a medium effect size of .30 with an adequate power of .80 at $\alpha = .05$. Accordingly, 96 participants were used and randomly assigned across 4 data collection groups: internet-based (supervision, no supervision) and paper-based (supervision, no supervision). In addition to a Demographic Form, AQ, and DASS-21 were used to obtain the data. Three independent variables were used in the current study: type of presentation (internet-based and paper-based) and type of supervision as between factors, and type of assessment as a within factor.

Results: Using a 2 x 2 x 2 mixed design ANOVA, no significant main effects were found for any independent variables (all $p > .33$) or interaction (all $ps > .17$).

Conclusions: The results of using AQ and DASS-21 were not altered by using internet-based or paper-based data collection procedures, suggesting that both methodologies are equally valid for this purpose. Moreover, these effects were also unaffected by the presence or absence of a researcher during data collection, suggesting that supervision by an authoritative figure does not alter the responses made.

Disclosure of Interest: None Declared

EPV0894

Implementation supports to promote fidelity within a flexible, presentation-responsive MHPSS intervention model: A case study of Baby Friendly Spaces in Cox's Bazar, Bangladesh

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Introduction: As evidence has converged on the feasibility and effectiveness of focused, non-specialized, manualized interventions for treating mental distress in humanitarian settings, challenges persist in how to promote implementation fidelity and rigorously evaluate interventions designed to be more preventive or promotive in addressing risk and protective factors for poor mental health. One such intervention, Baby Friendly Spaces (BFS), is a psychosocial support program implemented for Rohingya mothers and their malnourished children living in refugee camps of Cox's Bazar, Bangladesh. That follows a place-based intervention model in which various activities may be offered either individually or in groups with no specified sequence.

Objectives: This presentation describes the process of establishing standards for implementing optimal mental health and psychosocial support (MHPSS) interventions, training BFS workers, and building monitoring and supervision systems to promote implementation fidelity within this flexible support program.

Methods: As BFS services were already being offered as part of Action Against Hunger programming, we first conducted an audit of current services, determining that there was limited current standardization or support for implementation. Therefore, a manualized protocol was designed and covered the program curricula and self-care using didactic and practice-based learning. A series of online training sessions were conducted for 13 psychosocial workers and psychologists at centers delivering the enhanced intervention. Following the training, a baseline evaluation of attitudes, confidence, and knowledge for delivering BFS services was administered. We also collaboratively designed a systematic supervision process to meet the staff's needs with a focus on capacity building and self-care.

Results: Following the initial training, BFS workers receiving the re-training showed similar levels of knowledge, but greater confidence ($p=0.01$) than MHPSS workers proceeding as usual. Participants reported that the training was useful for their field of work and for improving the quality of their work, and acknowledged they would be able to integrate the new learnings into their work and daily life. The follow-up with the supervision process confirmed their capacity to deliver the services and highlighted the need for workspace improvements, the lack of continuous motivation, their ability to identify specific issues for which they requested additional trainings.

Conclusions: There is a particular need for careful attention to implementation supports and supervision when offering flexible, place-based mental health and psychosocial support interventions. In that process, ensuring a continuity between the training and the supervision is essential for the quality of both the program and the research project.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPV0897

Neurocognitive functioning and emotional recognition in first-episode psychosis: protocol for a follow-up study

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Introduction: Although deficits in neurocognitive functioning and emotional recognition impact treatment outcomes in schizophrenia since the development of the first psychotic episode (FEP), there is still a lack of longer follow-up studies showing the course of these deficits over time.

Objectives: Our objective is to investigate the changes of cognitive functioning over years in a cohort of patients, since their FEP.

Methods: This study is developed as a follow-up of the project Biomarkers in schizophrenia- integration of complementary methods in longitudinal follow-up of FEP, that was conducted in several Croatian psychiatric clinics during the period from 2014 to 2019. A cohort of patients with FEP took part in the project with psychopathology, neurocognitive functioning and emotional recognition assessment at two time points- at baseline, during the subacute phase of a psychotic episode, and after 18 months of follow-up. In this study, patients with FEP who completed the baseline assessment of the project ($n=159$), will be contacted and included in the follow-up. Follow-up assessment will consist of sociodemographic data including information of their treatment so far, battery of neurocognitive tests (Rey Auditory Verbal Learning Test, Rey-Osterrieth complex figure Test, Wechsler paired memory, trail making test a & b, Digit symbol, Digit span, Semantic & Phonetic Fluency, Stroop 1, 2, 3 and Block design test), emotional recognition test (Penn Emotion Recognition Task) and several scales assessing psychopathology (Positive and Negative Syndrome Scale, Self-evaluation of Negative Symptoms, Scale for the Assessment of Negative Symptoms), functioning (Global Assessment of Functioning, WHO Disability Assessment Scale 2.0), quality of life and recovery. The study is funded by the University of Zagreb programmes (Project No. 10106-23-2394).

Results: We plan to analyze the differences between the three time points (baseline, 18 months, 5 years), taking in account possible correlations with psychopathology, functioning, quality of life and different treatment options.

Conclusions: Identifying specific deficits can help in providing more effective treatment plan including various interventions that can improve treatment outcomes in schizophrenia.

Disclosure of Interest: None Declared

EPV0900

Quality of life and objective-subjective functionality in individuals with schizophrenia

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Introduction: Chronic mental illnesses can significantly impact an individual's quality of life and lead to functional disabilities. Scientific interest in overall quality of life and health-related quality of life has been gradually increasing, especially in the context of chronic diseases where the relationship between patients' long-term functionality and symptom development is not always linear.

Objectives: Our research aimed to investigate the factors influencing subjective-objective well-being and in patients diagnosed with schizophrenia and schizoaffective disorder. Specifically, we examined the effects of anticipated discrimination on patients' quality of life, satisfaction with health care, and overall functionality.

Methods: We recruited 25 patients from Semmelweis University Department of Psychiatry and Psychotherapy in Budapest, Hungary. To be eligible, patients had to meet the diagnostic criteria for schizophrenia or schizoaffective disorder according to DSM-5, cooperate with pharmacotherapy, and meet remission criteria (Andreasen et al., *Am J Psychiatry* 2005; 162 441-449). We collected socio-demographic data and clinical history, utilized the Mini International Neuropsychiatric Interview (M.I.N.I.) and the Positive and Negative Syndrome Scale (PANSS) to identify our clinical sample and assess the severity of symptoms. Objective and subjective functionality and well-being were measured using the Lancashire Quality of Life Profile (LQoLP). Self-reported medication adherence were measured with Morisky Medication Adherence Scale (MMAS-8). Additionally, we assessed anticipated discrimination (QUAD), and satisfaction with healthcare (CACHE).

Results: Our findings have unveiled a cross-sectional association between higher self-reported medication adherence and improved quality of life among patients with schizophrenia. Moreover, increased adherence levels, as well as greater satisfaction with healthcare, were linked to enhanced objective and subjective functionality and overall well-being. Additionally, the anticipation of discrimination was found to be associated with reduced quality of life and functionality.

Conclusions: The overall quality of life and objective-subjective functioning in patients diagnosed with schizophrenia and

schizoaffective disorder can be influenced by various factors. Further research is needed to gain a better understanding of the factors associated with higher quality of life in patients.

Disclosure of Interest: None Declared

EPV0901

Cariprazine as monotherapy in a case of First Episode of Psychosis (FEP)

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Introduction: First-Episode Psychosis (FEP) is a variable condition, characterized by the emergence of new psychotic features for a period of at least 1 week. (Marques et al., *European Psychiatry* 2016; 33 S258) The treatment is antipsychotic medications, which are generally divided into two categories: first and second generation antipsychotics, and they are dopamine antagonists or dopamine partial agonists.

Objectives: The purpose of this presentation is to assess the efficacy of monotherapy treatment with cariprazine of the First Episode of Psychosis (FEP) in a young patient.

Methods: A 19-year old man was involuntarily admitted to the psychiatric intensive care unit because of aggressive and inappropriate behaviour towards his mother including threats to kill her and exhibiting his genitals. His medical history included short periods of depressed mood, as well as physical symptoms such as loss of hair and gastrointestinal symptoms, since he was 18 years old.

When the patient was admitted he was cautious and anxious. During the interview he made reference to auditory hallucinations that commanded him to sexually stimulate himself in front of his mother and also persecutory delusions. Upon admission his total PANSS score was 127. The positive subscale score was 21. The patient was treated with monotherapy cariprazine, gradually increasing the dose from 1,5 mg to 6 mg per day . Furthermore, he was adjunctively treated with sertraline, gradually increasing the dose from 50 to 150 mg.

Results: After a period 24 days since admission the patient clinically improved and was discharged. His total PANSS score was 73 and the positive subscale was 9. He suffered no adverse effects from his treatment.

Conclusions: The use of cariprazine as a treatment for a FEP of a young male significantly improved his PANSS score after a 24-day treatment and also his disorganised behaviour. Of note, rapid tranquilization was avoided. According to the literature this is considered satisfactory response to treatment (Leucht et al. *Schizophrenia Res.* 2005; 79:231-8.). Nevertheless further investigation on the efficacy of the particular medication is necessary as its use is relatively recent in the treatment of psychosis. (Garnock et al. *CNS Drugs.* 2017; 31:513-525)

Disclosure of Interest: None Declared

EPV0902

Efficacy and tolerability of half-yearly long acting injectable palmitate paliperidone after 12 months follow-upA. Benito^{1*} and A. Sanchez-Cabezudo²¹PSYCHIATRY, SESCAM, TOLEDO and ²PSYCHIATRY, SERMAS, MADRID, Spain

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Introduction: This retrospective study analysed the clinical efficacy, tolerability and treatment satisfaction of patients who switched from receiving palmitate paliperidone monthly (PP1M) to palmitate paliperidone six-monthly (PP6M) after 12 months of follow-up. A total of 48 patients (31 men and 17 women) with recently diagnosed schizophrenia were included.

Objectives: To assess the clinical efficacy, tolerability and treatment satisfaction in a sample of recently diagnosed schizophrenic patients who switched from receiving palmitate paliperidone monthly (PP1M) to palmitate paliperidone six-monthly (PP6M)

Methods: The sample included a total of 48 recently diagnosed schizophrenic (1-5 years) from three Mental Health units in the province of Toledo (Spain). The inclusion criteria were a diagnosis of schizophrenia (based on the ICD-10 criteria), the start of treatment with Long Acting Injectable Paliperidone Palmitate six-monthly (previously with palmitate paliperidone monthly), and the non-utilization of another neuroleptic treatment. A series of demographic variables were recorded, PANSS scale was used to identify the presence and severity of psychopathology symptoms and the CGI scale was used to assess the severity of the symptoms finally time to relapse was measured (primary outcome). The scales were again applied at baseline, 3 and 6 and 12 months after the start of treatment

Results: N=48 patients (31 males and 17 females), with a mean age of 31 years. 4.3 years of evolution of illness. During the follow-up period only 2 patients (4%) relapsed. Results showed an improvement in PANSS (baseline 50.8, 3 months 41.9, 6 months 37.3, 12 months 26.1), likewise and improvement in CGI was observed (baseline 4.1, 3 months 3.4, 6 months 2.9, 12 months 2.5).

In terms of tolerability, no secondary effects were reported after treatment change, suggesting a good safety profile and predictable tolerability of PP6M. Patient satisfaction with treatment also improved over time. The study reports that 87% of patients accepted the switch from PP1M to PP6M, with reasons for switching including reduced frequency of administration and increased comfort. Most patients (95%) received antipsychotic monotherapy.

Conclusions: In conclusion, this study suggests that switching from PP1M to PP6M in patients with recently diagnosed schizophrenia was associated with maintained clinical stability, good tolerability and improved patient satisfaction with treatment. These findings support the efficacy and clinical utility of PP6M as a convenient and effective treatment option for patients with schizophrenia.

Disclosure of Interest: None Declared

EPV0905

Connection between self-esteem and discontinuation of medication

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Introduction: Self-esteem entails evaluating oneself positively and often involves the need to be special and above average without comparisons with others. It could play a role in many areas of the patient's life.

Objectives: The aim of the present study was to find the prevalence of self-esteem and investigate the associations between self-esteem and treatment adherence in patients with schizophrenia spectrum disorders.

Methods: This study involved outpatients with schizophrenia spectrum disorders, according to (DSM-V) diagnostic criteria, attending the Department of Psychiatry A, Razi hospital between august and September 30, 2023. The level of self-esteem was measured with Rosenberg's Self-Esteem Rating scale (SERS) and treatment adherence with the Medical Adherence Rating Scale (MARS). Socio-demographic characteristics were also collected.

Results: Thirty stabilized outpatients with schizophrenia (n=18), schizoaffective disorder (n=11), brief psychotic disorder (n=1) were included in the study. The mean (SD) age of the respondents was 43.2 years; the mean number of Hospital admissions was 4.7. Almost two thirds of this population (63.33%) had low self-esteem and 36.67% had high self-esteem. The level of self-esteem did not differ between diagnostic categories. Self-esteem also positively correlated with higher education and negatively with an increased number of hospitalizations. However, no significant association was found between socio-demographic variables and self-esteem. Adherence was further negatively correlated with age and age of onset of disorders. Patients suffering from schizophrenia had the lowest adherence to treatment. The results of the present preliminary study suggest a positive correlation between the SERS total scores and the MARS scores. It was found that higher levels of self-esteem are related with higher levels of treatment adherence and lower levels of self-esteem are associated with discontinuation of medications without a psychiatrist's recommendation. This connection was present in all diagnostic groups.

Conclusions: This study shows positive relationship between self-esteem and treatment adherence. Further studies are needed to investigate whether self-esteem is a factor positively influencing adherence to treatment and show if self-esteem training programs like standard psychoeducation and cognitive behavioral therapy could be beneficial to improve treatment adherence among psychiatric patients.

Disclosure of Interest: None Declared

EPV0906

Is treatment adherence linked to self-compassion in schizophrenia?

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Introduction: Self-compassion is defined as the ability to be open to and touched by one's suffering and to relate to it with kindness and non-judgmental awareness. Although identifying factors related to treatment adherence remains an important challenge in patients with schizophrenia spectrum disorders, self-compassion has rarely been investigated in this population. Further studies are needed to investigate whether self-compassion training can improve treatment adherence in this population.

Objectives: The objective of the present study was to investigate the relationship between self-compassion and treatment adherence in patients with schizophrenia spectrum disorders.

Methods: thirty stabilized adult outpatients with schizophrenia (n=18), schizoaffective disorder (n=11), brief psychotic disorder (n=1) per DSM-5 criteria were included. Self-compassion was assessed using the 26-item Self-Compassion Scale (SCS). Treatment adherence was assessed using the Medical Adherence Rating Scale (MARS). Socio-demographic characteristics, including age, gender, academic level, and mean daily antipsychotic dosages were collected.

Results: There was no significant difference in SCS scores and MARS scores as a function of gender, age, or academic level. The results of the present preliminary study suggest a positive correlation between the SCS total scores and the MARS scores. It was found that higher levels of self-compassion are related with higher levels of treatment adherence in patients with schizophrenia spectrum disorders and lower levels of self-compassion are associated with discontinuation of medications without a psychiatrist's recommendation. This connection was present in all diagnostic groups.

Conclusions: The results of the present preliminary study suggest that self-compassion and treatment adherence are closely related. Improving self-compassion in patients with schizophrenia spectrum disorders may improve their level of treatment adherence. Further studies are needed to investigate whether self-compassion training programs could be useful as an extension of standard psychoeducation and cognitive behavioral therapy to improve treatment adherence in this population.

Disclosure of Interest: None Declared

EPV0907

Treatment adherence and insight in schizophrenia spectrum disorders

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doi: 10.1192/j.eurpsy.2024.1507

Introduction: Lack of adherence to antipsychotic medication in patients with schizophrenia spectrum disorders is a major risk factor for relapse and rehospitalizations which contributes to major social and economic consequences. A high proportion of patients with schizophrenia are partially or completely unaware of their mental disorder.

Objectives: The aim of this study was to investigate the association between insight and medication adherence.

Methods: A total number of 30 outpatients with schizophrenia spectrum disorders, according to (DSM-V) diagnostic criteria who were attending the department of psychiatry A Razi hospital between august and September 30, 2023 were included in this study. Patients' insight was measured by the birchwood insight scale. The degree of medication adherence was measured by using Medication Adherence Rating Scale (MARS).

Results: Patients enrolled in the study had a mean (SD) age of 43.2. There was no significant correlation between patients' insight and patients' ages, duration of illness and hospitalization times. In addition, there was no significant association between medication adherence and age, duration of illness, number of hospitalization or social level. Impaired insight was associated with poor antipsychotic medication adherence in patients with schizophrenia spectrum disorders. Higher insight was correlated to higher therapeutic adherence. Our results showed that the level of insight and compliance to treatment are positively correlated.

Conclusions: The results of this study support the hypothesis that insight and treatment adherence are closely related. Interventions to enhance insight may be helpful in improving medication adherence.

Disclosure of Interest: None Declared

EPV0908

Efficacy of acetylsalicylic acid in schizophrenia: a literature reviewA. Aissa^{1,2*}, S. Jedda¹, F. Askri¹, O. Maatouk¹, U. Ouali¹, Y. Zgueb¹ and R. Jomli¹¹Psychiatry A, Razi Hospital, Manouba and ²Psychiatry, Faculty of Medicine of Tunis, Tunis, Tunisia

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Introduction: There has been growing evidence to support the hypothesis that inflammation is involved in the pathogenesis of schizophrenia.

Objectives: The aim of the present literature review was to assess the efficacy of acetylsalicylic acid (ASA) as an adjuvant agent in the treatment of an acute exacerbation of schizophrenia.

Methods: We searched randomized clinical trials based on regular searches of MEDLINE, Embase, PubMed.

Results: We included four studies. The results were in favor of the efficacy of ASA in the study where authors targeted early psychosis. Illness duration seems to predict response to anti-inflammatory agents.

Conclusions: Further studies of early stages of schizophrenia are helpful.

Disclosure of Interest: None Declared

EPV0909

Patient satisfaction with 6-month paliperidone palmitate versus other long-acting injectable antipsychotics

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Introduction: Long-acting injectable antipsychotics (LAIs) offer advantages for schizophrenic patients compared to oral antipsychotics: less frequent dosing, lower relapse rates, better adherence, and lower healthcare costs. LAIs include paliperidone, aripiprazole, olanzapine, risperidone, and zuclopenthixol. Paliperidone palmitate is the only antipsychotic with two formulations with an administration interval longer than one month (3-monthly and 6-monthly), which could be better for the patient and help ensure treatment continuity, especially in cases of limited access to the health care system.

Objectives: To assess the satisfaction of patients under treatment with 6-month paliperidone palmitate compared to other long-acting injectable antipsychotics with a higher frequency of administration.

Methods: We analyzed the satisfaction level of a sample of patients receiving treatment with LAIs at the Mental Health Center of El Escorial. All patients had a diagnosis of schizophrenia or other psychotic disorders (according to DSM-5). Patients who met the inclusion criteria completed the Treatment Satisfaction Questionnaire for Medication (TSQM), a generic questionnaire of treatment satisfaction that measures four dimensions: side effects, treatment efficacy, comfort of use, and overall satisfaction. Other clinical and socio-demographic variables were collected, as well as the type of injectable, dose, and frequency of administration.

Results: Data from approximately 30 patients will be analyzed and discussed later.

Conclusions: Less frequent administration of LAIs may result in greater patient satisfaction and be just as beneficial clinically. Treatment satisfaction is positively associated with an improvement in psychotic symptoms and seems to be related to better adherence.

Disclosure of Interest: None Declared

EPV0910

Perceived mental illness stigma and self stigma among persons treated for psychotic disorders

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Introduction: Stigma related to mental health has serious impact on persons suffering from psychiatric disorders and on their families. Self-stigma occurs when people with mental health problems internalize public attitudes, negative beliefs and stereotypes associated with psychiatric disorders. Stigma and self-stigma can affect every aspect of life and result in discrimination, social exclusion, feelings of low self-esteem, shame, guilt, and can postpone seeking help.

Objectives: To examine perceived stigma and self-stigma of people treated for psychotic disorders.

Methods: We will include male and female patients older than 18 years of age, diagnosed with psychotic disorders, treated as outpatients. Assessment will include sociodemographic data, Internalized Stigma of Mental Illness Inventory – 9-item Version (ISMI-9) * to measure internalized stigma of mental illness, The perceived devaluation-discrimination (PDD) scale to measure perceived stigma, the World Health Organisation Quality of Life-BREF (WHOQOL-BREF) questionnaire, and Clinical Global Impression Scale (CGI).

Results: We will analyse differences in ISMI and PDD scales in patients treated for psychotic disorders.

Conclusions: Understanding self-stigma and societal stigma associated with mental health is crucial in creating programs aimed at well-being of persons treated for psychotic disorders.

Disclosure of Interest: None Declared

EPV0912

Differential diagnosis in chronic psychosis: a case report

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Introduction: A colombian woman aged 62, with previous diagnosis of paranoid schizophrenia. She retired from working 2 years ago, when she started taking care of her sick husband full-time.

Objectives: To describe a chronic psychosis case and discuss the treatment options and differential diagnosis.

Methods: We used the face-to-face interviews during her last hospitalization and her electronic medical history.

We also made a brief research about the effectiveness of risperidone depot in Pubmed.

Results: Psychiatric history

She's had 3 hospitalizations, all of them coincided with stressful vital situations. The first one occurred when she was dealing with a job issue. In the second one she was having an economic conflict with her husband. And the third one has coincided with worries about her retirement pension and her caregiver burden.

Current episode

She came to my hospital emergency department distressed because she thought her husband and her were victims of an international drug trafficking plot. She said a colombian drug cartel had sent 9 prostitutes to her village in order to steal from them, by pretending they were cleaning assistants, as a reprisal against her husband, who used to be a military in Colombia. She explained the nature of

this event with great details. Also, she said the electric company was involved and they had tried to intoxicate her.

The psychopathological exploration was altered with a correct speech in its form but incoherent in its content. She presented a highly structured delusional plot of prosecution. No major affective disorders were detected. She suffered from reactive insomnia and anxiety.

Evolution

At first, it was torpid, she felt perspicacious and angry about the admission. Later, as the antipsychotic started to work, the symptoms improved and she became calm and collaborative. She has never criticized the delusion plot, but it was encapsulated, and the affective resonance disappeared.

We tried oral aripiprazole and paliperidone but retired both due to bad tolerance. Then we tried risperidone, with good tolerance and response, and started her current monthly treatment with Risperidone 100 mg depot.

After one year, she has kept stable with no relapses and good adherence to the treatment.

Differential diagnosis

The patient meets every diagnostic criteria of Delusional disorder (F22), as she has never experienced hallucinations and the functionality has not significantly decreased through the years. Also, she doesn't meet the second criteria for Schizophrenia (F20).

Conclusions: It is important to explore the evolution of a psychotic disorder in order to differentiate between a schizophrenia and a delusional disorder, as the prognosis differs significantly.

Using Risperidone monthly depot can be a good option for treating a psychotic disorder (Sampson et al. Cochrane Database Syst Rev 2016. 14;4(4)).

Disclosure of Interest: None Declared

EPV0913

Initiation of Paliperidone palmitate 3-monthly injectable in an acute inpatient psychiatric unit

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Introduction: The treatment of patients with severe psychotic disorders presents significant clinical challenges, and the choice of appropriate therapy is essential to ensure long-term stability¹. In this context, long-acting injectable antipsychotics (LAIs) have emerged as a promising therapeutic option. LAIs were developed to counteract poor treatment adherence in patients with psychotic disorders².

Paliperidone palmitate 3-monthly injectable (PP3M) is a novel formulation of intramuscular injectable paliperidone palmitate with a significantly longer half-life than the once-monthly formulation.

PP3M has shown a longer time to relapse and good safety and tolerability in many studies³.

Objectives: The aim of this work was to describe the profile of patients initiating PP3M in an acute inpatient psychiatric unit.

Methods: A descriptive study was conducted on patients admitted to the acute psychiatric unit from January 2021 to December 2022. The sample included 23 inpatients who initiated PP3M during the admission. Data were collected regarding age, gender, diagnosis, substance abuse, previous antipsychotic treatment, antipsychotic treatment adherence and adverse effects during the admission.

Results: 23 patients sample, with an average age of 44.04 years-old, 16 male and 7 female, diagnosed with psychotic disorder (22) and schizoaffective disorder (1). Out of the 23 patients, 7 had active substance abuse upon admission.

Out of the total sample, 9 of them were prescribed LAIs, with 6 on PP1M (Paliperidone palmitate 1-monthly injectable), 2 on PP3M, and 1 on aripiprazole long-acting injection. Twelve were prescribed oral antipsychotics, including 4 on paliperidone, 4 on risperidone, 1 on aripiprazole, 1 on olanzapine, and 2 on other oral antipsychotics. Two patients did not have a previous antipsychotic prescription.

Among the 23 patients, 17 of them did not have previous antipsychotic treatment adherence.

5 out of the 23 patients experienced adverse effects, with 3 of them having extrapyramidal symptoms and 2 hyperprolactinemia. Upon discharge, 11 out of the 23 patients were prescribed antipsychotic monotherapy with PP3M.

Conclusions: In this sample, we observed that inpatients who initiated PP3M in an acute psychiatric unit were males, with psychotic disorders, lacked adherence to previous antipsychotic treatment. Most of them did not experience adverse effects with PP3M during admission.

More research should be done to assess the use of PP3M in an acute inpatient psychiatric unit.

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Disclosure of Interest: None Declared

EPV0914

Achieving functional remission in schizophrenia: a pilot study

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Introduction: Many patients with schizophrenia are unable to achieve adequate levels of psychosocial functioning and quality of life despite of the remission of illness symptoms. According to previous reports, only one-third of patients with symptomatic

remission reach functional remission. While current pharmacotherapy options seem to be relatively effective for different symptoms of schizophrenia (e.g. positive symptoms), more specific psychosocial interventions that could enable functional remission are yet to be developed.

Objectives: Our objective is to investigate differences in psychopathology, quality of life, functioning, and achieving functional remission before and after specific group treatments developed in our clinic.

Methods: We will conduct a prospective study including a consecutive cohort of female patients older than 18 years of age, which fulfilled the criteria for schizophrenia and schizoaffective disorder according to the International Classification of Disorders, 10th revision. Exclusion criteria are intellectual disabilities, mental disorders due to known physiological or neurological conditions, lactation or pregnancy, treatment with medications that can provoke psychosis, alcoholism, and other addictions. Patients will be recruited after finished hospital treatment or during individual outpatient controls. The Recovery Helm will be used at the beginning of the treatment, to make individual treatment plan and include patients in specific programs including day hospital treatment and/or outpatient group programs: psychoeducation, relaxation, metacognitive training, and social skills training. Besides collecting sociodemographic data, pre- and post-treatment assessment will include the Positive and Negative Syndrome Scale (PANSS), the Global Assessment of Functioning (GAF), the Quality of Life Scale (QLS), and the "Functional Remission of General Schizophrenia" (FROGS) scale.

Results: We will analyze the changes in psychopathology levels, quality of life, functioning, and achieving functional remission between the two assessment points, taking into account different treatment possibilities.

Conclusions: Evaluation of current available programs can help with recognition of specific needs of patients with schizophrenia and provide guidelines for further development of treatment programs that could be helpful in achieving functional remission.

Disclosure of Interest: None Declared

EPV0915

Treatment resistant FEP (first episode of psychosis) with neuroanatomical findings

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Introduction: Presentation of the first psychotic episode of a young man and the investigation of the efficacy of treatment with olanzapine and after cariprazine.

Objectives: Assessing the response to treatment of cariprazine in a psychotic patient with relevant neuroanatomical findings.

Methods: A 25-year old man was admitted to the psychiatric intensive care due to his aggressive behavior and verbal abuse, threatening to kill them both. His medical history included long periods of negatively affected mood, social isolation and talking to himself according to his family

Results: When the patient was admitted he was very anxious, alert and extremely aggressive. During the interview he admitted auditory and visual hallucinations alongside delusional ideation with a particular aggression towards his father.

Upon admission his PANSS score was 121. positive scale score was 23.

The patient was treated initially with monotherapy olanzapine, gradually increased up to 20mg OD. Olanzapine caused asymptomatic transaminasemia, a relatively common adverse effect. At this point a change in medication was made and olanzapine was stopped and cariprazine was added gradually increasing its dose from 1,5mg to 6mg OD.

Interestingly the medical investigations (brain CT scan) indicated a calcification in falx cerebri.

After a period of 48 days since admission the patient was clinically improved and was discharged. His PANSS score was 72. Positive scale was 10.

Conclusions: The use of cariprazine as a treatment for a first psychotic episode of a young male improved his PANSS score after a 22-day treatment. According to the literature neuroanatomical findings have been associated with poor prognosis regarding the course of the illness. There needs to be further investigation on the efficacy of the long term treatment for this patient.

Disclosure of Interest: None Declared

EPV0916

Acute Stress Induced Catatonic Psychosis in an Adolescent: A Case Report

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Introduction: Childhood maltreatment(CM) can precipitate a range of psychiatric disorders in individuals. Some research show that CM rates are as high as 85% in schizophrenia spectrum disorders (Larsson *et al.* 2013). This case report explores an instance of acute catatonic psychosis in an adolescent following a significant episode of physical and emotional abuse.

Objectives: The aim is to elucidate the clinical presentation, diagnosis, and treatment of trauma-induced acute catatonic psychosis in an adolescent. The report seeks to emphasize the potential link between acute trauma and severe psychiatric disorders in young individuals.

Methods: A thorough review of the patient's clinical records was undertaken, focusing on psychiatric history, symptoms, treatment trials and responses. In parallel, an extensive literature review was conducted to understand the current knowledge on the association between acute traumatic stress and acute psychosis with catatonia.

Results: The patient, a 16-year-old female, presented with severe symptoms of catatonia and psychosis including mutism, posturing, stupor, negativism, auditory hallucinations and persecutory delusions, in addition; eating refusal, urinary and fecal incontinence. Symptoms started immediately following physical and emotional

abuse that occurred 10 days ago. She was hit, insulted and detained for 2 days by her parent's friends. Abuse reported to social services and judicial authorities. All laboratory and neurologic examinations performed to exclude an organic pathology. No pathologic results founded. Olanzapine 5 mg/day and lorazepam 0.5 mg/day started and titrated to 30 mg/day and 3.75 mg/day doses. Biperiden 4 mg/day started due to extrapyramidal side effects. A significant improvement observed about her catatonic and positive psychotic symptoms but she still had acute stress disorder symptoms. Trauma-focused cognitive-behavioral therapy added to her treatment. Family-based interventions examined for CM. She discharged in full remission after eight weeks of hospital stay. Lorazepam dose reduced and stopped before discharge.

Conclusions: Neurobiological models are trying to enlight the association between experiencing highly stressful or traumatic events, such as child abuse, may impact on later expression of psychotic disorders by increasing stress sensitivity to later adversity (Fares-Otero *et al.* 2023). This case underscores the potential of acute traumatic stress to precipitate severe psychiatric disorders, including catatonia. It highlights the importance of comprehensive clinical evaluations and the inclusion of trauma history in children presenting with acute psychiatric symptoms. The findings advocate for the integration of trauma-focused interventions in the treatment of similar cases. Further research is needed to understand the pathophysiological mechanisms underlying this association and to develop effective treatment strategies for this vulnerable population.

Disclosure of Interest: None Declared

EPV0917

Long – acting injectable aripiprazole in patients with psychosis is associated with improved quality of life, better general clinical outcome and fewer hospitalizations

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Introduction: Aripiprazole, a D2 receptor partial agonist is suggested to enhance Prefrontal Cortex (PFC) dopamine functioning resulting to an improvement of working memory and GABA transmission related to social functioning. The LAI form of the medication is documented to improve the long-term adherence of the patients resulting in a better assessment of the effects of the drug on behavioral parameters that require a longer time to evaluate.

Objectives: Hypothesis testing: “Aripiprazole LAI antipsychotic treatment is associated with i) reduced hospitalizations, ii) improved quality of life and iii) patient functioning”.

Methods: 65 patients participated (Male to Female ratio corresponds to 2:1). 44 of them, the community population manifested psychosis (23 schizophrenia and 21 patients bipolar disorder with psychotic features). The median age was 41 years. 31.8% had dual diagnosis of psychosis and alcohol use disorders, while 25% had dual diagnosis of psychosis and Cannabis Use disorder. 77.3% were on aripiprazole LAI. 21 patients with BD I were prisoners at the Penitentiary of Neapolis of Lasithi of Crete. Median age was 36 years (all men). 90.5% had comorbidity of bipolar disorder type I (BD-I) and alcohol use disorders. 95.2% had comorbidity of BD – I and Cannabis Use Disorder. All were medicated by aripiprazole LAI 400mg/month. For the evaluation of our hypotheses the instruments WHOQOL-BREF questionnaire and the CGI-S scale were used. The quality of life, functionality, and number of hospitalizations were compared in each patient, before the initiation of the LAI medication and during the active treatment period. The minimum of follow-up period was 6 months.

Results: In 44 patients (in community) hospitalizations decreased statistically significantly from 1.3 ± 1.9 to 0.1 ± 0.4 (Paired Samples Wilcoxon Signed Rank Test p -value <0.001). The CGI-S score decreased statistically significantly from 6.0 ± 0.8 to 4.0 ± 1.1 (Paired Samples Wilcoxon Signed Rank Test p -value <0.001). The score of the WHOQOL-BREF scale increased statistically significantly from 0.5 ± 0.5 , to 2.9 ± 0.8 (Paired Samples Wilcoxon Signed Rank Test p -value <0.001). For the group of 21 patients (imprisoned) hospitalizations decreased from 0.6 ± 1.8 to 0.0 ± 0.0 (Paired Samples Wilcoxon Signed Rank Test p -value $=0.066$). The CGI-S score decreased statistically significantly from 5.3 ± 0.8 to 3.2 ± 1.3 (Paired Samples Wilcoxon Signed Rank Test p -value <0.001). The quality-of-life scale score increased statistically significantly from 0.9 ± 0.6 to 3.09 ± 0.7 (Paired Samples Wilcoxon Signed Rank Test p -value <0.001).

Conclusions: Aripiprazole LAI significantly improves the quality of life and functionality of patients with psychosis. We suggest that the improvement might be related to the beneficial effects of the molecule on the Prefrontal Cortex (PFC).

Disclosure of Interest: None Declared

EPV0918

Addressing negative symptoms of schizophrenia in a Psychosis Day Hospital: a case report

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Introduction: Negative symptoms are present in more than two thirds of schizophrenic patients throughout the evolution of the disorder. These include symptoms related to reduced motivation or pleasure, such as avolition, anhedonia and asociality, and reduced expressivity, including alogia and blunted affect.

We present the case of a 24-year-old man who was admitted to our Psychosis Day Hospital after several psychotic episodes, presenting

with prominent negative symptomatology that was imbued with mystical delusional beliefs.

Objectives:

- 1) To describe the clinical particularities of this case, focusing on the improvement of negative symptoms during the course of treatment at our Day Hospital.
- 2) To review the available evidence regarding the pharmacological and psychotherapeutic management of negative symptoms of schizophrenia.

Methods: A review of the patient's clinical history and complementary tests were carried out. Likewise, we reviewed the available literature in relation to the management of negative symptoms of schizophrenia in an ambulatory setting.

Results: The patient was admitted to our Day Hospital after four psychiatric hospitalizations due to mystical delusions, ideas of grandiosity and hyper-spirituality, along with prominent negative symptoms at the moment of inclusion at our centre, including social withdrawal, diminished affective response, lack of interest in the academic sphere and poor social drive. Although previous positive symptoms were present in a lesser degree, the patient interpreted the presence of the negative symptoms described above as a "punishment" or "test" from spiritual creatures.

Management of negative symptoms represents a major unmet need in schizophrenia. Modest effect size evidence for pharmacological approaches favours the use of antipsychotic in monotherapy and augmentation of antipsychotic treatment with other agents, such as antidepressants. Scarce evidence regarding psychotherapeutic approaches to these symptoms points to the use of cognitive behaviour therapy and social skills training.

Conclusions:

- Clinical identification and characterization of negative symptoms is crucial when treating patients with schizophrenia, as these are associated with important disability and poorer functional outcomes.
- Differentiation of primary and secondary negative symptoms is a key aspect in the evaluation and management of schizophrenic patients.
- This case outlines the coexistence of positive and negative symptoms, and illustrates the challenges in the pharmacological and psychotherapeutic management of these symptoms at a Psychosis Day Hospital.

Disclosure of Interest: None Declared

EPV0919

Mental illness as a poor prognosis factor in cancer treatment: a review of the difficulties in diagnosing and treating cancer in patients with schizophrenia based on a clinical case

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Introduction: Psychiatric patients, and schizophrenia patients in particular, have a lower average life expectancy than the general population, and the high prevalence of physical illnesses contributes to this. In the case of cancer, the incidence seems to be the same or lower compared to the general population, but on the other, the prognosis is frankly worse.

Objectives: We aim to collect evidence about the relationship between cancer and schizophrenia.

Methods: Based on a clinical case of a patient diagnosed with schizophrenia who died of an occult neoplasm, we conducted a narrative review of the literature concerning cancer screening, incidence, mortality and prognosis in patients with schizophrenia.

Results: A 39-year-old male patient was diagnosed with schizophrenia when he was 26 years older. The patient was single, had no children, lived alone and was retired due to his psychiatric condition. He was admitted to the inpatient ward in January 2023 due to a psychotic relapse after abandoning the prescribed treatment. He remained hospitalised for 14 days, and oral and injectable antipsychotic therapy was reinstated. He was discharged to the psychiatric day hospital unit to promote psychosocial rehabilitation. During this period, he complained about unspecified back pain but did not present any other physical symptoms.

Two months later, he was evaluated by his psychiatrist as an outpatient, and his general condition had become significantly poorer. He had lost over 20 kilograms, his skin was pale, and he complained of back pain. He was referred to an internal medicine consultation. Still, before it was scheduled, he came to the emergency department and was admitted due to digestive bleeding, asthenia and low back pain, with a weight loss of around 25 kilograms.

An abdominal mass was palpated on physical examination, and the chest x-ray showed a "balloon drop" pattern, indicating pulmonary metastases. Two days after being admitted to the internal medicine ward, he died of cardiac arrest.

It is known that the stigma that mentally ill patients suffer often contributes to a delay in diagnosing medical illnesses. In addition, frequent social isolation and poor social family support do not help these patients seek medical care when their physical condition deteriorates. Low adherence to cancer screening and avoidance of routine health care often add to this delay.

Conclusions: As physicians who often deal with individuals with severe mental illnesses, psychiatrists should be extra aware of risk factors and keep a heightened suspicion of medical conditions. They should also promote the adoption of beneficial health behaviours and encourage participation in cancer screening and other relevant health programs.

Disclosure of Interest: None Declared

EPV0922

Evaluation of clinical and sociodemographic characteristics of hospitalised patients with schizophrenia spectrum disorder

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Introduction: Schizophrenia and other psychotic disorders are disorders in which the individual's assessment of reality is impaired and which progress with exacerbations and become chronic, leading to disability, loss of function, social communication problems and frequent hospitalisations.

Objectives: The aim of our study was to evaluate the clinical and sociodemographic data of patients followed up in the outpatient clinic for psychotic disorders and hospitalized at least once in any time during their treatment.

Methods: The sample of the present study consisted of patients who were followed up in the psychotic disorders outpatient clinic of Selçuk University Faculty of Medicine Hospital and who were hospitalised at least once. Patients were identified by retrospective file search and those with sufficient information about their sociodemographic-clinical characteristics were included. The study approved by the ethics committee of Selçuk University Faculty of Medicine.

Results: Of the 130 patients, 52 (40%) were female and 78 (60%) were male; mean age was 40.8 ± 12.0 years. Almost half of the patients ($n=53$, 40.8%) had primary school education. 73 (59.2%) of 130 patients were receiving long-acting antipsychotic medication. 100 patients (76.9%) were using oral antipsychotics. 63 out of 100 patients were on clozapine. 22 of 63 patients used clozapine as monotherapy. The mean duration of untreated psychosis ($n=90$) was 15.8 ± 32.1 months. The mean number of hospitalisations was 3.4 ± 2.5 . 15 patients (11.5%) were lived in a nursing home. The mean number of hospitalisations of patients receiving long-acting treatment (3.8 ± 2.9) was significantly higher than that of patients receiving oral treatment only (2.7 ± 1.6) ($p=0.004$). There was no significant difference in the mean number of hospitalisations when comparing according to the presence of clozapine in the treatment ($p>0.05$).

Conclusions: The primary goal in the treatment of patients with schizophrenia is to prevent relapses, hospital admissions and improve patients' quality of life and functioning. Therefore, the variables related to hospitalisations, which are an indirect indicator of the frequency of psychotic episodes, should be well evaluated. Our study was mainly descriptive and evaluated the relationship between several parameters and hospitalisations. It was thought that the high number of hospitalisations in patients on long-acting treatment might be related to the fact that long-acting treatment in our country is mostly started in the late stages of the disease. Large-sample studies of predictive parameters are needed to prevent psychotic episodes and reduce the number of hospitalisations.

Disclosure of Interest: None Declared

EPV0923

Impact of negative signs on therapeutic compliance in patients with schizophrenia

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Introduction: Schizophrenia is characterized by a heterogeneous clinical expression. Schizophrenic symptoms fall into three main

dimensions: positive, negative, and disorganized. Negative symptoms may be primary or secondary to positive symptoms.

Therapeutic compliance is essential in the management of mental illnesses and in particular schizophrenia. The associations between poor compliance and negative symptomatology are little studied even though it is found in several patients suffering from schizophrenia and is associated with a poor functional prognosis.

Objectives: The objective of this study is to evaluate the link between negative symptoms and medication adherence in patients with schizophrenia.

Methods: This is a cross-sectional study with a descriptive and analytical aim carried out among patients in whom a diagnosis of schizophrenia was made according to the diagnostic criteria of the DSM-5.

Data will be collected using an anonymous hetero-questionnaire including patients' personal and sociodemographic data, as well as the negative symptoms subscale of the PANSS and Medication Adherence Rating Scale (MARS) which assesses therapeutic compliance.

Results: In total, we obtained a sample of 109 patients. The median age of the population is 37 years (± 8.2), the age varies between 18 and 64 years. The majority of patients were single, i.e. 79.6%. On average, patients had good compliance with the MARS with a mean score of 6.3 ± 1.9 [0;10]. A negative correlation between the negative symptoms subscale of the PANSS and the MARS was found significant ($p=0.003$), with a moderate effect.

Conclusions: This study showed that the negative signs of schizophrenia have an impact on therapeutic compliance. Therefore, it would be useful to enlarge the sample and study this association in depth in order to be able to improve these signs to ensure good care and better quality of life for these patients.

Disclosure of Interest: None Declared

EPV0924

Duration of untreated psychosis and involuntary hospitalization in first-episode psychosis

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Introduction: Duration of untreated psychosis (DUP) is defined as the time between the onset of psychotic symptoms and the initiation of appropriate treatment. DUP has been the subject of intensive research to understand how it is associated with a poorer prognosis in patients with first-episode psychosis (FEP). Involuntary treatment is often necessary in the context of FEP.

Objectives: To characterize the relationship between the duration of untreated psychosis (DUP) and the type of hospitalization (voluntary versus involuntary) in patients admitted for FEP.

Methods: We conducted a retrospective observational study, collecting data from patients admitted between January 2019 and December 2022, in the psychiatric unit at our hospital in Bragança, Portugal. We used the information recorded in the clinical records

and statistical analysis of the data was performed using the SPSS program.

Results: Over the 4-year study period, 81 patients with first-episode psychotic symptoms at admission were selected. The average age was 46.98 years, with a slight male predominance. 46.9% (n=38) were admitted involuntarily, and 53.1% (n=43) were admitted voluntarily. The average DUP was 73 days. DUP was 95.92 days for patients admitted involuntarily and 54.72 days for voluntary admission. This difference was not statistically significant.

Conclusions: There was a longer DUP in patients admitted involuntarily, although this association was not statistically significant. However, it is important to emphasize that involuntary hospitalization is frequently linked to more severe cases and poorer prognosis. Therefore, recognizing psychotic symptoms as early as possible is essential to facilitate prompt identification and effective treatment for patients experiencing their first episode of psychosis, ultimately leading to an improved prognosis.

Disclosure of Interest: None Declared

EPV0925

The Relationship Between Internal Stigmatisation, Recovery and Treatment Adherence in Individuals with Schizophrenia

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Introduction: Schizophrenia has a clinical course that has a great negative impact on the daily life of the person due to the cognitive and social problems it causes. Internalised stigmatisation is a very common negative phenomenon in individuals diagnosed with schizophrenia. It is known that treatment adherence is low in schizophrenia patients with high levels of internalised stigma. Lack of adequate treatment adherence in these patients is a negative factor in terms of recovery. Reducing the level of internal stigmatisation and reinforcing treatment adherence in schizophrenia has a positive effect on recovery. Considering this situation, it is important to determine the relationship between internal stigmatisation, treatment adherence and recovery in schizophrenia patients. In the literature review, there were no studies in which the relationship between internal stigmatisation, recovery and treatment adherence in individuals diagnosed with schizophrenia was carried out together.

Objectives: In this study, it was aimed to fill the existing gap in the relevant field and to be a resource for further intervention programmes.

Methods: The study was planned as descriptive. The sample of the study consisted of individuals diagnosed with schizophrenia aged 18 years and over who met the inclusion criteria and accepted to participate in the study by purposive sampling method. In the power analysis, the sample number was calculated as (N=80) with a margin of error of 0.5. Personal information form, Internalised Stigma Scale in Mental Illness (ISMI), Recovery Assessment Scale

(RAS) and Medication Adherence Rating Scale (MARS) were used for data collection. IBM SPSS 27.0 package programme was used for statistical analysis.

Results: The data are still being analysed in detail by the researchers. The findings and relational results of the study will be presented.

Conclusions: It is thought that the results of the study will contribute to the reporting of the relationship between intrinsic stigma, recovery and treatment adherence in individuals diagnosed with schizophrenia, and by revealing the relationship between the variables, it is thought that it will be a source for planning interventions that will increase the treatment adherence and recovery perceptions of schizophrenia patients and reduce their intrinsic stigma.

Disclosure of Interest: None Declared

EPV0926

Experience with 6-month paliperidone palmitate in a mental health center: descriptive study in real clinical practice

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Introduction: Extensive evidence supports that the use of long-acting injectable antipsychotics (LAIs) reduces the risk of relapses and maintains functional and symptomatic improvements in patients with schizophrenia, both in the initial stages and in chronic cases. Several LAIs are available but paliperidone palmitate is the only antipsychotic with formulations lasting 3 (PP3M) and 6 (PP6M) months. Longer-duration LAIs achieve stable treatment with fewer injections. Recent studies with PP3M support a reduction in hospitalizations and emergency room visits compared to monthly paliperidone and aripiprazole or oral antipsychotics.

PP6M seems to be at least as effective and well tolerated as other LAIs in preventing relapses in previously stabilized patients with schizophrenia.

Objectives: to assess efficacy and tolerability of PP6M in a real clinical practice compared to previous treatment (oral antipsychotics or other LAIs)

Methods: Patients with a diagnosis of psychotic disorder and treatment with PP6M have been recruited consecutively in a Mental Health Centre in the Community of Madrid (Spain). Clinical stability (CGI and emergency visits and hospitalizations since the start of treatment), tolerability (adverse effects), functionality (PSP scale) and satisfaction with treatment (TMSQ scale) have been studied.

Results: 16 patients were included throughout the first 6 months of treatment with PP6M treated at a CSM in the Community (CSM) of Madrid, of which 2 abandoned the study. Among the 14 patients included, aged between 26 and 60 years, 13 had a diagnosis of

schizophrenia and one of schizoaffective disorder (according to DSM5). No significant adverse effects were recorded, except for pain at the injection site. The majority were psychopathologically stable patients - 2 of them of recent onset (up to 36 months of evolution) and 7 psychopathological decompensations, measured as visits to the emergency room or psychiatric readmissions, have been detected during the first 6 months of follow-up in CSM. All patients had previously been admitted to treatment with PP6M (minimum 1 admission, maximum 20 admissions). The results of the baseline scores obtained on the psychometric scales applied were: CGI (15.35/35), PSP (62.78/100) and TMSQ (53.35/80).

Conclusions: The existing scientific evidence to date indicates that the application of PP6M is giving safe results in the first months of follow-up, with few side effects recorded, and a low rate of decompensations. This study based on data from real clinical practice in a CSM, despite the limitation due to the small sample size, obtains similar results consistent with those described in previous clinical trials.

Disclosure of Interest: I. Garcia Del Castillo Paid Instructor of: Training on drug use paid, A. Balaguer: None Declared, B. Esteban: None Declared, M. García del Castillo: None Declared, H. García del Castillo: None Declared, S. Castela-Almodovar: None Declared, A. Arce de la Riva: None Declared, F. Neira Serrano: None Declared

EPV0927

Catatonic stupor in 32 years old man diagnosed with schizotypal disorder

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Introduction: Stupor is a state of numbness of almost all personality functions, accompanied by stiffness, lethargy and abulia (lethargy). A person in a state of stupor is recognized by the fact that he is constantly silent, does not respond to stimuli at all, refuses food, has a motionless body posture, a face immobile like a mask, a gloomy and absent look. We can call a person who is in a stupor only by calling loudly, shaking hard and similar charms. Catatonic stupor is a state of complete loss of spontaneous and active movement, the patient stands stiffly for hours, sits, does not take food, does not speak but registers everything that is happening around him because his consciousness is not clouded.

Objectives: Here, we report on the case of a 32 year-old man. He was brought in the Emergency Center by his mother with the eyes shut and unresponsive to all sorts of verbal and gestural attempts to elicit any kind of response, with extreme complete body rigidity. He was sweating.

Over several weeks, he developed gradually social withdrawal, motoric stereotypies, loss of appetite, body stiffness. Three days before he was admitted to the hospital he stopped eating, drinking water, he was developed body rigidity.

Methods: Case report

Results: He was admitted to a Psychiatric Clinic and first days he was treated with 7,5 mg of lorazepam daily, kariprazin tbl. a 3mg in the morning and olanzapine 10 mg in the evening. Over several days symptoms has diminished.

Conclusions: The patient was reacted very well on the therapy and after several days symptoms diminished. After a month he was released from the hospital. He is in good remission for over a year. He comes regularly for outpatient check-ups

Disclosure of Interest: None Declared

EPV0928

Metabolic syndrome in psychiatric patients with schizophrenia

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Introduction: Metabolic syndrome and cardiovascular diseases are a very important cause of morbidity and mortality among patients with schizophrenia who live an average of 10-20 years less than the general population. Second generation antipsychotics are associated with obesity and other components of the metabolic syndrome.

Objectives: The aim of this paper was to provide complete insight into the existing recent evidence for metabolic risks associated with the use of new antipsychotics, and establish recommendations for monitoring metabolic syndrome and other risks, as well as current options for treatment and prevention of metabolic syndrome.

Methods: This review article is based on a literature search. We identified relevant publications and articles by searching the PUBMED database from 1999 to the present day according to the given parameters. The search criteria were the keywords "metabolic syndrome" combined with "schizophrenia" and "new antipsychotics".

Results: All researches has convincingly shown that patients with schizophrenia tend to be overweight and have a three to four times higher risk of developing diabetes than the general population. There are also more and more evidence in recent literature about the impact of new antipsychotics on the frequency of metabolic syndrome in patients with schizophrenia. The World Health Organization (WHO) defines metabolic syndrome as an elevated insulin level or a fasting glucose concentration of 5.6-6.0 mmol/l in combination with two or more of the following parameters: abdominal or central obesity and dyslipidemia and/or arterial hypertension. The research results systematically showed a 1.5 to 3 times higher frequency of metabolic syndrome in people suffering from schizophrenia compared to the general population. Therefore, regular control of all components of the metabolic syndrome is necessary, from waist circumference, which is the easiest to measure, to all others that can be carried out and done in the general practice doctor's office.

Conclusions: Metabolic changes in patients with schizophrenia who receive new antipsychotics in addition to their unfavorable lifestyle (improper diet, lack of physical activity, smoking) can lead to the development of metabolic syndrome and increase the risk for diabetes and cardiovascular diseases. It is therefore necessary to establish protocols for monitoring these risks and preventing comorbidities.

Disclosure of Interest: None Declared

EPV0929

The Challenge of Lorazepam Failure: Malignant Catatonia Treated Successfully with Valproate

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Introduction: Despite the unclear nature of catatonia, the treatment response of catatonia to benzodiazepines is widely known for its typical, dramatic recovery. The neurobiological correlates of this phenomenon regarding specific receptors and neurotransmitters are unclear, as are the potential treatment options. This is important to consider when the most commonly recommended treatments of catatonia with Lorazepam or Electroconvulsive Therapy (ECT) are unavailable or unsuccessful. In this report, we describe a case of severe, malignant catatonia and psychosis mostly unresponsive to Lorazepam during two different hospitalizations, but with eventual return to baseline after successful treatment with Valproate.

Objectives:

- To describe a unique case of malignant catatonia that was unresponsive to Lorazepam
- To illustrate the potential utility of Valproate as an alternative treatment strategy for catatonia

Methods: This is a case report.

Results: A 19-year-old Hispanic male presented to our hospital initially with family reports of severe and sudden depression with bizarre behavior. Prior to this admission, the patient had been discharged recently from another tertiary hospital following a 2-week admission for severe catatonia. Chart review from that admission scored the patient's Bush-Francis Catatonia Rating Scale (BFCRS) at 16, which remained mostly unchanged after numerous additional intramuscular doses and standing oral doses of Lorazepam, with a reduction of BFCRS the next day of only 2. During the patient's admission at our hospital, the patient endorsed bizarre, guilt-related delusions, and his catatonia was more severe and malignant with a BFCRS of 19, with tachycardia and diaphoresis. The patient was initially given a total of seven doses of a mix of intramuscular and oral Lorazepam (total 18mg), with a minimal 2-point reduction in BFCRS. As ECT was unavailable, Lorazepam was discontinued in favor of a trial of oral Valproate 500mg twice daily, and after his catatonia subsided (with a serum level of 60.8),

he was started on oral Risperidone 0.5mg once at night, titrated up to 3mg twice daily, and eventually returned to baseline as confirmed by his family members.

Conclusions: The treatment of catatonia with Lorazepam is usually reliable and has been found to be up to 80% effective, but when the recommended use of benzodiazepines and ECT fail or are unavailable, there are few studies exploring the viability of alternative treatment options. With the use of Valproate, previous studies have shown it can treat even severe catatonia (Krüger, J Neuropsychiatry 2001; 13:303-304), or can actually be its cause (Lauterbach, Neuropsychiatry, Neuropsychology, and Behavioral Neurology. 1998 Jul;11(3):157-163). As such, this case report highlights the importance of exploring alternative treatments for catatonia, including Valproate, in order to better tailor the management of this unique syndrome.

Disclosure of Interest: None Declared

EPV0930

Artificial intelligence and virtual reality applied to the clinical care of women with schizophrenia: A systematic review.

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Introduction: Artificial intelligence (AI) and virtual reality (VR) are useful tools that can improve precision medicine and can prove useful in the clinical care of patients with psychosis.

Objectives: Our aim was to determine whether AI and VR have been applied to the prediction of clinical response in women with schizophrenia.

Methods: A systematic review was carried out in PubMed and Scopus from inception to September 2023 by using the PRISMA guidelines. Search terms: ("artificial intelligence" OR "intelligent support" OR "machine intelligence" OR "machine learning" OR "virtual reality" OR "intelligent agent" OR "neural networks" OR "virtual reality" OR "digital twins") AND ("schizophrenia" OR "psychosis") AND ("women" OR gender). Inclusion criteria: 1) English, French, German or Spanish language, 2) reporting treatment response in schizophrenia (as long as information in women was included), and 3) including AI and VR techniques.

Results: From a total of 320 abstracts initially screened (PubMed:182, Scopus:138), we selected 6 studies that met criteria.

- Prediction of treatment response. (1) Clinical information, genetic risk score and proxy methylation score have been shown to improve prediction models. (2) Graph-theory-based measures have been combined with machine learning.
- Therapeutic drug monitoring. (1) A machine learning model has been useful in predicting quetiapine blood concentrations.

- Pharmacovigilance. (1) Machine learning has connected prolactin levels and response in olanzapine-treated patients. (Zhu et al., 2022).
- Treatment-resistant schizophrenia (TRS). (1) Women with TRS have been found to receive clozapine less frequently than men (adjusted for sociodemographic, biological and clinical factors). (2) Statistical learning approach: Women have been found to respond better to clozapine than men.

Conclusions: AI, including machine learning, show promising results in the prediction of treatment response in women with schizophrenia. As of yet, digital twins have not been investigated to test specific interventions or to personalize treatment in women with schizophrenia.

Disclosure of Interest: None Declared

EPV0932

Differential diagnosis of acute psychosis after cocaine consumption: a case report

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Introduction: Psychosis is a common clinical presentation of mental disorder in many psychiatric patients, however, an etiological diagnosis is important when it occurs for the first time in a patient. Regarding a case seen in the Emergency Department recently, with major depression and acute cocaine use, a differential diagnosis was made after adequate organic screening. When presenting delusion of infestation after the consumption of the substance, the main hypothesis was what we call Ekblom syndrome. However, among other possibilities we consider a toxic psychosis or a major depression with psychotic symptoms.

Objectives: Review the different causes of acute psychosis and the importance of a good clinical history to achieve a specific diagnosis. Perform a differential diagnosis between the main causes of psychosis in a patient with depression who has recently consumed cocaine.

Methods: Presentation of the case and review of the available literature on the risk of developing psychosis after cocaine use and depression concomitantly.

Results: There is a low number of reported cases of delusional infestation after acute cocaine use, being more likely toxic psychosis or major depression with psychotic symptoms. A good anamnesis, with systematic questions about toxic habits, can lead us to a more accurate main hypothesis.

Conclusions: We mark the importance of a systematic anamnesis to achieve a better diagnosis, as well as a correct study by the clinician of the specific syndromes described in phenomenology such as Ekblom syndrome, to make a correct association of ideas in the differential diagnosis.

Disclosure of Interest: None Declared

EPV0933

Paliperidone LAI-Induced Leukocytopenia: A Case Report

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Introduction: Antipsychotics effectively manage psychotic symptoms but may have side effects. Patients with schizophrenia often lack insight into their condition, leading to nonadherence. Long-acting injectable (LAI) antipsychotics aim to overcome this, reducing relapse risks. Paliperidone LAI, a second-generation antipsychotic, has a lower side effect profile when compared to first-generation counterparts. Blood dyscrasias, like neutropenia and lymphopenia, increase infection susceptibility. This case report describes an instance of leukocytopenia arising during paliperidone LAI treatment, which quickly resolved after the discontinuation of the medication.

Objectives: This case report describes an instance of leukocytopenia arising during paliperidone LAI treatment, which quickly resolved after the discontinuation of the medication.

Methods:

Results: CASE

A 42-year-old female with schizophrenia, nonadherent to previously prescribed medication was admitted to our acute psychiatric department. She experienced positive symptoms (paranoid delusions), as well as disorganized thinking and behavior. Oral risperidone 4 mg two times a day was recommenced and titrated with mild improvement in her psychotic symptoms with the idea of switching to paliperidone LAI and eventually ceasing oral medication. Oral paliperidone was unavailable for prescription due to local restrictions. At admission her routine laboratory tests showed no abnormalities, but 5 days after receiving paliperidone LAI, routine laboratory tests showed a strong decrease in her WBC and absolute neutrophilic and lymphocytic count (Lkc $2.89 \times 10^9/L$, Neut $1.57 \times 10^9/L$, Lym $0.88 \times 10^9/L$). Antipsychotic-induced blood dyscrasia was suspected and paliperidone depot was discontinued. The patient had rapid improvement in her WBC reaching the reference range in 10 days (Lkc $4.23 \times 10^9/L$, Neut $2.51 \times 10^9/L$, Lym $0.98 \times 10^9/L$). Sertindole was introduced considering her history of a good therapeutic response to the drug, with improvement in psychotic symptoms. She is currently stable taking sertindole 16 mg/day, clonazepam 2 mg/day and alprazolam 0.5 mg/day.

DISCUSSION

The onset of neutropenia and lymphopenia post-paliperidone LAI initiation, resolving in 10 days, indicate a direct association. Few cases report to date describe paliperidone-induced leukocytopenia, with rapid recovery post-discontinuation. Proposed mechanisms include bone marrow suppression and peripheral WBC destruction. It has been proposed that drug-induced neutropenia is often dose-dependent, which could explain why our patient exhibited tolerability to risperidone but developed cytopenia upon transitioning to depot paliperidone.

Conclusions: While cases of agranulocytosis have been reported in association with the use of other antipsychotics these antipsychotics do not require the same monitoring as clozapine. Our case emphasizes the need for vigilant blood dyscrasia monitoring during antipsychotic therapy.

Disclosure of Interest: None Declared

EPV0934

Sleep Matters: Unpacking the Link between Sleep Disorders and Clinical Characteristics in Schizophrenia.

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Introduction: Sleep disorders are a significant concern for patients with schizophrenia, and they can have a profound impact on their quality of life. Studies have shown that sleep disturbances are prevalent in patients with schizophrenia, and they may be linked to the clinical characteristics of the disorder. Despite this, the exact nature of the relationship between sleep disorders and schizophrenia remains unclear. Understanding this relationship is critical as it may lead to better diagnosis and treatment of both conditions, ultimately improving the overall health and wellbeing of patients.

Objectives: To establish the link between sleep disorders and clinical characteristics in a clinical population being treated for schizophrenia.

Methods: We conducted a cross-sectional, descriptive, and analytical study that took place over a period of one month (from 1st to 31st March 2023) among patients consulting the post-care service of Psychiatry Department D at Razi Hospital, Tunisia. We included patients aged between 18 and 65 years, diagnosed with schizophrenia according to DSM-5, and stabilized on psychiatric treatment. We used the Pittsburgh Sleep Quality Index (PSQI) to evaluate sleep quality over a period of one month. The evaluation of the clinical characteristics of schizophrenia was carried out using the Positive and Negative Syndrome Scale (PANSS).

The interview was conducted by a single researcher, and when the questionnaire was distributed to the participants, we explained the framework and the principle of this study as well as the implications of participating in it and explained that the participant could stop participating at any time if he or she wished.

Results: We collected data from 30 male patients with a mean age of 42.5 ± 14.02 . The mean overall PSQI score was 9.23 ± 4.58 . The subscales evaluating the subjective quality of sleep obtained an average score of 1.42 ± 0.72 , sleep latency was 1.61 ± 1.33 , sleep duration was 1.01 ± 0.98 , habitual sleep efficiency was 0.67 ± 0.75 , sleep disturbances were 0.91 ± 0.52 , sleep medication use was 1.36 ± 1.68 , and daytime dysfunction was 1.12 ± 0.96 . The mean scores of PANSS were: positive scale (28.26 ± 5.93), negative scale (18 ± 6.15), and general psychopathology scale (90.03 ± 16.21). We found a statistically significant association between the positive

PANSS scale and sleep latency ($p=0.002$) and sleep medication use ($p<0.003$).

Conclusions: The findings highlight the importance of evaluating and addressing sleep disturbances in the overall management of patients with schizophrenia, as they may have an impact on the severity of clinical symptoms.

Disclosure of Interest: None Declared

EPV0935

An underestimated link: a study of eating disorders in patients followed for schizophrenia

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Introduction: Schizophrenia is a debilitating mental illness that can cause significant disruptions in a person's life, leading to difficulty with thinking, emotions, and behaviors. While the symptoms of schizophrenia are well-known and extensively studied, comorbidities like eating disorders are often overlooked and undertreated, despite their prevalence in patients with schizophrenia.

Objectives: determine the different eating attitudes among schizophrenic patients and establish the link between eating attitudes, age, weight status, and psychotropic medication.

Methods: This is a cross-sectional and descriptive study that took place from September to November 2022 among patients who consulted the post-care consultations of Psychiatry D service at Razi Hospital, Tunisia. We included patients who had been followed for at least one year for schizophrenia according to the diagnostic criteria of DSM-V and who had not relapsed for at least 2 months. The collection of sociodemographic and clinical data was done retrospectively by referring to the patients' clinical records. Anthropometric measurements (weight, height, waist circumference, etc.) were recorded for each participant at the end of the interview. The Three-Factor Eating Questionnaire (TFEQ) was used to analyze eating attitudes.

Results: According to our results among 30 patients followed for schizophrenia, 74% were men with a mean age of 45 years (3.8). Sixty percent of the participants had a BMI <18.5 , 35% had a BMI between 18.5 and 25, and the rest had a BMI greater than 25. on the therapeutic level, 12 patients were on olanzapine, 15 patients were on risperidone and the rest were on haloperidol. The TFEQ score shows that uncontrolled eating was the most prevalent attitude in our population. A statistically positive association was found between uncontrolled eating and the use of olanzapine ($p<0.05$).

Conclusions: Our study contributes to draw the attention of mental health professionals to the screening of eating disorders in patients followed for long term mental disorders and insists on multidisciplinary management to ensure a better quality of life for patients.

Disclosure of Interest: None Declared

EPV0936

CPAN - A novel transdiagnostic dimensional approach to the assessment of psychotic disorders

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Introduction: Classification of mental disorders evolved greatly over time, as DSM and ICD dominated both research and everyday practice in the past decades. DSM-5 was planned to represent biological features of psychiatric disorders and include results of genetic and imaging studies in the criteria. Unfortunately, this goal couldn't be fulfilled, since, although there were promising results, evidence wasn't strong enough to fully support the biological background of the currently used diagnostic categories. One possible explanation for this discrepancy is that biological disturbances don't represent the somewhat artificial categorisation of these disorders. Many of the leading symptoms in psychotic disorders are nowadays considered as lying on a spectrum, such as autism, affective and psychotic spectrum disorders. Despite that, DSM-5 still describes schizophrenia, schizoaffective disorder and bipolar disorder as separate entities, however there can be major overlaps in the leading symptoms, moreover symptoms are not necessarily stable over time and can show fluctuations. It should be mentioned though that subgroups of schizophrenia in DSM-5 had been abolished and catatonia is considered as a trans-diagnostic specifier, moreover in ICD-11 certain symptoms can be added as symptoms specifiers to an existing diagnosis of primary psychotic disorder.

Objectives: Our aim was to establish a new trans-diagnostic, dimensional scale to assess the most important symptoms amongst patients with psychotic disorders. This scale is meant to represent the long-term clinical presentation and not a cross-sectional picture of a current state. We believe that long-term trajectories of these symptoms may be more connected to underlying biological features, such as genetic load (i.e. polygenic risk scores) and imaging results than the currently used diagnostic criteria. We think it is very important to create a tool, which is straightforward and short enough, so can be realistically used in everyday clinical work. This could provide important real-life data, which give us information about our patients from a different angle than the currently used diagnostic systems.

Methods: We have created the CPAN scale based on the current symptom specifiers of ICD-11 and the Clinician-Rated Dimensions of Psychosis Symptom Severity, which is an "emerging measure" for DSM-5 and also took into consideration our own clinical experience.

Results: The new tool measures 4 symptoms (catatonia, psychosis, affective symptoms and negative symptoms) on a scale of 5 (0-4). We have also put in specifiers to be able to characterize patients more precisely, and output measures (suicidal risk, functionality) to open the way for further analysis.

Conclusions: We tried to establish a novel symptom scale to help assessing patients with psychotic symptoms in everyday clinical work. Our plan is to test the validity of CPAN in the near future.

Disclosure of Interest: None Declared

EPV0938

Ultra-High-Risk that do not transition to psychosis. What happens?

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Introduction: Speaking prospectively we use the concept of "at risk mental state" (ARMS) to describe the state in which a person has a heightened risk of developing a psychotic disorder. Young people who are experiencing ARMS can be more precisely defined as being at ultra-high-risk of psychosis using a specific set of criteria known as the UHR criteria.

Objectives: To clarify the concept of ultra-high-risk individuals and to characterize the clinical and functional characteristics and general psychopathology of those individuals that do not transition to psychosis during the follow-up period.

Methods: Research on UpToDate using the terms "Ultra-High-Risk"; "psychosis"; "transition".

Results: Recent literature has suggested that less than 30% of those who meet established criteria for being at Clinical-High-Risk of psychosis (CHR-P) go on to develop a psychotic illness. It is therefore of crucial importance and relevance to assess and clarify what happens to high-risk individuals who do not transition to psychosis, who make up the vast majority.

One of the most recent studies (NAPLS-2) that encompassed 764 of CHR-P individuals who were followed for 2 years, concluded that 278 did not transition to psychosis during the follow-up period. Three clinical outcomes were recorded: 1 group had experienced a psychopathological remission (39.57%); the other kept symptomatic but not currently meeting criteria for a prodromal risk syndrome (33.45%); the third group had a prodromal progression (26.98%). The study concluded among others that although the remission group had improved social functioning at 2 years compared with the other groups, they were still functioning below the healthy control group.

Another meta-analysis that included a total of 2756 CHR-P individuals with a mean duration of follow-up of 30.7 months evaluated several clinical outcomes in CHR-P that didn't transitioned to psychosis and between CHR-P non-transitioning versus those transitioning to psychosis. It concluded that CHR-P that do not transition to psychosis have an overall improvement of symptoms (APS, negative, depressive) and functioning at follow-up compared to baseline.

Conclusions: The occurrence of a first psychotic episode is often devastating for the patient and their family, especially given its usual onset in adolescence and early adulthood. This is a critical period in the individual's development as a person, and disorders at this stage can threaten the potential for a productive and inclusive adult life. Studies have suggested that less than 30% of individuals classified as UHR actually develop a psychotic disorder.

However, little is known about the individuals belonging to this group who do not transition to psychosis. We therefore consider it is relevant to clarify the clinical and functional outcomes of this group of individuals.

Disclosure of Interest: None Declared

EPV0939

Somatic comorbidities in patients with schizophrenia

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Introduction: Patients with schizophrenia have shown a high mortality rate, and life expectancy is shortened by 10-20 years. This seems to be mainly caused by metabolic and cardiovascular diseases. Several risk factors are identified, including sedentary lifestyle, poor diet, low socioeconomic status, cognitive dysfunction, and antipsychotics iatrogenicity.

Objectives: We aimed to explore somatic pathologies reported in patients with schizophrenia, and to assess risk factors predisposing to these impairments.

Methods: We conducted a retrospective descriptive and analytical study, based on clinical and psychiatric observations of 60 patients with schizophrenia, hospitalized in psychiatry "B" department, Hedi Chaker university hospital (Sfax, Tunisia), during the period between 2015 and 2017.

Results: Among our patients, 38.3% suffered from somatic comorbidities: diabetes (21.7%), hypertension (15%), coronary disease (15%), hyperlipidaemia (15%), respiratory diseases (6.7%).

Tobacco consumption was reported in 53.3% of patients. It was significantly associated with the occurrence of cardiovascular diseases ($p=0.036$). Alcohol abuse was noted in 16.7%, while obesity was reported in 6.7% of patients.

Significant associations were found between obesity and diabetes ($p=0.001$), and between organic diseases and cognitive disorganization ($p=0.022$). Somatic comorbidities were more frequent in patients with low socio-economic level ($p=0.015$).

Among our patients, 83.3% were treated with conventional antipsychotics while 38.3% were treated with atypical antipsychotics (AAP). We showed that AAP were associated with the occurrence of organic diseases ($p=0.037$).

Conclusions: Physical health of patients with schizophrenia requires a serious attention. Coordinated care between psychiatrists and other healthcare professionals should monitor the physical health of these patients to prevent a premature death.

Disclosure of Interest: None Declared

EPV0944

Sexual activity and sexual dysfunction in patients with schizophrenia at the Arrazi psychiatric hospital in Salé

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Introduction: Sexuality is a natural component of human behavior. Sexual health is "a physical, emotional, mental and social state related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual dysfunction and poor quality of sex life are

common in patients with schizophrenia. The prevalence of sexual dysfunction is higher in people with mental disorders, and may be related to psychopathology and pharmacotherapy.

Objectives: Evaluate sexual activity, sexual dysfunction and its consequences in patients with schizophrenia followed and hospitalized in the various structures of the Arrazi psychiatric hospital in Salé.

Methods: This is a descriptive cross-sectional study using a questionnaire including sociodemographic and clinical criteria, data on sexual behavior and the Arizona Sexual Experience Scale (ASEX) to assess sexual activity, sexual dysfunction and its consequences in patients with schizophrenia followed and hospitalized in the various structures of the Arrazi psychiatric hospital in Salé. Inclusion criteria: patients of both sexes diagnosed with schizophrenia according to DSM 5 criteria, age greater than or equal to 20 years. Exclusion criteria: intellectual disability, general medical condition known to cause sexual dysfunction (diabetes mellitus, history of vascular accident, congestive heart failure, unstable heart condition, arrhythmia or myocardial infarction in the last six months).

Results: We collected 157 participants. 81% of the participants were men, 67% of whom had left school at college. The majority of patients were born in the city. 85% were unemployed. 89% were heterosexual and 77% were single. 92% smoked cigarettes. 66% had schizophrenia for more than 5 years with 55% having poor adherence to antipsychotics with around 65% on atypical antipsychotics. Around 42% reported currently having sexual relations. 56% of participants had sexual dysfunction, and 67% were dissatisfied with the quality of their sexual relations.

Conclusions: Sexual dysfunction is prevalent in schizophrenic patients, and these problems can be linked to both the illness and its treatment. Sexual dysfunction is also an important factor in therapeutic compliance, which is strongly influenced by the side effects of antipsychotics. It is therefore necessary to know more about the sexual side-effects of medication on patients, and doctors should also systematically ask patients about their sexual history before prescribing psychotropic drugs.

Disclosure of Interest: None Declared

EPV0945

Improving the Sexual Wellbeing of Patients with Psychotic Illness

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Introduction: Sexual dysfunction (SD) is common in psychotic illness including schizophrenia, occurring in 30-82% of patients. It negatively impacts wellbeing and antipsychotic compliance, resulting in higher risk of relapse and hospitalisation. Due to over-reliance on spontaneous reports from patients, SD is typically under-identified which prevents investigation and treatment.

Objectives: To establish whether SD is under-identified in patients with psychosis in a general adult community mental health team; to elicit whether the Arizona Sexual Experience Scale (ASEX)

improves identification; to investigate and manage identified cases of SD; to make recommendations about identification and monitoring of SD in this patient population.

Methods: A 12-month retrospective audit of patients with psychosis prescribed a long-acting injectable (LAI) antipsychotic ($n=36$) to identify sexual symptoms was completed. The ASEX was subsequently issued to screen for SD.

Results: Audit: 3/36 (8%) patients had documented sexual symptoms. Of the 18/36 patients that completed the ASEX: 10 (56%) exhibited SD. 4 consented to further investigation. 5 patients experienced significant difficulties with the language used in the ASEX. At the end of the project we revised the ASEX with simpler, colloquial language.

Conclusions: Implementation of the ASEX results in clear improvements in identification and monitoring of SD. Maudsley Practice Guidelines can inform investigation and management of SD. We suggest a review of NICE guidance to incorporate the above into clinical practice. Further work is needed to establish whether the revised ASEX can be developed and validated.

Disclosure of Interest: None Declared

EPV0946

Male gynecomastia linked to antipsychotics: a case report

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Introduction: Gynecomastia refers to the abnormal development of breast tissue in males, often posing a concerning symptom. Often, gynecomastia is associated with multiple factors, including the use of various drugs, notably certain atypical antipsychotics. Gynecomastia is a significant side effect that affects the quality of life of male patients taking antipsychotic medications. Among these, risperidone and paliperidone have been identified as the most prone to causing gynecomastia, although aripiprazole has garnered attention for its superior profile in controlling prolactin and gynecomastia. The relationship between these drugs and the development of gynecomastia lies in their ability to elevate prolactin levels, a hormone that regulates reproductive function and is involved in milk production. Several studies have shown that prolactin levels are more commonly elevated with risperidone and paliperidone prescription, thus triggering gynecomastia.

Objectives: The study aims to investigate the management of gynecomastia in male patients receiving antipsychotic medications.

Methods: This research employs a retrospective analysis of patient records to examine the association between specific antipsychotic drugs, prolactin levels, and the development of gynecomastia, while also evaluating the effectiveness of aripiprazole as an alternative treatment.

Results: We present the case of a 21-year-old male with no prior medical history who initiated treatment with oral paliperidone and later switched to 100 mg of long-acting injectable paliperidone once

monthly during his initial admission for psychotic symptoms. After six months, he developed gynecomastia, which was ruled out as breast tissue and was determined to be an increase in adipose tissue. Since his hospital discharge, he has gained 25 kg (30%) in body weight, and his baseline prolactin level has decreased. This weight gain, a common side effect of several antipsychotics, was linked to gynecomastia. However, a promising approach for gynecomastia antipsychotic-associated treatment is aripiprazole, which has a milder impact on prolactin levels. In this case, during the next appointment, a switch to 400 mg of long-acting injectable aripiprazole once-monthly was made, which led to weight loss, a reduction in breast size and blood prolactin levels in the following weeks.

Conclusions: The detection and management of gynecomastia in these patients are crucial to improving their quality of life and treatment adherence. This management encompasses changes in medication, hormonal therapy, or surgery in severe cases. Physicians must be aware of this potential complication when prescribing antipsychotics and closely monitor at-risk patients. In summary, antipsychotic-associated gynecomastia in men represents a medical challenge that requires careful attention and an individualized treatment strategy for each affected patient.

Disclosure of Interest: None Declared

EPV0947

The role of cannabis and salience alterations in determining the severity of psychotic symptoms: a multi-centric, cross-sectional study on adolescent and adult cohorts

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Introduction: The aim of this project is to study to which extent salience alterations influence the severity of psychotic symptoms. However, rather than studying them individually, we decided to focus on their interplay with two additional variables, that is: observing their effect in a vulnerability phase (adolescence) and with another added, well-recognized risk factor (cannabis use).

The reason for this study design lies in the fact that, in our opinion, it is fundamental to observe the trajectory of psychotic symptoms over a continuum; however, rather than adopting a longitudinal approach, we decided to structure it as a cross-sectional study confronting patients from two age brackets - adolescence and adulthood.

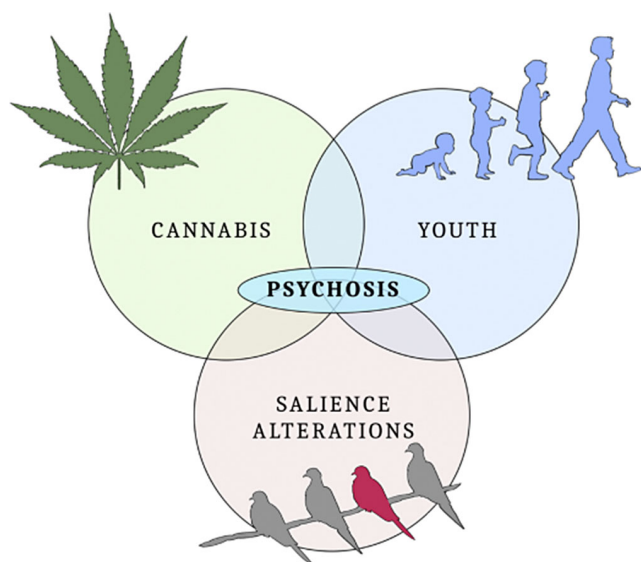
Objectives: The primary purpose of this study was to assess a difference between THC-abusing and non-abusing patients in adolescent and adult cohorts, using the Italian version of the psychometric scale "Aberrant Salience Inventory" (ASI), and the possible

correlation with more severe psychotic symptoms. The employment of several different psychometric scales and the inclusion of a variegated cohort allowed to pursue multiple secondary objectives.

Methods: We recruited 192 patients, subsequently divided into six subgroups based on age and department of recruitment (whether adolescent or adult psychiatric or neurologic units - the latter serving as controls). Each individual was administered a set of questionnaires and a socio-demographic survey; the set included: Aberrant Salience Inventory (ASI), Community Assessment of Psychic Experiences (CAPE), Positive and Negative Syndrome Scale (PANSS), Montgomery-Asberg Depression Rating Scale (MADRS), Mania Rating Scale (MRS), Hamilton Anxiety Scale (HAM-A), Association for Methodology and Documentation in Psychiatry (AMDP) and Cannabis Experience Questionnaire (CEQ).

Results: The data analysis showed statistically significant ($p < 0.05$) differences between adolescents and adults with psychotic symptoms in all of the three scales of PANSS and in MADRS. These two groups were homogenous for both cannabis use and ASI score. The intra-group comparison (either adolescent or adult) showed a hierarchical pattern in the scores of psychometric scales according to the diagnostic subgroup of allocation: patients with psychotic symptoms showed a higher level of psychopathology in all measures when compared to patients from the psychiatric unit without psychotic symptoms, which in turn scored higher than the patients from the neurologic unit.

Image:



Conclusions: The results of the present study may suggest that when salience alterations occur in adolescents with cannabis exposure, we might observe worsened positive and negative psychotic symptoms; their influence might be relevant also in other domains, especially regarding the depressive and anxiety spectrums.

Disclosure of Interest: None Declared

EPV0948

“God speaks to me through a dove”. The evidence of clozapine in treatment-refractory psychosis

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Introduction: Clozapine is an atypical antipsychotic synthesised in 1958. It was withdrawn from the market in the 1970s due to the appearance of agranulocytosis, but was reintroduced due to strong evidence of its efficacy and superiority over other antipsychotics in treatment-resistant schizophrenia.

Objectives: To describe the adequate response to clozapine in treatment-refractory psychosis.

Methods: Review of the scientific literature based on a relevant clinical case.

Results: A 16-year-old woman was admitted to a psychiatric inpatient unit for psychotic symptoms and behavioural disorders. She lives with her father and older sister; she has not been in contact with her mother, who lives in another country, for several years. She attends secondary school, with poor academic performance. Maternal diagnosis of schizophrenia. She started using cannabis two years ago, with a progressive increase up to 20 grams per week. He reports the onset of a feeling of strangeness a year ago, with progressive isolation in his room, referring to delirious ideation of harm towards classmates and people from his town, self-referentiality and delirious interpretations of religious mystical content (“God speaks to me through a dove”). He comments on the phenomenon of theft and thought-reading. Soliloquies and unmotivated laughter are observed.

Conclusions: Treatment was started with risperidone, progressively increasing the dose up to optimisation, without achieving a decrease in positive symptoms, but with the appearance of excessive sedation and sialorrhoea. It was combined with aripiprazole up to 20mg, maintained for a couple of weeks, without significant clinical improvement. Given the failure of two lines of therapy, it was decided to change to clozapine up to a dose of 75mg, with adequate tolerance and response, achieving a distancing of the delirious ideation. Regular haematological controls were performed, with no alterations in haemogram or troponins.

Disclosure of Interest: None Declared

EPV0950

Prevalence of diabetes and insulin resistance in patients with diagnosis of schizophrenia or other psychotic disorders

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Introduction: Contrary to classical belief, people affected by this disease are at greater risk of developing organic pathologies. This risk has a very complex origin: a greater exposure to risk factors and specific socioeconomic conditions, a high prevalence of risk behaviors, the use of antipsychotics, and a potential common genetic background. (Reynolds *et al.* Int. J. Neuropsychopharmacol. 2021; 24 854–855, Suvisaari *J et al.* Curr Diab Rep. 2016 16). Multiple studies demonstrate that Schizophrenia confers a high endogenous risk of Diabetes. Before patients diagnosed with Schizophrenia start taking antipsychotics (Andreassen OA *et al.* Am J Psychiatry. 2017;174 616–617), they have an approximately 3 times higher risk of developing Diabetes compared to the general population. The risk increases 3.6 times after the initiation of antipsychotic treatment compared to drug naive patients (Annamalai A *et al.* World J Diabetes. 2017 390–396)

Objectives: To study the association between Schizophrenia or other Psychotic Disorders and Diabetes Mellitus in a sample of patients diagnosed with Schizophrenia or other Psychotic Disorders.

Methods: This is a Descriptive and Cross-sectional Observational Study. Clinical Histories were reviewed and a personal or telephone interview was established to expand data related to the objectives of the study. The patients were recruited among the patients seen in the specific Severe Mental Disorder consultation who had a diagnosis of schizophrenia or other Psychotic Disorders, according to DSM 5-TR criteria.

Results: From a sample of 93 patients, 24 had Diabetes. The Prevalence of Diabetes in patients with Schizophrenia or other Psychotic Disorders was 25.8%. Of the patients without a diagnosis of Diabetes, 15 of them had values of Glycosylated Hemoglobin (HbA1c) for Prediabetes. Using the Chi-Square Test, statistically significant differences were found between the variable Main Psychiatric Medication and Diabetes. Patients treated with Clozapine, Aripiprazole and Olanzapine had a Prevalence of Diabetes of 40.9%, 33.3% and 28.5%, respectively.

Conclusions: Prevalence of Diabetes in our sample was 3.4 times higher than the 7.51% of the general population in Spain. This presumes a significant importance and impact on the health of these patients. The diabetic patients in our sample were diagnosed with Diabetes years after the diagnosis of the mental illness, which seems to indicate that the causes have to do with lifestyle, dietary

habits, weight, and exposure to chronic antipsychotics. Premature death in schizophrenia has several explanations, being of special importance the development of cardiovascular disorders and Diabetes. This can be due to many reasons, but it is worth highlighting the metabolic side effects of some antipsychotics and lifestyle. In this sense, it is essential to carefully monitor this group of patients.

Disclosure of Interest: None Declared

EPV0951

Grading of Recommendations of psychological interventions in the rehabilitation of patients with schizophrenia

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Introduction: As part of the intervention, patients with severe schizophrenia who are cared for in psychiatric rehabilitation units need psychological treatments. However, there is great variability within the psychotherapy alternatives that are proposed for rehabilitation in schizophrenia, and it is necessary to know which are the most efficient interventions in order to prioritize their inclusion in intervention programs.

Objectives: To know the level of evidence of the existing psychotherapy alternatives for the rehabilitation treatment in schizophrenia through the systematic review of recently published studies.

Methods: Consecutive systematic searches in the scientific literature were used in a sensitive and specific way, aimed at identifying the existence of documents in databases and clinical practice guidelines based on evidence of psychological treatment in schizophrenia. Psychosocial and social approaches and family members interventions were excluded, and the search was limited to the last 5 years. The PICO format has been used, and a subsequent critical reading using the AGREE II tool, considering the inclusion criteria of presenting a score >60% in 4 domains.

Results: The following interventions have been found to be therapeutically effective: Level 1B (Early intervention in Psychosis; Patient and Family psychoeducational intervention; Basic and social skills training; Social cognition and Metakognition training; Cognitive Remediation; Cognitive Behavioral Individual Therapy; Assertive Community treatment; Supported employment). Level 2B (Family Problem Solving Therapy, Dynamic Psychotherapy; Cognitive Behavioral Group Therapy); Level 2C (Horticultural, Art, Music, Animals Therapies).

Conclusions: Several psychotherapy alternatives are proposed for rehabilitation in schizophrenia, with known level of evidence in order to prioritize their inclusion in intervention programs.

Disclosure of Interest: None Declared

EPV0952

Schizophreniform disorder. Clinical manifestations and diagnosis. Purposely a case

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Introduction: Schizophreniform Disorder is described pretty similar to schizophrenia, but with the difference of the symptoms duration which have to last for at least 1 month but less than 6 months. Patients have to be back at their baseline functional level once the disorder has resolved. This is a heterogeneous group of patients who have either a disorder similar to schizophrenia or something closer to a mood disorder.

Objectives: To analyze clinical, psychopathological and epidemiological characteristics of schizophreniform disorder and also review causes, incidence, prevalence, diagnostic, therapeutic tools and the importance of maintaining the treatment, because of the abandonment of the treatment, which is a predictor of relapses.

Methods: A review of the main impact literature concerning schizophreniform disorder is done during the last five years: prevalence, incidence, pathogenesis and its relationship with other psychiatric disorders encoded in DSM-V are studied.

Results: The etiology is unknown. Psychotic symptoms can be treated with antipsychotics for 3 to 6 months. They usually respond faster than patients with schizophrenia (75% vs 20% respond within 8 days).

Conclusions: The disease has a favorable prognosis, and has similarities with mood disorders. However, some data suggest a close relationship to schizophrenia. In support of the relationship with mood disorders, patients have more affective symptoms and a better outcome than patients with schizophrenia.

Disclosure of Interest: None Declared

EPV0953

'De Novo' Psychosis following anterior temporal lobectomy: A case report

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Introduction: Surgical treatments for people living with epilepsy have the potential to provide patients with an opportunity to achieve relief from seizures, thus improving their quality of life, but they are not free of complications. The psychiatric consequences are a significant concern because of the potential risks; however, psychotic illnesses have not received adequate research compared to anxiety and depression.

Objectives: To better identify the psychiatric side effects that can develop following epilepsy surgery, especially psychosis, and to take preventive measures to mitigate its occurrence.

Methods: Presentation of a patient's case and reviewing existing literature regarding de novo psychosis following epileptic surgery.

Results: The case of interest is a 31-year-old male patient who, or his relatives, has had no history of psychiatric disorders. From age 21, the patient had focal to bilateral seizures, which were preceded by olfactory auras and could occur up to 4-5 times a week and was then diagnosed with epilepsy. In June 2021, the patient underwent a right anterior temporal lobectomy for his medically resistant seizures after a presurgical evaluation and had a notable decrease in the number of seizures, occurring only during periods of sleep every six months. In the fourth month following the operation, the patient began experiencing auditory hallucinations characterized by negative and judgmental voices. After that, he engaged in an aggressive act by holding a knife and assaulting another person in a public area. He was admitted to an inpatient psychiatry service for 12 days with a diagnosis of a psychotic episode. His symptoms significantly improved, and he was discharged with paliperidone 6 mg/daily treatment. After five months, he discontinued the medication, subsequently experiencing a recurrence of auditory hallucinations and aggression. The patient was admitted to the inpatient psychiatric clinic in June 2022 as a result of experiencing paranoid delusions and engaging in a suicide attempt by self-inflicted wrist laceration using a razor blade, which was consistent with the patient's delusional beliefs. Following 13 days of hospitalization, he was discharged with amisulpride 800 mg/daily in addition to his antiepileptic treatment. After 15 months of discharge, he showed no signs of active psychotic features, and his functioning was moderate to good.

Conclusions: Current research and reporting of psychiatric outcomes are limited, and the predictive factors and prognosis of psychiatric symptoms in these patients remain obscure. Long-term follow-up is crucial, especially considering the possibility of psychiatric symptoms developing in the months following surgery, as demonstrated by the current case. In addition, preoperative and postoperative assessments may facilitate the management of psychiatric symptoms.

Disclosure of Interest: None Declared

EPV0954

Menstrual Psychosis with Premenstrual Onset: A case presentation

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Introduction: Menstrual psychosis has an acute onset and is characterised by confusion, stupor and mutism, delusions, hallucinations, or a manic syndrome lasting for a brief duration, with full recovery. These symptoms maintain periodicity in rhythm with the menstrual cycle. The symptoms may appear in the premenstrual phase or may begin with the onset of menstrual flow (catamenial

psychoses). Usually, menstrual psychosis has a polymorphism of both psychotic and affective symptoms (Brockington I. Menstrual psychosis. *World Psychiatry*. 2005;4(1):9-17.). In this article we present a case of menstrual psychosis with premenstrual onset.

Objectives: A 26 years old, nulliparous single female with one mentally ill relative on her mother's side (her grandmother) presented with an episodic illness characterized by mood swings, irrelevant speech, irritability, suspiciousness and thought disorder related to her menstrual cycles. She had earlier suffered prolonged attacks of mania, developed a recurrent episodic illness which returned every month for five years. Her menses began at 15. She presented with the history of a few episodes of manic illness starting five days before and ending suddenly with the onset of the menses.

Methods: On mental status evaluation during the index episode, the patient was agitated, had labile affect, grandiose and referential delusions and erotomania. A detailed physical examination, routine biochemistry, and gonadal hormonal assay were unremarkable.

Results: She was started on olanzapine 10 mg/day, lithium 1200 mg/day and low-dose clonazepam. Although the severity of the psychotic and affective symptoms gradually reduced during the future menstrual cycles, they did not completely resolve.

Conclusions: The pathophysiology of menstrual psychosis is not exactly understood, but it has been postulated that fluctuation of the sex hormones occurring during the menstrual cycle is responsible. Previous studies have reported the association of psychosis with estrogen withdrawal (Mahé V, Dumaine A. Oestrogen withdrawal associated psychoses. *Acta Psychiatr Scand*. 2001;104(5):323-331.). Treatment strategies for menstrual psychosis include the use of oral contraceptive pills for the regulation of hormones during the menstrual cycle, in our case patient did not want to use oral contraceptive pills.

Disclosure of Interest: None Declared

EPV0955

From childhood trauma to psychosis: Investigating the attachment link

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Introduction: Childhood trauma encompasses instances of sexual, physical, and emotional abuse, along with neglect experienced during childhood and adolescence. Individuals with psychosis, particularly those with schizophrenia, exhibit a heightened prevalence of childhood trauma. One potential mediator in understanding this connection is insecure attachment.

Objectives: This study aimed to better understand how childhood trauma relates to schizophrenia by examining two aspects of attachment: attachment anxiety and attachment avoidance.

Methods: We conducted a descriptive and analytical cross-sectional study among stabilized female patients with schizophrenia or schizoaffective disorder, in the 'B' psychiatry department at Hedi Chaker University Hospital in Sfax, Tunisia, from May to June 2023. We administered the 26-item Revised Psychosis Attachment

Measure (PAM_R) questionnaire, translated into Arabic, to assess attachment. Additionally, participants completed the 28-item Childhood Trauma Questionnaire (CTQ). We used both the Wilcoxon test for paired samples and the Spearman correlation test to assess the statistical differences and correlations.

Results: We included 41 female patients, of which 65.9% had schizophrenia and 34.2% had schizoaffective disorder. The average age of the participants was 49.19 years. Among the attachment styles, avoidant attachment was the most prevalent (60.97%), followed by anxious attachment (24.39%), and disorganized attachment (14.63%). Regarding childhood trauma, the average total score on the Childhood Trauma Questionnaire (CTQ) was 56.34. Specifically, 39% of patients reported experiencing physical abuse, 24.4% reported sexual abuse, 14.6% reported emotional abuse, and 4.9% reported physical neglect. The Spearman correlation analysis between avoidant attachment and scores on the Childhood Trauma Questionnaire (CTQ) yielded a diverse set of findings. It indicated a significant positive correlation with physical abuse ($p = 0.004$, $p < 0.001$), a significant negative correlation with emotional abuse ($p = -0.045$, $p < 0.001$), a significant positive correlation with sexual abuse ($p = 0.036$, $p < 0.001$), a significant negative correlation with physical neglect ($p = -0.083$, $p < 0.001$), a significant negative correlation with emotional neglect ($p = -0.047$, $p < 0.001$), and a significant positive correlation with denial ($p = 0.080$, $p < 0.001$). On the other hand, the Spearman correlation analysis between anxious attachment and scores on the CTQ showed varying correlations: a significant positive correlation with physical abuse ($p = 0.094$, $p < 0.001$) and sexual abuse ($p < 0.0001$, $p = 0.05$).

Conclusions: Our findings indicate that individuals with an insecure attachment style and a history of childhood trauma should be considered a high-risk group, necessitating early clinical intervention, continuous monitoring, and personalized therapeutic approaches designed to alleviate the psychological effects of trauma.

Disclosure of Interest: None Declared

EPV0956

Attachment styles in Tunisian women with schizophrenia

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Introduction: Attachment refers to the emotional bond between a child and their primary caregiver, reflecting the child's confidence in the caregiver's capacity to offer security. Evaluating attachment styles in individuals with schizophrenia spectrum disorders holds significance in pinpointing a potential factor affecting therapeutic relationships. This, in turn, indirectly aids in comprehending the emergence of low adherence as a significant barrier to schizophrenia

Objectives: The goal of this study is to assess attachment styles in women with schizophrenia spectrum disorders.

Methods: We conducted a descriptive and analytical cross-sectional study at the Psychiatry “B” department of Hedi Chaker University Hospital in Sfax, Tunisia, during May and June 2023. Our study involved stabilized female patients diagnosed with either schizophrenia or schizoaffective disorder. We utilized the 26-item Revised Psychosis Attachment Measure (PAM_R) questionnaire translated into Arabic and the Positive and Negative Syndrome Scale (PANSS) score to assess schizophrenic symptoms.

Results: We enrolled a total of 41 female patients in our study, with 65.9% diagnosed with schizophrenia and 34.2% with schizoaffective disorder. The average age of the participants was 49.19 years, ranging from 17 to 79 years old. In terms of attachment styles, avoidant attachment was the most prevalent (60.97%), followed by anxious attachment (24.39%), and disorganized attachment (14.63%). Our study revealed significant associations between avoidant attachment and several factors. Patients who began psychiatric follow-up with hospitalization had a significantly higher level of avoidant attachment compared to those starting with outpatient consultation ($p < 0.001$). The type of therapy also influenced avoidant attachment, with a significant difference ($p < 0.001$). Insight into their condition also played a significant role ($p < 0.001$). Moreover, the age at which psychiatric follow-up began showed a statistically significant correlation with avoidant attachment (Spearman's $\rho = 0.000$, $p < 0.001$). Individuals with higher avoidant attachment tended to have a longer duration of untreated psychosis, supported by a statistically significant positive correlation (Spearman's $\rho = 0.082$, $p < 0.001$). There was also a statistically significant relationship between avoidant attachment and the equivalent dose of chlorpromazine, with a positive correlation (Spearman's $\rho = 0.091$, $p < 0.001$), indicating that individuals with higher avoidant attachment may require higher equivalent doses of chlorpromazine. Finally, higher levels of avoidant attachment were associated with a lower presence of positive symptoms in schizophrenia (Spearman's $\rho = -0.026$, $p < 0.001$).

Conclusions: Insecure attachment is a valuable mechanism for understanding the evolution of schizophrenia spectrum phenomenology and may be a useful target for prophylactic interventions.

Disclosure of Interest: None Declared

EPV0957

Identifying Challenges in Social Functioning Among Women with Schizophrenia

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Introduction: Schizophrenia spectrum disorders profoundly impacts social functioning, affecting interpersonal relationships, work interactions, and self-care. This disorder often leads to cognitive, perceptual, motor, and emotional challenges that result in social withdrawal.

Objectives: The aim of the study is to identify the specific challenges in social functioning faced by women diagnosed with schizophrenia spectrum disorders.

Methods: We conducted a descriptive cross-sectional study among stabilized female patients with schizophrenia or schizoaffective disorder, in the ‘B’ psychiatry department at Hedi Chaker University Hospital in Sfax, Tunisia, from May to June 2023. We collected both sociodemographic and clinical data from the participants. The Social Functioning Scale (SFS) and Global Functioning Scale (EGF) were used to assess social and global functioning, respectively.

Results: Forty-one patients were included: 65.9% had schizophrenia, and 34.2% had schizoaffective disorder. The mean age was 49.19 years, ranging from 17 to 79 years. More than a third (39%) of our patients had significant impairment in global functioning ($EGF < 50$). The average total score on the social functioning scale was 13.65, with a range from 6.29 to 20.29. Additionally, 39% of our patients exhibited low social functioning, and 51.21% had a high withdrawal score. The most impacted domains were leisure (63.41%) and employment (60.97%), followed by interpersonal behavior (58.53%), prosocial activities (48.78%), independence competence (41.46%), and lastly, independence performance (36.85%).

Conclusions: Social skills training is crucial for enabling women with schizophrenia to function well in their environment.

Disclosure of Interest: None Declared

EPV0958

Prevalence of Childhood Trauma Among Women with Schizophrenia: A Cross-Sectional Study

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Introduction: Schizophrenia is a complex and multifactorial disorder believed to arise from the interplay between genetic factors and environmental influences. Among these environmental factors, childhood trauma stands out as a significant contributor to the onset of schizophrenia in adulthood.

Objectives: The objective of this study was to assess the occurrence rates of physical, emotional, and sexual abuse, as well as physical and emotional neglect in a group of Tunisian women diagnosed with schizophrenia spectrum disorders.

Methods: We conducted a descriptive cross-sectional study among stabilized female patients with schizophrenia or schizoaffective disorder, in the ‘B’ psychiatry department at Hedi Chaker University Hospital in Sfax, Tunisia, from May to June 2023. We administered the 28-item Childhood Trauma Questionnaire (CTQ).

Results: In this study, 41 female patients were enrolled, with 65.9% diagnosed with schizophrenia and 34.2% with schizoaffective disorder. The average age of participants was 49.19 years, ranging from 17 to 79. The mean score on the Childhood Trauma Questionnaire (CTQ) was 56.34, with scores ranging from 43 to 98. Emotional neglect was the most prevalent form of trauma, reported by 40 patients (97.6%). Following emotional neglect, physical abuse was found in 16 patients (39%), sexual abuse in 10 patients (24.4%), emotional abuse in 6 patients (14.6%), and physical neglect in 2 patients (4.9%).

Conclusions: Based on these findings, our recommendation is to establish government-operated facilities that offer emotional and psychological support, legal assistance, parenting guidance, and medical monitoring in collaboration with educational institutions and social and child protection services for those in need.

Disclosure of Interest: None Declared

EPV0959

The Impact of Insecure Attachment on Social Functioning in Women with Schizophrenia

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Introduction: Attachment styles is intrinsically related to the capacity for forming close social bonds, making it a vital lens through which to understand social functioning.

Objectives: This study investigates the link between attachment styles and social functioning among women diagnosed with schizophrenia.

Methods: We carried out a descriptive and analytical cross-sectional study from May to June 2023, focusing on stabilized female patients diagnosed with schizophrenia or schizoaffective disorder. The study took place in the 'B' psychiatry department of Hedi Chaker University Hospital in Sfax, Tunisia. Data on attachment styles and social functioning were collected using self-report questionnaires: the Revised Psychosis Attachment Measure (PAM_R) and the Social Functioning Scale (SFS). In our study, we employed both the Wilcoxon test for paired samples and the Spearman correlation test to assess the differences and correlations between attachment scores and social functioning scores, respectively.

Results: In the study, 41 female patients were included. The participants had a mean age of 49.19, ranging from 19 to 79 years old. Attachment styles were predominantly avoidant (60.97%), followed by anxious (24.39%) and disorganized (14.63%). A significant portion, 39%, exhibited low social functioning. The domains most affected were leisure (63.41%) and employment (60.97%). Our analysis revealed negative correlations between avoidant attachment and social functioning in leisure activities (Spearman's $\rho = -0.057$, $p < 0.05$) as well as between avoidant attachment and independence performance (Spearman's $\rho = -0.040$, $p < 0.05$). Also, the correlation coefficient for anxious attachment and leisure activities is 0.041, demonstrating a positive association ($p < 0.005$).

Conclusions: These initial findings may imply a potential association between attachment styles and social functioning in schizophrenia.

Disclosure of Interest: None Declared

EPV0960

Kretschmer's Sensitive Delusion Of Reference: Clinical Case Report

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Introduction: The sensitive delusion of reference represents a clinical entity described by Kretschmer in 1918, arising in people with sensitive personality. This personality type is mainly characterized by a tendency towards social isolation, introversion, low self-esteem and by a greater sensibility to interpersonal judgement. In this personality type, the presence of specific environmental triggers may provoke a reference delusion of persecutory content, feelings of guilty and injustice. Although eliminated from the current diagnostic classifications, the sensitive delusion of reference represents a key milestone in the history of psychopathology.

Objectives: The goal of this report is to report on a clinical case of a patient diagnosed with Kretschmer's sensitive delusion of reference.

Methods: The present work consists on a descriptive report of a clinical case through consultation of the patient's clinical file as well as a survey of relevant articles on *Pubmed*.

Results: This is a 38 year old, married man with no children. He describes himself as a private, introverted individual, who has little interaction with his peers, and has been very sensitive to criticism ever since his adolescence. His first psychiatry appointment took place in April 2021, following the medical referral of his general practitioner as, according to the patient's mother and wife, he had been, for quite some time, implying that his mobile phone had been under wire and that someone had been monitoring him. As stated by these relatives, these ideas surfaced after a workplace conflict. At the time, the patient was medicated with olanzapine 10mg and lorazepam 2.5mg before bedtime, exhibiting significant improvements with full remission of psychotic symptomatology. Succeeding the antipsychotic tapering attempt, the patient had begun to suffer from insomnia and recrudescence of psychotic symptomatology, namely, the delusion ideation of persecutory content and auditory hallucinations, as a result, the previous treatment regimen was resumed, which resulted in significant improvements of the clinical picture. Following new observation, in 2023, the patient mentions weight gain and drowsiness during the day, leading to the switch of olanzapine 10mg for aripiprazole 15mg. The current treatment plan consists of aripiprazole 15mg once a day and lorazepam 1mg 1/2 before bedtime, resulting in an improvement of the previous complaints and maintenance of the psychosocial functioning, unaccompanied by psychotic symptomatology.

Conclusions: In conclusion, and relatively to the condition's prognosis, Kretschmer observed that, although in some situations the episodes were brief and self-limiting, in others, the patients maintained psychotic symptomatology, during the following years. In the present clinical case we recognised the need to sustain the antipsychotic treatment regimen, as the respective dosage reduction lead to an aggravation in symptomatology.

Disclosure of Interest: None Declared

EPV0961

Clinical and cognitive factors associated to insight in first psychotic episodes

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Introduction: Insight is a field of interest in psychosis, due to its influence on the course and prognosis of the disease and as well as adherence to treatment.

Objectives: The present work aims to evaluate the influence of cognitive and psychopathological variables on awareness of illness in first psychotic episodes.

Methods: It is a cross-sectional study of a sample of 26 patients with diagnosis of a first psychotic episode admitted in a Brief Hospitalization Unit, who have been evaluated using the Positive and Negative Symptom Scale (PANSS), the Screening for Cognitive Impairment (SCIP) and the Scale of Non-awareness of Mental Disorder (SUMD).

Results: A positive correlation was found between SUMD and negative PANSS (the worse insight, the greater negative psychopathology) and between the level of cognitive performance and the awareness of having negative symptoms (affective blunting, anhedonia and associability) and their attribution to the disease.

Conclusions: This findings suggest the importance of addressing awareness of negative symptoms from the first episodes in psychoeducational family therapy and rehabilitation programs, taking into account that this process is hindered by the cognitive dysfunctions.

Disclosure of Interest: None Declared

EPV0962

Spontaneous mentalizing in patients with schizophrenia – a meta-analysis

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Introduction: Mentalizing helps us to understand the behaviour of others in our everyday social interactions. Spontaneous mentalizing without explicit instructions refers to representing mental state attribution. Several studies have described social cognitive deficit in schizophrenia, which largely determines the functional outcome of the disease.

Objectives: To better understand the involvement of spontaneous mentalizing in schizophrenia, we consider it important to summarize the results of studies that used indirect instruction to measure spontaneous mentalizing performance in schizophrenia.

Methods: In our meta-analysis, we conducted a systematic search of four large databases (MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials [CENTRAL], Web of Science). A total of 14 articles were involved.

Results: Based on our findings, the performance of patients with schizophrenia is significantly weaker than in the average population for both scripts with mentalizing interactions (MD: -0.63; 95% CI (-0.90, -0.35); p=0.0021), and with goal-directed movements (SMD: -0.55; 95%CI (-0.97, -0.13); p=0.02). The intentionality of expressions used by patients with schizophrenia is significantly lower compared to the average population (for both animations with complex social interactions: MD: -0.99; 95% CI (-1.39, -0.59); p=0.0003; and with goal-directed movements: MD: -0.31; 95% CI (-0.53, -0.08); p=0.0218). We have found no significant difference neither in appropriateness nor in intentionality of verbal terms between the two groups in the case of animations with random movements.

Conclusions: Based on the meta-analysis, we found poorer performance in schizophrenia in spontaneous mentalizing. We also found poorer performance in tasks with goal-directed movements used as control tasks, suggesting a more pervasive impairment of mentalizing in schizophrenia. These deficits may affect the functional outcome of the disease and could potentially have therapeutic implications.

Disclosure of Interest: None Declared

EPV0965

The role of resilience and coping behavior in schizophrenia in the prevention of psychosis relapse

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Introduction: According to scientific sources, personal resources in the form of resilience, stress coping skills play an important protective role in the prevention of psychosis recurrence. Weakening the psychological capacity of the patient and increasing stress are risk factors for psychosis.

Objectives: To study the protective role of such personal resources as resilience and coping with stress in schizophrenia, as well as the influence of negative symptomatology and psychosociorehabilitation intervention on these factors.

Methods: Clinical-psychopathological, statistical, and psychometric methods were used (Alfimova-Golimbet's resilience scale, Amirkhan's coping strategies questionnaire, and PANSS). Patients of two groups participated in the study: 1 - members of a community organization (OO), n=49, who in addition to psychopharmacotherapy were given comprehensive long-term psychosociorehabilitation (3.7±2.5 years), 2 - patients of the medical-rehabilitation department of a psychiatric hospital (MRO), n=48, in whom the psychosociorehabilitation intervention was shorter (40.3±6.5 days).

Results: The results of the study showed that significant predictors of a favorable course of the schizophrenic process were high indicators of resilience, coping behavior, and a small degree of negative

symptomatology. Analysis of the data regarding patients' coping with stress shows that constructive coping strategies are more frequent in both groups. Thus, "problem solving" (24.3 points in GS and 22.9 points in MPO) and "search for social support" (23.0 points and 22.7 points, respectively), that is patients of both groups are generally oriented to a productive way of coping with difficult situations and are ready to seek help from others in a difficult situation. Notably, the strategy of "problem avoidance" is less pronounced (18.5 points and 19.4 points, respectively). The high resilience scores in the GS group (32.5 points), comparable to the norm in the population (33.1 points), are explained by long-term comprehensive psychosociorehabilitation, while the resilience scores in the MPO group are lower - 28.7 points. Negative symptoms of schizophrenia were equally pronounced in both groups, manifested by difficulties in communication (2.6 points each), passive-apathetic social withdrawal (2.7 points each). Such negative symptoms as blunting of affect and emotional indifference were more pronounced in the MPO group - 3.2 points each vs. 2.8 points in the group from the GS.

Conclusions: High levels of resilience and ability to cope with stress as a result of psychosociorehabilitation intervention allow patients to overcome difficult life circumstances more flexibly. They are associated with less pronounced negative symptoms, which generally helps prevent psychosis relapses and contribute to a more favorable course and prognosis of schizophrenia.

Disclosure of Interest: None Declared

EPV0966

Understanding the Complex Relationship Between Gastrointestinal Symptoms and Psychosocial Factors in Schizophrenia

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Introduction: Insensitivity to pain in schizophrenia is a complex phenomenon. Understanding schizophrenia's heterogeneity is crucial for personalized treatments.

Objectives: Individuals diagnosed with schizophrenia often experience gastrointestinal issues and exhibit elevated levels of depression and anxiety. There is an urgent need to understand how these factors interact and how childhood traumas, a significant risk factor for schizophrenia, can affect gastrointestinal symptoms in these individuals.

Methods: The study involved 51 individuals diagnosed with schizophrenia. The hierarchical cluster analysis on the principal components (HCPC) was performed to identify groups of similar observations for test scores and the overall results for 14 tests. Hierarchical clustering was performed using Ward's minimum variance method. Differences in the results of individual tests between clusters were estimated using the *V* test.

Results: The schizophrenia group was categorized into three clusters. The patients belonging to the first cluster are characterized by

high GAF test scores and low scores on tests for gastrointestinal symptoms, ITQ, CTQ, GHQ-28, STAI, CALGARY, BDI II, SAMPS, SANS, and PANNS. In contrast, patients in the second cluster had scores significantly above the group average on the tests SANS, PANNS, and SAPS and low scores on the tests DBZ RZ, CTQ, STAI, BDI II, ITQ, and GAF. Finally, patients in the third cluster had high scores on the tests BDI II, ITQ, STAI, CTQ, GHQ 28, DBZ RZ, gastrointestinal symptoms, TEC PL, CALGARY, and CISS. High CTQ scores may contribute to increased GSSR scores due to childhood trauma's potential to trigger chronic stress, affect the nervous system, and induce psychosomatic symptoms, including gastrointestinal problems. Elevated BDI II and STAI scores can also impact GSSR results by disrupting the connection between emotions and the gastrointestinal system.

Conclusions: This research underscores the intricate interplay of various psychosocial and physiological factors that influence the perception of pain related to gastrointestinal symptoms in individuals with schizophrenia.

Disclosure of Interest: None Declared

EPV0967

"Folie à deux," or shared psychosis: A case report

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Introduction: "Folie à deux," or shared psychosis, is a fascinating psychiatric phenomenon characterized by the transmission of delusional beliefs and psychotic symptoms from one individual (the "inducer") to another (the "recipient") who share a close emotional bond. Despite its rarity, "Folie à deux" presents unique challenges and insights into the understanding of psychosis and the intricacies of interpersonal relationships.

Objectives: The primary objective of this review is to analyze the recent clinical literature on "Folie à deux" to better comprehend its clinical presentation, diagnostic criteria, etiological factors, and therapeutic approaches. By synthesizing the latest research findings, we aim to enhance the awareness and understanding of this intriguing phenomenon among mental health professionals.

Methods: A case report of a couple of a 34-year-old male and a 43-year-old female with a shared delirium. The male was brought to the emergency department by ambulance after being found in the street with behavioral disturbances and delusional symptoms. Individual interviews with both members of the couple revealed shared delirium. He was admitted to the psychiatric ward for the clinical picture consisting of a chronic delusional disorder of years of evolution and new symptoms such as restlessness and behavioral disturbances.

Results: The review reveals that "Folie à deux" remains a rare but clinically relevant phenomenon, with reported cases spanning diverse cultural and familial contexts. Diagnostic criteria, as outlined in the DSM-5, have been useful in guiding clinicians in identifying and managing cases. The literature emphasizes the importance of a thorough psychiatric evaluation to distinguish "Folie à deux" from other psychopathological conditions. Recent

research has also shed light on potential neurobiological mechanisms and genetic factors contributing to shared psychosis. Therapeutically, early intervention and tailored treatment plans are crucial in achieving favorable outcomes. While antipsychotic medications remain a cornerstone of treatment, family therapy and psychoeducation have emerged as valuable adjunctive approaches to address the unique challenges posed by shared psychosis.

Conclusions: In conclusion, “Folie à deux” continues to be a captivating and clinically relevant phenomenon in contemporary psychiatry. This bibliographical review underscores the importance of recognizing and diagnosing shared psychosis in clinical practice. Moreover, it highlights the need for further research to unravel the underlying mechanisms and genetic predispositions associated with this condition. Ultimately, a multidisciplinary approach, including pharmacological, psychotherapeutic, and family-based interventions, holds promise in improving the prognosis of individuals affected by “Folie à deux.”

Disclosure of Interest: None Declared

EPV0968

Ferroptosis affects cognitive dysfunction and the progression of mental illnesses

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Introduction: Ferroptosis is a programmed form of cell death characterized by excessive accumulation of intracellular iron fraction, uncontrolled lipid peroxidation, impairment of glutathione-dependent antioxidant functions, and loss of oxidative-antioxidant balance. Nerve cells are sensitive to excessive amounts of iron, which impairs the functioning of mitochondria and leads to their death. Ferroptosis has been identified in neurological diseases such as stroke, Alzheimer’s disease, Parkinson’s disease. Features of ferroptotic cells have been observed in models expressing cognitive deficits, and ferroptosis-related genes have been associated with the development of mental illnesses.

Objectives: The aim of the study was to analyze the available literature on the relationship between the occurrence of ferroptosis and cognitive impairment occurring in mental diseases, such as schizophrenia

Methods: The publications found in the PubMed database were analyzed after entering the following entries: ferroptosis, mental illness, cognitive functions, schizophrenia.

Results: Ferroptosis occurs in mental illnesses. Increased expression of the TP53 and VEGFA genes, which are associated with ferroptosis, has been identified in patients suffering from schizophrenia. Animal research confirms that disturbed iron homeostasis causes iron overload in nerve cells, which leads to ferroptosis and has a neurodegenerative effect, as well as deepens cognitive deficits. The use of iron chelator has a neuroprotective effect and reduces the occurrence of cognitive disorders.

Conclusions: Genes associated with ferroptosis may influence the development of schizophrenia, which means that ferroptosis may be involved in the pathophysiology of schizophrenia. Excess iron

inside nerve cells, as a feature of ferroptosis, may affect the deterioration of cognitive functioning. Administration of iron chelators protects neurons by reducing the toxic effects of iron.

Disclosure of Interest: None Declared

EPV0969

Determinants of hospital length of stay for patients with schizophrenia

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Introduction: relapse and frequent rehospitalizations. The length of stay (LOS) of these patients has been a concern of researchers. The ability to identify determinants of LOS at admission – and, thus, identify patients who are likely to need a longer stay early on – may help treatment planning.

Objectives: We aimed to investigate socio-demographic and clinical profile of inpatients with schizophrenia, and to identify factors associated with LOS.

Methods: It was a retrospective study carried out among 90 inpatients with schizophrenia admitted to the psychiatry “B” department, Hedi Chaker university hospital (Sfax, Tunisia), during the period between January 2015 and December 2019. Data collection was performed through the patients’ medical records. Statistical analysis was performed using SPSS v.25.

Results: The mean age of our patients was 32 years. Among them, 57.78% were women. The mean LOS was 28 days. Factors found to be significantly associated with LOS were: the number of admissions ($p < 0.001$, $r = 0.404$), involuntary hospitalization ($p = 0.001$), violence and disturbance of public order as a reason of admission ($p < 0.001$) and the lack of social support ($p = 0.039$). As for the clinical symptoms, hallucinations were significantly associated with a longer LOS ($p = 0.001$).

Conclusions: Our findings highlighted several factors associated with a longer LOS. This may be helpful to the management of hospitalization and ensuring that any periods of liberty deprivation do not last longer than necessary to provide appropriate treatment.

Disclosure of Interest: None Declared

EPV0970

Hydroxychloroquine in systemic lupus erythematosus and psychosis. A case report

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Introduction: Hydroxychloroquine, an antimalarial drug, is an important therapeutic tool in the management of rheumatic diseases such as Systemic Lupus Erythematosus (SLE) due to its anti-inflammatory action. SLE is a chronic autoimmune inflammatory disease that affects the connective tissue of multiple organs. Neuropsychiatric disturbances in SLE are common; however, lupus psychosis is rare, occurring in 2 to 11% of patients. The literature has described the emergence of neuropsychiatric symptoms as an adverse effect of hydroxychloroquine use, with some patients experiencing clinical depression, anxiety, suicidal ideation, and psychotic symptoms.

Objectives: The aim of this work is to review the available evidence regarding neuropsychiatric symptoms secondary to the use of hydroxychloroquine.

Methods: The case of a 50-year-old woman diagnosed with SLE, with no other relevant medical history, has been evaluated. She was brought to the emergency department due to paranoid and persecutory ideas, as well as self-referentiality, coinciding with the introduction of hydroxychloroquine in her treatment. She was admitted to the University Hospital of Gran Canaria Doctor Negrín with a diagnostic orientation of a first psychotic episode.

Results: The presence of neuropsychiatric symptoms in patients diagnosed with SLE is so common that they constitute a diagnostic criterion for the disease. On the other hand, the medications used for therapeutic management of this disease can lead to the emergence of new neuropsychiatric symptoms or exacerbate preexisting neuropsychiatric clinical manifestations.

Conclusions: The study of this case highlights the challenges in establishing a differential diagnosis between primary SLE symptoms that require an increase in hydroxychloroquine and those caused by its own treatment. It underscores the need for further studies to explore the risk of psychiatric symptoms associated with the use of hydroxychloroquine, as well as its impact on the course of underlying mental disorders.

Disclosure of Interest: None Declared

EPV0971

Clinical experience with once-monthly risperidone ISM in a mental health center. A retrospective study.

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Introduction: Long-acting injectable antipsychotics have undergone a great development in recent years, becoming useful tools to facilitate therapeutic adherence. Once-monthly risperidone ISM is a new way of treatment which has been commercialized in Spain since September 2022.

Objectives: In this study we will analyze our clinical experience with this treatment, especially in terms of tolerance and efficacy, during its first year of widespread use.

Methods: Longitudinal retrospective study of monthly risperidone users in a mental health center in the Autonomous Community of Madrid (Spain), between September 2022 and September 2023.

A sample of 13 patients was selected, collecting both sociodemographic (age, gender) and clinical variables (diagnosis, dose, time elapsed, number of hospital readmissions, adverse effects and monotherapy or combined use). A descriptive analysis of the collected data was then carried out.

Results: Monthly risperidone was used in 13 patients: 15% (n=2) were women, and 85% (n=11) were male. The mean age of the patients was 43.6 years. The most frequent diagnosis of these patients was "psychotic disorders" (84,6%, n= 11), with other diagnoses such as schizoaffective disorder (7,7%, n=1) and obsessive compulsive disorder (7,7%, n=1).

The doses used of risperidone were 100mg every month in 61,5% of patients (n=8) and 75mg in 38,5% of patients (n=5). The mean time since the first administration was 4.35 months.

Concerning monotherapy, 84,6% (n=11) of patients on monthly risperidone were on antipsychotic monotherapy, while 15,4% (n=2) required more than one antipsychotic. Among the switches made to monthly risperidone, 69,2% (n=9) were previously treated with oral risperidone, 15,4% (n=2) were treated with once-biweekly risperidone long-acting injectable, 7,9% (n=1) with oral paliperidone and 7,9% with aripiprazole monthly injectable.

During the study period, hospital readmissions for psychiatric decompensations occurred in one patient (7,9%, n=1), while the rest of the patients (92,1%, n=12) did not present decompensations that required psychiatric admission.

Moderate or severe effects occurred in one patient (7,9%, n=1), in the form of acute dystonia, which led to the interruption of injectable treatment. The rest of the patients (92,1%, n=12) did not present severe adverse effects. Minor adverse effects appeared in 3 patients (25%); these adverse effects were already present in the previous treatment with oral risperidone and did not condition the suspension of the treatment.

Conclusions: In the sample analyzed, once-monthly Risperidone ISM had reasonable tolerance levels. Also, it's shown to be effective in preventing psychotic decompensations and hospital admissions. Therefore, this new injectable of monthly risperidone represents a therapeutic alternative to consider in order to guarantee therapeutic adherence and improve the quality of life of patients with psychotic symptoms.

Disclosure of Interest: None Declared

EPV0972

Psychometric assessment of patients with treatment-resistant schizophrenia

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Introduction: Treatment-resistant schizophrenia (TRS) is one of the most pressing issues in the field of treatment and research of psychotic disorders. The pronounced decline in social and professional functioning in this group of patients as well as high costs of therapy determine high interest in TRS. This is a part of an ongoing study on the clinical and biological features of TRS.

Objectives: The aim of this study is to identify the leading symptoms in patients with TRS.

Methods: Using the Personal and Social Performance Scale (PSP), Positive and Negative Syndrome Scale (PANSS) and Calgary Depression Scale for schizophrenia (CDSS), 30 male patients (age 28.99 ± 8.08 years) diagnosed with paranoid schizophrenia (F20.0) were examined. All patients had persistent productive symptoms and met the criteria for TRS. The average daily doses of antipsychotics in chlorpromazine equivalent were 1382.07 ± 897.15 mg/day. The average age of onset of the disease was 19.52 ± 5.97 years, the average disease was 9.47 ± 7.61 years.

Results: The average scores were: on the PSP scale: 46.05 ± 9.17 , on the CDSS scale 8.10 ± 4.53 , on the PANSS positive symptoms subscale - 21.52 ± 4.24 , on the PANSS negative symptoms subscale - 24.67 ± 4.42 , on the general psychopathology subscale PANSS - 45.62 ± 6.11 . Positive symptoms were represented mainly by delusions (P1, 4.14 ± 0.85 points) and hallucinations (P3, 4.10 ± 1.76 points). Blunted affect (N1, 4.29 ± 0.56 points) and emotional withdrawal (N2, 3.67 ± 0.73 points) predominated among negative symptoms, while the least prominent negative symptom was poor rapport (N3, 3.24 ± 0.94). The most pronounced general psychopathology symptoms were depression (G6, 4.00 ± 1.10) and lack of judgment and insight (G12, 4.05 ± 0.92). The total score on the PANSS was 91.81 ± 12.40 .

Conclusions: The CDSS score indicates a high incidence of depressive symptoms in patients with TRS. A low PSP score reflects poor social functioning. The most common symptoms according to the PANSS are delusions, hallucinations, blunted affect, emotional withdrawal, depression and lack of judgment and insight.

Disclosure of Interest: None Declared

EPV0973

Delusional parasitosis: the importance of a multidisciplinary approach

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Introduction: Delusional parasitosis, also known as delusional infestation or Ekbom's syndrome, is a rare psychotic disorder characterized by the false belief that a parasitic skin infestation exists, despite the absence of any medical evidence to support this claim. These patients often see many physicians, so a multidisciplinary approach among clinicians is important. Many patients refuse any treatment due to their firm belief that they suffer from an infestation, not a psychiatric condition, so it is crucial to gain the trust of these patients.

Objectives: The comprehensive review of this clinical case aims to investigate Ekbom syndrome, from a historical, clinical and therapeutic perspective.

Methods: Literature review based on delusional parasitosis.

Results: A 65-year-old woman comes to the psychiatry consultation referred by her primary care physician concerned about being infested by insects that she perceives through scales on her skin for the last three months. She recognizes important impact on her functionality. She is also convinced that her family is being infected too. As psychiatric history she recognizes alcohol abuse in the past (no current consumption) and an episode of persecutory characteristics with a neighbor, more than ten years ago. On psychopathological examination, she shows delusional ideation of parasitosis, with high behavioral repercussions, cenesthetic and cotariform hallucinations, as well as feelings of helplessness and anger. Treatment with Pimozide was started and the patient was referred to dermatology for evaluation, a plan she accepted. Her primary care physician and dermatology specialist were informed about the case and the treatment plan. In the recent reviews, the patient is calmer, however, despite the corroboration of dermatology and in the absence of organic lesions in cranial CT, she is still unsatisfied with the results, remaining firm in her conviction of infestation. It was decided to start treatment with atypical neuroleptics (Aripiprazole), with progressive recovery of her previous functionality.

Conclusions: Despite the increase in the number of studies in recent years, there are still few studies on this type of delirium. The female:male ratio varies in the bibliography (between 2:1 and 3:1). The onset is usually insidious, generally appearing as a patient who comes to his primary care physician convinced of having parasites in different skin locations. It is usual to observe scratching lesions or even wounds in search of the parasite. In the past, the most used and studied treatment was Pimozide. Currently the treatment of choice is atypical neuroleptics due to their lower side effects. The latest reviews on the prognosis of this disorder show data with percentages of complete recovery between 51% and 70%, and partial responses between 16.5% and 20%. Finally, for a good diagnosis and therapeutic management, it is important to achieve a multidisciplinary approach.

Disclosure of Interest: None Declared

EPV0974

From positive projection to delirium. About a case

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Introduction: Erotomania, was described in 1942, is more common in women than in men, although the incidence is unknown. This syndrome is usually characterized by a young woman with the illusion that a man whom she considers to be of a higher social or professional position is in love with her. Developing an elaborate delusional process about this man, his love, his pursuit and total commitment to the idea. Two forms, pure or secondary, are described. As well as fixed or recurring
52-year-old female patient in outpatient follow-up with a diagnosis of schizophrenia with long-term follow-up, start of follow-up by a

new therapist, in this context intensive follow-up is carried out in the event of the appearance of pharmacological secondary effects, pharmacological readjustment is carried out with good results.

During the joint follow-up with nursing, the cessation of secondaryisms is confirmed and we are informed of the gradual appearance of overvalued ideas in relation to the new therapist, which are gradually structured in the form of erotomanic delirium that coincides with the cessation of follow-up by said therapist. Consultations in the emergency room occur on a couple of occasions due to mild behavioral alterations secondary to messages and communications that he reports receiving where said love is confirmed. Despite readjustments, there continues to be an increase in clinical symptoms due to abandonment of medication, finally producing serious alterations aimed at the search for said therapist, finally culminating in admission to the acute care unit for containment of said condition.

Objectives: The objectives is the diferencial diagnosis, in this case symptoms could be classified as positive symptoms of schizophrenia, although it is its own nosological entity.

Methods: .

Results: .

Conclusions: This patient represents a classic example of De Clerambault syndrome and is a faithful expression of the recurrent syndrome associated with delusions of grandeur, eroticism and jealousy. There have also been ideas of reference and agitated behavior associated with his delusional process.

Disclosure of Interest: None Declared

EPV0975

The Course of Schizophrenia Spectrum Disorders With Episodes of Catatonic Depressions

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Introduction: Mood symptoms, especially depressive ones, occur in the majority of patients with schizophrenia spectrum disorders (SSD). Therefore, depression is often identified as one of the symptomatological dimensions of schizophrenia. Catatonia is also considered by some researchers as one of the dimensions of schizophrenia, or as an independent transnosological formation. Catatonia in SSD may be associated with affective dysregulation and is often accompanied by depression. Although the clinical course of SSD has been well studied previously, its relationship with psychopathological structure of episodes of SSD remains not entirely clear.

Objectives: To determine the impact of episodes of catatonic depression on the course and prognosis of SSD.

Methods: A sample of 60 patients with episodic course of SSD who met the criteria for catatonia according to the Bush-Francis Catatonia Screening Instrument (BFCSI) and for depression according to the Calgary depression schizophrenia scale (CDSS) was analyzed. An analysis of the clinical course of SSD was carried out on the basis of the medical history of all patients in the study sample and follow-up observation of 42 patients for 5 years. Global

Assessment of Functioning Scale (GAF) was used to assess the prognosis of SSD.

Results: Patients were divided into two groups depending on the period of manifestation of catatonia in the clinical course of SSD: during the first episode or during subsequent episodes. The sample of patients with the first episode (n=43, 71.7 %) was divided into three subgroups. A relatively favorable course of SSD was observed only in 13 patients (30.2 %; 21.7 % of SSD sample). The course of disorder was characterized by similar episodes with a high proportion of affective symptoms, long-term remissions and minimally expressed negative symptoms (GAF score=75.2±5.82). A relatively unfavorable course of SSD was observed in 15 patients (34.9 %; 25.0 % of SSD sample). It was characterized by moderate negative and chronic subdepressive symptoms with low frequency of catatonic and psychotic relapses (GAF score=62.3). An unfavorable course of SSD was also observed in 15 patients (34.9 %; 25.0 % of SSD sample). It was characterized by a high frequency of relapses with a tendency to form a chronic conditions with residual catatonic signs and psychotic symptoms (GAF score=50.1). In the sample of patients with manifestation of catatonia in the second or subsequent episodes (n=17; 28.3 %), the clinical course of SSD was unfavorable. It was characterized by a rapid augmenting of negative symptoms with the formation of psychomotor poverty syndrome with residual catatonic symptoms (GAF score=52.7).

Conclusions: Our study shows that the occurrence of catatonic depressive episodes in the clinical course of SSD in most cases is an unfavorable prognostic factor.

Disclosure of Interest: None Declared

EPV0976

Efficacy and tolerability Aripiprazole once-monthly long-acting injectable in schizophrenia. Two-injection start regimen. A 24 months follow-up and mirror image study

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Introduction: Relapse prevention is crucial in patients with schizophrenia, as repeated episodes can worsen psychopathology and functionality. There is strong evidence of antipsychotics efficacy in preventing relapse; however, non-compliance rates in patients with schizophrenia are very high. Long-acting injectable antipsychotics (LAIs) are an important treatment option but remain underutilized.

Aripiprazole once-monthly is a long-acting intramuscular injectable formulation of aripiprazole indicated for the maintenance treatment of schizophrenia in adult patients stabilized on oral aripiprazole.

If one injection start regimen is adopted, on the day of initiation, an injection of 400mg Aripiprazole once monthly should be administered accompanied by 10mg to 20mg of oral aripiprazole per day for the successive 14 days New treatment regimen: On the day it begins,

inject 400 mg Aripiprazole twice at different sites and provide one 20 mg dose of oral aripiprazole

Objectives: The main aim of this study is to evaluate the efficacy and tolerance of Aripiprazole long-acting injectable (ALAI) in stable patients with schizophrenia. The initial dose was administered according to the new regimen (Two injection Start).

The secondary objective is to compare hospitalizations and emergency interventions during 24 months before (retrospective) and after (prospective) switching to ALAI.

Methods: The study included 15 patients diagnosed with stable schizophrenia (DSM 5 criteria) who underwent treatment with ALAI. The beginning dosage was administered using the new regimen (Two Injection Start).

Over an 24-month follow-up period, the Clinical Global Impression-Schizophrenia scale (CGI-SCH), treatment adherence, concomitant medication, hospitalizations, emergency assists, and reported side effects were evaluated every three months.

Results: Mean initial scores were 4.24 (± 0.83) on GCI-SCH.

After 24 months, the mean scores varied from baseline by -1.21 ± 0.74 ($P < 0.01$) on the ICG-SCH.

The percentage of patients who remained admission-free at the end of the 24 months was 73%.

The treatment adherence rate for ALAI after 24 months was 66%. The most frequent side effect with an incidence of 20% was transient mild insomnia. None of the patients who started ALAI after the 2-injection start regimen experienced severe adverse effects or severe adverse effects.

There were 20 hospital admissions during the 24-month period prior to the switch to ALI, which fell to 5 hospital admissions 24 months following the switch.

Similarly, there were 38 emergency assists during the 24-month period before the switch to ALI, which dropped to 9 emergency assists 24 months after the switch.

Conclusions: We found of Aripiprazole long-acting injectable (The starting dose was administered following the new regimen (Two injection Start)) is effective, safe, and well tolerated in clinical practice conditions

Disclosure of Interest: None Declared

EPV0977

Paliperidone palmitate 6-month formulation for the treatment of schizophrenia: a 14-month follow-up study

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Introduction: Relapse prevention is critical because psychopathology and functionality can worsen in patients with schizophrenia because the repeated episodes and we have strong evidence of antipsychotics efficacy for relapse prevention, but nonadherence rates in patients with schizophrenia are very high, even in comparison with other illness.

There is extensive clinical trial evidence for the use of paliperidone palmitate 1-month (PP1M) and paliperidone palmitate 3-month

(PP3M) formulations for maintaining treatment continuity and preventing relapses and risk of hospitalizations in patients with schizophrenia. (Najarian et al. Int J Neuropsychopharmacol 2022; 25(3) 238-251). Paliperidone palmitate 6-month (PP6M) formulation is a presentation that provides a dosing interval of once every six months.

Objectives: The principal aim of this study was to evaluate the effectiveness, safety, and tolerability of the PP6M in patients with non-acute schizophrenia on an outpatient basis

Methods: Methods: Sample: 22 patients diagnosed with schizophrenia (DSM 5 criteria) that started treatment with PP6M after being stabilized with PP1M (N:10) or PP3M (N:12) (the treatment dose was not changed in the four months before study inclusion) Bimonthly, the following evaluations were performed during a follow-up period of 14 months:

The Clinical Global Impression-Schizophrenia scale (CGI-SCH)

Treatment adherence, concomitant medication, adverse events and the number of hospitalizations and emergency visits

Efficacy values: Percentage of patients who remained free of admissions at the end of 14 months of follow-up.

Other evaluation criteria: Percentage of patients who never visited the emergency department at the end of 14 months of follow-up, average change from baseline visit to the final evaluation as assessed by score obtained on the following scale: GSI-SCH, treatment adherence rate and tolerability.

Results: The percentage of patients who remained free of admission at the end of the 14 months follow-up was 90% in the total sample, 83% in the PP3M pre-treatment group and 100% in the PP1M pre-treatment group.

The percentage of patients who never visited the emergency department at the end of 14 months follow-up was: 81% in the total sample, 75% in the PP3M pre-treatment group and 90% in the PP1M pre-treatment group.

At the end of the study, a mean change of $+0.12 (\pm 0.11)$ on the ICG-SCH-SI scale in the total sample, $+0.25 (\pm 0.21)$ in the PP3M pre-treatment group and 0 in the PP1M pre-treatment group.

The treatment persistence rate at the 14 month of follow-up was 100% in the total sample.

Treatment was well tolerated, and no safety-related adverse events were collected. There were no tolerability-related withdrawals from treatment.

Conclusions: In our study, we found that long-term treatment with paliperidone palmitate 6-month formulation is effective and well tolerated in clinical practice conditions.

Disclosure of Interest: None Declared

EPV0978

Differences in the dynamics of schizophrenia with the formation of episodic and persistent apathetic depressions

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Introduction: Apathy in endogenous depressions is a complex mental phenomenon (it is characterized by indifference and loss

of interests, reduced incentives and motivation, decreased mental and physical activity). Apathy becomes the cause of pronounced social maladaptation and untimely seeking medical help. Different depressions vary in psychopathological features of apathy, in addition, there are also different dimensions of the general dynamics of endogenous disease.

Objectives: Study of the features of the course of schizophrenia, in which apathetic depressions develop with episodic and persistent type of dynamics

Methods: The study included 36 patients (15 men, 21 women, average age 34.9 years) with schizophrenia. In 17 cases, apathetic depressions occurred as short-term episodes, in 19 cases, depression took a persistent (close to chronic) course.

Results: Schizophrenia with an **episodic type of dynamics of apathetic depressions** was characterized by: the predominance of cases with early onset of the disease; alternation of apathetic and other type depressions; equal occurrence of mono- and bipolar types of disease; low severity of negative symptoms and slight changes in social and labor functioning. Apathy has always been present during the whole length of depression, its picture was dominated by a motivational decline. The studied cases were prognostically favorable. The features of the course of schizophrenia with **chronic apathetic depression** were: hyperthymic (10 out of 19 observations) and sensitive schizoid (6 out of 19 observations) premorbid personality; bipolar forms of the disease (94.7%, $p < 0.05$); the predominance of apathetic depression over other depression types, atypical form of depression; short duration of remissions; frequent course of the disease with the presence of only apathetic depressions (12 out of 19, 63.1%, $p < 0.05$); significant severity of negative symptoms. Apathy occupied only as a part of the duration of the state, as a rule, after anxiety depression. The picture of apathy was dominated by a decrease in initiative or motivation. This clinical group is the most prognostically unfavorable.

Conclusions: Schizophrenia, occurring with the presence of persistent forms of apathetic depression, has a greater impact on the functioning of patients and has a less favorable prognosis.

Disclosure of Interest: None Declared

EPV0979

Management of cognitive symptoms in schizophrenia.

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Introduction: Cognitive impairment is the frequent symptom occurring in nonelderly patients with schizophrenia or other neurodegenerative disorders. Cognitive dysfunction in patients with schizophrenia was described by Kraepelin more than a century ago. Increased awareness and advancements in the area of neuropsychological assessment and neuroimaging techniques have now rendered cognitive impairment an important focus of theories on the etiology and treatment of schizophrenia. Cognitive enhancement still remains a clinically unresolved challenge. Till date, there is no effective treatment available for enhancing cognitive function in patients with schizophrenia

Objectives: This e-poster aimed to summarize evidence regarding clinical data on the nonpharmacologic and pharmacologic management of cognitive symptoms of schizophrenia, also known as cognitive impairment associated with schizophrenia (CIAS), and highlight the selection of appropriate treatment options.

Methods: A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: schizophrenia, cognitive symptoms, management.

Results: Many different drug targets and strategies for drug development have been employed for enhancement of cognition in schizophrenia. Receptor targets have been identified on the basis of pharmacologic challenges that mimic schizophrenia (e.g., dopamine agonists and NMDA receptor antagonists), receptor abnormalities found on postmortem analysis of schizophrenia brain, and genetic linkage studies. Treatment with a D₁ agonist was shown to “sensitize” D₁ receptors and improve memory in both aged and antipsychotic-treated monkeys. Clinical trials of D₁ agonists in schizophrenia have been delayed due to poor tolerability related to orthostatic hypotension and nausea. The glycine-site agonists, glycine, D-serine, and D-alanine, produced improvement in negative symptoms in small trials and some improvement in measures of cognition, although formal cognitive testing was not performed.

Conclusions: Although the evidence supporting cognitive remediation has not yet achieved the level necessary to merit inclusion in evidence-based treatment guidelines, this approach, combined with other psychosocial interventions, is promising. Several pharmacologic approaches are currently under study to facilitate neuroplasticity.

Disclosure of Interest: None Declared

EPV0981

Cariprazine efficacy in a 40-year untreated case of a woman with predominantly negative symptoms of psychosis: A case report

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Introduction: Several studies have demonstrated the unfavorable and neurotoxic effects of untreated psychosis (UP) on the brain. An estimated 10 to 12 cc of brain tissue could be potentially damaged due to neuroinflammation and oxidative stress when a first episode of psychosis goes untreated. Other studies have found a correlation between the duration of untreated psychosis (DUP) and treatment resistance or nonresponse. Evidence-based schizophrenia treatment mainly relies upon the use of first and second-generation antipsychotics, without solid evidence that the former is superior to the latter regarding the treatment of negative symptoms. Both groups, however, can come with a risk of side effects. Cariprazine, a third-generation antipsychotic, represents a safe and effective treatment, targeting both the positive and negative symptoms of schizophrenia.

Objectives: To report a clinical case of a woman with an extreme DUP with predominantly negative symptoms of schizophrenia and highlight the favorable outcome cariprazine monotherapy had on her global functioning.

Methods: We report a clinical case of a 58-year-old woman with a history of a 40-year UP successfully treated with 4,5mg of cariprazine. The woman was brought involuntarily for psychiatric assessment at the emergency department with a clinical image of catatonic stupor and predominantly negative symptoms of psychosis. Her total PANSS score at admission was 129. The negative subscale score was 49. She was initially treated with 3mg cariprazine and 10mg olanzapine and was gradually left on 4,5mg cariprazine monotherapy with an adjunctive 30mg mirtazapine.

Results: The patient was dismissed after 47 days of hospitalization. Cariprazine was effective in targeting both the cognitive and affective symptoms of long-standing UP. In the long-term, cariprazine also improved remnant delusional ideas of somatic and persecutory types, enhancing the patient's social life, ensuring her support network, and assisting her integration into the community. The patient did not report any side effects, and her blood test results were within the normal range.

Conclusions: Not all cases of schizophrenia are dramatic at presentation - some can have a chronic and insidious course predominated by negative symptoms. UP can lead to disastrous consequences for the patient's biopsychosocial well-being, leading to future treatment resistance and disability. Although such cases of untreated psychosis seem to be from the past, we should be conscious of their existence and treat them with a patient-personalized and symptom-centered approach. Cariprazine was successful and effective in treating this patient with a remarkable course of UP.

Disclosure of Interest: None Declared

EPV0982

The influence of the experience of trauma in childhood and the later development of psychosis. A case report

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Introduction: The increasingly well-established links between psychosis and distant traumas (often established in childhood) oppose purely neurobiological explanations. The influence of psychosocial factors on the development of a later disorder has been studied. In studies, a strong association has been found between psychosis and childhood sexual abuse, especially when sexual intercourse was involved.

Objectives: A case of a patient with psychotic symptoms is presented followed by a theoretical review on the topic.

Methods: A case is presented with a bibliographic review.

Results: A 37-year-old woman was admitted to the Acute Hospitalisation Unit for behavioural alterations in the form of hetero-aggressiveness towards family members in the context of psychopathological decompensation.

On arrival at the unit, she presented psychomotor restlessness, ideas of harm in relation to her neighbours and an attitude of referentiality, especially towards her father.

At the pharmacological level, Quetiapine 100 mg was replaced by Aripiprazole 10 mg and sleep was occasionally supported with Lormetazepam 1 mg.

Progressively her rest is normalising, she remains calm, behaviourally adequate, approachable and cooperative. She does not spontaneously allude to delusional ideation and no hallucinatory attitude is observed.

Daily individual psychotherapeutic interviews and family meetings are held with her parents, in which they refer to experiences of abandonment by her parents during her upbringing, persistent irritability and ideation of harm towards the family, which seems to be of long standing. They also report that prior to the first psychiatric admission, the patient reported being sexually abused at the age of 6 and suffered repeated physical aggression by a teacher at the age of 9. Both the patient and her parents relate the origin of the current malaise to all these events.

Upon discharge from the unit, throughout the follow-up carried out in the resource specialised in first psychotic episodes, during psychotherapeutic interviews, the feelings and emotions related to the traumatic experiences mentioned above are worked on. This therapy, associated with the pharmacological regimen previously indicated, has promoted a notable psychopathological improvement.

Conclusions: A review of 46 studies in women, both inpatients and outpatients, many of whom had a diagnosis of psychosis, revealed that 48% reported having suffered sexual abuse, 48% physical abuse in childhood and 69% of them both. Among men, the figures were 28%, 50% and 59%, respectively. Childhood abuse has been shown to play a causal role in many mental health problems.

There is clear evidence that physical and sexual abuse during childhood is related to symptoms of psychosis and schizophrenia, particularly hallucinations and paranoid delusions. Also, studying possible variables, a greater severity has been observed the more intense the abuse has been.

Disclosure of Interest: None Declared

EPV0983

Delusion of pregnancy - what the literature says?

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Introduction: Delusion of pregnancy (DP) is a false and persistent belief of being pregnant despite realistic evidence to the contrary. Being considered a rare phenomenon, more cases of DP have been reported lately, however the literature about this topic is still scarce.

Objectives: Clarify the etiology and clinical aspects of this pathology in order to diagnose and to treat it properly.

Methods: A search on Pubmed was performed using the MeSH terms "delusion pregnancy" or "pseudocyesis". The DSM-5 and ICD-10 were also a source of information.

Results: DP can be sometimes confused with other disorders, like pseudocyesis, pseudo-pregnancy and Couvade syndrome, but it is important to differentiate all of them to have a clear view of the pathology and follow a correct approach to the problem.

DP can manifest isolatedly, but it is more commonly associated with other diseases. Etiologically, several factors can intercede: biological, psychosocial and cultural factors, iatrogenic factors and coenaesthesia processes.

Demographically, about 50% of the patients are 20-40 years old and the most common psychiatric diagnoses are schizophrenia, bipolar disorder and depression.

Concerning the treatment, it is essential to exclude non-psychiatric causes and treat those, if present. After doing so, the therapeutical approach can be non-pharmacological, using psychotherapy or electroconvulsive therapy, although the latter has inconclusive results and sometimes it only remits the comorbid depressive symptoms; or pharmacological using 2nd generation antipsychotics.

In general, there is now a good response in 50-64% of the cases (Bera and Sakar, *Indian J Psychol Med* 2015;37(2)131-137) (Yadov et al, *Indian J Psychol Med* 2012;34(1) 82-84).

Conclusions: DP can be a psychiatric diagnosis itself or a manifestation of other psychiatric or non-psychiatric disorder so we must be alert to make a precise differential diagnosis. Its genesis is multifactorial and that must be taken into account when thinking about its treatment approach.

In the past, the prognosis of the DP wasn't good, but in the recent literature it was found a good response in more than half of the patients treated accordingly.

Disclosure of Interest: None Declared

EPV0984

Psychosocial difficulties as a predictor of overall functioning in individuals with schizophrenia: a case-control study

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Introduction: Difficulties in emotional, cognitive, behavioral, and social functions are considered important factors of global functioning in schizophrenia.

Objectives: A better understanding of difficulties in the mentioned facets might lead to the development of better-adjusted treatment approaches for individuals with schizophrenia, as well as impacting to reduction and elimination of stigma in Bosnia and Herzegovina's wider social context in relation to difficulties spanning the daily life of individuals with schizophrenia.

Methods: Thirty- one patients with schizophrenia (SCH), and 30 healthy controls (HC) participated in our study. The Adult Self-Report (ASR), Achenbach's scale for adults (ASEBA- Achenbach System of Empirically Based Assessment), and World Health Organization, Disability Assessment Schedule 2.0 (WHODAS 2.0) tests were administered.

Results: Groups differed in age, education, employment status, marital status, friendships existence, and disability existence.

According to the regression equations, thought problems predicted Getting around; withdrawn predicted Getting along with people and Life activities- Household, School/Work in the group of individuals with schizophrenia.

Conclusions: Our study revealed the role of different facets of difficulties in the prediction of global functioning in SCH. These findings might directly point to the importance of eliminating stigmatizing beliefs in a wider social context, developing techniques for improving the social support segment, focusing on healthy family functioning, as well as investigating job presence and perceived quality of life.

Disclosure of Interest: None Declared

EPV0985

Cognitive impairment assessment in schizophrenia: purposely a case

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Introduction: Significant and measurable cognitive symptoms are present at the onset of the disorder and these remain stable in the subsequent period between 2 and 5 years. Their deterioration increases with the course of the disease. Attention, concentration, psychomotor speed and resolution of conceptual tasks are usually affected and are more significant in the presence of positive symptoms.

Objectives: Sometimes, the typical positive or negative symptoms of the disease do not adequately reflect the severity of cognitive impairment. Measuring this deterioration can be very relevant when evaluating the severity and the prognosis of the disorder.

Methods: 31-year-old male with a previous diagnosis of schizophrenia of 4 years of evolution. He gets a maintained treatment with amisulpiride 400mg with an apparent good response. A single hospitalization at the onset of the disease. An assassination attempt on his mother is done by suffocation with a pillow and observing a significant cognitive impairment despite an apparent control of the symptoms of schizophrenia.

Results: An exhaustive neuropsychological evaluation is carried out, observing a very important cognitive deterioration that had not been previously detected and allowing a pharmacological adjustment of the underlying disease with global improvement of the patient.

Conclusions: It is very important to evaluate the patient as a whole without forgetting the frequent cognitive damage that these patients can have. An intense neuropsychological study can be very useful to evaluate the prognosis and adequate treatment of the patient in order to reduce serious risks.

Disclosure of Interest: None Declared

EPV0986

The relationship between chronotype and suicidal attempt in patients with schizophreniaN. Göktürk^{1*} and P. G. Özdemir²¹PSYHIATRİK AND MENTAL HEALTH NURSİNG, VAN YÜZÜNCÜ YIL UNIVERSITY and ²PSYHIATRİK AND MENTAL HEALTH, VAN YÜZÜNCÜ YIL UNIVERSITY DURSUN ODABAŞ MEDICAL CENTER, VAN, Türkiye

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Introduction: Individuals with schizophrenia are known to be at an increased risk of suicidal behavior (Sher & Kahn, 2019). However, the relationship between chronotype, which refers to an individual's preference for sleep-wake patterns, and suicidal attempts in schizophrenia patients remains an area of interest and investigation. The relationship between chronotype and suicidal attempts in schizophrenia patients has not been extensively studied. However, research in other populations has shown that individuals with evening chronotypes, also known as "night owls," may be at a higher risk of mental health issues, including depression and suicidal ideation (Verma et al., 2016). It is plausible to hypothesize that individuals with schizophrenia who have evening chronotypes may also be at an increased risk of suicidal attempts. Further research is needed to explore this relationship and its potential implications for clinical practice. In conclusion, the relationship between chronotype and suicidal attempts in schizophrenia patients is an area that requires further investigation. Early identification and intervention are crucial in preventing further suicidal attempts in this vulnerable population. Future research should focus on exploring the relationship between chronotype and suicidal attempts in schizophrenia patients to provide a comprehensive understanding of the factors contributing to suicide risk in this population.

Objectives: This study investigates the relationship between chronotype and suicidal attempts in patients with schizophrenia.

Methods: The study was conducted cross-sectionally using quantitative research methods and using purposive sampling. The personal information form and scales used for data collection in this study, which was planned with patients hospitalized in the psychiatric ward and patients applying to the outpatient clinic, are based on self-report. The personal information form developed by the researcher by reviewing the literature, the Morningist-Evening Scale (SAM), the Suicide Probability Scale, the Suicidal Behavior Scale, the Positive Symptoms Rating Scale (SAPS) and the Negative Symptoms Rating Scale (SANS) were used as data collection tools. Participants signed an informed consent form before the interview.

Results: Data extraction is still ongoing in detailed style by principal authors. A description of the studies and the key findings will be presented.

Conclusions: Reducing the risk of suicide in patients with schizophrenia is of vital importance. Awareness of the risks related to suicide may help reduce mortality rates in schizophrenia patients as in all patients. It is thought that the study's results will be an important resource in knowing the risks related to suicide and determining the risk factors so that prevention studies can be initiated.

Disclosure of Interest: None Declared

EPV0987

Insight and cognitive complaints in stabilized outpatients with schizophrenia

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Introduction: Schizophrenia is often considered as pathology of consciousness. Some authors have considered that patients' self-perception of their cognitive difficulties expressed in the form of subjective complaints could represent a source of stress. These cognitive difficulties may then interfere with the interpretation of symptoms, leading to poor insight.

Insight and cognitive complaints in stabilized outpatients with schizophrenia.

Objectives: Study the relationship between subjective cognitive complaints and clinical insight in a Tunisian population with schizophrenia.

Methods: This is a cross-sectional, descriptive and analytical study carried out on 72 stabilized patients followed at the post-cure psychiatry consultation 'A' at the CHU Hédi Chaker in Sfax diagnosed with schizophrenia according to the DSM 5 criteria.

We used the schedule for the Assessment of Insight-Expanded Version (SAI-E) scale to assess Clinical Insight and the Subjective Scale to Investigate Cognition in Schizophrenia (SSTICS) to determine subjective cognitive complaints

Results: The mean age of the patients was 46.83 ± 11.6 years, with a sex ratio (M/F) of 2. In our study, 48.5% were single and 69.4% were unemployed.

The median total SSTICS score was 25.

Using the SAI-E scale, an average score of 20.1 was objectified in our study.

In our study, the better the insight, the greater the subjective cognitive complaints were in all cognitive domains ($p=0.00$).

Awareness of illness was statistically associated with working memory ($p=0.001$), explicit memory ($p=0.004$), attention ($p=0.001$), language ($p=0.01$) and executive functions ($p=0.001$).

Conclusions: Our study highlights the relationship between awareness of illness and cognitive complaints. The clinician, faced with repetitive cognitive complaints, should assess the insight before incriminating another cause (effects of a drug, cognitive deficit, etc.).

Disclosure of Interest: None Declared

EPV0988

Self-stigma in a Tunisian population of stabilized outpatients with schizophrenia

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Introduction: The internalized stigma associated with mental illness is considered as an additional burden faced by people with mental disease. Among mental illnesses, schizophrenia is considered as the most stigmatizing.

Objectives: To Assess the level of stigma in a sample of people with schizophrenia

Methods: This is a cross-sectional and descriptive study carried out on 72 stabilized patients followed at the post-cure psychiatry consultation 'A' at the CHU Hedi Chaker in Sfax diagnosed with schizophrenia according to the DSM 5 criteria. Socio-demographic and clinical data were collected using a pre-established sheet

We used The Internalized Stigma of Mental Illness (ISMI) scale to assess internalized stigma

Results: The mean age of the patients in our study was 46.83 ± 11.6 years, with a sex ratio (M/F) of 2.

They were single in 48.5%, unemployed in 69.4%. Their level of education did not exceed primary school in 44.4% and their socio-economic level was low in 63.9%. 2% of the patients had no somatic history and 36.1% had a history of attempted suicide.

The median for the total ISMI score was 2.45, which corresponded to the absence of strong stigma. The median of the subscales was distributed as follows: 2 for the level of alienation, 2.28 for stereotype endorsement, 2.4 discrimination experience, 2.36 for social withdrawal and 2.60 for stigma resistance.

In our study, 45.8% of patients reported experiencing high levels of self-stigma (total score > 2.5).

Conclusions: Our study found levels of self-stigma in individuals with schizophrenia that align with previous research, suggesting that schizophrenia-related stigma is a global phenomenon unaffected by factors such as origin or ethnicity.

Disclosure of Interest: None Declared

EPV0989

Insight evaluation in a Tunisian stabilized outpatients with schizophrenia

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Introduction: Schizophrenia is a chronic condition that leads to major socio-professional disintegration and personal suffering. In addition to the classic clinical symptoms, these patients also suffer from poor insight.

Objectives: To assess insight in a population followed up for schizophrenia

Methods: We conducted a cross-sectional and descriptive which concerned the patients followed in the unit of outpatient post-cure consultations of psychiatry 'A' at the CHU Hedi Chaker of Sfax. We included 72 stabilized patients diagnosed with schizophrenia according to the DSM criteria 5. For the collection of sociodemographic and clinical data, we used a pre-established sheet. We used the schedule for the Assessment of Insight-Expanded Version (SAI-E) scale to assess clinical insight

Results: The mean age of the patients in our study was 46.83 ± 11.6 years, with a sex ratio (M/F) of 2.

They were single in 48.5%, and unemployed in 69.4%. Their level of education did not exceed primary school at 44.4% and their socio-economic level was low at 63.9%.

In our study, 72.2% of patients had no somatic history and 36.1% had a history of attempted suicide.

Using the SAI-E scale, the mean score was 20.1 with a minimum of 5 and a maximum of 28.

Conclusions: At the end of this evaluation, it is important to emphasize that insight seems to be an important prognostic factor.

Disclosure of Interest: None Declared

EPV0990

Cognitive complaints in schizophrenia: relationship with clinical symptoms, stigma and insight

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Introduction: In addition to the classic clinical symptoms, patients with schizophrenia suffer from cognitive difficulties, self-stigma and poor insight.

Objectives: This study aims to evaluate the impact of stigma, symptom severity, and insight on subjective cognitive complaints in patients with schizophrenia.

Methods: This is a cross-sectional, descriptive and analytical study carried out on 72 stabilized patients followed at the post-cure psychiatry consultation 'A' at the CHU Hédi Chaker in Sfax diagnosed with schizophrenia according to the DSM 5 criteria.

We used the schedule for the Assessment of Insight-Expanded Version (SAI-E) to assess clinical insight, The Internalized Stigma of Mental Illness (ISMI) scale for the assessment of internalized stigma, the Subjective Scale to Investigate Cognition in Schizophrenia (SSTICS) scale to determine subjective cognitive complaints and the Positive and Negative Syndroms Scale (PANSS) to assess positive and negative symptoms.

Results: The average age of the patients was 46.83 ± 11.6 years, with a sex ratio (M/F) of 2. In our study, 48.5% of the patients were single, 52.8% were smokers and 23.6% consumed alcohol. The level of education did not exceed the primary level for 44.4% of the patients. The average age of disease onset was 24.56 ± 5.82 . Our participants had an average score of 25 on the SSTICS total score and 20.1 on the SAI-E. The median ISMI total score and PANSS total score were 2.45 and 46 respectively

The predominant negative symptoms ($p=0.003$), stigma ($p=0.009$), and insight ($p<0.003$) were significant factors associated with increased cognitive complaints.

Conclusions: In schizophrenia, the combination of cognitive difficulties, self-stigma with a low insight makes the management of these patients more difficult.

Disclosure of Interest: None Declared

EPV0991

Relationships between cognitive function and activities of daily living in psychiatric nursing home patients with schizophrenia

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doi: 10.1192/j.eurpsy.2024.1578

Introduction: Schizophrenia is a common chronic disease in psychiatric long-term care institutions. Taipei City Hospital Songde Branch Psychiatric Nursing Home (TCHSBPNH) is the first public psychiatric nursing home in Taipei City. There's not only a complete interdisciplinary care system, but also detail initial evaluation at admission of residents, including basic demographic information, cognitive assessments, activities of daily living, and so on. It is known that patients with schizophrenia are generally accompanied by cognitive impairments, which further affects their activities of daily living (ADL) performance, but we still don't know the correlation between of them.

Objectives: This study aimed to investigate the relationships between cognitive function and ADL function of psychiatric nursing home residents with schizophrenia. The results would promote clinical intervention in ADL training for institutional patients.

Methods: 39 participants with chronic schizophrenia (mean age =63.95±6.59 years) were recruited for the study from 2020 to 2021 in TCHSBPNH. We collected every resident's assessment data, including Mini-Mental State Examination (MMSE), Barthel Index, Lawton - Brody Instrumental Activities Of Daily Living Scale (Lawton IADL scale) and Composite Physical Function (CPF) Scale. The Pearson correlation coefficient was used to examine the correlation between cognitive function and ADL.

Results: Moderate positive correlations were showed between cognitive function and ADL ($p<.05$). The statistic results as follow, MMSE and Barthel Index ($\gamma=.627$, $p<.001$), Lawton IADL scale ($\gamma=.431$, $p=.006$), and CPF ($\gamma=.341$, $p=.034$) respectively exhibited significant correlations.

Image:

		Male (N=19)	Female (N=20)	Average
Age (year)		62.94±7.42	64.91±5.91	63.95±6.59
Education	≤6years	3	5	
	7-9years	3	0	
	10-12years	6	9	
	≥13years	7	6	
Onset(yr)		27.26±8.70	29.55±8.68	28.44±8.54
Years since onset		35.67±10.36	35.36±9.95	35.51±9.89
Days since admission		651±380	598±371	623±371
Marriage	Single	15	10	
	Married	3	2	
	Divorced	1	6	
	Widow	0	2	
Scores (mean±S.D.)	MMSE	25.89±3.54	26.90±3.66	26.41±3.59
	BADL	98.68±3.67	97.50±8.96	98.07±6.85
	IADL	12.47±5.05	15.10±4.58	13.82±4.93
	CPF	18.89±4.39	16.85±3.20	17.85±3.96

Image 2:

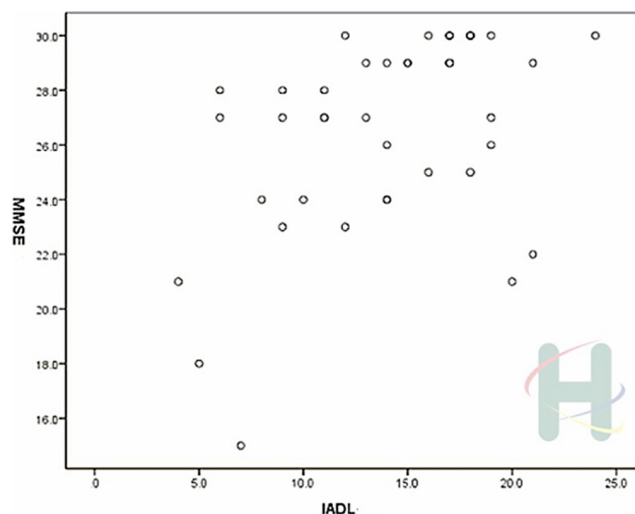
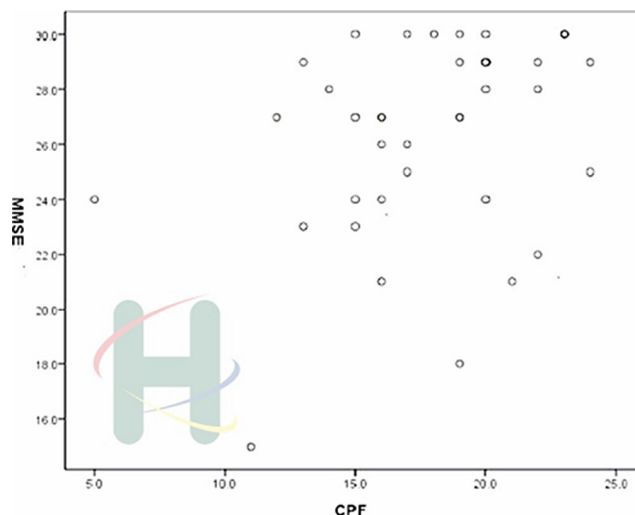


Image 3:



Conclusions: There is a positive correlation between cognitive function and ADL in psychiatric nursing home residents with schizophrenia. The better cognitive function performance becomes, the better independent ADL functions will be. Thus, the psychiatric nursing home residents' independent ADL training will also vary from person to person.

Disclosure of Interest: None Declared

EPV0992

Haloperidol induced Pisa syndrome in a patient with treatment resistant schizophreniaI. Yaich^{1,2,*}, A. Touiti^{1,2}, C. Ben Said^{1,2} and N. Bram^{1,2}¹Forensic Psychiatry Departement, Razi Hospital, La Manouba and ²Faculty of Medecine of Tunis, Tunis El Manar University, Tunis, Tunisia

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Introduction: Acute dystonia, an adverse effect of neuroleptics, is linked to D2 neuronal receptor hypersensitivity or neurotoxicity due to oxidative stress mechanisms. Pisa syndrome (PS) or Pleurothotonus, a relatively uncommon condition, manifests as dystonia of the trunk and is potentially reversible with early intervention.

Objectives: To describe PS following haloperidol decanoate injection in a treatment-resistant schizophrenia (TRS) patient, identify associated risk factors, and present therapeutic options.

Methods: We provide a comprehensive case description and perform a PubMed database search using the following keywords: "Pisa syndrome," "dystonia," "schizophrenia," and "antipsychotic".

Results: A 54-year-old man with TRS, previously treated with 100 mg of haloperidol decanoate and 10 mg of olanzapine due to clozapine-induced myocarditis, exhibited hallucinatory delusional syndrome and behavioral disturbances. Neurological examination, lab tests, and brain imaging confirmed a psychotic relapse. Haloperidol decanoate dosage was increased to 150 mg. Four days later, the patient developed a trunk tilt that resolved after receiving anticholinergic treatment. Despite PS being more common in females and associated with brain conditions, this patient presented multiple risk factors, including prolonged typical antipsychotic treatment, advanced age, and an increase in antipsychotic doses. Discontinuing the causative antipsychotic or adding synthetic anticholinergics led to symptom reversibility.

Conclusions: PS is a rare occurrence. Understanding associated risk factors and frequently implicated medications is crucial for elucidating the phenomenon and managing the disorder

Disclosure of Interest: None Declared

EPV0993

Relationship between circadian rhythm and Malondialdehyde serum levels in acute and stabilized schizophrenic patientsE. Díaz-Mesa^{1,2}, C. Cárdenas Moreno¹, A. Morera-Fumero², I. Perez-Sagaseta De Ilurdoz^{1,*}, P. Abreu-González³, M. R. Cejas-Méndez^{1,2}, M. L. Fernández-López² and M. S. Henry-Benítez²¹PSIQUIATRÍA, HOSPITAL UNIVERSITARIO DE CANARIAS;²MEDICINA INTERNA, PSIQUIATRÍA Y DERMATOLOGÍA and³FISIOLOGÍA, UNIVERSIDAD DE LA LAGUNA, SAN CRISTOBAL DE LA LAGUNA, Spain

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Introduction: Malondialdehyde (MDA) is a product of polyunsaturated fatty acid peroxidation (Del Rio D, et al. A review of recent

studies on MDA as toxic molecule and biological marker of oxidative stress. *Nutr Metab Cardiovasc Dis.* 2005;15:316-28). It is a biomarker of oxidative stress and is involved in the pathophysiology of schizophrenia (Goh et al. *Asian J Psychiatr.* 2022;67:102932). Schizophrenia is linked to disrupted oxidative balance and inflammation (Więdołcha et al. *Brain Sci.* 2023;13:490). Prior research has shown connections between biomarkers and circadian rhythms in schizophrenia (Morera & Abreu. *Acta Physiol Scand.* 2007;43:313-14) and diabetes type 2 (Kanabrocki EL, et al. *Circadian variation in oxidative stress biomarkers in healthy and type II diabetic men.* *Chronobiol Int.* 2002;19:423-39). To determine if MDA levels have a role in schizophrenia and follow a circadian rhythm may be useful.

Objectives: The aim of our study is to compare diurnal and nocturnal MDA serum levels in patients in acute and stabilized phases of schizophrenia according to CIE-10 to find out if there are variations related with circadian rhythms

Methods: 47 patients were included in our study in two clinical phases: acute episode and stabilization. Blood samples were collected at 12:00h and at 00:00h. MDA serum levels were measured twice: when patients were decompensated (admission) and at clinical stabilization (discharge). The relationship between quantitative variables at both times was analysed by T-Student test

Results: There is no significant difference between night and day MDA levels in the acute phase of the schizophrenia (2.22 ± 1.352 vs. 1.93 ± 1.530 , $p < 0.09$). There is statistical significance between 12:00 and 00:00 (1.90 ± 1.136 vs. 1.34 ± 0.868 , $p < 0.001$) at discharge: it was observed that levels decreased. This result can be interpreted as there is circadian rhythm in stabilized phases.

Conclusions: MDA levels in patients with schizophrenia do not follow a circadian rhythm in the acute episode. When they are clinically stabilized present a circadian change. These patients lose the circadian rhythm in acute episodes. MDA circadian rhythm may help diagnose the clinical phase and its severity. It is necessary to perform more studies to know its utility as an oxidative biomarker

Disclosure of Interest: None Declared

EPV0994

"Ekbom syndrome: delirium engraved on the skin"

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Introduction: Ekbom syndrome also known as Morgellons syndrome or delirium of parasitosis is a psychiatric condition where the patient has the absolute conviction of being infested in spite of medical evidence. Patients may even mutilate themselves or apply toxic substances in order to get rid of these hypothetical organisms. Sometimes they bring samples of these hypothetical parasites to the office to prove their existence, which is known as the "matchbox sign", a pathognomonic finding.

Objectives: The aim of this clinical case is to make visible the impact that this psychiatric condition can have on the patient's quality of life

Methods: We present the case of a 40-year-old woman from Peru who was admitted to the otorhinolaryngology unit for injuries compatible with necrosis of the right pinna. When the patient was examined, scars were found on the lower limbs and back. The patient justifies the scratching lesions with the presence of pathogenic organisms, with no trace of them by the physician.

Results: The patient was evaluated by psychiatry service during her admission in otorhinolaryngology, being diagnosed with Ekbom's delirium and starting treatment with 3 mL of Aripiprazole. Subsequently she was referred to the mental health unit where she left the follow-up until today.

Conclusions: Different effective treatments have been described, among them pimozide, atypical antipsychotics and some SSRIs. However, the complexity of treatment arises when dealing with the irreducible idea that the patient has of being infested, refusing in most cases to receive psychiatric treatment. This can degenerate into major organic and psychological problems that turn the patient's life into a real hell, which often end up losing much of their daily functionality. The fact of empathizing with the patient and trying to elaborate a plan adjusted to the reality and needs of the moment, can help us to establish a good therapeutic bond that facilitates an early start of treatment and greater therapeutic adherence, enabling a significant improvement in their quality of life.

Disclosure of Interest: None Declared

EPV0995

Review of Delusional Jealousy and Its Association with Sexual Dysfunctions

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Introduction: Mental state changes can affect one's sexual life, while sexual dysfunction can lead to relationship challenges. Delusional jealousy, also called Othello syndrome, involves a paranoid belief in a partner's infidelity, leading to controlling and violent behaviors. It can manifest as a paranoid disorder, as a delusional symptom of psychiatric, neurological or other medical conditions, or as side effect of dopaminergic medication. Although its exact prevalence remains uncertain, it has been identified in 0.5-1.4% of psychiatry inpatients.

Objectives: To describe sexual dysfunctions associated with delusional jealousy and to explore strategies for addressing these dysfunction.

Methods: A non-systematic review of the literature available at PubMed was conducted using the keywords "Sexual Dysfunction" AND "Delusional Jealousy OR Othello Syndrome".

Results: A number of factors, including sexual dysfunction, can trigger or exacerbate delusional jealousy. This is especially true for middle-aged men who have a history of alcohol consumption, neurological or personality disorders. Individuals with sexual dysfunction experience feelings of insecurity, projecting these concerns onto their partners and suspecting extramarital relationships. On the other hand, sexual dysfunctions such as Hypoactive Sexual

Desire Disorder, Female Sexual Arousal and Orgasmic Disorders, Erectile Dysfunction and Ejaculation Disturbance may occur as consequence of Othello Syndrome. Multiple factors contribute to these dysfunctions, including increased testosterone and cortisol levels, chronic alcohol use, comorbid psychiatric conditions and antipsychotics. There are reports of increased sexual desire, especially in cases of dementia.

Conclusions: Although the evidence is limited and dated, it points to a bidirectional association between delusional jealousy and sexual dysfunction. Further studies are essential to determine the prevalence and types of sexual dysfunctions in Othello syndrome, and the causal relationship between them. Additionally, investigating gender differences is crucial, given the male-centric focus of existing studies. This research can contribute to clinical care by promoting the screening for sexual issues and their integration into delusional jealousy management.

Disclosure of Interest: None Declared

EPV0996

Schizophrenia and Risk of Dementia: A Literature Review.

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Introduction: Dementia is a clinical syndrome affecting 1-2% of the population under the age of 65, while at older ages the frequency doubles every five years. The clinical manifestations include memory loss, communication deficits, agnosia, apraxia and executive dysfunction. Schizophrenia is a complex, chronic mental disorder affecting approximately 1% of the population, presenting with disturbances in perception, thought and behavior.

Objectives: To investigate the relationship between schizophrenia and later-onset dementia; more specifically to explore whether schizophrenia increases the dementia risk.

Methods: A review of 35 articles -from 2010 to 2023- on PubMed and Google Scholar regarding patients with schizophrenia or other type of psychosis, who later presented dementia.

Results: Patients with a history of schizophrenia, schizotypal disorder, or delusional disorder are more likely to develop dementia. The greatest risk is presented in patients showing the shortest duration of psychotic symptoms (5 years or less), while at 5-10 years the probability of developing dementia decreases. The most common types of dementia occurring in psychotic patients are Alzheimer's disease (50-70%), vascular dementia (30%) and unspecified dementia (15%). Chronic patients (10+ years of symptomatology) are less likely to develop dementia. Psychotic patients over the age of 65 are more likely to develop dementia later in life, while individuals who develop schizophrenia after their 40s are three to four times more likely to present dementia compared to patients carrying a schizophrenia diagnosis before their 40s. Females with Late-Onset Schizophrenia have an increased dementia risk compared to males carrying the same diagnosis and compared to healthy females of the same age. Physical conditions implicated in the onset of dementia in schizophrenic patients

include cardiovascular diseases, lung disease, substance and alcohol use, head injuries and diabetes.

Conclusions: According to data, there is a strong correlation between schizophrenia and dementia. However, the related studies are limited in number, while their results require further investigation because of limitations (small sample sizes, co-morbidities, selection of chronic elderly patients). Furthermore, most of these studies were conducted in Western countries, highlighting the necessity of pursuing additional research.

Disclosure of Interest: None Declared

EPV0998

The role of Galacto-oligosaccharides (GOS) in the recovery from dysbiosis in patients on long-term atypical antipsychotic treatment

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Introduction: Atypical antipsychotic (AAP) drugs are the gold-standard treatment for psychotic patients but are nowadays also widely prescribed among people with other mental disorders. Notwithstanding the benefits of AAP in terms of symptom improvement, there are severe adverse effects including the metabolic syndrome. A novel hypothesis is that part of these undesirable effects of antipsychotics could be mediated by their deleterious effects on the microbiome. This may result in dysbiosis, the disruption of bacterial species of the gut microbiota. Recently, dysbiosis has been linked to poor quality of life, depression and anxiety through the gut-brain axis. Mounting evidence proposes that prebiotic consumption may be helpful in the recovery of dysbiosis, although this effect is unclear among long-term antipsychotic users.

Objectives: The main objective of this study is to assess the potential beneficial effects of the prebiotic Galacto-oligosaccharides (GOS) in combination with 2'-fucosyllactose (2'-FL) on the gut microbiota, by showing a relative increase in Bifidobacteria in fecal samples following intervention. The secondary objective is to assess the effects of GOS on mental wellbeing, sleep, and metabolic parameters. We hypothesize that GOS+2'FL supplementation will improve gut health, mental wellbeing, sleep, and metabolic parameters. Data will be collected 4 weeks prior to the start of the intervention during an observation only phase [t0], at baseline [t1], and after 2 [t2] and 6 [t3] weeks of GOS+2'FL intake. A follow-up will take place at week 10, 4 weeks after the intervention [t4]. Other outcomes that are assessed include the FiberScreen tool, the form of human faeces (Bristol Stool Chart), side effects and the defined daily dosis (DDD) of antipsychotic medication.

Methods: The study is a single-arm pilot study (non-randomized and non-blinded). We aim to include 30 psychiatric patients on long-term atypical antipsychotic use, irrespective of their specific psychiatric disorder, with a BMI > 25 kg/m². Following a run-in period of 4 weeks (no intervention but all other aspects of the study), the participants will consume GOS^{plus} (7.0 g BiotisTM GOS + 0.7 g 2'-FL) daily during the first consumption moment of the day (preferably in the morning) for 42 days. The GOS^{plus} powder has a

slightly sweet flavour. The primary endpoint is the change in Bifidobacteria in fecal samples from week 0 to week 6.

Results: The study started recruiting participants in October 2023.

Conclusions: Conclusions are expected by the end of 2024.

Disclosure of Interest: None Declared

EPV0999

Rethinking Schizophrenia: Beyond the Voices of Schizophrenia

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Introduction: Despite improvements and innovation in recent years, people living with schizophrenia face variations in access to optimal treatment and care. There is a lot about schizophrenia that is not fully understood, and the high-quality care and support needed by people living with this condition is often unavailable.

Objectives: Develop an evidence-based, compelling policy narrative on schizophrenia Engage a pan-European, multidisciplinary group of experts Offer concrete tools to patient and professional advocacy groups Disseminate findings Draw from our findings practical solutions on how to implement recommendations **Methods:** Based on carefully selected existing literature and available resources, **literature review** includes but is not limited to: Value of Treatment Recommendations, Global Burden of Disease Study, Comprehensive Mental Health Action Plan, Mental Health Atlas. The aim is to establish state of play, identify problems and solutions and take stock of current recommendations.

We established a **multi-disciplinary working group** to lead the project, and ensured that representation on this group is cross-disciplinary and cross-sector. The expert group includes country-level patient advocates and clinical leads including key opinion leaders (KOLs) to keep the project focused on what is happening at a national level, and to help create ownership at the national level to take recommendations forward within each country.

We conducted **qualitative semi-structured interviews** with people living with schizophrenia where they provided their insights into how to rethink the way we deal with schizophrenia.

Results: Provide clear, concrete and adaptable solutions Joint ownership by key stakeholder groups of a common policy narrative on schizophrenia Sustained policy engagement on schizophrenia at the EU and national level

Conclusions: There is a clear need to rethink the management of schizophrenia and redesign the care pathways to ensure optimal treatment and care for all people living with schizophrenia in Europe. Based around patient testimonies, the aim of the session is to highlight the need to optimise the way we manage schizophrenia by building a strong, coherent, evidence-based policy narrative which speaks to the current priorities in schizophrenia and draws from the current policy landscape in Europe.

Experts involved in the *Rethinking Schizophrenia* project, coordinated by the European Brain Council, have explored the ways in which we can and need to change the way we deal with

schizophrenia. The *Rethinking Schizophrenia* project falls under the *Rethinking the management of brain disorders* series, research-driven projects offering policy recommendations to make tangible changes with the aim to improve the lives of people living with brain disorders, neurological and mental alike, across Europe.

Disclosure of Interest: None Declared

EPV1001

Stigma in first episode patients with schizophrenia

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Introduction: Patients with schizophrenia confront with stigmatization in their everyday life. Differences in their perception of stigmatization based on the number of hospitalizations and duration of treatment are unsufficiently researched.

Objectives: Our aim was to investigate whether patients with first-episode schizophrenia differ in their perception of stigmatization from schizophrenia patients with more than one hospitalization.

Methods: A consecutive sample of 120 stable outpatients (70 males, 50 female) diagnosed with schizophrenia were included in the study. Diagnosis of schizophrenia was established with Neuro-psychiatric Interview. First episode patients consisted 28.3% of the group.

All patients were at least once hospitalized for mental illness. Patients were dichotomised based on the number of hospitalizations.

The study was approved by Ethic committee of the institutions. Stigma was assessed with Internalized Stigma of Mental Illness (ISMI) scale.

ISMI scale contains 29 Likert items rated on a 4-point scale ranging from "strongly disagree" to "strongly agree". It contains five subscales: Alienation, Stereotype Endorsement, Discrimination Experience, Social Withdrawal and Stigma Resistance. The overall internal consistency for the global ISMI was 0,89; Alienation-0,76; Stereotype endorsement- 0,63; Discrimination- 0,72; Social withdrawal- 0,57.

All analyses were performed using the SPSS 25.0. The differences between groups on continuous variables were evaluated using t-test with Bonferroni correction. For all analyses, the level of statistical significance was defined as an alpha less than 0.05

Results: There were no differences in first-episode and more episode patients in ISMI and its subscales. Number of hospitalizations was associated with Stereotype endorsement subscale ($r=0.228$; $p=0.012$) Age was correlated with stigma.

Conclusions: Although stigma did not differ between first-episode patients and patients with two or more hospitalizations, stereotype endorsement was strongly associated with the number of hospitalizations leading to conclusion that stigma is associated with psychiatric treatment and our aim must be to destigmatize the treatment and avoid hospitalizations.

Disclosure of Interest: None Declared

EPV1002

Cognitive and social cognitive function in patients with schizophrenia and affective disorder: effects of combining pharmacotherapy with cognitive remediation

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Introduction: In recent decades, there has been increasing interest in neurocognitive function, including non-social and social cognition. Cognitive impairment has a significant impact on functional outcome, especially in schizophrenic disorders, but also in affective and other psychiatric disorders.

Objectives: It is our aim to present the assessment and measurement of cognitive dysfunction through adequate instruments and to evaluate the effects of combining pharmacotherapy and cognitive remediation.

Methods: A review of the modern literature is undertaken and results of own investigations using the Screen for Cognitive Impairment in Psychiatry (SCIP, Sachs G *et al.* Schizophr Res Cogn. 2021 May 12;25:100197; Sachs G *et al.* Schizophr Res Cogn. 2022 Jun 6;29:100259) are presented and evaluated.

Results: Our data show that it is possible to capture cognitive dysfunction in clinical practice.

Conclusions: After a differentiated assessment of cognitive dysfunction, a specific combination of pharmacotherapy and cognitive remediation should be applied to patients with schizophrenia and affective disorders.

Disclosure of Interest: None Declared

EPV1003

Baseline antipsychotic prescription and short-term outcome indicators in individuals at clinical high-risk for psychosis: Findings from an Italian longitudinal study

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Introduction: The prognostic prediction of outcomes in individuals at clinical high-risk for psychosis (CHR-P) is still a significant clinical challenge. Among multiple baseline variables of risk calculator models, the role of ongoing pharmacological medications has been partially neglected, despite meta-analytical evidence of higher risk of psychosis transition associated with baseline prescription exposure to antipsychotics (AP) in CHR-P individuals. In particular, baseline AP exposure in CHR-P individuals may be considered as a functional equivalent of the psychometric transition to psychosis, as already postulated in the original 'Ultra High-Risk' model.

Objectives: The main aim of the current study was to test the hypothesis that ongoing AP need at baseline indexes a subgroup of CHR-P individuals with more severe psychopathology and worse prognostic trajectories along a 1-year follow-up period.

Methods: This research was settled within the 'Parma At-Risk Mental States' program. Baseline and 1-year follow-up assessment included the Positive And Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning (GAF). CHR-P individuals who were taking AP medications at entry were included in the CHR-P-AP+ subgroup. The remaining participants were grouped as CHR-P-AP-. The acquisition of drug and outcome information was collected both at baseline and across the follow-up period. Finally, logistic regression analyses with dichotomized 1-year outcome parameters (previously showing statistically significant differences in inter-group comparisons) as dependent measures and sociodemographic and clinical characteristics as independent variables were also performed.

Results: Hundred and seventy-eight CHR-P individuals (aged 12–25 years) were enrolled (91 CHR-P-AP+, 87 CHR-P-AP-). Compared to CHR-P AP-, CHR-P AP+ individuals had older age, greater baseline PANSS 'Positive Symptoms' and 'Negative Symptoms' factor subscores and a lower GAF score. At the end of our follow-up, CHR-P-AP+ subjects showed higher rates of psychosis transition, new hospitalizations and urgent/non-planned visits compared to CHR-P-AP- individuals.

Conclusions: The current study suggests that AP need is a significant prognostic variable in cohorts of CHR-P individuals and should be included in the current risk calculators. In particular, the results of this study conducted in a realworld clinical setting indicate that the rate of CHR-P individuals who were already exposed to AP at the time of CHR-P status ascription was higher than those reported in recent meta-analyses on this topic. Moreover, our findings confirm that baseline AP prescription appears to increase psychotic transition risk.

Disclosure of Interest: None Declared

EPV1004

Peculiarities of social functioning in patients with negative symptoms in schizophrenia

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Introduction: The prevalence of schizophrenia in the world is between 0.4 and 1.4%, and the number of patients with negative symptoms (NS) in this group reaches 90%. NS are considered key components of schizophrenia that negatively affect social functioning (SF) and quality of life in patients with schizophrenia. The purpose of the study was to determine the features of SF among patients with NS in schizophrenia.

Objectives: Features of SF in 252 patients with NS in schizophrenia (main group) and in 79 patients with positive symptoms (PS) in schizophrenia (comparison group) were examined.

Methods: A set of methods was used: Scale of personal and social functioning (PSP), which is a semi-structured interview and allows

to assess the social status of patients, their functioning and satisfaction with the relevant field and statistical methods.

Results: The analysis of the social and personal functioning of patients was carried out in four domains: socially useful activities, personal and social relationships, attention to oneself and one's condition, restless and aggressive behavior patterns. In the sphere of socially useful activities, including work and study, in a significant part of patients with NS in schizophrenia, SF violations were expressed at moderate (41.27 ± 1.26) % and significant (33.33 ± 1.08) % levels. In the sphere of personal and social interaction, 41.27 % of patients had significant violations, 28.97% of patients had moderate violations, and 21.83% had severe violations in the social sphere. In the field of self-care, 21.83% of patients had no violations, in 36.90% - violations in self-care were weakly expressed, and in 26.19% of people - moderately expressed.

When comparing the obtained results with patients with PS in schizophrenia, it was established that among patients with NS in schizophrenia there were more patients with significant impairments in the sphere of social activity (33.33%, $p = 0.033$, $DC = 1.42$, $MI = 0, 07$). Patients with NS in schizophrenia were distinguished by a greater number of patients with significant impairments in the sphere of social interaction (41.27%, $p = 0.001$, $DC = 2.58$, $MI = 0.24$). In the field of self-care, there were more persons with no violations among patients with NS in schizophrenia (21.83%, $p = 0.008$, $DC = 3.33$, $MI = 0.20$). There were more patients with the absence and weak expression of aggressive behavior patterns among patients with NS in schizophrenia (30.95%, $p = 0.0001$, $DC = 10.87$, $MI = 1.55$ and 45.63%, $p = 0, 0001$, $DC = 6.54$, $MI = 1.16$, respectively) in comparison with patients with PS in schizophrenia.

Conclusions: The obtained data should be taken into account when creating psychocorrective programs for patients with NS in schizophrenia.

Disclosure of Interest: None Declared

EPV1005

Acute effects of intranasal oxytocin on affective empathy of patients with refractory schizophrenia and healthy controls: results of a randomized clinical trial

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Introduction: Oxytocin (OXT) is a neuropeptide associated with social behavior and the modulation of neural circuits related to social cognition and emotion regulation. Schizophrenia is a mental disorder that causes impairment in different areas of social cognition, including empathy. A systematic review of the literature showed positive effects of exogenous administration of this hormone on the empathy of individuals without psychopathology, especially in the affective domain. Studies on the effect of OXT on empathy in patients with schizophrenia are very limited, being restricted to the cognitive domain. Attributions must be overcome in future studies. The effects associated with chronic use of the hormone should be the subject of future studies.

Objectives: to evaluate the effect of a single dose of intranasal OXT (24UI) on affective empathy in individuals with refractory schizophrenia and healthy controls.

Methods: a double-blind, randomized, placebo-controlled clinical trial was conducted. A convenience sample of 51 adult men (mean age 34.4 ± 7.6 , >10 years of education) was recruited, 20 of whom were diagnosed with refractory schizophrenia according to the DSM-5 (exclusively using clozapine or clozapine + mood stabilizer and/or benzodiazepine) and 31 healthy controls. They were randomized into four groups and received OXT or placebo (PLA – vehicle: SCH-OXT (N=11), SHC-PLA (N=9), HC-OXT (N=15), HC-PLA (N= 16)). Before and after 50 minutes of administering the substance, they performed an affective empathy task (Multifaceted Empathy Test – MET).

Results: the baseline levels of affective empathy of patients with schizophrenia were lower compared to healthy controls when faced with negative stimuli ($p=0.003$), but not positive ones ($p=0.39$). After the administration of OXT and PLA (post-pre), a small increase in empathy levels was observed in all groups, which did not reach statistical significance (positive stimuli: Δ SCH-OXT = 0.16 ± 1.08 ; Δ SHC-PLA = 0.53 ± 1.44 , Δ HC-OXT = 0.02 ± 0.67 , Δ HC-PLA = 0.24 ± 0.45 , $p=0.85$; negative stimuli: Δ SCH-OXT = 0.20 ± 1.31 ; Δ SHC-PLA = 1.16 ± 0.79 , Δ HC-OXT = 0.12 ± 0.99 , Δ HC-PLA = 0.31 ± 0.57 , $p=0.11$).

Conclusions: the acute effects of intranasal OXT did not favor improvements in the levels of affective empathy, either in patients with schizophrenia or in healthy controls, contrary to the hypotheses of this study. The limited sample size and context-dependent aspects of OXT may explain these findings. These methodological limitations must be overcome in future studies. The effects associated with chronic use of the hormone should be the subject of future studies.

Disclosure of Interest: None Declared

EPV1006

Lymphocyte level and selected cognitive functions in patients with schizophrenia – preliminary results

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Introduction: Schizophrenia is a mental disorder characterized by negative symptoms, such as cognitive impairment. Recent reports indicate the importance of the immune system in the pathophysiology of schizophrenia. The development of inflammation affects cognitive functioning.

Objectives: The aim of the study was to analyze the association between the level of lymphocytes in venous blood and selected cognitive functions in patients with schizophrenia.

Methods: Lymphocyte levels were determined in the venous blood of patients suffering from schizophrenia and the control group. Additionally, a verbal fluency test (VFT) and a Stroop test were conducted on the same day. The VFT evaluates the ability to express words, and the Stroop test assesses verbal working memory. The inclusion criteria were age up to fifty years, and for the study

group – diagnosis of schizophrenia and treatment with neuroleptics. Exclusion criteria included organic brain diseases, electroconvulsive therapy, and use of benzodiazepines within 48 hours before the study. Currently, six patients and six healthy people have been studied.

Results: Patients diagnosed with schizophrenia have an increased lymphocyte concentration in the blood compared to healthy individuals constituting the control group. There are discrepancies in the results of the phonemic fluency test, no significant differences were found between schizophrenics and the control group. Healthy men and women achieved higher results in the semantic fluency test compared to men and women with schizophrenia. Women constituting the control group achieved higher results in the Stroop test compared to women suffering from schizophrenia. Table 1 illustrates the concentration of lymphocytes in venous blood and the number of points in the phonemic fluency test, semantic fluency test, and in the Stroop test of the study and the control groups.

Image:

People included in the study	Sex	Concentration of lymphocytes in venous blood [K/uL]	Number of points in the phonemic fluency test	Number of points in the semantic fluency test	Number of points in the Stroop test
Study group	Male	1,22	40	47	20
		1,65	30	44	17
		2,13	40	45	20
		1,53	34	41	20
	Female	1,6	33	44	36
		1,61	40	62	21
Control group	Male	2,7	14	27	30
		1,51	32	32	39
		1,53	26	26	46
		4,33	51	46	33
	Female	1,91	39	41	25
		1,53	59	52	22

Conclusions: Patients with schizophrenia are characterized by higher levels of immune system parameters and worse results in terms of semantic fluency. Men with schizophrenia showed no verbal working memory deficits. In turn, women with schizophrenia obtained worse results in the verbal working memory test. In conclusion, there is evidence of immune system activation in schizophrenia, which affects the cognitive functioning of patients.

Disclosure of Interest: None Declared

EPV1008

The SLC6A1 Mutation Schizophrenia case — A Comprehensive Case Study With iPSC Generation

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Introduction: The main finding of a large-scale collaborative study (Rees et al. Nat Neurosci 2020;23(2) 179-184), which focused on *de novo* mutations in schizophrenia, was the discovery of an enrichment of these mutations in the *SLC6A1* gene. This gene encodes the gamma-aminobutyric acid (GABA) transporter GAT1, thereby encouraging further research into novel schizophrenia targets within the GABA pathway. However, the gene was not highlighted in recent schizophrenia genetic studies, while typically pathogenic *SLC6A1* mutations result in epilepsy, motor dysfunction, autistic spectrum disorder (ASD) and developmental delay. The absence of genetic replication for *SLC6A1*'s involvement in schizophrenia and the differing clinical spectrum for *SLC6A1* mutations led us to study in depth one of the only three original probands from the Rees et al. 2020 study.

Objectives: In our comprehensive case study, we delved deep into the relationship between the *SLC6A1* mutation and schizophrenia.

Methods: Our subject, a patient who first presented with acute mania symptoms at age 15 and was later diagnosed with schizophrenia, carried the *SLC6A1* Arg211Cys mutation. Over a detailed 25-year follow-up, we conducted an array of assessments and tests, including cognitive testing, personality assessments, EEG, and 1H-MRS.

Results: Notably, we discovered abnormal GABA levels, potentially indicating a dysfunction in GABA reuptake, adding a new layer of complexity to our understanding. Further analysis revealed a significant correlation between the patient's clinical picture and a polygenic background, rather than the *SLC6A1* mutation. Despite having a high polygenic risk score for bipolar disorder, the dominant features of his condition were more representative of schizophrenia. Interestingly, neither the patient nor his father, who also showed a higher BP PRS, had a diagnosis of bipolar disorder. The pathogenic significance of the mutation warrants investigation in cells of neuronal origin. We generated induced pluripotent stem cells (iPSC) from the patient and his parents. This approach provides us with a platform for future investigations into the pathogenic significance of the mutation in neuronal cells. The Human Pluripotent Stem Cell Registry accession numbers of those cells are MHRCCGi001-A (patient), MHRCCGi005-A (mother) and MHRCCGi004-A (father).

Conclusions: In the presented case the clinical picture is rather explained by the polygenic background than by the *SLC6A1* Arg211Cys mutation. The study is supported by Russian Science Foundation, grant 21-15-00124 (<https://rscf.ru/project/21-15-00124>)

Disclosure of Interest: None Declared

EPP0274

Short-chain fatty acids in schizophrenia: are they affected by a depressive state?

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Introduction: Short-chain fatty acids (SCFA) are bacterial metabolites that, within microbiome-gut-brain axis, make a promising research line on etiopathology of mental diseases like schizophrenia (SZ) and major depression disorder. Besides, depressive symptoms are frequent clinical features of SZ.

Objectives:

- Describe fecal SCFA concentrations in SZ patients.
- Analyze differences in SCFA depending on:
- Depression.
- Clinical severity, antipsychotics and antidepressants, comorbidities (pro-inflammatory state/obesity/metabolic syndrome [MetS]), lifestyle.

Methods: Cross-sectional study of 67 outpatients [mean age=43.52 ±12.42, range=22-67; males=40 (59.7%)] with diagnosis (DSM-5) of SZ recruited from their mental health clinics in Oviedo (Spain).

- Assessment:
- Fecal SCFA (gas chromatography;µg/mL).
- Plasmatic C-reactive protein (CPR;mg/dL).
- PANSS, Calgary Depression (CDS), International Physical Activity (IPAQ), Mediterranean Diet Adherence (MEDAS).
- Toxic habits (alcohol use/smoking/cannabis).
- Chlorpromazine equivalent doses (CPZ-ED), use of antidepressants.
- MetS (ATP-III), body mass index (BMI; kg/cm2).
- Statistics: Spearman correlation, U Mann-Whitney, ANCOVA.

Results: 14 patients showed clinical depression (CDS≥5). There were no differences in age or sex between groups. 36 patients (53.7%) showed systemic low-grade inflammation (CPR≥0.3mg/dL) and 32 (30.8%) MetS. Table 1 shows fecal SCFA levels by depressive state. Means (SD) are shown.

Table 1

	CDS≤4	CDS≥5	Total	U Mann-Whitney (p-value)
Acetate	21.449 (12.823)	12.911 (7.189)	19.665 (12.328)	221.000 (0.021)
Propanoate	9.170 (6.819)	6.848 (6.036)	8.685 (6.687)	268.500 (0.114)
Butyrate	8.529 (6.436)	7.875 (8.232)	8.392 (6.787)	320.000 (0.432)
Total SCFA	39.148 (23.770)	31.415 (24.526)	36.742 (23.549)	250.000 (0.062)

Correlations were found in Age with Butyrate ($r=-0.248, p=0.043$) and weekly alcohol units with Propanoate ($r=0.250, p=0.041$) plus trend to significance with Butyrate ($r=0.232, p=0.059$). It also showed a trend towards statistical relation for CPZ-ED with Propanoate ($r=-0.253, p=0.039$) and Total SCFA ($r=-0.253, p=0.039$). We found no correlation in SCFA with MetS, CGI, PANSS-N, BMI, IPAQ, MEDAS and other toxic habits.

ANCOVA was performed to Acetate and Total SCFA using depression state as independent variable and Age and CPZ-ED as covariates. There was a trend towards statistical significance for Acetate ($F=3.937, p=0.052, \eta^2=0.059$) whereas Total SCFA showed no difference ($F=1.350, p=2.250, \eta^2=0.021$).

Conclusions: There seems to be lower levels of fecal Acetate in SZ patients with depressive symptoms, considering age and antipsychotic intake. In our sample there was no relation between SCFA and clinical severity, lifestyle, comorbidities or antidepressant use.

Disclosure of Interest: None Declared

EPP0343

Unlocking insights from actigraphy: examining feature selection and activation detection approaches for enhanced data interpretation

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Introduction: Alterations in motor activity are an extremely important characteristic and one of the leading symptoms of major functional psychiatric disorders. These pattern disturbances can be observed in schizophrenia. Actigraphy is a non-invasive method that can be used to monitor these changes, and recent studies emphasize its significance in the early identification of disorders like schizophrenia.

Objectives: This study uniquely focuses on distinguishing latent liabilities for schizotypy from manifested schizophrenia using specific actigraphy features.

Methods: Actigraphy data were collected using specialized devices from the University of Szeged and Haukeland University Hospital datasets (Berle et al., 2010). At Haukeland University Hospital patients with chronic schizophrenia (N=23) (so-called: manifested group) were collected, separately, at the University of Szeged, healthy university students were recruited and screened for latent tendencies towards schizotypic pathological development. In the latter study, two main groups were formed based on their scores:

a positive schizotypy factor group (so-called: latent group) (N=22) and a control group (N=25), with actigraphy data.

Utilizing the pyActigraphy library (Hammad et al., 2021) and wavelet analysis, features such as activity mean, interdaily stability and sleep movement characteristics were derived. Feature selection employed machine learning algorithms, notably Logistic Regression, Random Forest, ANN, and AHFS aided by Shapley values and Click Forming Feature Selection for insight into the most influential features.

Results: The three models exhibited similar performance with a 60% accuracy threshold. In the latent group, sleep-related movements have a substantial impact, while in the manifested group, in addition to sleep characteristics, features like RA, IV, ADAT, M10, the mean activity level (all of which decreased), and the ratio of zero values also play a significant role. In the latent group, features related to the length of small amplitude movements were dominant, particularly the increased values, along with a decrease in the density of large movements.

Conclusions: Our study indicates that in the latent phase of schizophrenia, actigraphy features related to sleep are most significant, but as the disease progresses, both sleep and daytime activity patterns are crucial. Sleep disturbances may signal early susceptibility, with nighttime movements offering clearer insights. These variations might be influenced by medication effects in the manifested group, reflecting the broader challenges in schizophrenia research where the drug-free study of patients remains elusive. Further studies should explore these features in the Clinical High Risk and prodromal groups to refine our understanding of the development of the disorder.

Disclosure of Interest: None Declared

EPP0724

Manic episode with psychotic symptoms in a patient with Pseudologia Fantastica of years of evolution. A case report

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Introduction: Pseudologia Fantastica (PF) also called “mythomania” is a disorder centred on the tendency of the sufferer to distort reality through constant lies. These patients find it difficult to moderate their sense of self and their self-esteem. Therefore, they display significant grandiosity, which seems to defend them from intense psychological disturbance, pretending to counteract deep feelings of unworthiness, emptiness and alienation.

Notable characteristics include: normal or above average IQ, absence of formal thought disorder, poor sense of identity, poor sexual adjustment, low frustration tolerance, strong dependency needs and narcissism. The phenomenon of “imposture” (the person's claim of achievement or having connections to famous or influential people) is frequent. The patient's history often shows that one or both parents were experienced as rejecting figures. They

are more likely to be involved in legal problems and 20% receive some form of psychiatric treatment.

The aetiology and pathogenesis of this disorder requires consideration of developmental disturbances, personal history and current life stressors.

Objectives: A case of a patient with PF is presented followed by a theoretical review on the topic.

Methods: A case is presented with a bibliographic review.

Results: We admitted a 47-year-old man to the Acute Hospitalisation Unit for a suspected “psychotic episode with clinical mania”.

He presented manic and psychotic symptoms, with delusional ideation of months of evolution, megalomaniacal and fantastic discourse, centred on his work with high-ranking government officials and other implausible events. Multiple academic, work and personal life failures, with a diagnosis of depression 15 years earlier.

During admission, he constantly confirms his history. He tends to present a rationalising discourse and a minimising attitude towards behavioural alterations. He appears cooperative and docile at certain times, while at others he is irritable, complaining and threatening.

As for medication, olanzapine was initially prescribed at a dose of 20 mg per day, which was reduced to 10 mg given the psychopathological improvement and the difficulties of adherence.

On discharge, the presumptive diagnosis was “delusional disorder and probable personality disorder with narcissistic traits, with a history of PF, which in recent months has presented a manic episode with psychotic symptoms”.

Conclusions: Their management poses challenges in terms of engaging with treatment and building a therapeutic alliance. It is important to assess the social and legal implications. Ensuring that they have stable relationships and adequate social supports is essential for successful treatment. Further exploration and research into this disorder is needed to better understand its manifestations and psychiatric consequences.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPV1010

Neurodevelopmental outcomes in children conceived by assisted reproductive treatment

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Introduction: Impact of assisted reproductive treatment (ART) techniques on the child’s mental development is the focus of numerous studies. Whereas several studies have found potential negative effects on ART children’s psychosocial health, others recognized that the data on the cognitive and psychosocial development of ART children are comforting.

Objectives: Here, we aim to state the current findings concerning psychological outcomes in children conceived by ART.

Methods: Using as key words “assisted reproductive” and as filter “meta-analysis”, we comprehensively reviewed the scientific literature through new meta-analysis during the five last-years resuming the main conclusions of these studies to define principal through psychological conditions in children conceived by diverse ART techniques and approaches.

Results: Our review showed that since 1978, the date of the first birth using in vitro fertilization technology (IVF), more than 10 million children are conceived by ART. Our research revealed 441 meta-analysis. After a comprehensive analysis of abstracts, only four meta-analysis were selected. Chronologically from 2019 to 2023, the first studies showed that the risk of intellectual disability and autism spectrum diseases (ASD) were higher in intra-cytoplasmic sperm injection (ICSI) children compared to conventional IVF children. The differences in the risk of neurodevelopmental disorders in children born after frozen and fresh embryo transfers were not significant. Analysis of potential cofounder effects such as multiple and preterm birth having a significant correlation with neurodevelopmental disorders suggested that ART is unlikely to cause negative impacts on children’s neurodevelopment. The findings of the most recent meta-analysis showed that the use of ART did not associate with the risk of ASD,

Conclusions: Given the multitude of factors modulating ART, from the indication and parental background to the type of used technique and approach, the results of the studies that investigated the association between ART and neurodevelopmental outcomes remain yet contradictory.

Disclosure of Interest: None Declared

EPV1011

Do attachment styles influence the sexual function of an individual?

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Introduction: Attachment theory, first proposed by John Bowlby and later extended by Mary Ainsworth and others, outlines how experiences of early childhood attachment with caregivers can affect one’s emotional and interpersonal relationships throughout adulthood. Typically, attachment styles are categorised into four main types: secure, anxious-ambivalent, avoidant and disorganised. Conversely, it is recognised that various biological, psychological, relational, social and iatrogenic factors elements can impact an individual’s sexual function.

Objectives: Our aim with this research was to present the most current literature on whether there is a correlation between attachment styles and sexual function.

Methods: We conducted a non-systematic review on the topic using PubMed and PsycInfo.

Results: There is evidence indicating a link between attachment styles and sexual function.

People with secure attachment styles tend to experience more positive and fulfilling sexual relationships. Such individuals

typically have a more positive self-image, they feel at ease with emotional intimacy, and are therefore able to openly communicate their needs and desires. They exhibit a healthy balance between seeking closeness and maintaining independence.

Individuals with anxious attachment styles may experience heightened levels of sexual anxiety and insecurity. Concerns regarding rejection or abandonment within sexual relationships may impact their sexual function and satisfaction. These individuals usually have a negative self-image and may be more prone to seek reassurance and validation through sexual activities.

People with avoidant attachment styles may encounter obstacles in developing emotional intimacy and closeness, which can negatively affect their sexual relationships. Such individuals might experience commitment anxiety and prioritise physical aspects of sexual activity over emotional bonding, ultimately decreasing sexual satisfaction for both them and their partners.

Disorganised attachment styles are linked with challenges in regulating their emotions and behaviours in intimate situations, which can have a negative impact on sexual function and satisfaction.

Conclusions: While the literature proposes attachment styles may impact sexual function, it is important to acknowledge other factors that contribute to sexual function. In addition to biological and iatrogenic factors, individual personality, relationship dynamics, past experiences, and cultural influences all have a significant role in shaping one's sexual behaviour and satisfaction. All of these should be addressed in order to alleviate sexual difficulties.

Moreover, attachment styles may develop and change over time through positive relationships and therapeutic interventions, potentially leading to changes in one's sexual functioning and relationship dynamics.

Disclosure of Interest: None Declared

EPV1012

Breaking the Taboo: Unveiling the Prevalence and Predictors of Female Sexual Dysfunction in Tunisia

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Introduction: Female sexuality is a complex and multifactorial domain that can be influenced by a variety of psychological, biological, relational, and sociocultural factors. However, sexual dysfunctions in women remain a taboo subject in many cultures and are often underestimated, underdiagnosed, and undertreated. In Tunisia, few studies have been conducted to assess the prevalence of sexual dysfunctions in women and their predictive factors.

Objectives: to determine the prevalence of sexual dysfunctions in a group of Tunisian women and to identify the predictive factors of these dysfunctions.

Methods: This is a cross-sectional, descriptive, and analytical study, over a period of three months, from September to December 2022, conducted online via a pre-established questionnaire to collect various sociodemographic data, personal history, psychoactive substance consumption, weight, and height. We used the Female Sexual Function Index (FSFI) scale to evaluate sexual

functioning in participants. We recruited sexually active Tunisian women over 18 years of age who agreed to anonymously respond to the questionnaire. The form was disseminated on social networks, in groups that focus on women, with a rate of three publications per week.

Results: We collected data from 90 women with a mean age of 35 ± 12.84 years.

More than half of our population (60%, $n=54$) had at least one sexual dysfunction.

The most common sexual dysfunctions reported were arousal disorders (31.3%), followed by desire disorders (26.8%) orgasm disorders (12.4%).

We found that several factors were significantly associated with sexual dysfunctions: Women over 45 years of age ($p < 10^{-3}$), who are divorced ($p=0.02$), have a low socioeconomic status ($p=0.04$), and report having experienced traumatic romantic/sexual experiences ($p < 10^{-3}$) were found to have a higher prevalence of sexual dysfunctions.

According to our results, cannabis consumption had a negative impact on lubrication ($p < 10^{-3}$) and orgasm ($p=0.003$) among our study respondents. Personal psychiatric history also had a negative influence on arousal ($p=0.02$) and sexual satisfaction ($p=0.01$).

Conclusions: By identifying sexual dysfunctions early and treating them effectively, we can improve the quality of life of those affected and avoid serious consequences on their physical and mental health. It is therefore crucial to promote a proactive approach to sexual health and encourage healthcare professionals to approach sexuality openly and comprehensively.

Disclosure of Interest: None Declared

EPV1013

Relationship between sleep and sexual functioning in Indian females

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Introduction: Sexual dysfunction is a taboo. It is a subject in many countries that negatively affects quality of life and may often be responsible for psychopathological disturbances. There is a little research on effect of sleep on female sexual response and behaviour.

Objectives: The aim of the study was to assess prevalence of sexual dysfunction and sleep problems in adult females visiting OBGY OPD in a tertiary health care institution in a developing country and to observe the correlation between both.

Methods: A cross-sectional observational study was conducted in a tertiary health care center in India. Female Patients presenting to Department of Gynecology and Obstetrics for any complaints were assessed for their sexual functioning and sleep profile

Results: The mean age of the sample was 33.5 (6.2) years. All the female participants were married. Most of the participants were housewife and were living in a joint family. Almost 27 percent of the sample reported having sleep problems. The median sleep latency

was 30 (15,60) minutes. The subjective total sleep time was 356.5 (60.3) minutes. The mean PSQI score was 4(2,6). The mean FSFI score was 26 (3.2). More than 50 percent of the females reported mild sexual problems and 10 percent reported mild to moderate problems. Most of the females didn't have any symptoms suggestive of depression. Only two females reported moderate depression.

Conclusions: Depression and anxiety have more effect on sexual functioning.

Disclosure of Interest: None Declared

EPV1014

The Impact of Psychotropics on Sexuality: A Literature Review

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Introduction: Sexual dysfunctions related to psychotropic drugs are among the most distressing adverse effects and can lead to non-adherence to treatment.

Objectives: To elucidate the mechanisms of psychotropic-induced sexual dysfunctions and to suggest strategies for their management.

Methods: Literature review based on the keywords "psychotropics," "sexuality," and "sexual dysfunction".

Results: Psychotropic medications can impact sexuality either directly or indirectly. The direct effect is primarily due to a decrease in the mesocortical dopaminergic atmosphere, either by blocking D2 receptors or by stimulating 5HT2A receptors. D2 receptor blockade in the tubero-infundibular pathway triggers an increase in prolactin secretion, which can subsequently lead to erection problems, decreased libido, and difficulties achieving orgasm. Action in the nigrostriatal pathway may result in an extrapyramidal syndrome, which can, in turn, hinder intimate physical relations. The indirect effect can also be caused by metabolic complications, which are significant risk factors for sexual dysfunction, as they can lead to male hypogonadism and a negative self-image.

Therapeutic strategies suggest either reducing doses (if the patient's condition allows), changing the drug, or adding an adjunctive medication. Aripiprazole, being a partial agonist of D2 and 5-HT1A receptors and an antagonist of D3 and 5-HT2A receptors, appears to cause fewer sexual dysfunctions and can reduce hyperprolactinemia when added to other antipsychotics.

Conclusions: Healthcare professionals must proactively gather information on sexuality given its impact on quality of life and treatment adherence. Prioritizing this dimension of well-being demonstrates a respectful approach toward the patient and establishes the foundation for a strong therapeutic alliance.

Disclosure of Interest: None Declared

EPV1015

Perspectives on Sexual Health Management among Tunisian Primary Care Physicians

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Introduction: Sexual health significantly influences individual well-being. It is thus crucial for primary care physicians to address these concerns effectively.

Objectives: To evaluate the perspectives and approaches of primary care practitioners towards sexual health.

Methods: A descriptive survey was disseminated to 350 primary care physicians via Google Forms in August 2022.

Results: Of the respondents, 53.1% were female. The majority (71.4%) were affiliated with the public health sector, and over 75% were based in urban areas. All acknowledged the importance of addressing sexuality in their patients' health. In this context, 62% spontaneously initiated discussions on the subject with their patients. Also, 72% noted that patients anticipate a regular dialogue about sexual health with their primary care provider. Over 90% believed in the value of addressing sexual dysfunctions more proactively, with 56% comfortable in leading such discussions. Additionally, 64% were inclined to include targeted questions on sexual health in their consultations. Notably, 77.6% expressed interest in creating specialized sexual health consultations in their practice. However, 54% felt unease in discussing sexual health with opposite-gender patients, and 82% lacked referrals to sexologists.

Conclusions: Sexual health issues are not uncommon in general practice. Primary care providers play a vital role in counseling, screening, and educating patients on these concerns, necessitating specialized training to enhance patient management.

Disclosure of Interest: None Declared

EPV1016

Knowledge, perceptions and attitudes of medical doctors toward elderly sexuality in Tunisia

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Introduction: The sexual health of the elderly presents certain particularities to be taken into consideration in the doctor-patient rapport. The aim of our study was to assess physicians' knowledge and attitudes towards sexuality in the elderly in Tunisia and to determine variables associated with the level of knowledge and the nature of attitudes in this population.

Objectives: The aim of our study was to assess physicians' knowledge and attitudes towards sexuality in the elderly in Tunisia and to determine variables associated with the level of knowledge and the nature of attitudes in this population.

Methods: A descriptive and analytical study was conducted among specialists and medical residents of all specialties, practicing in Tunisia and recruited anonymously online. We included questions on socio-demographic data, medical specialty and medical training of physicians as well as a French translation of the Aging Sexual Knowledge and Attitudes Scale (ASKAS). We determined correlations between the socio-demographic and medical training variables and the ASKAS score among participants.

Results: We included 74 physicians in the study. Sixty-two percent of the doctors surveyed sometimes asked elderly patients about their sexuality (N=46) and the rest of the doctors never mentioned the subject during a medical consultation (N=28). The major obstacles reported when discussing sexuality with the elderly were: a feeling discomfort related to sexuality considered a taboo subject (77%), lack of information and skills (51%) and the duration and setting of the medical consultation considered inadequate (45%). The mean score for the knowledge subcategory of the Aging Sexual Knowledge and Attitudes Scale (ASKAS) was 68.49 ± 5.5 and for the attitudes subcategory was 83.74 ± 4.2 . These results indicated a moderate level of knowledge and moderate to negative attitudes. There was a significant and negative correlation between age and the ASKAS knowledge subcategory score ($r = -0.75$, $p = 0.026$), as well as a significant positive correlation between the knowledge and attitudes subcategories scores and sexology training ($p < 0.001$).

The correlation between the knowledge score and the attitudes score was significant, positive, and good ($r = 0.788$, $p < 0.001$); the lower the level of knowledge, the more negative the attitudes regarding elderly sexuality.

Conclusions: There are several gaps in the knowledge and perceptions of Tunisian physicians regarding the sexuality of older subjects. Theoretical teaching and practical anti-ageing training for health professionals are needed.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPV1018

Beyond Rest: Exploring the Sleep-Exercise Connection

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Introduction: The bidirectional relationship between the effects of sleep and exercise is often underappreciated. We aim to explore the bidirectional relationship of sleep and exercise. We further discuss the prominence of poor sleep in both the athletic and general population and understand the underlying mechanisms of interdependencies between the two. The goal is to illuminate practical implications to improve both areas and optimize physical and mental health.

Objectives:

- To explore the bidirectional relationship between sleep and exercise

- To understand how exercise can counterbalance the adverse metabolic consequences of sleep deprivation.

Methods: We conducted a systemic literature review from Pubmed, Scopus, and PsychINFO using the search terms: "(exercise) and (sleep)," "(exercise performance) and (sleep)," "(sleep quality) and (exercise)." We included original studies in English conducted on age groups 18 years and older.

Results: Data from 31 studies shows that a significant number of athletes experience poor sleep quality and daytime sleepiness. 68.5% of Qatar Stars League soccer players and 61% of collegiate athletes in NCAA institutions report daytime fatigue several times a week. Most common causes include overtraining, hectic travel schedules, and sleeping in unfamiliar settings. Studies confirm athletes often sleep less before intense training or competitions. Sleep deficiency may lead to reduced muscular strength and endurance, mood changes, increased perceived effort, impaired cognitive processing, and diminished motor skills. Athletes averaging less than 8 hours of sleep nightly were 1.7 times more prone to injuries. Physiologically, sleep loss alters ventilation, plasma lactate concentration, hormone secretion, and inflammatory responses, hinders muscle glycogen restoration. Extended sleep restriction decreases testosterone levels, which influence muscle mass, energy, bone strength, and more. On the contrary, exercise may counter adverse metabolic impacts of sleep deprivation. High-intensity interval exercise (HIIE) has shown to nullify negative metabolic effects of sleep deprivation, suggesting exercise's protective potential.

Conclusions: Sleep and exercise are fundamental to maintaining physical, mental, emotional, and spiritual health. The bidirectional, interdependent relationship can be best utilized by the providers to optimize overall well being. The critical impact of adequate sleep, particularly among athletes, is frequently underestimated. Poor sleep can detrimentally affect performance, amplify injury risks, and disrupt physiological functions, yet contemporary lifestyles often downplay its significance. It is important for healthcare professionals to emphasize a balanced approach to optimize these vital aspects. Continued research can offer strategies that benefit athletes and the broader populace, aiming to uplift daily life functionality.

Disclosure of Interest: None Declared

EPV1019

Sleeping Problems or Emerging Psychosis? A Review of Emerging Literature

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Introduction: Sleep disturbance, particularly insomnia, is prevalent across various mental health disorders. While it is a common sign in mood disorders, emerging evidence suggests that insomnia might act as a precursor or an early sign of psychosis. Our case report and literature review emphasize the importance of evaluating sleep disturbances in the diagnosis and management of mental disorders.

Objectives:

- To explore potential neurobiological underpinnings linking sleep disturbances to psychosis onset.
- To advocate for the importance of early identification and intervention for sleep disturbances in the broader context of preventing or managing psychotic disorders.

Methods: We present a case describing a young patient's first episode of psychosis, which was masked by an initial presentation of insomnia. Additionally, we conducted a review of the relationship between sleep disturbances and psychosis, with a comprehensive literature search from Pubmed, Scopus and psychINFO.

Results: A 20-year-old African-American male with a history of poor sleep was initially diagnosed with Major Depressive Disorder. He was treated with Bupropion, Quetiapine, and Trazodone. However, he later presented with worsening depression, odd behavior, and signs of disorganization, suggestive of a psychotic episode. After switching his medication to Risperidone 4mg twice daily, the patient's sleep and other symptoms markedly improved. Through our literature review, we identified that sleep disturbances, especially insomnia, can be a risk factor for developing psychosis. While a cross-sectional study recorded one-fourth of their study population experiencing First Episode Psychosis (FEP) with clinical insomnia, another study reported close to 80% of their study sample with early psychosis suffering from a minimum of one sleep disorder; insomnia and nightmare disorder being the most frequent. A large sample longitudinal analysis lasting one year also observed patients with sleep disorders to be twice at risk of onset and persistence of psychotic episodes. A growing body of evidence also suggests that structural brain abnormalities and neural development alterations in the early stages of psychosis may lead to sleep disturbances and subsequent psychotic symptoms. Findings suggest that thalamic dysfunction may in particular contribute to sleep spindle deficits and altered EEG microstate dynamics. These deficits are unrelated to antipsychotic medication exposure, and are also not observed in patients with other psychiatric illnesses.

Conclusions: While the correlation between sleep disorders and psychosis has been well-established for decades, very limited literature is available on the role of sleep in FEP. Recognizing and treating sleep disturbances is pivotal in managing psychiatric disorders, including psychosis. Thus, a comprehensive evaluation of sleep issues in patients presenting with psychiatric symptoms is imperative for accurate diagnosis and management.

Disclosure of Interest: None Declared

EPV1020

Exploring the Interplay Between Psychosis and Sleep Disruption: Insights into Course, Insomnia, Nightmares, and Treatment

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Introduction: Psychosis and sleep disruption are complex phenomena that often intertwine, influencing each other in intricate ways. This abstract delves into the dynamic relationship between psychosis and sleep disturbances, shedding light on their course, the prevalence of insomnia, the role of nightmares and dreams, and the impact of psychotic symptoms on sleep patterns. Additionally, it discusses the treatment approaches for individuals with psychosis and sleep disturbances, as well as the consequences of these interventions on both conditions.

Objectives: To investigate the longitudinal course of psychosis and sleep disruption, exploring their temporal connections; to assess the prevalence and characteristics of insomnia among individuals experiencing psychosis; to examine the relationship between nightmares, dreams, and psychotic experiences; to analyze the impact of psychotic symptoms on the pattern and architecture of sleep; to review current treatment modalities for individuals with co-occurring psychosis and sleep disturbances and their effects on both conditions.

Methods: Systematic review

Results: Preliminary findings indicate a bidirectional relationship between psychosis and sleep disruption, with each exacerbating the other over time. Insomnia is prevalent among individuals with psychosis, contributing to the severity of psychotic symptoms. Nightmares and disturbing dreams are common experiences, often mirroring the content of psychotic hallucinations and delusions. Psychotic symptoms disrupt sleep patterns, leading to decreased sleep efficiency and altered sleep architecture. Various treatment approaches show promise in addressing both psychosis and sleep disturbances, but further research is needed to determine their long-term effects.

Conclusions: The intricate interplay between psychosis and sleep disruption, emphasizing the need for a holistic approach to assessment and intervention. Understanding the course of these conditions, the high prevalence of insomnia, and the role of nightmares and dreams in the psychotic experience is crucial for developing targeted interventions. Additionally, recognizing the impact of psychotic symptoms on sleep patterns is vital for improving overall well-being. Effective treatment strategies that address both psychosis and sleep disturbances offer hope for enhanced outcomes, but ongoing research is essential to fully elucidate their potential benefits and long-term consequences.

Disclosure of Interest: None Declared

EPV1021

The Nexus of Sleep Disorders and Violence in Patients with Schizophrenia: What do the Data Say?

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Introduction: One of the common symptoms of schizophrenia is sleep disturbances, which can have a significant impact on the quality of life of patients. Several studies suggest the existence of a complex link between sleep disorders and aggressive behavior in patients with schizophrenia.

Objectives: to determine the impact of sleep disorders on aggressive behavior in patients with schizophrenia.

Methods: We conducted a cross-sectional, descriptive, and analytical study that took place over a period of one month (from 1st to 31st March 2023) with patients consulting the post-cure of Psychiatry Service D at Razi Hospital, Tunisia. We included patients diagnosed with schizophrenia according to DSM5, and stabilized on a psychiatric plan. We used the Pittsburgh Sleep Quality Index (PSQI) to assess sleep quality over a period of one month. The Buss & Perry Aggression Questionnaire (QABP) was used to measure aspects of aggression. We used the Adult Social Relationships Scales (ASRS), part of the National Institute of Health (NIH) toolkit, assessing six domains of social relationships: perceived rejection, perceived hostility, loneliness, friendship, instrumental support and emotional support.

Results: We collected data from 40 male patients with a mean age of 42.5 ± 14.02 . The mean global PSQI score was 9.23 ± 4.58 .

Ten patients were on typical antipsychotics, 25 patients were on atypical antipsychotics, and the remaining five patients were on a combination therapy (both atypical and typical antipsychotics). Regarding the use of benzodiazepines, 34 patients were taking lorazepam at a dose of 2.5 to 5 mg per day. The mean QABP global score was 45 ± 12.3 out of 72.

For the subjective evaluation, all patients self-reported feeling "irritable," "dysphoric," "unable to communicate with others," and "wanting to break objects" when they experienced insomnia. We found a statistically significant association between QABP and daytime dysfunction ($p=0.003$).

The overall PSQI score was higher, and statistically significantly associated, in patients who reported low emotional support ($p=0.018$) and perceived social rejection ($p=0.04$).

Conclusions: An integrated approach that includes the evaluation of sleep disorders, as well as the prevention and management of violence, can play a key role in the overall improvement of the mental health of patients with schizophrenia.

Disclosure of Interest: None Declared

EPV1022

The impact of sleep deprivation on symptoms of anxiety, depression, stress and on the quality of life in medical staff

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Introduction: Sleep deprivation is studied in medical staff, as it is a target group more exposed to chronic lack of sleep compared to the normal population. Chronic sleep deprivation has an important impact in the lifestyle of health workers and in their productivity.

Objectives: The study aims to examine the impact of sleep deprivation on medical staff, who work night-shifts and / or 24 hours on the symptoms of anxiety, depression, stress and quality of life.

Methods: This is a quantitative, cross-sectional study. The research instruments used are two: the DASS-42 questionnaire for measuring the level of symptoms of anxiety, depression, stress and the quality of life questionnaire (WHOQOL-Bref), which was validated before the study. In the study sample participated N = 199 medical staff (primary doctor, resident, nurse) from several specialties. Inclusive criteria are: medical staff, who work night-shifts and / or 24 hours; age 23 - 67 years; have not been previously diagnosed with anxiety disorder and episodes of depressive disorder.

Results: Referring to the DASS-42 scoring, the symptoms of depression in the medical staff are: normal 64.8%, mild 8.5%, moderate 21.1%, severe 4.5% and extremely severe 1%. Referring to the points collected from the DASS-42 questions on the symptoms of anxiety in medical staff, it results: normal 53.3%, mild 8%, moderate 17.1%, severe 14.1% and extremely severe 7.5%. Based on the points collected from the DASS-42 questions on stress symptoms in medical staff, it results: normal 54.3%, mild 18.6%, moderate 17.1%, severe 9% and extremely severe 1%. Also, the lower the level of stress, anxiety and depression the higher the quality of life. ($p.01$, $p.05$). Total WHO- Quality of life ($F = 3.447$, $p \leq .05$) and physical health ($F = 6.482$, $p \leq .05$) show significant differences between the educational level, where it is higher among medical staff with postgraduate education.

Conclusions: Working night-shifts and/or 24 hours affects the mild and moderate onset of symptoms of anxiety, depression and stress. The level of stress symptoms is perceived higher in females. The overall quality of life is perceived as average according to the Likert scale. Sleep deprivation affects free time. Medical staff have a restricted free time. The level of anxiety, depression and has a direct impact in the quality of life. The overall quality of life and physical health are rated higher in medical staff with postgraduate education.

Disclosure of Interest: None Declared

EPV1023

A systematic review of effectiveness and safety of some herbal compounds as treatment for primary insomnia

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Introduction: Sleep related disorders affect around 30% of people all over the world, and evidence shows that 10% require therapeutic intervention. Insomnia represents the most common disturbance of sleep, defined as the experience of poor sleep for at least 1 month. Most of primary insomnia can be prevented by a proper lifestyle and sleep hygiene rules. Regardless, hypnotic drugs and widely prescribed, and most times, long-term used, which is not recommended because of its negative side effects.

Objectives: Review the scientific evidence about effectiveness of plant extracts for insomnia, natural products with practically no side-effects, and thus be possible to reduce or even avoid the use of hypnotic drugs.

Methods: The Medline database through the Pubmed search engine was used with the following keywords: "insomnia" and "herbal compounds".

Results: Valerian activity on sleep disturbances has been attributed to the presence of isovaleric acids and valepotriates with reported calming action and GABA reuptake inhibition with sedative effects. Considering the data presented in the literature, despite controversial and conflicting, several studies showed that valerian (160-600mg/day) improved sleep quality and reduced sleep latency and duration; also valerian seems more effective for chronic insomnia than acute episodes.

Hop has different properties: calming, sleep inducing, gastric secretion stimulating and spasmolytic.

Increasing GABAergic activity seems to be the main mechanism of action, thus inhibiting the central nervous system and also has demonstrated binding affinities to some of the melatonin and serotonin receptor. It's sedative characteristics have been confirmed in a clinical trial in association with valerian, where sleep latency and quality were improved. However, monotherapy studies showed no relevant effectiveness in sleep.

Kava Kava plant showed promising results, in rats and humans, with decrease sleep latency, better sleep quality and recuperation after sleep. However, raised concern about its potential of hepatotoxicity.

There is also promising evidence of the lavender efficacy for sleep disorders in a wide variety of populations and diseases, it was actually mentioned to be as effective as lorazepam in adults with anxiety and sleeping problems. With studies with dose of 80mg it was observed a reduction in sleep awakenings, sleep duration and overall sleep quality and anxiety.

Conclusions: There is a clear preference from the patient to natural compounds, and with almost nonexistent side effects, some herbal derivatives are showed to have positive effectiveness in mild insomnia, but nonetheless much more studies on this field are needed.

Disclosure of Interest: None Declared

EPV1024

Sleep disorders among university students as underestimated mental health problem

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Introduction: The effect of sleep disorders on the weakening of the students' mental health potential is still underestimated. Students might not openly complain of having problems with sleep, considering them insignificant. Nevertheless, sleep disorders may be the sign of actual or developing mental health problems.

Objectives: To reveal the prevalence of parasomnic and insomnic disorders in university students, who do not have health related complains.

Methods: We surveyed 77 first and second-year students of both genders by means of a questionnaire that included questions describing the signs of various sleep disorders.

Results: One third of the students revealed having parasomnic disorders in the form of dissociated sleep states – 35.1% of the respondents talk in sleep (states of somniloquy or sleep talking), 6.5% get seated on their beds, 5.2% get up from their beds (states of partial awakenings and confusional arousals), 5.2% walk around the room or house (sleepwalking, or somnambulism). Over half of the students experience night phobias (53.2%), 2.6% out of them experience them constantly. Some students' fears grow into nightmares. Half of the respondents (50.6%) state they very rarely see nightmares. Every fifth student (20.8%) sees nightmares only from time to time. 10.4% of the students see them very often or constantly. Over half of the respondents (55.8%) complain of insomnic disorders in the form of insomnia. 3.9% of them experience it constantly, 10.4% – often, 16.9% – sometimes, and 24.7% – rarely

Conclusions: The frequency of sleep disorders in students is very high. Consequently, it is important to inform university students timely about potential risks and ways to avoid them.

Disclosure of Interest: None Declared

EPV1025

How effective is ketogenic diet in sleep disorders ?

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doi: 10.1192/j.eurpsy.2024.1610

Introduction: Sleep disorders vary widely and its treatment are based on a combination of life style changes and pharmacological therapy adapted to the primer health issue. Ketogenic diet has shown not only its efficacy in different health conditions, but it is also becoming a popular health trend. Could the therapeutic spectrum of ketogenic diet cover sleep disturbances ?

Objectives: The aim of our study is to evaluate the effect of ketogenic diet on sleep disorders

Methods: To identify relevant studies ,our literature review was based on the Pubmed interface and adapted for 2 databases : science direct and google scholar. We used the following key words (ketogenic diet [meSH terms]) and (sleep disorders [meSH terms]).

Results: Our research revealed 14 articles published between 2012 and 2022. We selected 8 which corresponded to the purpose of our review. The ketogenic diet affects sleep hemostasis indirectly. In fact, this diet is associated with weight loss and therefore reduction of metabolic and cardiovascular complications disturbing sleep quality. From a neurobiological perspective, this regimen based on limited carbohydrates is associated with a low Tryptophan intake which is the precursor of melatonin. But on the other hand, Ketone bodies trigger adenosine activity which promotes melatonin liberation, the sleep inducing hormone.

Conclusions: ketogenic diet modulates melatonin activity therefore affects sleep architecture. Meanwhile, Its impact on sleep disorders is still controversial due to the variation of its pathophysiological mechanisms.

Disclosure of Interest: None Declared

EPV1026

SCHIZOPHRENIC DREAMS: A Brief Description of Sleep Disturbances in Schizophrenia

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Introduction: Shakespeare wrote that “We are such stuff as dreams are made on; and our little life is rounded with a sleep.” Sleep is a fundamental part of our being, so much so, humans tend to spend one third of their lives in this immobile and vulnerable state. Disorders of sleep have been the target of much scientific curiosity and investigation, with numerous articles, reports and books dedicated to the theme. The bidirectional relationship between psychiatric disorders and those of sleep is also well described. Schizophrenia is a heterogenous psychiatric disorder which is often associated with sleep disturbances of various kinds.

Objectives: The authors aim to briefly explore the relationship between schizophrenia and sleep disturbances. Potential underlying mechanisms and risk factors, as well as therapeutic interventions will be addressed.

Methods: The authors conducted a brief non-structured narrative literature review using articles published in the Medline/Pubmed, ScienceDirect and Google Scholar databases. The keywords used during the research, alone or in combination, included: sleep disturbance, sleep disorder and schizophrenia. The studies consulted in this work included: cross-sectional studies, cohort studies, literature reviews and clinical case reports. Works that were included, were written in the English language and deemed as pertinent to the explored theme.

Results: Although sleep disturbances do not make up part of the criteria formal diagnosis of schizophrenia, they are present in approximately 80% of those with the condition and have been identified as a common symptom in prodromic clinical pictures. The problems in sleep are as heterogenous as the presentations in schizophrenia, ranging from insomnia, restless legs syndrome, obstructive sleep apnea, circadian rhythm dysfunctions to hypersomnia. Sleep has been identified as fundamental for the reparation and restoration of various bodily systems, it is no surprise that sleep irregularities, especially in schizophrenia, can significantly reduce quality of life and promote deterioration. Some studies have stated the role that D2 receptors have in the classic symptoms of schizophrenia as well as on sleep disturbances. Second-generation antipsychotics have not only demonstrated much promise on psychotic symptoms, but they appear to aid in sleep regulation and quality.

Conclusions: Sleep is fundamental for mental health. Various sleep disturbances have been identified in those suffering with schizophrenia. Sleep disturbances have been associated with worse outcomes, more florid clinical pictures and significant deterioration. Thus, bettering sleep quality in these patients, would permit better health outcomes which are fundamental in those who live with schizophrenia.

Disclosure of Interest: None Declared

EPV1027

Postpartum insomnia in a woman who has given birth to twins : A case report

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Introduction: Postpartum insomnia is a significant and often overlooked mental health concern affecting mothers during the postnatal period. Sleep disturbances during this critical time can have far-reaching implications for maternal well-being and the quality of care provided to newborns.

Objectives: The primary objective of this review is to analyze recent clinical literature on postpartum insomnia to gain a deeper understanding of its epidemiology, clinical features, and management approaches. By synthesizing the latest research findings, this review aims to inform healthcare professionals and policymakers about the significance of postpartum insomnia and promote early recognition and intervention.

Methods: A case report of a 43-year-old woman in the fifth month postpartum after a twin birth who comes to the emergency department accompanied by her partner with thoughts of death and impulse phobias due to insomnia of months of evolution. Also a systematic search of the PubMed database was conducted using the keyword “Postpartum insomnia,” and articles published between 2013 and 2023 were included. A total of 20 clinical articles meeting the inclusion criteria were analyzed to provide a comprehensive overview of postpartum insomnia.

Results: The review reveals that postpartum insomnia is a prevalent and often underdiagnosed condition, affecting a significant proportion of new mothers. Risk factors such as maternal age, parity, social support, and hormonal fluctuations have been identified. Diagnostic challenges arise due to the overlap of symptoms with postpartum mood disorders, necessitating a comprehensive clinical assessment. Recent research emphasizes the importance of non-pharmacological interventions, including sleep hygiene education, cognitive-behavioral therapy for insomnia (CBT-I), and mindfulness-based approaches, as the first-line treatment options. However, pharmacotherapy may be considered in severe cases. Untreated postpartum insomnia has been associated with adverse maternal and infant outcomes, including impaired bonding, increased risk of postpartum depression, and developmental delays in infants.

Conclusions: In conclusion, postpartum insomnia is a prevalent yet often underrecognized mental health concern with multifaceted clinical implications. This review highlights the importance of early detection and intervention to mitigate its impact on maternal well-being and infant development. The integration of non-pharmacological interventions, particularly CBT-I and mindfulness-based strategies, into routine postpartum care holds promise in improving sleep quality and overall postnatal mental health. Healthcare providers should be vigilant in assessing and addressing postpartum insomnia to optimize the well-being of both mothers and infants.

Disclosure of Interest: None Declared

EPV1028

Sleep satisfaction, and its correlates with stress, health and happiness in university students: cultural and gender issues

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doi: 10.1192/j.eurpsy.2024.1613

Introduction: Sleep plays an important role in preserving mental health. University students' learning activity, habits and cultural background may negatively affect the duration and quality of sleep.

Objectives: To determine the correlations of sleep satisfaction with the level of stress, health and happiness in university students of different gender and cultural backgrounds

Methods: We have surveyed 134 university students (77 domestic students and 57 foreign students). The numbers of male and female students were the same (67 students). To determine the levels of stress, health, happiness, and sleep quality satisfaction, we used a self-rating questionnaire (Nikolaev, 2023).

Results: The general indicator of sleep satisfaction with all the respondents made up 6.22 ± 2.4 points. We have not revealed any valid statistic differences between the satisfaction levels of males and females, domestic and foreign students ($p > .05$). The males have shown a higher level of stress than females ($p = .0004$). The higher level of health assessment was revealed by foreign students as compared with domestic students ($p = .0137$), and by males in comparison with females ($p = .0054$). We did not determine any cultural and gender differences in other parameters. ($p > .05$). According to the final correlation analysis, all the respondents showed that their level of sleep satisfaction was positively correlated with the level of health ($r = .40$) and happiness ($r = .37$), but negatively with the level of stress ($r = -.23$). Similar interrelations were seen in the male group ($r = .40$; $r = .36$; $r = -.28$). Females revealed correlations of their sleep satisfaction with health ($r = .38$) and happiness ($r = .38$), but there was no evidence of correlation with the level of stress ($p > .05$).

Conclusions: University health development programs aimed at improving their students' sleep quality, which take into account the complex of cultural and gender issues, may help enhance the students' health potential.

Disclosure of Interest: None Declared

EPV1029

Sleep architecture disturbance due to the use of benzodiazepines

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Introduction: Insomnia, which is characterized by difficulty in initiating or maintaining a physiological sleep, is a relevant clinical issue, affecting not only the elderly population (from 20% to 40%), but also the general population since 30% of adults

report problems in sleeping properly. In addition, 30-40% of adults report complaints about sleep quality lifetime, and 10-15% report chronic insomnia. Benzodiazepines (BZDs) are commonly prescribed to treat insomnia and sleep disorders. BZDs show a rapid sedative and anxiolytic effect, successfully used in the acute treatment of insomnia as well as anxiety, agitation, or anxiety associated with any type of psychiatric disorder. Their use is associated with potential side effects such as residual daytime sleepiness, ataxia, and dizziness. Long-term BZDs use may lead to drug abuse, tolerance, drug dependency, and abstinence. For instance, BZDs abrupt withdrawal can lead to severe symptoms such as insomnia and/or rebound anxiety, an increase in heart rate and blood pressure, nausea and/or vomiting, sweating, diarrhea, convulsions, and other neurological and psychiatric symptoms.

Objectives: This e-poster aimed to summarize evidence regarding the effect of BZDs treatment on human Sleep Architecture.

Methods: A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: benzodiazepines, sleep architecture, insomnia.

Results: Prolonged use of benzodiazepines leads to an increase of time spent in stages 2 and a decrease of time in stages 1, 3, and 4. The increased NREM stage 2 is associated with a subjective improvement in sleep quality. The decrease in NREM sleep time in stages 3 and 4 is usually associated with lesser "rest" for the brain, which leads to a lack of concentration.

Conclusions: BZDs use modified sleep architecture in the short and long term.

Disclosure of Interest: None Declared

EPV1031

Sleep disorders among women with post-menopausal osteoporosis

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Introduction: Osteoporosis (OP) is characterized by low bone mass and microarchitectural deterioration of bone tissue. Recent studies have suggested that sleep may significantly influence the pathophysiology of OP.

Objectives: In the present study, we aimed to determine sleep disorders among women with post-menopausal OP.

Methods: A cross-sectional study was conducted between January and June 2023. Patients with post-menopausal OP who visited the rheumatology department in a university hospital in Tunisia were interviewed. The Pittsburgh Sleep Quality Index (PSQI). It is a seven-component scale, including: sleep quality (C1), sleep latency (C2), sleep duration (C3), sleep efficiency (C4), sleep disturbances (C5), sleep medication use (C6), and daytime dysfunction (C7). $PSQI \leq 7$ indicated normal sleep quality, and $PSQI > 7$ indicated poor sleep quality.

Results: Ninety-three women diagnosed with post-menopausal OP were interviewed. the number of complete questionnaires was 72. The valid rate was 77.4%. All were women. The mean age was 72.5 (± 1.08). The median duration of menopause was 23 years (IIQ = [10.5-28.5]). Forty-five women were diagnosed with bone fractures (62%). Thirty-three patients (45.8%) were obese (IMC>30). The median PSQI score was 16 (IIQ = [6-18]). Forty-seven participants (65.3%) had poor sleep quality (PSQI > 7). According to the items of PSQI: the median score of sleep duration, sleep Efficiency and sleep disturbances was 1 (IIQ = [1 -2]) for each item. The median score of sleep latency was 3 (IIQ = [2-3]). For daytime dysfunction, the median score was 2 (IIQ = [0-3]).

Study analytics revealed a significant association between daytime dysfunction and the presence of bone fractures ($p=10^{-3}$), the same was with sleep disturbances and bone fractures ($p=10^{-3}$). Body mass index (BMI) was significantly and inversely associated with sleep quality ($r= -0.313$; $p= 0.007$). Sleep latency was significantly associated with physical activity ($p<10^{-3}$).

Conclusions: In conclusion, our results suggest that sleep quality is associated with physical activity and BMI. This is consistent with the most recent evidence in the literature. These findings support expanding the scope of wellness programs to promote healthy sleep among osteoporotic women.

Disclosure of Interest: None Declared

EPV1032

The results of a study of the causes and correlations between stress and sleep disorders by medical professionals

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Introduction: Prolonged exposure to stress can adversely affect mental health and lead to mental illness, which can adversely affect the provision of medical care. It has been determined that sleep disturbances affect physical and mental health and negatively affect daily activities. Therefore, we conducted this study with the assumption that it is an opportunity to improve health care by examining the prevalence of stress in the medical profession and identifying its causes.

Objectives: To study the prevalence of stress and sleep disorders among doctors and medical professionals in Selenge Province General Hospital2. Identify some factors affecting stress and sleep disorders and their relationship

Methods: Using SRQ20, PHQ9, GAD7, and sleep disturbance questionnaires issued by WHO for doctors of primary health care institutions, according to the analytical research model, the ethics committee with the informed consent form, and the research was conducted.

Results: Doctors and medical professionals aged 23-65 participated in the study, the average life expectancy was 37.05 years. 44.44% are stressed. 8% of stressed people had severe stress, 18.89% had no sleep disorder and 81.11% had a sleep disorder. 46.67% of those

with sleep disturbances had mild sleep disturbances. But 34.44% had sleep disorders. 30% had a non-organic sleep disorder, 5.56% had lucid dreaming disorder, and 3.33% had non-organic insomnia. According to the correlation analysis, the SRQ20 stress score GAD7 anxiety score is $r=0.76$, the PHQ9 score is $r=0.74$, the sleep disturbance score is $r=0.68$, the satisfaction score is $r=-0.44$, the sleep disturbance score GAD7 score $r=0.75$, a moderate positive correlation with the PHQ9 depression score $r=0.45$, and a weak inverse correlation with the satisfaction score $r=-0.24$ was related. In the composite linear regression analysis, the stress score increased by 116.2% when the stress problem score increased by one, the anxiety problem score increased by 44.34%, the body shape problem screening questionnaire increased by 82.86%, and the depression problem score increased by one. 73.18% per increase of one, and 7.18% per increase of PHQ9 depression score was statistically significant. On the other hand, the sleep disorder score increases by 127.05% when the stress problem score increases by one, the anxiety problem score increases by 120.79% and the body shape problem detection questionnaire score increases by one.

Conclusions: Doctors and medical professionals need to increase their coping skills, psychiatric examination and diagnosis, and psychological counseling. Also, by implementing the right lifestyle habits, most of the sleep disorders of doctors and medical professionals can be normalized by themselves. Stress is associated with depression, anxiety, sleep disturbances, years of work, relationship satisfaction, psychological problems, and depression.

Disclosure of Interest: None Declared

EPV1033

How effective is ketogenic diet in sleep disorders ?

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Introduction: Sleep disorders vary widely and its treatment are based on a combination of life style changes and pharmacological therapy adapted to the primer health issue. Ketogenic diet has shown not only its efficacy in different health conditions, but it is also becoming a popular health trend. Could the therapeutic spectrum of ketogenic diet cover sleep disturbances ?

Objectives: The aim of our study is to evaluate the effect of ketogenic diet on sleep disorders

Methods: To identify relevant studies ,our literature review was based on the Pubmed interface and adapted for 2 databases : science direct and google scholar. We used the following key words (ketogenic diet [meSH terms]) and (sleep disorders [meSH terms]).

Results: Our research revealed 14 articles published between 2012 and 2022. We selected 8 which corresponded to the purpose of our review. The ketogenic diet affects sleep hemostasis indirectly. In fact, this diet is associated with weight loss and therefore reduction of metabolic and cardiovascular complications disturbing sleep quality. From a neurobiological perspective, this regimen based on limited carbohydrates is associated with a low Tryptophan intake which is the precursor of melatonin. But on the other hand, Ketone bodies trigger adenosine activity which promotes melatonin liberation, the sleep inducing hormone.

Conclusions: Ketogenic diet modulates melatonin activity therefore affects sleep architecture. Meanwhile, Its impact on sleep disorders is still controversial due to the variation of its pathophysiological mechanisms.

Disclosure of Interest: None Declared

EPV1034

A Review of Current and Future Pharmacologic Treatments for Narcolepsy

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Introduction: Narcolepsy is a rare but disabling neurological disorder involving disruption of the sleep-wake cycle that is often under- or misdiagnosed (Barateau L, *et al.* J Sleep Res. 2022;31(4): e13631). It is characterized by a classical tetrad of excessive daytime sleepiness (EDS), cataplexy, hypnagogic hallucinations, and sleep paralysis. Narcolepsy is divided into 3 types: Narcolepsy Type 1 (NT1); Narcolepsy Type 2 (NT2); and Secondary Narcolepsy. The pathophysiology remains unclear but is primarily associated with loss of hypocretin (orexin) neurons involving autoimmune and genetic risk factors, particularly for NT1.

Objectives: To review the currently available therapies for the treatment of narcolepsy.

Methods: The extant literature was reviewed and discussed in the context of clinical relevance.

Results: Treatment historically has included medications developed for the treatment of other conditions such as psychostimulants (methylphenidate, modafinil/armodafinil, pemoline) and antidepressants (SSRIs, TCAs). These agents are also associated with limiting side effects in practice. In more recent years a variety of specific treatments have been approved that act on diverse pathways. Pitolisant, a histamine H3 receptor inverse agonist, is approved for the treatment of EDS or cataplexy in adult patients with narcolepsy (and children > 6 years in European Union) (Keam SJ. *Paediatr Drugs*. 2023;25(4):483-488). Solriamfetol, a dopamine and norepinephrine reuptake inhibitor (DNRI) is indicated to improve wakefulness in adult patients with EDS associated with narcolepsy or obstructive sleep apnea (OSA) (Winter Y, *et al.* *Sleep Med*. 2023;103:138-143). Sodium oxybate (SXB), a GABA_B receptor agonist, is approved for the treatment of cataplexy associated with narcolepsy and (EDS) in patients 7 years or older (Bogan RK, *et al.* *CNS Drugs*. 2023;37(4):323-335). Current research focuses on on-peptide hypocretin receptor-2 agonists (Saitoh T, Sakurai T. *Peptides*. 2023;167:171051).

Conclusions: Despite limited understanding of the pathophysiology of narcolepsy there have been substantial advances in the pharmacotherapy, including medications now approved for children. Early diagnosis and treatment are associated with better outcomes. In view of the chronic and disabling morbidity associated with narcolepsy further research and better access to appropriate medications is necessary.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

EPV1035

Suicide planning type interventions as an evidence based alternative for no-suicide contracts

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Introduction: Suicidality is a common concern in psychiatric patients and one of the leading causes of death in adolescents and young adults. (*Adolescent health*. (2019, November 26) WHO). Some mental health professionals engage in a no-suicide contract with their patients. In this type of intervention, the patient usually agrees to not harm or kill himself/herself. There is an increasing body of evidence to support brief interventions, such as group of safety planning-type interventions (SPTIs) (McCabe *et al.* *MC Psychiatry*, 2018, May 3; 18(1)). Safety planning is derived from cognitive therapy and cognitive behavioral therapy used for suicide prevention.

Objectives: Our objective was to summarize and critically analyze current evidence of effectiveness of SPTIs and no-suicide contracts in suicide prevention.

Methods: We conducted a literature review to compare no-suicide contract to safety-planning interventions in suicide prevention.

Results: Although no-suicide contracts may work for some individuals, there is not enough quantitative evidence to support such contracts as clinically effective tools. A recent meta-analysis has shown that SPTIs were associated with reductions in suicidal behaviors although no effect was identified with frequency of suicidal thoughts (Nuij *et al.* (2021, April 30). *The British Journal of Psychiatry*, 219 (2), 419–426).

Conclusions: Based on the evidence and straightforward implementation of SPTIs in different clinical settings it may be a more effective alternative to no-suicide contracts.

Disclosure of Interest: None Declared

EPV1036

“Suicide Clusters: Analysis of a Sample of Completed Suicides in Spain”

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Introduction: “Cluster suicides,” also known as “suicide clusters,” refer to a phenomenon in which a series of suicides occur within a specific community, group, or geographic area within a relatively short period of time. These suicides often appear to be interconnected, either through imitation or contagion, and may involve individuals who have some form of social or emotional connection to each other.

Objectives:

- Understanding the definition and characteristics of cluster suicides.
- Analyzing common risk factors and triggers in cluster suicide cases.
- Evaluating prevention and support strategies for affected individuals and communities.

Methods: We conduct an analysis of this concept based on a sample of suicides that occurred in a Spanish region over an 8-year period (2015-2022).

We will Analyzethe following aspects:

- Definition and characteristics of cluster suicides.
- Risk factors contributing to the occurrence of cluster suicides.
- Examples of real cases or case studies illustrating this phenomenon.
- The role of imitation and contagion in cluster suicides.
- Prevention and support strategies, including education on warning signs and access to mental health services.
- The impact of media coverage and how it can amplify the contagion effect.
- Measures to reduce access to lethal means of suicide.

Results: We will discuss about the results found:

- Definition and characteristics of cluster suicides.
- Risk factors contributing to the occurrence of cluster suicides.
- Examples of real cases or case studies illustrating this phenomenon.
- The role of imitation and contagion in cluster suicides.
- Prevention and support strategies, including education on warning signs and access to mental health services.
- The impact of media coverage and how it can amplify the contagion effect.
- Measures to reduce access to lethal means of suicide.

Conclusions: The main conclusions of our presentation are :

- The importance of recognizing cluster suicides as a real and concerning phenomenon.
- The need to address specific risk factors and triggers in affected communities.
- The effectiveness of prevention and support strategies in reducing cluster suicide cases.
- The importance of promoting media responsibility in suicide coverage.

BIBLIOGRAPHY

1. **Cluster Suicides: A Critical Review and Theoretical Framework** (2019) - Este estudio proporciona una revisión crítica de la literatura sobre cluster suicides y presenta un marco teórico para comprender mejor este fenómeno
2. **"Clusters of Suicides and Suicide Attempts: Identification, Prediction, and Prevention"** (2016) - Aunque este estudio no se centra exclusivamente en España, ofrece información sobre la identificación y prevención de clusters de suicidio que puede ser relevante.
3. **"Epidemiology of Suicide in Spain, 1981–2008"** (2012) - Proporciona una visión general de la epidemiología del suicidio en España, lo que podría ayudar a contextualizar los estudios específicos sobre clusters.

Disclosure of Interest: None Declared

EPV1037

Exploring the Role of Attachment Styles, Life Scripts, and Parental Mandates in Suicidal Behavior: Implications for Prevention and Intervention

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Introduction: The scientific literature widely acknowledges the multitude of factors contributing to suicide, emphasizing the intricate and dynamic interplay among genetic, biological, psychological, and social dimensions (Van Heeringen, 2001). Despite this consensus, each suicide case is unique, shaped by an exclusive combination of these factors. One relatively underexplored risk factor in the realm of suicidal behavior is attachment style. As posited by attachment theorists, avoidant and anxious/insecure attachment styles may hold predictive value for suicide attempts (Sheftall et al., 2014).

Objectives: This study undertakes a comprehensive review of the relationships between attachment styles, life scripts, parental mandates, and suicidal behavior.

Methods: This study delves into the interconnections between attachment styles, life scripts, parental mandates, and suicide, drawing from an extensive body of research and theory. A comprehensive review of existing literature was conducted to elucidate the intricate relationships among these variables and their potential influence on suicidal behavior.

Results: The synthesis of existing research highlights a compelling link between attachment styles, life scripts, and parental mandates. Attachment styles, formed in early life, profoundly influence an individual's interpersonal relationships, emotional regulation, and sense of self-worth. These attachment patterns lay the foundation for the development of life scripts—internalized narratives that dictate one's beliefs, values, and expectations regarding their life course. Parental mandates, often transmitted explicitly or implicitly during childhood, further shape these life scripts by imposing conditions or constraints on the individual's choices and aspirations.

Crucially, within this framework, suicidal behavior emerges as a possible outcome. Individuals with maladaptive attachment styles, burdened by parental mandates that discourage autonomous living or impose conditional acceptance, may perceive suicide as a way to escape perceived unmet expectations or alleviate emotional distress.

Conclusions: This study underscores the intricate interplay between attachment styles, life scripts, parental mandates, and suicidal behavior. Understanding these complex relationships is pivotal in both prevention and intervention efforts. Recognizing the significance of family history, parental approaches, maladaptive beliefs, attachment patterns, and early caregiver interactions can inform the development of targeted strategies aimed at mitigating suicide risk in diverse contexts, including schools, communities, and clinical settings. By identifying these factors and their influence on suicidal behavior, practitioners and researchers alike can contribute to more effective prevention and intervention initiatives tailored to individual needs.

Disclosure of Interest: None Declared

EPV1038

Suicide prevention project with young people in the Rocinha slum in Rio de Janeiro

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Introduction: The 2019 WHO report on suicide warned of a serious public health problem. It was found that suicide is a serious problem for global public health, causing approximately 703 thousand deaths every year. Self-extinction is among the leading causes of death worldwide, with more deaths than from malaria, HIV/AIDS, breast cancer, war and homicide. More than one in every 100 deaths (1.3%) in 2019 were the result of suicide. Suicide is the fourth leading cause of death in older adolescents (15–19 years). Risk factors are multifaceted and include harmful use of alcohol, which includes abuse during childhood, stigma against seeking help, barriers to accessing care and means of suicide. The total number of deaths due to self-extinction registered in the adolescent population in the period from 2016 to 2021 was 6,588. According to the WHO director-general, “attention to suicide prevention is even more important now, after many months of living with the pandemic and many of the risk factors, such as loss of employment, financial stress and social isolation, still very present.” Therefore, suicide prevention work with young adolescents in Rocinha, one of the largest slums in Rio de Janeiro, is extremely important, given the increase in suicide rates and mental health problems in this age group. This approach must be thoughtful, culturally sensitive, and involve a range of strategies to address the complex issues affecting adolescents in the community. The Community of Rocinha was chosen to host this prevention project. **Objectives:** Create a preventive event by surveying participants’ opinions, integrating, welcoming and deconstructing stigmas about suicide.

Methods: This study investigated, in a population of 140 young adolescents with cultural differences in a theater class, their level of knowledge regarding relevant information about suicide. A structured questionnaire was presented and answered before and after a lecture, resulting in a class at the end, carried out by the young participants themselves. The scenes were filmed and a film produced. This dynamic process also included the distribution of a shirt alluding to the fact, making the participants multiplier references.

Results: The results of the lecture showed a significant improvement in mental health awareness and willingness to seek help among young people, totaling a 20% increase in knowledge.

Conclusions: Students attended the event in significant numbers, taking into account that the slum had a curfew due to armed conflict. The results of the lecture showed a significant improvement in mental health awareness and willingness to seek help among young people, totaling a 20% increase in knowledge. The young people reported a feeling of support and belonging to the community, highlighting the importance of the debate in a final lecture given by them.

Disclosure of Interest: None Declared

EPV1040

Suicide across time and cultures: from a philosophical debate to network analysis

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Introduction: Suicide is a multifaceted subject that encompasses a broad spectrum of perspectives, spanning philosophy, the arts, social sciences, neuroscience, neuropsychiatry, and public health. The history of suicide is intricately intertwined with the history of humanity itself, and examining the shifting attitudes towards suicide holds significant implications for the field of suicide prevention.

Objectives: The objective of this paper is to offer a timeline of the social perspectives about suicidal behavior throughout history in order to showcase the influence of cultural and contextual factors.

Methods: This poster is based on the Massive Open Online Course (MOOC) “Focus on Suicidal Behaviour” provided by the European Psychiatric Association. We performed a brief overview of the chapter on history of suicide and updated data on this topic with recent literature findings.

Results: In antiquity, suicide was sometimes regarded as justifiable, whether to preserve honor or protest injustices. However, during the Middle Ages, suicide was primarily seen as a criminal act, violating the rules of the Christian religion. The Renaissance brought about a shift in the perception of suicide, as it began to be depicted in art as a heroic or philosophical act. Moving into the Romantic period, suicide took on a tragic and noble connotation, often seen as an escape from unbearable suffering.

The 19th century marked a significant turning point when the social context started being recognized as a crucial factor in the development of suicidal behavior. In the 20th century, suicide was increasingly considered a public health problem. In the 21st century, the discourse on suicide has become multifaceted. On one hand, network analysis has enabled the development of an integrated model of suicide, emphasizing the complex interactions among various risk and protective factors. On the other hand, ethical and moral debates persist regarding assisted suicide and its indications.

This summary primarily centers on the historical context of suicide within Europe. However, attitudes toward suicide vary significantly across cultures. For instance, in China, suicide rates are higher for women than for men, while Japan has historically displayed a relatively tolerant attitude toward suicide, particularly within the military. In contrast, Islamic countries consider suicide a major sin and implicitly associate it with stigma.

Conclusions: The understanding of suicide evolves over time and is deeply influenced by cultural contexts. Familiarizing ourselves with the historical perspectives on suicide is essential for comprehending this

complex social and personal phenomenon. Such knowledge forms the foundation for the creation of effective prevention strategies.

Disclosure of Interest: None Declared

EPV1042

Design of a homelessness-focused suicide prevention program

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Introduction: This project proposes a program for the promotion of mental health and prevention of suicidal behavior among individuals experiencing homelessness, with the aim of reducing suicidal ideation and suicide mortality within this vulnerable population.

Objectives: The project aims to implement an evidence-based program to reduce suicidal ideation and suicide mortality among homeless individuals. This will be achieved through two phases: a review of scientific literature and the development of the program in collaboration with experts and homeless individuals.

Methods: The first phase of the project involved a review of scientific literature to identify the most effective content and programs for improving mental health and preventing suicide. These findings were adapted for application in the program and for dissemination to professionals who will directly engage with individuals experiencing homelessness.

In the second phase, the program content was designed in collaboration with experts and validated through the input of educational professionals. Additionally, individuals experiencing homelessness actively participated in the creation of materials and the definition of the approach to be utilized. Subsequently, a four-hour training was provided to professionals working in specialized homeless shelters to guide groups of individuals experiencing homelessness.

Results: The program consists of the following components:

- Training and Awareness: Workshops and campaigns to reduce the stigma surrounding suicide.
- Early Detection and Risk Assessment: Staff training in recognizing suicide indicators and risk assessment protocols.
- Psychological and Social Interventions: Crisis teams, individual and group therapy.
- Access to Services: Mobile mental health clinics and collaborations with healthcare professionals.
- Ongoing Support and Monitoring: Temporary housing programs and support groups.

Conclusions: The proposed program seeks to mitigate the risk of suicide among individuals experiencing homelessness through a comprehensive approach. The collaboration of experts and homeless individuals ensures that the solutions are appropriate and effective. The implementation of this program has the potential to make a significant difference in promoting mental health and preventing suicide within this vulnerable population.

Disclosure of Interest: None Declared

EPV1044

Suicidal impulsivity secondary to traumatic brain injury

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Introduction: I present the case of a 58-year-old patient who developed frequent, unpredictable and prolonged suicidal impulsivity (more than 8 years of evolution) after one year of suffering a traumatic brain injury, with very serious suicide attempts in the context of very brief periods of dysthymia and no history of mental illness or any other accompanying psychopathology.

Throughout this admission, a progressive dehospitalization has also been carried out, with afternoon outings in the company of his wife or son up to a full weekend.

Objectives: Shortly before, frequent “déjà vu” crises had also begun. Additional imaging tests (CT and cranial MRI) had been performed privately, which had been normal, and an EEG with sleep deprivation had been requested, but the patient had not attended.

For 8 years he had started various successive antidepressant treatments that had always been ineffective or had produced agitation, which was diagnosed as akathisia, after a week of treatment. In a single previous hospital admission, with the initial diagnosis of major depressive disorder finally ruled out, he was discharged apparently asymptomatic, and was readmitted after making three new successive serious attempts at self-harm a week after discharge.

Methods: Throughout this hospitalization (37 days), a practically invariable mental state is observed from the first day in which only rambling thoughts with very limited content stand out, with permanent and apparently credible criticism regarding previous self-harming behaviors, without appearance of new impulses or self-harming behaviors and reporting a significant decrease in the frequency and emotional impact of “déjà vu” type crises, which are now limited to the moment of waking up in the afternoon, after a brief nap, and occasionally.

Results: He was discharged from the hospital with the diagnosis of post-concussive syndrome (ICD 10-F0.78.2) and remains stable for the moment (one month later) in improvement, maintaining anxiolytic and antidepressant treatment, as well as anticonvulsants, and pending continuation of the study for part of neurology.

Conclusions: We think that this case shows how, within the immense etiological variety of suicidal behavior, there may be a cause conditioned exclusively by brain damage.

Disclosure of Interest: None Declared

EPV1045

Content analysis of suicidal notes - the verbal behaviour

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Introduction: There have been numerous studies on attempted and completed suicides in an attempt to understand better the phenomenon - the tragedy- of self-destructive behaviour through the analysis of the suicidal notes – their last personal documents, that many individuals write before carrying out suicide. Understanding and interpretation of these analyses could happen on several theoretical frameworks and background Research has systematically demonstrated what most clinicians assume, namely that individuals sharing significant patterns of nonverbal behavior express these tendencies in their manner of speaking and writing (e.g. in suicidal notes, farewell letters) . Through this research – by analyzing these texts, documents, “messages”, - was it possible to study not only semantic, and linguistic aspects of them but likely also as manifestations of psychological defense or coping mechanisms or reflected psychopathology in speech by isolating categories. A number of clinical investigations have been carried out to associate speech pattern and verbal style (spoken or written) with these psychopathological states

Objectives: The purpose of the present study is to understand better of written “suicidal” communication; to analyze suicidal notes - namely, as last “messages” of the self destructed individuals in suicidal notes in an empirical sample.

Methods: The present study compared the content of suicide notes (n=113) from attempted suicides, completed suicides and a non-suicidal controls. The content analysis examined formal, syntactical characteristics, as well as speech patterns and verbal expressions (Weintraub method, Absolutists index, SPSS, - Anova, KW)

Results: The notes from completed suicides had significantly higher scores for heteroaggression (blaming others, evaluators) negations, absolutistic expressions, nonpersonal references and lower scores for expression of feelings. Sex (male versus female) and age had no impact on these differences.

Conclusions: The suicide notes had reflected irrational thinking, characterized by frequent negation, and absolutistic words, self-preoccupation, high scores for emotional categories and a tendency toward polarized thinking These results may help in the understanding of the psychodynamic background or suicidal individuals’ risk assessment, in clinical work or in suicide hotlines, but also in prevention

Disclosure of Interest: None Declared

EPV1046

The role of suicide severity in the association between anxiety symptoms and suicidal ideation: a mediation analysis

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Introduction: Suicide is one of the leading causes of death worldwide and scientific community investigates suicide risk factors relentlessly. Among these, anxiety symptoms were strongly related to suicidal ideation in several studies. Moreover, sleep and its disturbances are closely connected to mental well-being and psychiatric disorders in a bidirectional pathway.

Objectives: The main purpose of the present study is to assess the relationship between anxiety symptoms and suicidal ideation in a sample of psychiatric patients and the mediational role of insomnia in this association.

Methods: Participants were 116 consecutive adult psychiatric inpatients (61 women and 55 men) enrolled to the psychiatric inpatient unit of Sant’Andrea Hospital in Rome. The measures used were a socio-anamnestic form, the Columbia Suicide Severity Rating Scale (C-SSRS), the Hamilton Anxiety Rating Scale (HAM-A), and the Insomnia Severity Index (ISI).

Results: Based on the results of statistical analysis, patients with suicidal ideation showed higher severity of insomnia and higher severity of anxiety symptoms than patients with no suicidal ideation. Moreover, the intensity of suicidal ideation was positively and significantly associated with the severity of anxiety symptoms and with the severity of insomnia. Finally, the mediation analysis showed that the effect of anxiety symptoms on suicidal ideation was completely mediated by insomnia severity.

Conclusions: The main result of the study indicates that patients who perceive more anxiety symptoms were more likely to experience higher suicidal ideation intensity through higher levels of insomnia. These findings implies that screening for sleep disturbances may help identify individuals at risk for suicide, and improving sleep quality through psychosocial and pharmacological treatments could mitigate the association between anxiety and suicidal ideation.

Disclosure of Interest: None Declared

EPV1047

Anime watching in childhood may affect suicidal risk factors in adult life

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Introduction: Suicide is one of the leading causes of death worldwide being the fourth major cause of death among young people 15-29 years old. The reduction of suicide mortality is prioritized by the World Health Organization (WHO, 2019). There is a number of internal and external factors associated with suicidality (Soto-Sanz V et al., 2019; Farbstein et al., 2022.). Special attention is paid to the influence of the social media on suicidality (Cheng A. T. A. et al., 2007; Niederkrotenthaler T. et al., 2020; Sedgwick R. et al., 2019). In the Russian Federation, anime, an animation genre and a media cultural phenomenon, is increasingly popular among young people. Characters who are lonely and lost their meaning of life are common in anime. Romanticization and idealization of such characters may lead to increased attractiveness of death and thus have a negative effect on the mental health of adolescents and young adults due to their incomplete identity development (Liu Y. et al., 2022; Backer, H. A., 2023).

Objectives: We aimed to study the influence of the anime on the presence of suicidality and depression in adolescents and young adults in the Russian Federation.

Methods: We interviewed 304 people living in the Russian Federation and watching anime on the regular basis (244 women, mean age 20.9 ± 3.8 years, range 13-36 years). We collected sociodemographic data and age when a person had started watching anime. We performed Reasons for Living Inventory, RFL (M. Linehan et al., 1983), Beck Depression Inventory, BDI (Aaron Beck, 1961). We divided all participants into three groups according to their age: adolescents (13-19 years), young people (20-24 years), adults (25-36 years). In each group, we compared BDI: level of depressive symptoms, cognitive-affective subscale, subscale of somatic manifestations of depression; RFL scales: Survival coping beliefs, responsibility to family, child related concerns, fear of suicide, fear of social disapproval, moral objections between three subgroups based on the age of the anime watching start (<12 years old, 12-15 years old, ≥ 16 years old) using Kruskal-Wallis test and post hoc Mann-Whitney U-test for pair comparisons with Bonferroni correction for multiple comparisons. Level of significance $p < 0.05$.

Results: In the adolescents ($n=130$), we did not find any differences between the three subgroups. In the young people ($n=127$), participants who had started watching anime in childhood (<12 years old) had higher level of depression ($p=0,014$) and higher level of cognitive-affective symptoms ($p=0,006$). In the adults ($n=47$), participants who had started watching anime in childhood had decreased moral attitudes contrary to suicide ($p=0,004$). Other scales not found to differ significantly.

Conclusions: Start of the anime watching in childhood (<12 years old) was associated with increased suicidal risk factors and decreased anti-suicidal factors in the young adults.

Disclosure of Interest: None Declared

EPV1048

The Impact of Patient Suicide on Adult and Child Psychiatry Residents in Tunisia

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Introduction: Adult and child psychiatry residents encounter unique stressors in their training distinct from those in other medical specialties. Patient suicide has been identified as one of the most distressing experiences during psychiatric training.

Objectives: This study represents the first Tunisian investigation aiming to assess (1) the impact of patient suicide on psychiatry residents and (2) the limitations of the institutional support system in dealing with such cases.

Methods: A Google Forms questionnaire was distributed via email to all residents, gathering socio-demographic data, assessing traumatic impact using the PTSD Checklist for DSM-5 (PCL-5), and soliciting open-ended responses regarding personal experiences and expectations of the institutional support system.

Results: Fifty-three residents participated in the study. Among them, 29 residents had encountered patient suicide, with 12 directly involved. Symptoms of PTSD were detected in three residents. The physician directly involved in treating the suicidal patient reported the highest PCL-5 score. The majority of residents (27 out of 29) expressed the need for a structured support and training program tailored to healthcare professionals dealing with suicide.

Conclusions: The findings suggest that psychiatric residents may require additional training and support to effectively address the complex issue of patient suicide. Implementing specific training programs could significantly enhance their ability to manage such situations.

Disclosure of Interest: None Declared

EPV1049

Prevalence of suicidal behavior in bipolar type 1 patients

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Introduction: The prevalence of suicidal behavior in individuals diagnosed with Bipolar Disorder Type 1 is a topic of great concern within the field of psychiatry and mental health research. Bipolar

Disorder Type 1 is characterized by extreme mood fluctuations that can contribute to a heightened risk of suicidal ideation, attempts, and completions in affected individuals.

Objectives:

- To examine the socio-demographic and clinical profiles of Bipolar Type 1 patients admitted to the “C” psychiatry department at Hedi Chaker Hospital in Sfax, Tunisia.
- To identify and understand the factors associated with suicidal behavior in this population.

Methods: We conducted a retrospective descriptive and analytic study of hospitalized patients suffering from bipolar disorder type 1 in the psychiatry department “C”, Hedi Chaker Hospital, Sfax Tunisia from 2021 to 2023. Socioeconomic data and clinical profiles of patients were collected from archived files.

Results: The total number of patients was 98, with an average age of 36.74 ± 12.3 years. The majority were single (67%), living with their families (76.5%), jobless (45.9%), and receiving family support (94.9%). In terms of psychoactive substance use, 81.6% have used tobacco, 46.9% have used alcohol, and 34.7% have used cannabis. Concerning family history, 55% of patients had at least one family member being treated for a mood disorder. Among them, 7.1% had attempted suicide, and 6.1% had died by suicide.

Concerning the clinical profile of the study population, 28.6% had a personal somatic history. The diagnosis of bipolar disorder was made at the age of 27.52 ± 8.6 years. 11.2% had a comorbid personality disorder with bipolar disorder.

The majority of patients were on antipsychotics (95.9%), 84.7% were using mood stabilizers, 33.7% were prescribed anxiolytics, and only 4.1% were on antidepressants. Treatment compliance was poor in 61.2% of cases and 63.3% of patients had a poor insight.

Ten percent of these patients had attempted suicide, 50% during a depressive episode, 50% occurring during a depressive episode, 30% during a manic episode, and 40% of attempts were related to discontinuation of treatment. 3.1% had used hanging, and 3.1% had engaged in voluntary drug ingestion as a method of self-harm. None of the suicide attempts necessitated intensive care hospitalization, but 60% of the individuals were admitted to psychiatric care. There was a statistically significant correlation between suicide attempts and a family history of suicide ($p=0.049$).

Conclusions: Bipolar patients face a heightened risk of suicide, which is closely tied to the distinctive attributes of the disorder, including biological factors, thymic decompensation, and psychological aspects. Consequently, managing their condition necessitates a tailored approach, demanding ongoing vigilance for individuals diagnosed with bipolar disorder.

Disclosure of Interest: None Declared

EPV1050

Can high-sensitivity C-reactive protein be a routine trans-diagnostic biomarker for thoughts of death and suicidal attempts?

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Introduction: Several studies have shown an association between suicidal behavior and increased C-reactive-protein (CRP) levels (Ghayour-Mobarhan M. *et al.* Comb Chem High Throughput Screen 2022; 25 1047-1057) although most studies evaluated the association between CRP levels and suicidal ideation in depressed patients (Olié E. *et al.* Eur Neuropsychopharmacol 2015; 25 1824-31).

Objectives: Our study assessed baseline high-sensitivity CRP (hsCRP) levels in a cohort of adult inpatients affected by severe mental illness (SMI) and their association with Mini-International Neuropsychiatric Interview-5 subscale suicidality (MINI-5-s).

Methods: A naturalistic, observational, cross-sectional study was carried out by retrospectively recruiting 127 adult SMI inpatients, excluding patients with an organic pathology. HsCRP levels were assessed at the ward admission. To assess the suicidal behaviour all patients filled the same day the MINI-5-s.

Results: The number of patients with $hsCRP > 3mg/l$ were significantly higher among those with thoughts of death ($p=0.002$) and suicidal attempt ($p=0.026$). No statistically significant associations were observed between hsCRP levels and other suicidality dimensions. Limitations: Small sample size, heterogeneous diagnoses, lack of diagnostic sub-analysis, cross-sectional design, and lack of a healthy control group.

Conclusions: The study reveals a transdiagnostic association between inflammation, thoughts of death and suicidal attempt in SMI inpatients. Our preliminary findings could support a routine introduction of hsCRP measurement, due to its relatively low cost, possible utility in trans- diagnostically suicide risk assessment. Large-scale clinical trials would be recommended to evaluate the effects of early anti-inflammatory therapy in patients with death ideation and/or suicidal attempt and concomitant low-grade hsCRP elevation. HsCRP could potentially represent an early biomarker for suicidal risk.

Disclosure of Interest: None Declared

EPV1051

Descriptive study of suicidal behavior in adult population attended in an emergency department during a one-year period and comparative study with the following annual period

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Introduction: Suicide is the most frequent psychiatric emergency. About 1% of all deaths are due to suicide so around 700,000 people commit suicide each year. Suicide attempt is more frequent in women (3:1) while completed suicide is more frequent in men (4:1). Most suicides occur in the 35-64 age range. The severity of a suicide attempt is assessed in terms of method, potential lethality, rescuability and impulsivity. A previous suicide attempt is the main risk factor for suicide behavior. The majority (more than 90%) of

suicide behavior are related to an underlying psychopathology, mainly depression and substance abuse, especially alcohol. However, there are also numerous cases of impulsive attempts in the context of life stressors.

Objectives: To analyze sociodemographic and clinical characteristics of adult patients with suicidal behavior attended in the emergency department during a one-year period. To study the stability of the data obtained in the following annual period

Methods: A retrospective review of the population over 18 years attended in the emergency department during 2022 because of suicidal behavior, was carried out. Data collection for the year 2023 is in progress in order to be able to carry out a comparative study between both annual periods.

Results: 562 patients over 18 years were attended in the emergency department of our hospital due to suicide behavior during 2022. 383 of these patients were women (68.1%) and 179 men (31.9%), with an average age of 38.6 and 42.2 years respectively. The age range between 18 and 25 years accounted for 28.5% of the total cases. The most frequent suicidal behavior was medication overdose with a total of 307 (54.6%), being more frequent in women than in men (2.6:1). The second most frequent reason for attention was suicidal ideation without suicide attempt, with a total of 212 patients (37.7%). 371 patients were discharged home from the emergency department (66%) and 191 required a longer observation in hospital environment. We are awaiting to complete data collection for 2023 to establish a comparison with those described above.

Conclusions: According to our study, suicidal behavior in adult population is more frequent in women than in men. The most frequent age range in both genders was between 18 and 25 years old. The method most frequently used was medication overdose and suicidal ideation without a suicide attempt was the second most frequent reason of attention. Our patients mostly presented diagnoses of personality disorder, depression and substance use disorder.

Disclosure of Interest: None Declared

EPV1052

Implementing policies and predictive stochastic models to attend to borderline personality disorder crises: rationalising ssri antidepressants prescription in suicide prevention

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doi: 10.1192/j.eurpsy.2024.1633

Introduction: We are facing increased suicide attempts and deliberate self-harm from persons with borderline personality disorder (BPD) who are also on antidepressants, multiple antidepressant prescriptions and antidepressant augmentations. Our previous observations suggest that antidepressants might increase suicide attempts in those on this medication and who have BPD. The absent response to antidepressants is due mainly to the comorbid dysthymia, cyclothymia, rumination, autism and ADHD in BPD.

Objectives: To generate forecasting models and preventive policies to deal with BPD crises and improve the effectiveness of the UK National Healthcare Service (NHS) in suicide prevention.

Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. The software for logic prediction and annotation was Wolfram Alpha (Wolframalpha.com). The four parameters for stochastic predictions are, BPD (A), antidepressant No. 1 (B), antidepressant No. 2 (C), and suicide attempts (D). Boolean function metrics can help analyse the impact and truth of forecast modelling with truth density.

Results: The logic expression for suicide prediction due to liberal antidepressant prescribing is $\Psi = A \text{ intersects } B, \text{ intersects } C, \text{ intersects } D$; that is, $\Psi = A \cap B \cap C \cap D$, which yields a Boolean truth density of 6.25%. The truth table always has a positive outcome as long as any of the factors exist except when none is present.

Conclusions: The predictive Boolean function and truth table suggest that suicide presentation is predictable if there is a prescribing of one or more antidepressants in BPD and if there is an antidepressant augmentation or dose maximisation. We speculate that SSRI antidepressants block self-regulatory mechanisms of fear of death while triggering impulses to self-harm and suicide from overstimulation of SSRI receptors. Without fear mechanisms, death by suicide is felt as not terrifying.

Disclosure of Interest: None Declared

EPV1053

Implementing policies and predictive stochastic models to attend to borderline personality disorder crises: the dysthymia-suicide cycle

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doi: 10.1192/j.eurpsy.2024.1634

Introduction: UK healthcare is undergoing significant challenges in facing borderline personality disorder (BPD) and accommodating the increased demand to allocate sufficient care and carers to deal with BPD's growing number and emotional and suicidal crises.

Objectives: To generate forecasting models and preventive policies to deal with BPD crises and improve the effectiveness of the UK National Healthcare Service in suicide prevention (NHS).

Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. The software for logic prediction and annotation was Wolfram Alpha (Wolframalpha.com).

Results: Persons with BPD become suicidal because the team cannot comprehend and address the cycle of dysthymia, rumination and suicide. The BPD crises start from Stage 1 (α), assessing the comorbidity between BPD with dysthymia, cyclothymia, autism and ADHD. Teams shall avoid overmedication as ineffective. Stage 2 (β) is introspection and rumination, which do not respond to pharmacotherapy. The health carers establish if rumination is present and suggest distraction techniques. Stage 3 (γ) is when constant rumination with catastrophising leads to hopelessness. Stage 4 (δ) is when BPD starts feeling more anxious, depressed and

unable to stop rumination. We suggest thought-stopping techniques and discourage social isolation, which triggers rumination. As BPDs use external locus of control and aim for higher dosages of antidepressants and anxiolytics with minimal effect, we explain that medication is not the only solution. Stage 5 (ε) is a crisis and panic attack because constant rumination brings back traumatic thoughts focused on the past, present and future. This is when BPDs self-refer to the hospital, attempt suicide, and feel that hospital admission is the only solution. The stages combined generated Model I. The Model II forecast Δ from this study is that we will observe a higher frequency (Δ) of hospital occupancy ($\Delta_{bo} = A$), suicidal attempts ($\Delta_{sa} = B$), and heavy service use ($\Delta_{su} = C$) by BPDs.

Conclusions: The predictive model algorithm has thus extracted (1) *Model I* (Analysis): $[\alpha \rightarrow (\beta \rightarrow (\gamma \rightarrow (\delta \rightarrow \varepsilon)))] = Z$; The truth density for Model I and its strength of prediction for stage progression is 96.87% in the dysthymia-rumination-suicide cycle; and (2) *Model II* (Prediction): Z implies $(A \text{ And } B \text{ And } C)$, $Z \rightarrow A \cap B \cap C$; the truth density for the Model II is 56.25% for predicting a national shortage of healthcare resources. The combined models predict a truth of 73.81% in the outcomes of BPD crises in the UK NHS due to the dysthymia-suicide cycle.

Disclosure of Interest: None Declared

EPV1055

Esketamine and Hopelessness: Very Short-Term Effects

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Introduction: Treatment Resistant Depression is a challenging condition with a poor outcome and limited therapeutic options. Esketamine is the enantiomer of Ketamine and has recently been approved and marketed for treating depression. Questions remain about its short- and long-term benefit, as well as its usefulness in suicide risk. Hopelessness is one of the symptoms most closely associated with suicide risk.

Objectives: The aim of this paper is to evaluate the effect of this drug on hopelessness after one month of treatment with Esketamine.

Methods: The Beck Hopelessness Scale (BHS) was administered to patients receiving Esketamine at the Doctor Negrín University Hospital of Gran Canaria, who provided informed consent and exhibited suicidal ideations and depressive symptoms at the beginning of treatment. This scale was administered before the intranasal administration of Esketamine and after one month of treatment.

Results: Participants ($n=5$) had an average age of 54.4 years (median 56). We observed variability in the results among the evaluated patients, although the overall trend was a decrease in scores. On average, the patients' scores decreased from 14.6 to 7.4 points (with a median change from 14 to 8 points).

Conclusions: Hopelessness improved in the BHS after one month of treatment with Esketamine. These results could be of clinical significance. Hopelessness is associated with suicide risk, so we hypothesize that the improvement could have an impact on it. Nevertheless, we must exercise caution with these results: the sample size is small, patients were taking different medications, and they have diverse medical histories.

Disclosure of Interest: None Declared

EPV1057

Atypical suicide attempt facilitated by levodopa in a patient with impending Parkinson's Disease masquerading as a mood disorder: a case report

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Introduction: Parkinson's Disease (PD) is a neuropsychiatric disorder whose diagnosis is mainly based on motor impairment. However, increasing evidence suggests that neurodegeneration precedes the appearance of motor disturbances to manifest itself with hyposmia, sleep, and affective disorders. The disease's insidious onset and comorbidity with psychiatric symptoms require specialized knowledge and delicate pharmacological maneuvers to provide the patient with the best possible treatment at the most precise moment. Studies have also highlighted the potential increase in impulsivity patients may experience upon initiation with levodopa.

Objectives: To raise awareness of the complexity of treating patients with PD that also face psychiatric comorbidities that appeared before the motor symptoms, including preoccupation with death, and highlight the need for intensive interdisciplinary medical follow-up of such patients.

Methods: We report a clinical case of a 54-year-old man who was admitted to the psychiatric emergency department after a suicide attempt by self-inflicting severe bilateral neck, wrists, and femoral triangles injuries, as well as self-cutting his Achilles tendon. The patient had a history of a one-year mixed anxiety and depressive disorder and was treated on an outpatient basis with amitriptyline/perphenazine (10+2)mg, sulpiride 50mg, and clonazepam 2mg. One month before his attempt, the patient started experiencing unilateral upper and lower limb rigidity with bradykinesia and "pill-rolling" resting tremor of the same hand and was prescribed levodopa/benserazide (200+50)mg three times per day. After two days of starting the new medication, the patient attempted suicide by the method mentioned above.

Results: After surgical assessment and care, the patient recovered at the psychiatric department for 21 days and was treated with sertraline 50mg, which was later increased to 100mg. As an adjunctive treatment, the patient also received mirtazapine 15mg/day, quetiapine 200mg/day, and lorazepam 3mg/day. On the 15th day of his hospitalization and after a neurological assessment, the patient was started on levodopa/benserazide (200+50)mg one-quarter three times per day. At discharge, he presented significant clinical improvement regarding both his mental health and neurologic somatic symptoms.

Conclusions: Patients with PD require a multidisciplinary approach by a trained medical team. Clinicians should titrate dopamine replacement agents with caution, especially for those experiencing mood disorders, because they might increase the patient's impulsivity, "assisting" a depressive patient with suicidal ideation to finally commit suicide.

Disclosure of Interest: None Declared

EPV1058

When sleep disorders in patients with bipolar disorder indicate a risk of suicidal behavior

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Introduction: Sleep disturbances and suicidal behaviors are common among patients with type II bipolar disorder (BDII), but the relationship between the two is unclear. Investigating this connection is important to identify interventions that can improve the quality of life and reduce the risk of suicide in this population.

Objectives: Our study's objective is to examine the association between sleep disorders and suicidal behavior in patients with type II bipolar disorder (BDII).

Methods: In order to comprehensively investigate the association between sleep disturbances and suicidal behaviors among individuals diagnosed with type II bipolar disorder (TBI), we conducted a cross-sectional, descriptive, and analytical study over a duration of one month, specifically from the 1st to the 31st of October 2022. Our research was conducted within the follow-up unit of the mental health department at Nabeul Hospital, Tunisia, with the aim of capturing a diverse range of participants representative of the population of interest.

To ensure the integrity and accuracy of our findings, we meticulously selected participants who met specific eligibility criteria. This included individuals aged between 18 and 60 years, who had a confirmed diagnosis of type II bipolar disorder according to the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM V). Furthermore, we sought to include participants who were psychiatrically stable, meaning they had not required hospitalization in the six months preceding the study.

The Pittsburgh Sleep Quality Index (PSQI) was used to evaluate the participants' sleep quality over a one-month period, while the Suicidal Behavior Questionnaire-Revised (SBQ-R) was used to assess suicidal behavior. The data was gathered through a questionnaire that prioritized ethical concerns, including obtaining informed consent from participants and maintaining confidentiality and anonymity throughout the study.

Results: In this study, we enrolled 40 male patients with a mean age of 36 ± 13.2 years and evaluated their sleep quality and suicidal behaviors. The results showed that the participants had a mean PSQI score of 7.28 ± 3.35 , indicating that the overall sleep quality was not optimal. Specifically, 65% of the participants had poor sleep

quality (> 5), and 45% reported poor sleep ($PSQI \geq 8$). The mean SBQ-R score was 10.3 ± 3.6 , indicating a moderate level of suicidal behavior. Interestingly, we found a statistically significant correlation between PSQI and SBQ-R subscales, particularly with regard to suicidal thoughts ($p=0.003$) and suicide attempts ($p=0.002$).

Conclusions: Our study found a strong link between sleep problems and suicidal behavior in people with type II bipolar disorder. This highlights the need to address sleep issues to reduce suicide risk in these patients.

Disclosure of Interest: None Declared

EPV1059

Anhedonia and suicidal ideation in young people with early psychosis: findings from a 2-year Italian follow-up study.

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Introduction: Hedonic deficits have been extensively studied in schizophrenia, but little is known about their association with suicidal ideation in early psychosis. Along the clinical staging of psychosis, also Ultra-High Risk (UHR) individuals are characterized by hedonic deficits, which are currently considered as putative predictors of both psychosis conversion and poor social/role functioning.

Objectives: The aim of this research was to examine the relationship between anhedonia and suicidal thoughts across a 2-year follow-up period in people with First Episode Psychosis (FEP) and at Ultra High Risk (UHR) of psychosis.

Methods: Ninety-six UHR and 146 FEP, aged 13–35 years, completed the Comprehensive Assessment of At-Risk Mental States (CAARMS) and the Beck Depression Inventory-II (BDI-II). The BDI-II "Anhedonia" subscale score to assess anhedonia and the CAARMS "Depression" item 7.2 subscore to measure depression were used across the 2 years of follow-up. Hierarchical regression analyses were performed.

Results: No difference in anhedonia scores between FEP and UHR individuals was found. In the FEP group, a significant enduring association between anhedonia and suicidal ideation was found at baseline and across the follow-up, independent of clinical depression. In the UHR subgroup, the enduring relationship between anhedonia and suicidal thoughts were not completely independent from depression severity.

Conclusions: Anhedonia is relevant in predicting suicidal ideation in early psychosis. Specific pharmacological and/or psychosocial interventions on anhedonia within specialized EIP program could reduce suicide risk overtime.

Disclosure of Interest: None Declared

EPV1061

The deaths of invisible people. A literature review

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Introduction: Suicide is a serious public health problem. Each year it is estimated that it causes almost one million deaths worldwide, much more than those caused by war or homicide. These deaths are also devastating, affecting not only the person who commits them, but also his or her environment (family, friends, professionals involved, etc.) and society as a whole. The risk and protective factors for suicide are well known in the literature, which gives rise to the estimation of possible high-risk groups according to their characteristics, especially when risk factors are added, protective factors are reduced, and unfavorable life circumstances are present. Among these groups with greater vulnerability to suicidal behavior are homeless people with severe mental disorders, who are unfortunately little visible in society and in the investigation.

Objectives: The aim of this paper is to review the current state of the question of suicide in homeless people with severe mental disorders.

Methods: Review of the international scientific literature on the issue published in the last twenty years.

Results: The few studies available conclude the higher prevalence of suicidal behavior in homeless people with severe mental disorders compared to the general population, which has not been translated into the development of specific care and prevention plans and programs.

Conclusions: It is considered essential to expand investigation in this field, which will be very useful to lay the foundations for the development of guidelines, plans and specific programs, and to know the evidence about them.

Disclosure of Interest: None Declared

EPV1062

Coping and suicidal ideation in men from the clinical and control groups

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Introduction: Suicidal ideation is often an indicator of suicidal risk. However, suicidality is one of the most stigmatized themes thus suicidal ideation can be difficult to diagnose using direct questions. So, it's impotent to look for psychological traits those may be linked to suicidal ideation. This can be useful for the diagnostic of suicidal risk and prevention of suicidal behavior. The identification of copings that correlate with suicidal ideation and do not depend on mental health allows finding universal ways to reduce suicidal risk.

Objectives: The aim of the study is to find "copings" which have universal impact on suicidal ideation in men.

Methods: The data were obtained using the study of 193 men (clinical group: 67 men with F20, F31, F33 diagnosis aged 17 to 34 (mean age 21,1±4,25); control group: 126 men aged 18 to 63 (mean age 40,04±14,71) who never asked for psychiatric assistance. 3 questions about suicidal ideation (estimate of frequency of last week with Likert' scale from 0 - "not at all" to 4 - "extremely"), COPE (Carver, 1989). Correlation analysis (Spearman) were used.

Results: The table consists correlation that are statistically significant for both groups.

Control group					
question	Denial	Behavioral disengagement	Mental disengagement/ self-distraction	Substance use	Venting
Feeling hopeless about the future	,218*	,177*	,237**	,208*	,304**
Thoughts of ending your life	,189*	,217*	,240**	,189*	---
Thoughts of death or dying	,117	---	,290**	,215*	,301**
Clinical group					
Feeling hopeless about the future	,494**	,177*	,478**	,208*	,375**
Thoughts of ending your life	,347**	,217*	,363**	,342**	---
Thoughts of death or dying	,353**	---	,302*	,323**	,249*

* - p≤0,05; ** p ≤0,01

Conclusions: Our results demonstrate that avoidant copings (Denial, Behavioral disengagement, Mental disengagement /self-distraction) link to suicidal ideation in all men regardless of their mental state. This can be explained by general pathological effect of avoidant copings of people lives: its hinder an identification and settlement of the everyday problems and its contribute to worsening of the situation. This underlines the importance of promotion more active copings as part of prevention antisuicidal work. The "Substance use" coping comforts for a while and anyway helps to formation suicidal ideation through worsening a mental and physical states, increase impulsivity. All this shows that work aimed the substance use prevention constitutes a suicidal ideation prevention work. Increased frequency of use of a Venting coping can leave men in emotional storm state that carries risk of suicide. This points to the importance of wide popularization of affordable ways to the calm, reduce of the power of emotion.

Disclosure of Interest: None Declared

EPV1063

Characteristics of Single vs. Multiple Suicide Attempters Among Adult Population: A Systematic Review and Meta-Analysis

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Introduction: Suicide is one of the leading causes of unnatural death worldwide. There might be meaningful differences between those individuals that attempt suicide once in their lifespan and those who make multiple attempts in terms of sociodemographic and clinical characteristics. There are no previous meta-analysis addressing this topic in the adult population.

Objectives: We aimed to examine the factors that differentiate single and multiple suicide attempters in adult population.

Methods: We followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines to conduct this review and meta-analysis. The review protocol was registered in PROSPERO. We carried out a systematic literature search in three databases to identify original studies that explored the differences between single and multiple suicide attempters among adult population. A total of 75 studies were included in the review and 69 were included in the meta-analysis.

Results: Multiple attempters were more likely to present certain disorders such as mood and psychotic disorders, as well as personality or substance use disorders. Higher suicide ideation and suicide intent scores also characterized this group. Childhood trauma experiences, stressful life events, and higher rates of hopelessness were statistically significant in multiple attempters.

Conclusions: Identifying the factors predicting multiple suicide attempts helps to delineate a high-risk suicidal profile that should be taken into account in the clinical and suicide prevention scenario.

Disclosure of Interest: None Declared

EPV1066

Risk factors for suicidal ideations and suicide attempts among medical students

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Introduction: Medical students are a high-risk population for having suicidal thoughts and behaviors. However, few studies have been fulfilled on this subject.

Objectives: The objective of this study was to provide a systematic overview of risk factors for suicidal ideations (SI) and suicide attempts (SA) among medical students.

Methods: We set out to summarize the literature on the MEDLINE (via PUBMED) and Science Direct databases, regarding risk factors for SI and SA in medical students, using the key words : « medical student » ; « suicide attempt » ; « suicidal ideation », « risk ».

Results: Recent studies showed that poor mental health outcomes including depression, anxiety, burnout, comorbid mental illness, and stress presented the strongest risk for SI among

medical students. In addition, SI was statistically significantly associated with alcohol use, Tobacco consumption, personal history of suicide attempt, female gender and poor social support.

On the other hand, SA were significantly associated with the presence of a long-term illness, anxiety and depression. Conversely, stress, female gender, and alcohol use were not significant risk factors for SA among medical students.

Conclusions: Medical students face a number of personal, environmental, and academic challenges that may put them at risk for SI and SA. Additional research on individual risk factors is needed to construct effective suicide prevention programs in medical schools.

Disclosure of Interest: None Declared

EPV1067

Experiences of the first two pandemic years (2020 and 2021) in regards of the alteration of violent suicide attempts compared to 2016-2021. Presenting demographic features. Research made at Dr. Manninger Jenő National Traumatology Center, Hungary

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Introduction: During the pandemic years in Hungary the completed suicide rates has risen significantly. Suicide rates had been decreasing until 2019 since 1986. In 2019, 1550 people dead by completed suicide, in 2020 this number increased to 1705, in 2021, 1561 cases were registered. Violent suicide attempts represent the majority of completed suicides.

Objectives: In our study we were analysing the number of alteration of violent suicide attempts between 2016-2021, focusing on the trend in the first two years of the pandemic outbreak. 228 inpatients (65,4% male, 34,6% female) gone under medical treatment due to violent suicide attempts between 2016-2021 at Dr. Manninger Jenő National Traumatology Center, Budapest, Hungary.

Methods: We used an interrupted time-series analysis with Prais-Winsten regression, controlling autoaggressive and seasonal effects, to estimate the effect of the pandemic years on the violent suicide attempt rates in our sample. Demographic features, risk factors for suicidal behaviours, motivation and methods were analysed by Chi-square test and cross tabulation.

Results: Comparing to the previous years, in the first two pandemic years significantly has risen the number of inpatients treated because of violent suicide attempts. After the rapid change in 2020, decreasing numbers could be observed in 2021.

Conclusions: Analyzing the numbers of violent suicide attempts between 2016 and 2021, an increase in the number of attempts was

observed during the first two pandemic years. Detailed demographic data and potential risk factors are also to be presented in the lecture.

Disclosure of Interest: None Declared

EPV1069

A Pilot Predictive Model for Indirect Assessment of Suicidal Ideation

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Introduction: In recent years, there has been a concerning increase in suicidal thoughts and, in some countries, completed suicides, amplified by the COVID-19 pandemic. Screening for suicidal ideation (SI) in the general population is limited due to ethical, effectiveness, and feasibility concerns. Identifying individuals at risk of suicide remains a complex challenge. Our study aimed to develop a predictive model using COVID-19 data, gathering psychometric information from 1790 respondents in Slovenia via an online survey conducted between July 2020 and December 2020, with a second wave of data (n=1200) collected from January 2022 to February 2022.

Objectives: With 9.7% of respondents reporting recent SI in the first wave of data, our primary goal was to estimate SI indirectly using SIDAS. We examined changes in habits, demographics, coping strategies, and satisfaction in key life aspects to discreetly identify potential risk factors.

Methods: We employed four machine learning algorithms (logistic regression, random forest, XGBoost, and support vector machines) and assessed model performance using the area under the receiver operating characteristic curve (AUC). Initial assessment used a held-out dataset, followed by validation with a new cohort of 1,200 users from the late COVID-19 period.

Results: Logistic regression, random forest, and XGBoost achieved comparable AUCs, reaching 0.83 on unseen data. Our analysis revealed significant associations between Brief-COPE subscales and SI. Self-Blame emerged as a strong SI indicator, followed by increased Substance Use, reduced Positive Reframing, Behavioral Disengagement, dissatisfaction with relationships, and younger age, in both 2020 and 2022 models. The model consistently performed well, even with varying population characteristics.

Conclusions: These results suggest that SI presence can be reasonably estimated using selected indicators, offering promise for developing an indirect screening tool without explicit questioning about suicidal thoughts. However, individuals flagged as at-risk should undergo clinical examination, as this model serves as an initial step in identifying SI risk factors in the context of the stressful event's (COVID-19 pandemic) impact on mental health.

Disclosure of Interest: None Declared

EPV1070

The Epidemic of Non-Suicidal Self-Harm in Adolescents and Young Adults in the Kyrgyz Republic

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Introduction: During the last two years, many young people and adolescents in the Kyrgyz Republic started to visit specialists due to Non-suicidal self-harm. A significant rise in the amount of such cases allowed specialists from the Republican Center of Psychiatry in Bishkek to think about an “epidemic” of self-harming behavior. Non-suicidal self-harm (NSSH) is defined as repeated, deliberate, direct injury to the body without suicidal intent that is not socially acceptable (Nixon et al., 2002) to reduce psychological discomfort in the absence of a conscious intention to take one's life (ICD-10 codes X60-X84, and ICD-11 codes PB80-PD3Z).

Objectives: To determine the causes of NSSH among adolescents and young adults who approached specialists in mental health sphere at Institute of Behavioral Health at the American University of Central Asia.

Methods: Over two years, forty-five adolescents and young adults under twenty-five who had committed self-harm visited specialists from the Behavioral Health Institute at the American University of Central Asia.

All the patients received either dialectical behavioral treatment or cognitive processing treatment, medication (paroxetine) was used in three cases.

Results: Thirty patients were girls under twenty-one, and fifteen were boys and young male adults. The overwhelming majority (40 people) had self-inflicted cuts, two had imposed burns with matches and cigarettes, and one had used self-suffocation without a bond. Reasons for self-harm were the following: releasing internal tension and anxiety, getting some rest from intrusive thoughts, relieving the inner pain, and a desire to “feel as a whole person.” All the patients underlined that they did not want to attract attention from their family members; moreover, they tried to hide the consequences of self-harm.

Teens and young adults (twelve patients) from Kyrgyz traditional families visited a consultant or psychiatrist after a long drive through conventional or religious healers. All of the patients knew that they were addicted to self-harm, wanted to stop a problematic behavior, and could not stop it on their own. Ten patients have been diagnosed with borderline personality disorder. Two of them also had eating disorders. Five patients had PTSD, and five had social phobia. The others had recognizable anxiety symptoms.

Conclusions: The enormous rise of non-suicidal self-harm is a phenomenon that needs further research. Those cases often resist treatment due to the “addictive” component in the pathogenesis.

Disclosure of Interest: None Declared

EPV1072

Association Study of Suicidal Behavior, Early Trauma, and Psychological Pain in Depressed WomenV. L. De-Melo-Neto^{1*}, J. F. Melo¹ and L. M. Silva²¹Federal University of Alagoas (UFAL) and ²CESMAC, Maceió, Brazil

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Introduction: The stress-diathesis model, which indicates an interaction between vulnerability and stress factors is the most acceptable paradigm to explain suicide.

Objectives: To assess the association between suicidal behavior, early trauma, and psychological pain among women undergoing psychiatric treatment for a major depression episode.

Methods: It was a cross-sectional study approved by the Research Ethics Committee of the State University of Health Sciences of Alagoas (UNCISAL) - Brazil (approval number: 14689219.1.0000.5011). The final sample of 48 women was obtained through non-probabilistic, convenience, and consecutive sampling. Data were collected from depressed adult women undergoing outpatient psychiatric treatment in public services in the State of Alagoas, Brazil. The instruments used included a sociodemographic questionnaire prepared exclusively for this research, modules A, B, and C of the Mini International Neuropsychiatric Interview (M.I.N.I. 7.0.2), the Beck Depression Inventory II (BDI-II), the Psychache Scale (PAS); and the Childhood Trauma Questionnaire (CTQ). Data were analyzed using SPSS 22. After performing the Kolmogorov-Smirnov test, Student's t tests were conducted for parametric analyses. Statistical significance was established at a p-value less than 0.05

Results: The mean age of the total sample was 42.5 years old. 89.6% presented suicidal behavior. 62.5% of the women had major depression and 37.5% had bipolar disorder diagnosis. BDI-II scores were significantly higher among depressed women with suicidal behavior (27.9 ± 13.4 vs. 16.6 ± 6.9 ; p value:0.04). BDI-II scores were also significantly higher in both passive (29.4 ± 12.6 vs. 13.4 ± 8.5 ; p value:0.01) and active (31.4 ± 12.2 vs. 18.0 ± 11.3 ; p value<.01) suicide ideation groups compared to depressed women who did report these thoughts. Psychological pain scores were also higher in both passive (46.0 ± 12.8 vs. 34.8 ± 14.6 ; p value:0.03) and active (47.7 ± 12.4 vs. 38.1 ± 12.7 ; p value:0.02) suicide ideation groups. Women with active suicide ideation were also more prone to report a history of childhood physical neglect compared to those women who did not report active suicide ideation in the last 30 days (12.5 ± 4.6 vs. 9.2 ± 4.0 ; p value:0.02).

Conclusions: The present study aimed to investigate the association between suicidal behavior, childhood trauma, and psychological pain in depressed women undergoing treatment in outpatient psychiatric public services. The results indicated that suicidal ideation (both passive and active) was associated with a more severe depressive episode and higher scores of psychological pain, demonstrating that psychological pain is an indicator of acute suicide risk in depressed women even when they are undergoing psychiatric treatment. Effectively identifying and addressing psychological pain can play a pivotal role in reducing or mitigating the risk of suicidal behavior.

Disclosure of Interest: None Declared

EPV1073

Understanding the role of mental pain in suicidal individuals: from clinical to neuroimaging perspective.

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Introduction: In the attempt to shed light on the phenomenology of suicide, this contribution focuses on the role of mental pain as a main ingredient of suicide.

Objectives: Previous studies have shown that mental pain, childhood negative experiences, and maltreatment are associated with suicide risk. Neuroimaging studies demonstrated that such emotional pain shares the same neuroanatomical circuit of somatic pain. Furthermore, concepts related to death, failure, or other unfortunate circumstances activate specific cerebral areas in a suicidal individual compared to a non-suicidal subject.

Methods: The author, through a multicenter investigation, conducted a sizeable clinical study on mental pain related to psychiatric disorders and suicide risk. With this aim, a dataset of more than 2200 psychiatric patients is explored to investigate suicide risk, mental pain, childhood trauma, and the role of depressive symptomatology. Implications emerging from neuroimaging studies are investigated.

Results: A framework emerges about the role of childhood traumatization in mediating between suicide risk and mental pain; furthermore, when individuals experience high mental pain and high depressive symptomatology, regardless of the diagnoses, they are exposed to higher suicide risk.

Conclusions: Such results are presented in light of neuroimaging studies' role in identifying how mental pain and brain activation are detected in suicidal individuals. Therefore, this contribution aims to understand better mental pain's role in clinical practice and research activities.

Disclosure of Interest: None Declared

EPV1074

Statistical model of the dynamics of suicides in ukraine before a full-scale war

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Introduction: The problem of suicides is one of the most critical problems of the public health care system. In Ukraine, official data on the number of deaths and their causes were released by the State Statistics Service only in 2021, on the eve of a full-scale military invasion. This made it possible to conduct statistical analysis and build a mathematical model of the seasonal dynamics of suicidal activity in Ukraine.

Objectives: Develop a statistical model of the dynamics of the number of completed suicides, considering regions of Ukraine and months. For this, a time series of the number of suicides from 2005 to 2021 was created, a mathematical and statistical analysis of the dynamic characteristics of the time series was carried out, and a forecast of the dynamics of the number of completed suicides was built.

Methods: Time series analysis using autocorrelation analysis with the calculation of Leung-Box statistics and the method of seasonal exponential smoothing were applied.

Results: Autocorrelation of the absolute indicators of the number of completed suicides made it possible to construct correlograms for each separate region of Ukraine. In order to ensure the statistical reliability of the autocorrelation coefficients, the number of lags was equal to 50, based on the fact that $k \leq n/4$, where k is the maximum number of lags, and n is the number of observations. The correlograms of the regions that characterized the built statistical model of the dynamics of changes in the number of completed suicides were clustered in the form of four groups. The calculation of the coefficient of determination indicated that a high proportion of the total variation for Ukraine as a whole ($R^2=0.656$) and for its individual regions ($R^2=0.731 \pm 0.051$) can be explained using the model we built, and the model itself should be evaluated as consistent. Based on the developed model, it was established that the period from March to May, July and, to a lesser extent, January is characterized by the highest number of suicides.

Conclusions: The constructed statistical model of the dynamics of suicides in Ukraine is coherent and statistically reliable. It can be used for forecasting, provided corrections are made, taking into account the social changes of wartime. The study of chronobiological aspects that drew attention during the analysis is promising for further targeted scientific research and may be of practical interest for the creation of national suicide prevention programs in Ukraine.

Disclosure of Interest: None Declared

EPV1075

Deliberate self-poisoning in children and adolescents

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Introduction: Suicide is a significant global public health issue that has a severe impact on children and adolescents.

Objectives: This study examined the epidemiological features of self-poisoning events among these groups in Morocco.

Methods: In this retrospective study, data on intentional poisoning cases among children under 15 years of age and adolescents aged 15-19 years were analyzed. The Moroccan Poison Control Center has reported these cases over a period of 34 years.

Results: During the study period, 7,111 deliberate self-poisoning cases were documented among children and adolescents, representing 30% of all reported self-poisoning cases (out of a total of 23,711 cases with known ages). The vast majority of the cases (80.8%) involved females, indicating a significant female-to-male ratio of 4.2. The patients had a mean age of 16.05 ± 2.10 years. Notably, drugs were the predominant method of self-poisoning, comprising 51.7% of the cases, followed by pesticides at 31.3%. The symptoms of poisoning manifested with significant variation, contingent on the type of toxin involved, the amount ingested, and the time passed before medical care was administered. Of the 4,711 cases with known outcomes, 144 (3.06%) were fatal. Nonetheless, the outcomes were favorable for the remaining cases, with or without lasting sequelae.

Conclusions: The ongoing prevalence of suicide and suicide attempts among children and adolescents is a prominent issue in public health. Our research emphasizes the crucial necessity to address suicide, as it remains one of the primary causes of mortality in young individuals.

Disclosure of Interest: None Declared

EPV1076

Understanding collective suicides in Morocco: A 35-year epidemiological study

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Introduction: Suicide is a major public health concern, ranking among the leading causes of death worldwide.

Objectives: This study investigated the epidemiological features of collective suicide incidents in Morocco.

Methods: We performed a retrospective analysis of suicidal poisoning cases recorded by the Moroccan Poison Control Center (MPCC) over a 35-year period.

Results: During the study's duration, the MPCC recorded 168 suicide cases. The mean age of those involved in these incidents was 23.9 years, with a female-to-male ratio of 1.57. The majority of those affected were adolescents and young adults, specifically between 15 and 34 years of age. Pesticides and drugs were the most commonly used methods of suicide and accounted for 31.1% and 20.1% of the cases, respectively. The majority of incidents occurred in the home environment and were primarily caused by oral exposure. The symptoms of poisoning varied according to the consumed substance, amount ingested, and elapsed time until medical treatment. The symptoms included disturbances in the neurological, gastrointestinal, respiratory, and cardiovascular systems. Of the 100 cases with known outcomes, one person died due to poisoning, whereas the remaining cases survived, although some enduring complications.

Conclusions: Suicide accounted for 1.3% of global mortality, ranking as the 17th most common cause of death in 2019, according to data from the World Health Organization (WHO). This trend emphasizes the urgent need for continuous efforts at all levels to address and mitigate this rapidly growing issue.

Disclosure of Interest: None Declared

O0031

Investigation of peripheral inflammatory biomarkers in association with suicide risk in major depression

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Introduction: Suicide is the most severe consequence of major depressive disorder (MDD). The most novel researches assume the role of immunological dysregulation in the background – several studies have reported alterations of inflammatory cells related to both MDD and suicidal behaviour (SB).

Objectives: Changes in the number of certain immune cells and their ratios have been proposed as potential biomarkers of suicide risk (SR). The aim of our research was to investigate alterations of these values related not only to MDD as an assumed inflammatory state, but also to an increased risk of SB.

Methods: In our retrospective cohort study carried out between January 2015 and January 2020, we investigated laboratory parameters of psychiatric patients diagnosed with MDD ($n=101$). Individuals with recent (≤ 48 hours prior) suicide attempt (SA) ($n=22$) and with past SA (>48 hours prior) ($n=19$) represented the high SR group. MDD patients with no history of SA ($n=60$) composed the intermediate SR group. We compared the number of neutrophil granulocytes, monocytes, lymphocytes, platelets, leukocytes, neutrophil-to-lymphocyte (NLR), monocyte-to-lymphocyte (MLR), platelet-to-lymphocyte ratio (PLR), red blood cell distribution width (RDW) and erythrocyte sedimentation rate (ESR). Furthermore, we evaluated alterations of these parameters related to antidepressant (AD) treatment, which has been proved to have anti-inflammatory effects. Statistical analyses were carried out using GraphPad 9.5.0 and MedCalc 16.8 programmes.

Results: We found a significant increase in neutrophil granulocyte count ($p=0.016$), NLR ($p=0.031$, Fig. 1), monocyte count ($p\leq 0.0001$), MLR ($p=0.005$, Fig. 2), leukocyte count ($p=0.048$) and ESR ($p=0.037$) in patients with recent SA compared to patients with no history of SA. Moreover, there was a significant elevation in monocyte count ($p\leq 0.0001$), MLR ($p=0.020$, Fig. 3), ESR ($p=0.041$) and RDW ($p=0.037$) in patients with high SR compared to patients with intermediate SR. AD treatment resulted in a significant decrease in neutrophil granulocyte count ($p=0.0163$) and NLR ($p=0.016$), however, it did not affect the rest of the parameters.

Image:

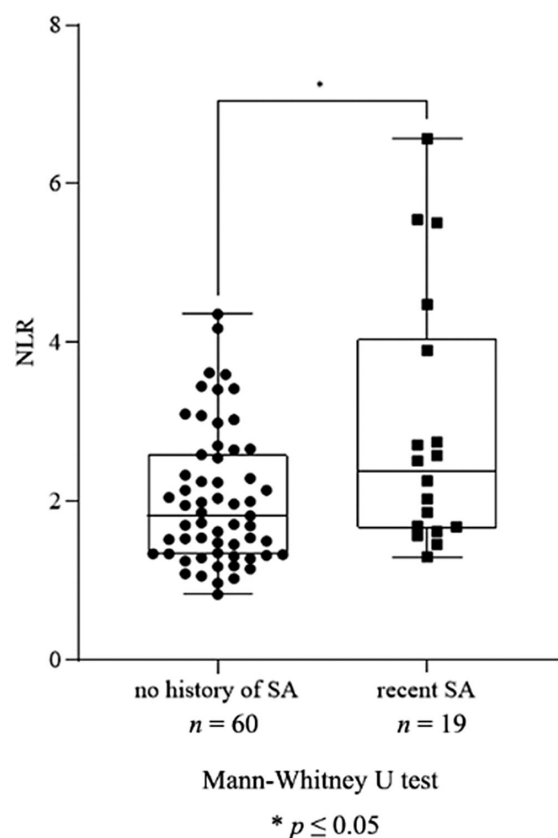


Image 2:

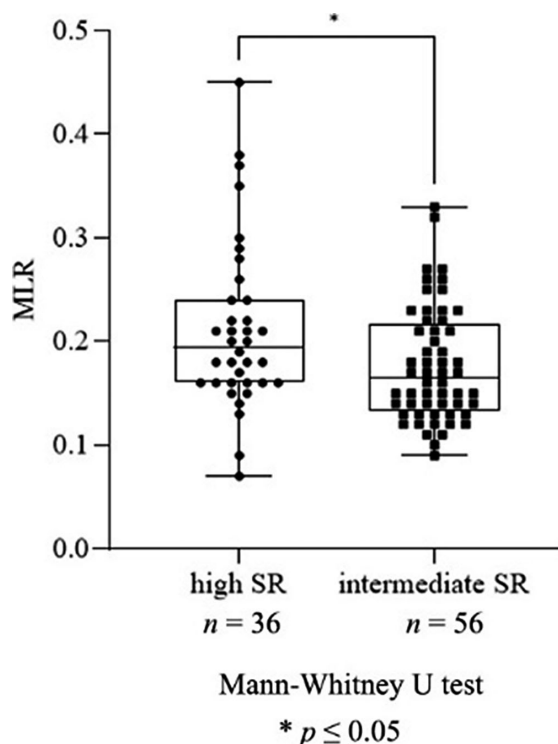
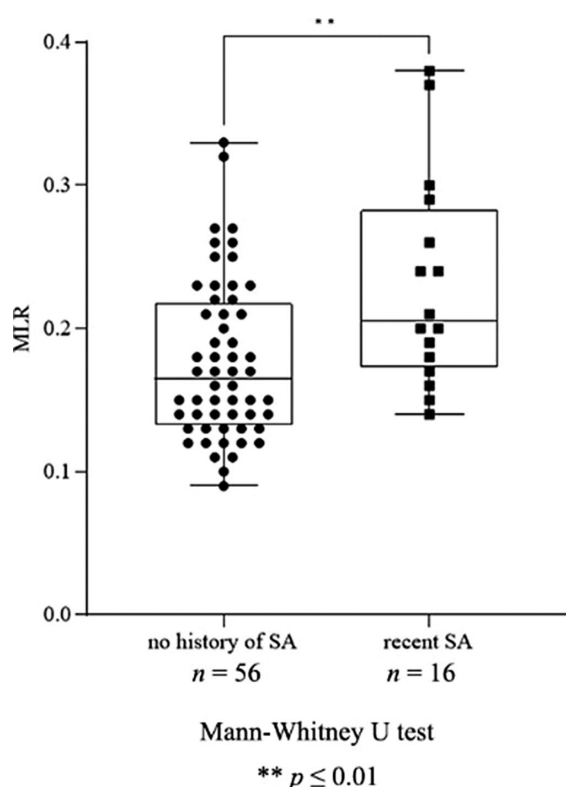


Image 3:



Conclusions: Assuming immunological mechanisms in the background of MDD and SB, our findings support the role of NLR as a biomarker of acute SR, though its alterations may be masked by AD therapy in the long term. However, MLR – remaining unaffected by AD treatment – may be a possible indicator of both acute and long term suicidal vulnerability. In order to further specify the diagnostic value of these parameters, future prospective research is needed. The study was supported by the FIKP-IV and the TNIL projects.

Disclosure of Interest: None Declared

Training in Psychiatry

EPV1077

Supervision an essential tool in medical (and psychiatric) training

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Introduction: Supervision is an essential tool in medical training and especially in psychiatry and psychotherapy. It encompasses two distinct aspects namely: coaching in the workplace aimed at

developing competences (pyramid of Miller) and on the other side a safe place to reflect on one's personal development as a professional. This mentoring should be distinguished from the personal training psychotherapy. The mentoring supervisor will take the doctor's pledge as a starting point of professional development. But will also encourage the resident to become aware of elements of transference and counter transference in his/her clinical work, helping to foster empathy "maximal understanding with respect for professional distance. This, not only for the benefit of the patient and his/her security, but also in order to take care of one's own health and developing a sound balance between work and private life.

Too often supervision is taken for granted once the resident has become a consultant. Along with examples of the techniques and the pitfalls of supervision, the presenters will plea for training and intervention as part of the development of the supervisor!

Objectives: Raise awareness for the competences needed to become a valuable supervisor and the place supervision in its two aspects (coaching and place of reflection) should take in the training of medical doctors and especially psychiatrists

Methods:

- an inventory of the place of supervision in training in psychiatry throughout Europe
- looking into competences needed in order to develop a sound professional attitude
- looking into the competencies needed to become a valuable supervisor

Results:

- supervision is differently defined and given in training in psychiatry throughout Europe
- the competences needed in order to develop a sound professional attitude are defined in the Doctor's Pledge (World Medical Association 2017) but should be refined according to the specialty with special attention to aspects of psychiatry alien to other specialities
- along with Teaching the Teachers - special trainings are available to become a supervisor

Conclusions: Supervision is an essential tool in medical/psychiatric training, but it needs to be taken seriously in terms of developing the competences needed but also maintaining them in intervention with the colleagues of the training staff

Disclosure of Interest: None Declared

EPV1078

Promoting well-being: Investigating self-efficacy and academic burnout among trainee teachers

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Introduction: Burnout is a widespread problem with far-reaching implications for mental health. Recent studies on working conditions in Morocco have drawn attention to the increasing prevalence of psychosocial hazards, notably stress and burnout, in various professions. The emergence of burnout is mainly determined by the intricate interplay of organizational, environmental, and individual factors. In education, the teaching profession is susceptible to various burnout symptoms. Educators can mitigate this syndrome by maintaining a positive outlook driven by a strong sense of self-efficacy.

Objectives: This study investigated the correlation between academic burnout syndrome and personal resources, specifically a sense of efficacy.

Methods: A cross-sectional survey of 160 Moroccan trainee teachers, with an average age of 27.94 ± 5.44 years, was conducted. Data were collected through a self-administered questionnaire that included the Maslach Burnout Inventory-Student Survey (MBI-SS) and Teachers' Sense of Efficacy Scale (TSES). The MBI-SS evaluated academic burnout across three dimensions: emotional exhaustion, cynicism, and academic efficacy, whereas the TSES examined efficacy for classroom management, student engagement, and instructional strategies. The questionnaires were translated into Arabic and validated for use in the Moroccan context.

Results: The findings revealed a moderate and statistically significant correlation between efficacy for classroom management and the two components of efficacy related to instructional strategies ($r=0.32$; $p<0.001$) and student engagement ($r=0.49$; $p<0.001$). Additionally, a significant and positive correlation was observed between instructional strategies' efficacy and the efficacy for student engagement ($r=0.23$; $p<0.01$). A moderate and significant correlation was found between emotional exhaustion and cynicism ($r=0.45$; $p<0.001$), whereas academic efficacy and cynicism were negatively and significantly correlated ($r=-0.13$; $p<0.05$). It is worth noting that the key component of academic burnout, "emotional exhaustion," was significantly related to academic efficacy ($r=-0.58$; $p<0.001$). Additionally, Pearson's correlation test demonstrated a positive and statistically significant correlation between emotional exhaustion and efficacy for student engagement ($r=0.14$; $p<0.05$). Furthermore, the correlation between academic burnout and self-efficacy showed a negative and statistically significant association ($r=-0.13$; $p<0.05$).

Conclusions: Trainee teachers face a range of stressors that affect their well-being. By focusing on personal traits, well-being can be improved and burnout mitigated. This study highlights the key role of self-efficacy as a critical resource in preventing academic burnout, particularly among teachers at the start of their careers.

Disclosure of Interest: None Declared

EPV1079

Training on Addressing Patients' Values (including Spirituality and Worldview) in Decision Making

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Introduction: Patients' values are relevant in patient-centred care (PCC) as awareness and recognition of these can lead to better decision making and improved outcomes. Training in decision making is sorely lacking, especially in the area of spirituality and worldview.

Objectives: Our poster describes a training workshop to provide such medical education to healthcare professionals. The half-day training covers: importance of addressing patients' values in decision making; using decisional aids; role of spirituality and worldview of the patient.

Methods: Clinicians of the hospital, including doctors, nurses and allied healthcare professionals were invited to attend the training. The evaluations by the participants for the workshops conducted in 2021-2023 were collated and presented.

Results: Four workshops in 2021 to 2023 were conducted, with a total of 43 participants. We achieved overall ratings of above average and excellent in more than 80% of responses; content relevance and usefulness to work, presentation and facilitation were similarly rated. Most participants would recommend it to colleagues.

Conclusions: The "Addressing Patients' Values in Decision Making" workshop for clinicians will allow the hospital to promulgate a culture of quality care through patient engagement.

Disclosure of Interest: None Declared

EPV1081

"Thoroughly out of my depth - A quality improvement project to improve junior clinician's confidence in undertaking adult ADHD clinic appointments

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Introduction: There has been a 1000% increase in referrals for assessment of adult ADHD within Scotland over the past three years (The Scottish Government. 2023. *NAIT adult Neurodevelopmental Pathways Report*). These referrals are sent by general practitioners to the local community mental health team. The most junior clinicians (doctors who are pre-membership with the Royal College of Psychiatrists) in the team are often responsible for undertaking the initial assessment of these patients. Patients have on average waited almost a year to be seen and expectations are high.

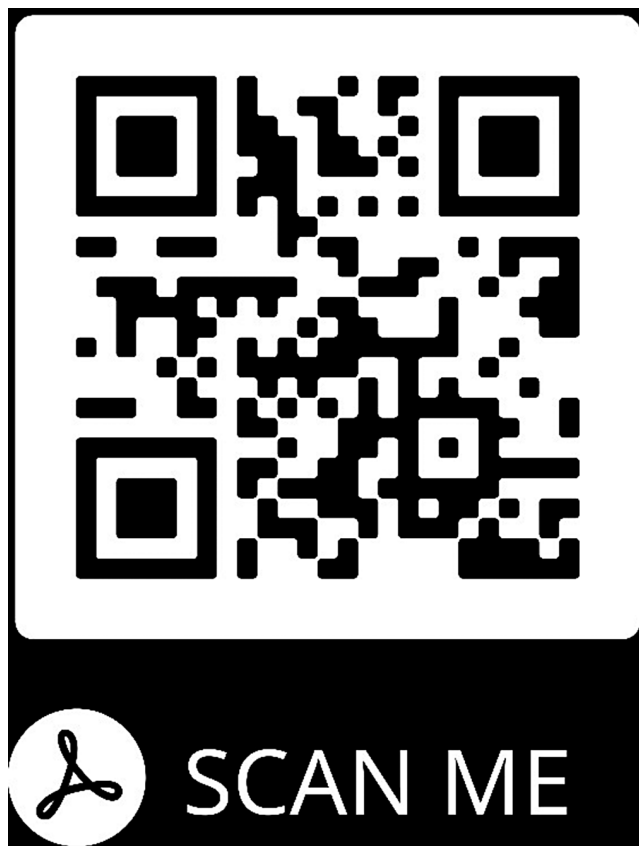
Objectives: The diagnosis of ADHD can be challenging, and adult ADHD is still a relatively new and evolving diagnostic entity. We set out to explore how junior clinicians were coping with this in their daily practice.

Methods: We developed a questionnaire that was sent to all junior clinicians working within Argyll & Bute ($n=8$) via an anonymised email link. The link was open for 1 week and then results were analysed.

Results: The response rate to our survey was 87.5%. Prior to starting their current roles none of the respondents had ever undertaken an ADHD assessment before. All respondents answered "No" when asked if they felt they had adequate

knowledge on ADHD in order to perform assessments. Only 14% (n=1) felt they had access to adequate resources about how to make an ADHD diagnosis. Participants were asked on a scale of 1-10 (1= not at all, 10= very) to rate their confidence in conducting ADHD assessments. The average confidence score was 2.43. There was a space for free text feedback in which participants reported the following: “felt thoroughly out my depth”, “I felt chucked in the deep end”, “I felt very under qualified”

Image:



Conclusions: Our results showed that junior clinicians did not feel confident or knowledgeable about undertaking adult ADHD assessments. In response to this we have now produced, in association with the consultant psychiatrists within our health board, an informative and engaging quick reference poster which explains how to undertake an ADHD assessment (see QR code attached as Image 1). It contains useful pointers about diagnosis, and more importantly guidance on language/phrases to use when explaining to patients whether or not you feel a diagnosis of ADHD is appropriate. It then also explains next steps that can be offered i.e. psychological support/medication options and how to prescribe these. We plan to send out a repeat questionnaire to the next cohort of junior clinicians to assess if they have improved confidence in managing and diagnosing ADHD following this intervention.

Disclosure of Interest: None Declared

EPV1083

Enhancing Psychiatry Resident Bonding and Education using an Escape Room Challenge Activity

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Introduction: An “escape room” is a game requiring teamwork and problem-solving during which a series of puzzles are solved to escape a locked room. Various escape room activities have been designed for healthcare professionals, including internal medicine residents and nursing students (Anderson *et al.* Simulation & Gaming 2021; 52(1) 7-17; Rodríguez-Ferrer *et al.* BMC Med Educ 2022; 22:901; Khanna *et al.* Cureus 2021; 13 (9) e18314). Escape rooms provide an opportunity for social activity, an important component of resident wellness (Mari *et al.* BMC Med Educ 2019; 19(1):437). This abstract describes an escape room challenge designed and implemented at our psychiatry residency program quarterly wellness afternoon event, which is an afternoon session dedicated to resident wellness.

Objectives: The objective of this project was to design and implement an escape room challenge containing multiple game mechanics, including hidden roles, information asymmetry, acting, logical deduction, and spying. This activity was conducted to enhance bonding among residents while reinforcing knowledge in psychiatry.

Methods: We designed and implemented an escape room for 22 residents. Residents were divided into four teams each tasked with completing a sequence of puzzles to open the final lockbox. Two novel mechanics were added to the activity. Each team had a “clue holder” with clues to help solve all the puzzles. This team member had to conceal their identity because, if any of the other teams identified this person, the original winning team would have to give up the prize to the team that guessed the identity of this person. One member of each team was assigned a “spy” role whose mission was to make it hard for the clue holder to reveal all the clues. An anonymous post-activity survey was completed using Google Forms.

Results: The script was set in a fictional, abandoned psychiatric emergency room. The first task was a visual puzzle of a historic figure in psychiatry. The second activity involved residents guessing the psychotropic medication being acted out by another resident in the style of charades. The third activity required residents to apply developmental milestones to decode a combination lock. The fourth puzzle involved residents solving riddles by using information gathered from resident profiles on the residency program website.

Eleven (50%) residents completed the post-game survey. All residents answered true or very true that they enjoyed the game and that participation helped them better connect with their peers. Eight (73%) residents answered true or very true that they learned something from the activity.

Conclusions: An adapted escape room challenge is a novel wellness activity that enhance resident collegiality, teamwork, and bonding. All residents who completed the post-activity survey indicated that

they enjoyed the activity and felt more connected to their peers afterwards.

Disclosure of Interest: None Declared

EPV1084

Psychiatry training in Hungary, difficulties and advantages

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Introduction: While in theory our training program is quite satisfactory, in practice it often falls short. The first two years give a more general knowledge, including spending time at internal, ICU and neurological wards as well as attending a month-long course about communication, palliative care and basic legal principals important in healthcare. The second three years provide the opportunity to engage in profession-related rotations, like psychotherapy, psychiatric rehabilitation and addictology.

Objectives: The design in itself is clear, but the supervision for its enactment is insufficient. This leads to regional differences between the four faculties of our country, not everyone is able to partake in the supposedly mandatory rotations (mostly because of shortcomings in staff) and the organization of our theoretical education varies greatly in each region to the point of non-existence in one area, since the COVID-19 pandemic started. The personal supervision of each psychiatry trainee also leaves much to be desired both on professional and – in psychiatry very important – mental levels. Competence and responsibility limits are often vague, and, especially in country hospitals, too much is expected of the resident (i.e. doing a nightshift alone, without direct supervision).

Methods: It is a positive thing that in theory there are standards in place, the problem is that they are more viewed as guidelines, than demands to be met. Nevertheless, some of the faculties provide well-organized education (even subdivided per year of training) and/or take rotations outside of the 'home ward' seriously. The opportunity to gain a basic knowledge in psychotherapy is also beneficial and a good aspect of our training. Easily accessible or even obligatory participation in psychotherapy for ourselves during our training however, is lacking.

Results: The decreasing number of psychiatry trainees sadly is a worldwide trend and Hungary is no exception. This poses more difficulties, i.e. making it harder to let a resident go on 'outside' rotations, especially from wards already struggling with staff shortages. Because of the latter, there is also little time to teach the trainees appropriately and pay them the attention they need.

Conclusions: All in all, there is much potential in our training program and its standards, also leaving room for substantial improvement in realizing the practical aspects. The decline in numbers of psychiatry trainees is worrisome and calls for more general intervention on a European or even global level.

Disclosure of Interest: None Declared

EPV1085

Experiences and attitudes of UK early career psychiatrists towards electroconvulsive therapy

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Introduction: Electroconvulsive therapy (ECT) is effective in treating severe major depressive disorder, manic episodes, and catatonia. Despite this, it is a controversial treatment amongst patients, carers, and even some psychiatrists in the UK.

Objectives: To determine the experiences and perceptions of UK psychiatric trainees and early-career psychiatrists regarding the use of ECT in clinical practice.

Methods: An anonymous survey was distributed online to UK psychiatric trainees and early-career psychiatrists across the country. The questionnaire consisted of 36 multiple-choice and Likert scale questions.

Results: So far, 44 trainees and early-career psychiatrists have responded. The vast majority had witnessed ECT administration during training and had administered ECT under supervision. Most respondents agreed or strongly agreed that ECT was a safe and effective treatment, and most respondents disagreed or strongly disagreed that ECT is cruel or outdated. There were more varied views regarding perceptions of side effects and contraindications: a minority of respondents were unsure about whether ECT had long-term side effects, and whilst most respondents disagreed or strongly disagreed that ECT has many risks and contraindications, just under half were unsure or agreed.

Conclusions: Most UK psychiatric trainees and early-career psychiatrists have experience of ECT during training and believe ECT is a safe and effective treatment. Respondents had a mixed view regarding the side-effect profile and risks/contraindications of ECT, which may be an important area for further education and training.

Disclosure of Interest: None Declared

EPV1086

Psychiatry Trainees' Perspectives on Psychotherapy Training in Residencies Worldwide

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Introduction: Incorporating psychotherapy into the curricula of psychiatry residency programs has been proven difficult, even in countries where psychotherapy training is a requirement for psychiatry residents to become psychiatrists. There is a risk that future psychiatrists lacking psychotherapy skills will be restricted in managing the wide scope of disorders and personalities they will face in clinical practice. It is important to assess what psychiatry trainees

around the globe have to say about psychotherapy training as part of their residency curricula.

Objectives: The primary purpose of the article was to assess psychiatry trainees' perspectives on psychotherapy training in residency programs worldwide.

Methods: The authors performed a narrative review, resulting in 19 original research studies, published between 2001 and 2021, evaluating psychiatry residents' perspectives by the application of a questionnaire.

Results: Nineteen articles were included in this review. Most of the studies were developed across European countries (47.4%) and in the USA (36.8%). Psychiatry residents are interested in and value psychotherapy training, and some consider it should be an obligatory competency for psychiatrists, as it already occurs in some countries worldwide. Even though, most psychiatry trainees feel dissatisfaction with the existing training in residency curricula, pointing out concerns related to the quality of resources such as courses of psychotherapy and supervision of cases, time within the residency period, and financial constraints. In terms of personal psychotherapy, we found contrasting views of its importance in psychotherapy training for psychiatry residents. A crucial finding was that psychiatry residents tend to lose interest in psychotherapy during the years of the residency, and dissatisfaction with the quality of the psychotherapy curricula, lack of support, and low self-perceived competence in psychotherapy by trainees were factors associated with reduced interest in psychotherapy training.

Conclusions: At a time when psychotherapy is increasingly becoming acknowledged to play a central role in the treatment of most psychiatric disorders, current training is failing to provide these competencies to psychiatry trainees. Serious reflection must be given to both the extent of the guidelines and the practical opportunities for psychotherapy training so future psychiatrists can be qualified to provide an accurate biopsychosocial model of psychiatric care. The authors postulate that maintaining residents' interest in psychotherapy requires improvements in the residency curricula and departmental leadership must support trainees' goals of becoming comprehensively trained psychiatrists.

Disclosure of Interest: None Declared

EPV1088

Psychedelic-assisted Therapy Training: Firsthand Experience of Non-Ordinary States of Consciousness in the Development of Competence

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Introduction: This review explores the benefits of incorporating personal experience(s) with non-ordinary states of consciousness as a core component of Psychedelic-Assisted Therapy (PaT) training. The program incorporates an optional experiential training component. We collaborate with professionals affiliated with a Canadian non-profit organization specializing in PaT experiential training. As do other stakeholders in this field— including program developers, educators, and researchers—we navigate a rapidly

evolving and often ambiguous landscape, where infrastructure and regulations are lagging scientific data and best practices. Given the potential for differing perspectives, the authors acknowledge that their personal experiences could be a potential source of bias, influencing objectivity.

Objectives: Conversely, these lived experiences could be seen as valuable contributions, enriching perspectives on the role of experiential training. In that context, our intention is to provide a comprehensive review, presenting arguments both in favour of and against the integration of experiential training in PaT.

Methods: There is an urgent need for establishing legal training and practice options, bridging the underground with best practices, with all practitioners operating within a regulated and ethically accountable framework. Such a proactive strategy would mitigate the risks associated with unregulated training in a field with relatively few guidelines on how to develop competency.

Results: An in-training PaT experience supports personal comfort, self-assuredness, and confidence supporting others in non-ordinary states of consciousness, with contemporary researchers/experts highlighting the specific challenges among therapists who lack lived experience. These might include holding unrealistic expectations, being unaware of the impacts of set and setting, and misunderstanding

Conclusions: Whether or not therapists engage in experiential training - serving a dual in one's own healing process, it is imperative that they maintain their own wellness practices. This proactive/primary prevention strategy would improve well-being and resilience, reducing secondary mental health consequences for patients and providers. Cultivating a culture of self-care within the mental health field should be an overarching priority for training programs and professional organizations, without which we are left with broken people in support of broken people. Current rates of burn-out, absenteeism and early retirement suggest that we are already on that trajectory and should serve as a call to action.

Disclosure of Interest: None Declared

EPV1089

“Where are we headed?” To better understand the career paths and barriers psychiatrists, psychologists, and psychotherapists face in Hungary. An outline of a quantitative and qualitative study

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Introduction: Becoming a psychiatrist, clinical psychologist or psychotherapist involves a complex set of skills that require extensive training. Clinical practice development and professional and personal identity formation are closely intertwined and continue throughout one's career. Individual and environmental factors influence dropout. The beginning stages of training are incredibly challenging for trainees and can be a time of vulnerability as they face early professional hurdles. We propose that certain educational factors, such as inadequate practical training and insufficient emotional support during professional dilemmas, play a crucial role in manifesting burnout or other symptoms, potentially leading to stagnation in one's career.

Objectives: The main objective of our study is to identify causes of disruption and/or discontinuation of the training/residency programs in psychiatry, clinical psychology, and psychotherapy. Our study also aims to highlight the causes of chronic exhaustion among trainees in mental health professions.

Methods: The research team has developed a comprehensive questionnaire including two validated psychometric scales, the Effort-Reward Imbalance Questionnaire (ERI, Siegrist *et al.* Soc Sci Med 2004; 58 1483-99, Salavecz *et al.* J Men Psychosom 2006; 7 231-246) and the Mental Health Test (MHT, Vargha *et al.* J Men Psychosom 2020; 21 281-322). A quantitative analysis (Braun *et al.* Qual. Res. Psychol. 2006; 3 77-101) will be performed on the responses, following which interviews will be conducted with previous volunteers who participated in the study. The interviews will be evaluated through content analysis. Our survey is prepared with the involvement of all significant training centers in Hungary. The study was approved by the United Ethical Review Committee for Research in Psychology (EPKEB, approval numbers: 2021-109, 2023-101).

Results: The participants' main characteristics and the questionnaires' results will be summarized with standard statistical methods, while the interviews will be analyzed with the help of qualitative methods.

Conclusions: Based on the results of the described study, we aim to investigate the educational system's impact on the career development and commitment of psychiatrists, psychologists, and psychotherapists in Hungary. Additionally, the research will yield valuable perspectives on how these factors affect the mental well-being of these professionals. Ultimately, the results could help address areas of concern and improve mental health professionals' training.

* Presenting author

** The two authors contributed equally.

Disclosure of Interest: None Declared

EPV1090

Perceived stigma evaluation among residents in psychiatry

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Introduction: The nature of psychiatry as a specialty dealing with mental health and emotional well-being may contribute to the

perceived stigma. These misconceptions and biases can impact the way psychiatry residents perceive their profession, their own self-esteem, job satisfaction, and overall well-being.

Objectives: Our goal was to evaluate the experience of stigma among psychiatry residents.

Methods: A descriptive cross-sectional online survey was conducted in January 2022 among psychiatry residents at Hedi Chaker University Hospital in Sfax, Tunisia.

The Clinician Associative Stigma Scale (CASS) was used to assess stigmatization experiences.

Results: A total of 34 residents participated in this survey. Their average age was 27.94 years \pm 2.43, with 91.2% being female. Of the participants, 61.8% were adult psychiatry residents, and 39.2% were child psychiatry residents. Additionally, the choice of adult psychiatry or child psychiatry specialty was self-determined in 91.2% of cases. The participants had an average of 2 years of experience in psychiatry. They reported a personal medical or surgical history, a personal psychiatric history, and a family history of psychiatric disorders in 32.4%, 8.8%, and 50%, respectively. The average CASS score was 47.09 \pm 8.32.

The mean scores for the "discomfort with disclosure" factor, the "stereotypes about mental health professionals" factor, the "negative stereotypes about individuals with serious mental illness" factor, and the "negative stereotypes about effectiveness" factor were respectively 8 \pm 3, 9.44 \pm 2.57, 15.62 \pm 5.7, and 11.35 \pm 3.33.

Conclusions: Our study highlighted that residents in psychiatry suffered stigma. Special attention should be given to reducing this phenomenon in this population.

Disclosure of Interest: None Declared

EPV1091

Professional quality life of psychiatry residents in Tunisia

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Introduction: The professional quality of life for psychiatry residents is a complex and multifaceted aspect of their careers. However, the demanding nature of their work can place significant stress on their own psychological well-being. Balancing the need to care for patients while also managing personal and professional responsibilities can be challenging. Nevertheless, psychiatry residents have the opportunity to make a profound impact on the lives of their patients and find fulfillment in their work.

Objectives: To assess the prevalence of burnout (BO) and secondary traumatic stress (STS) among psychiatry residents.

Methods: We conducted a descriptive online cross-sectional survey in January 2022 among psychiatry residents practicing at Hedi Chaker University Hospital in the Sfax region in Tunisia. Professional life quality was evaluated using The Professional Quality of Life Scale - 5 "ProQOL-5".

Results: The total number of residents was 34, of which 91.2% were female. Their mean age was 27.94 years \pm 2.43. They were single in 67.6%. They were residents in adult psychiatry in 61.8% and in child

psychiatry in 39.2%. For 91.2% of them, the specialty of adult or pediatric psychiatry was their own choice. The individuals had been practicing psychiatry for an average of two years. They reported a personal medical or surgical history, a personal psychiatric history, and a family history of psychiatric disorders in 32.4%, 8.8%, and 50%, respectively.

On the ProQOL-5 scale, we found that 88.2% of the residents had a moderate level of compassion satisfaction, 67.6% had a moderate level of burnout, and 52.9% had a moderate level of secondary traumatic stress.

Conclusions: Our study showed a moderate professional life quality among psychiatry residents, hence the importance of implementing intervention strategies.

Disclosure of Interest: None Declared

EPV1092

Traumatic symptoms and institutional support expectations among psychiatry residents dealing with patient suicide

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doi: 10.1192/j.eurpsy.2024.1664

Introduction: Adult and child psychiatry residents encounter unique stressors in their training distinct from those in other medical specialties. Patient suicide has been identified as one of the most distressing experiences during psychiatric training.

Objectives: This study represents the first Tunisian investigation aiming to assess (1) the impact of patient suicide on psychiatry residents and (2) the limitations of the institutional support system in dealing with such cases.

Methods: A Google Forms questionnaire was distributed via email to all residents, gathering socio-demographic data, assessing traumatic impact using the PTSD Checklist for DSM-5 (PCL-5), and soliciting open-ended responses regarding personal experiences and expectations of the institutional support system.

Results: Fifty-three residents participated in the study. Among them, 29 residents had encountered patient suicide, with 12 directly involved. Symptoms of PTSD were detected in three residents. The physician directly involved in treating the suicidal patient reported the highest PCL-5 score. The majority of residents (27 out of 29) expressed the need for a structured support and training program tailored to healthcare professionals dealing with suicide.

Conclusions: The findings suggest that psychiatric residents may require additional training and support to effectively address the complex issue of patient suicide. Implementing specific training programs could significantly enhance their ability to manage such situations.

Disclosure of Interest: None Declared

EPV1093

Evaluation of a Simulation Based Training Course for Non-Consultant Hospital Doctors (NCHDS) in Psychiatry

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doi: 10.1192/j.eurpsy.2024.1665

Introduction: Simulation-based training (Sim) is an established method of teaching in medical education and can help bridge the gap between medical theory and clinical practice. While sim is well-established in medical and surgical specialties, it is less well developed in psychiatry. Psychiatric emergencies often occur out of hours when there are fewer senior staff available on-site. Sim offers a safe setting for development of essential clinical skills with carefully delivered feedback.

Sim can be high-cost involving specialized simulation facilities, especially when utilising high-fidelity equipment. Even lower-fidelity techniques requiring standardized patients (SPs) require funding for actors and this can be a barrier to utilising Sim.

Objectives: We piloted a Sim course to NCHDs working in psychiatry in a tertiary university hospital with the aim of improving trainee skills and confidence in managing psychiatric emergencies on-call including risk assessment, involuntary admission and acute behavioural disturbance. A low-fidelity approach was taken with minimal use of SPs.

Methods: A sim handbook developed by Irish Centre for Applied Patient Safety and Simulation (ICAPSS) was used for reference in developing the simulation modules. Three modules were delivered in a structured manner over three hours; involuntary admission, risk assessment and management of acute behavioural disturbance. Each module involved the simulation exercise (20 minutes) followed by debrief (20 minutes). The facilitated debrief involved open discussion and prompted reflective learning. Anonymous, paper-based questionnaires were used to collect feedback on participants' experience of the training.

Results: There were 12 attendees and ten participants completed the feedback. All participants (100%, n=10) agreed or strongly agreed that sim helped them to learn and all agreed that the topics covered were relevant to their clinical role. All participants (100%, n=10), indicated that they enjoyed the workshop. Eighty percent (n=8) agreed or strongly agreed that they would like to do more sim-based workshops. The supportive environment and debrief sessions were reported as the most enjoyable aspects of the workshop.

Conclusions: Participants unanimously agreed that the training was useful to them in their clinical roles and helped them to learn. Sim was effective in teaching high risk complex psychiatric cases to psychiatry NCHDs and consideration should be given to expand this teaching method within postgraduate psychiatry training in Ireland.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPV1094

ADHD in a women during (peri)menopause: missed diagnoses and cardiac complaints

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Introduction: (Abstract for the accepted case-based workshop by the NDAL section at EPA)

Women with ADHD are underdiagnosed in mental health care, and although ADHD starts in early childhood, the symptoms and impairment of women with ADHD may only be recognised for the first time during (peri)menopause.

Objectives: The relationship between decreasing levels of estrogen and the interaction with dopamine function in the brain in women with ADHD will be discussed and illustrated by a clinical case vignette of Mary, age 54.

Methods: Mary presents with a history of repeated burnout episodes, mood swings, lifetime difficulty concentrating, planning and organising daily life, restlessness, sleep problems, and cardiac complaints. Mary has been working hard her whole life to overcome all difficulties, but her problem is she can never stop, leading to getting burnout several times. This time she is exhausted and can no longer cope; she is visiting the cardiologist for palpitations, hypertension and a recent myocardial infarction.

Results: After a positive screening for ADHD, based on her lifetime symptoms of inattention, restlessness and impulsivity, as well as mood swings, she is referred to a psychiatrist for assessment of ADHD, mood and sleep problems. The pathophysiology behind this cluster of disorders during (peri)menopause, as well as the treatment options will be discussed based on Mary's case.

Conclusions: Both ADHD in women, (peri)menopausal mood disorders as well as the heart complaints in women during menopause are underrecognised and undertreated, leading to unnecessary suffering and cardiac death in women. It is time for psychiatry to join forces with cardiology and gynaecology for better recognition, sharing knowledge and multidisciplinary treatment of women with mental disorders such as ADHD during menopausal transition (see www.h3-netwerk.nl).

Disclosure of Interest: None Declared

EPV1095

Are we braver today in using antidepressants perinatally?- own clinical experiences

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Introduction: Affective disorders are among the most common mental health problems in women of reproductive age. A life-changing condition, such as pregnancy, may trigger or intensify symptoms of affective disorders, rather than pregnancy being a protective factor for the development of the disorder, as previously thought. Previous research indicates that 18% of women suffer from perinatal depression. One in 7-10 pregnant women and 1 in 5-8 midwives develops a depressive disorder, which is more than half a million women a year. Untreated perinatal depression has significant repercussions for both mother and child. Given that there are no controlled randomized studies during pregnancy, and the results of previous research on the harmfulness of the use of psychotropic drugs are contradictory, we need to nurture an individualized and integrative approach to the use of psychotropic drugs in pregnant women and in the postpartum period. The goal of this lecture is to point out the necessity of treating perinatal depressive disorder with an emphasis on the need to work on dilemmas and selected sources of information by pregnant women themselves, as well as health professionals. In the end, I must emphasize the importance of choosing an adequate psychopharmaceutical in that sensitive period for a woman, nurturing an individual approach as well as the latest knowledge.

Objectives: The aim of this research is to examine the attitudes of psychiatrists, GP doctors, gynecologists and pregnant women about prescribing and taking pharmacotherapy during pregnancy.

Methods: The research will be conducted at the psychiatry clinic, the gynecology clinic and in health centers through semi-structured questionnaires, which will be filled out by psychiatrists, gynecologists, doctors and pregnant women.

Results: Preliminary results (given that the research is still ongoing) indicate that most psychiatrists avoid prescribing drugs during pregnancy, and if they decide to do so, then diazepam is prescribed. The views of gynecologists, family medicine doctors and pregnant women are still pending.

Conclusions: This lecture aims to point out the factors contributing to the fear of prescribing psychotropic drugs perinatally, based on our own research, which included psychiatrists, gynecologists, family medicine doctors, and pregnant women.

Disclosure of Interest: None Declared

EPV1096

A Case of Severe Polyhydramnios During Pregnancy Associated with Long-Term Use of Lithium

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Introduction: The perinatal period poses heightened vulnerability to bipolar affective episodes. Lithium serves as first line in the management of bipolar disorder, demonstrating efficacy in stabilizing mood episodes and preventing relapses. Therefore, it also a recommended treatment during the pregnancy period. However, its use presents potential risks for both the mother and the developing fetus. Given the prevalence of bipolar disorder in reproductive-age women, it is crucial to investigate the risks

associated with lithium use during pregnancy, along with its subsequent obstetric and neonatal complications.

Objectives: This report outlines a case of severe polyhydramnios in a 42-year-old primigravida patient, under long-term lithium and antipsychotic treatment. Additionally, a systematic search for similar case reports was conducted to provide an overview of the existing literature.

Methods: The patient's medical history and perinatal medical care are documented in this case report. A systematic literature search on MEDLINE (PubMed) was conducted using Boolean operators.

Results: The patient was diagnosed with bipolar disorder type I and had a history of lithium treatment for over 20 years, supplemented later with antipsychotics. During her pregnancy, she experienced a polyuria-polydipsia syndrome and a severe polyhydramnios. She also suffered renal impairment. Together, it is indicative of a nephrogenic diabetes insipidus (NDI), likely induced by prolonged lithium treatment. As the pregnancy progressed, she experienced premature rupture of membranes at 34 weeks and 5 days. The newborn needed medical support and was admitted to the neonatal unit, without further complications.

Systematic research showed three published case reports describing nephrogenic diabetes insipidus (NDI) and polyhydramnios associated to lithium treatment.

Conclusions: Chronic administration of lithium may contribute to the development of resistance to antidiuretic hormone (ADH), leading to polyuria-polydipsia syndrome and potentially severe obstetric complications. The co-administration of lithium and antipsychotics may exacerbate these effects. Further research is needed to elucidate their combined clinical impacts.

Disclosure of Interest: None Declared

EPV1097

Impulse phobias during pregnancy: a case report of a 37 year-old woman pregnant of her first child

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Introduction: Pregnancy and puerperium are two critical stages for women's mental health due to the biological stress of pregnancy itself, as well as the emotional stress that surrounds this vital moment. (1) Debut and aggravation of psychiatric symptoms may occur, as well as relapse in women previously diagnosed with Severe Mental Disorder (SMD).

Symptoms of the anxious spectrum are the most frequent within the perinatal mental pathology, being impulse phobias an entity that appears in about 25% of women previously diagnosed with

OCD and up to 10-15% of women without previous psychopathology (2)

Objectives: Exposing the importance of Perinatal Mental Health from the presentation of a clinical case.

Methods: Review of the literature available in PubMed. Presentation of the pathobiography and evolution of the patient.

Results: Our case is about a 37-year-old woman, 30 weeks pregnant with her first child and history of having required admission to Psychiatry with subsequent follow-up in Mental Health for anxious-depressive symptoms with the presence of self-injurious ideas who, after two weeks with multiple life stressors, came to the Emergency Department for the presence of impulse phobias focused on pregnancy with significant internal anguish and ideas of death as a resolution to it, which is why it was decided to hospitalize her. During admission, and taking into account the patient's gestational state, treatment was started with diluted Mirtazapine and Aripiprazole solution at minimal doses, which in this case were sufficient for symptom control.

The latest guidelines addressing psychopharmacology during pregnancy and lactation point to sertraline among the antidepressants and Lorazepam among the benzodiazepines as the safest drugs during pregnancy (3).

Conclusions:

- The exacerbation of anxious symptomatology and the presence of gestation-focused impulse phobias are frequent during pregnancy and their intensity increases as the time of delivery approaches.
- Sertraline, Lorazepam, Mirtazapine and Aripiprazole are safe drugs during pregnancy.
- In these women, a close and multidisciplinary follow-up by Psychiatry and Gynecology is advisable.

Disclosure of Interest: None Declared

EPV1100

The Influence of Gender Roles on Eating Attitudes: A Study Among Female College Students Abstract

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Introduction: Eating disorders (ED) are serious mental and physical illnesses that involve complex and damaging relationships with eating, exercise, and body image. They emerge due to a multifaceted interplay of factors, including familial predispositions, personality traits, and cultural influences. While societal beauty standards are recognized as significant risk factors, it is hypothesized that the roles and responsibilities associated with adult womanhood may also contribute to their development. In particular, the unique challenges faced by women, especially in developing countries like Turkey, may lead to discontent with traditional gender roles.

Objectives: This study aims to explore the connection between eating disorders, female identity perceptions, body attitudes, expectations regarding women's roles within families, and their potential association with body dysphoria. We investigate whether eating disorders are linked to a form of sexual dysphoria and body

dysmorphia related to femininity rather than solely driven by societal beauty ideals.

Methods: Data from 228 female college students, both undergraduate and graduate, were collected via online surveys. The survey instruments included a sociodemographic form, the Eating Attitude Test, the Gender Roles Attitude Scale, and the Multidimensional Body-Self Relations Questionnaire.

Results: The average age of the participants was 24.41 (18-33) years. Regression analysis revealed that age ($\beta = -0.155$, $p = 0.015$), the belief that physical appearance would be less important if they were male ($\beta = 0.292$, $p < 0.001$), and maternal criticism about weight ($\beta = 0.239$, $p < 0.001$) were influential factors in shaping eating attitudes. Surprisingly, no significant relationship was found between eating attitudes and traditional gender roles ($\beta = 0.072$, $p = 0.246$). However, we did establish a connection between aspiring to meet ideal thinness standards and perceiving women as disadvantaged in the workplace due to their traditional gender roles ($t(226) = 2.32$, $p = 0.021$), as well as with maternal criticism ($t(225) = 3.55$, $p < 0.001$).

Conclusions: Our findings suggest that the absence of a direct link between eating attitudes and traditional gender roles may be attributed to an individual's perception of their environment rather than their self-assessment of masculinity within an egalitarian context. Notably, maternal influences specifically their criticism regarding their daughters' weight and the roles assigned to mothers significantly shape these perceptions and, consequently, eating behaviors, aligning with existing literature (Ferreira et al., 2021). This underscores the need to consider eating disorders within a broader biopsychosocial framework, encompassing attitudes toward the world and one's role within it.

Disclosure of Interest: None Declared

EPV1103

The approach of physiotherapists in the management of patients with persistent pain and comorbid anxiety/depression: are there any differences between male and female professionals?

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Introduction: Chronic pain is a prevalent condition that is frequently complicated by concomitant mood and anxiety disorders. Very preliminary data indicate that female physiotherapists could have a better attitude towards psychiatric disorders.

Objectives: Purpose of the present article is to identify eventual differences in the management of patients with chronic pain and anxiety/mood disorders depending on the physiotherapists' gender.

Methods: An ad-hoc questionnaire was developed and sent to physiotherapists by e-mail. The two group identified by gender were compared by unpaired sample t tests for continuous variables and χ^2 tests for qualitative ones. A binary logistic regression was

then performed with factors resulted statistically significant at univariate analyses as independent variables and gender as dependent one.

Results: Female physiotherapists (compared to male ones) resulted to be more confident in the prosecution of physiotherapy by patients with Generalized Anxiety Disorder (GAD) comorbidity ($t = 2.46$, $p = 0.01$) and by patients who had received a visit with a mental health professional ($t = 2.79$, $p = 0.01$). Furthermore, female physiotherapists versus male ones believed that pharmacotherapy was less associated with motor side effects ($t = 2.90$, $p < 0.01$) and more frequently recognized the importance of a training to identify affective disorders ($t = 2.65$, $p = 0.01$) and the need of more education in mental health ($t = 2.85$, $p = 0.01$). The binary logistic regression model confirmed that female professionals (compared to male ones) were less likely to work as freelance in private institutions ($p = 0.015$) and were more confident in the prosecution of physiotherapy by patients with GAD comorbidity ($p = 0.05$).

Conclusions: Female compared to male physiotherapists resulted to be more comfortable with patients affected by mental conditions and to be more aware of the need of training on mental health. Implementation of mental health education for male physiotherapists is probably necessary and further studies are needed to confirm the results of the present study.

Disclosure of Interest: None Declared

EPV1104

Influence of neuromarketing on the increase in shopping anxiety in women in the city of santa marta

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Introduction: New technological trends and access to more information have generated an anxious disorder and the need to obtain everything that the consumer society has to offer, this has increased with the influence of neuromarketing in internet ads.

Objectives: The objective that was raised in the present investigation was to analyze the influence of neuromarketing in the increase of anxiety reflected in compulsive purchases of women in the city of Santa Marta.

Methods: The field research design is non-experimental and cross-sectional, the sample taken was of 500 women with purchasing power of more than three Colombian minimum wages.

The IDARE Ch. Spielberger, R. Díaz Guerrero et al. (1966) checklist was applied; To review the relationship between advertising with neuromarketing, anxiety and compulsive purchases, a Likert-type scale instrument was designed and validated with the Alpha Cronbach Coefficient. Analysis of Covariance ANOVA, inferential statistics and SPSS were performed.

Results: 57% of the women meet the criteria for the IDARE clinic. The analysis of the questionnaire showed a goodness of fit of $R^2 = 0.697$. The result indicates that the more hours women spend on the internet with access to ads focused on neuromarketing, the more they feel the need to buy, and this generates anxiety processes.

Conclusions: The mental triggers used by neuromarketing accelerate the need in women to buy the solutions that they sell and the same need to buy is evident in the signs of anxiety that is reflected in the women under study. Training that educates women to spend less time connected to the Internet is recommended, but it is also essential that they understand that advertising and marketing exert pressure that increases their anxiety and need to purchase, so it is recommended the implementation of training in personal management and control.

Disclosure of Interest: None Declared

EPV1105

From legislation to reality: Understanding gender-based violence in Tunisia

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Introduction: Tunisia marked a significant milestone in the fight against gender-based violence with the adoption of Organic Law No. 2017-58. This pioneering law in the region enhanced the protection of women and girls' rights and introduced harsher penalties for perpetrators of sexist violence. However, the journey toward eradicating violence against women is complex and multifaceted.

Objectives: Our aim is to explore how tunisian women perceive gender-based violence and their attitudes towards it.

Methods: A cross sectional online survey designed using Google Forms and distributed on social media platforms (Facebook, Instagram) was conducted from August 30th to September 25th 2023. The questionnaire, presented in the tunisian dialect, included questions about personal experiences with violence, knowledge of gender-based violence laws as well as their perceptions and attitudes towards gender-based violence. The sample consisted of women from various regions of Tunisia.

Results: In our study, we analyzed a sample comprising 110 tunisian women, with 46.4% falling within the 20 to 30 age bracket and 36.4% belonging to the 30 to 40 age range. Half of the survey participants were unmarried, and the majority of them (97.3%) had attained a university-level education.

Our research revealed that 45.5% of the surveyed women reported instances of gender-based violence in Tunisia. However, only a minority of these individuals (22.2%) initiated legal proceedings, primarily citing a lack of confidence in the judicial system and fear of potential reprisals as their reasons.

A majority of the participating women expressed deep concern regarding the issue of violence against women in Tunisia. When asked about their perceptions of the most prevalent types of violence in Tunisia, 76.36% believed that psychological violence was the most common, followed by sexual violence (21.3%). Economic and physical violence were perceived as less frequent (9.9%; 12.6%). These women attributed the primary factors contributing to violence against women in Tunisia to cultural norms and laws that they considered inadequately stringent. Indeed, 83.3% of them believed that the current legislation was not stringent enough to

deter potential perpetrators, and 37.3% indicated that they were unaware of the existing legal framework.

Conclusions: Despite legislative advancements, gender-based violence remains a pressing concern in Tunisia. These findings underscore the importance of increasing awareness about available resources for victims, educating individuals about women's rights and mental health, and building trust in the judicial system.

Disclosure of Interest: None Declared

EPV1106

Pros and cons of alternative therapy omega-3 fatty acids during pregnancy and lactation for mental problems

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Introduction: Fatty acids omega-3 are irreplaceable. They stabilize cell membranes, nerve impulses, homeostasis, immune reactions, the birth process, the psycho-emotional state of the fetus-mother dyad. Correlations between adequate dietary intake of omega-3 and cognitive health have been described in detail. According to the literature, docosahexaenoic acid is associated with the synthesis of serotonin, dopamine, acetylcholine, glutamate, neuroprotective and anti-apoptotic action, has antidepressant effect. Omega-3 makes up 60% of neuronal membrane phospholipids. Under clinical aspect, according to publications, fish oil reduces the risk of preterm birth by 44%.

Objectives: The aim is to study the risks and benefits of using omega-3 during pregnancy and lactation in patients with mental disorders.

Methods: Comparative analysis of evidence-based scientific publications for the use of omega-3 fatty acids in pregnancy and lactation.

Results: The body level of omega-3 depends on the quantitative intake from food, as well as gene polymorphism and age. For pregnant and lactating women are recommended 200-300 mg per day or about 300 g per week from food. Deficiency of omega-3 (proteins) affects the processes of myelination, neurogenesis, synaptogenesis, the metabolism of neurotransmitters, cell differentiation, neuronal migration and inflammatory responses.

Conclusions: There are many probably mechanisms of action of omega-3, namely: Enhances peroxisomal oxidation, reduces the synthesis of triglycerides in the liver; inhibits plasma acyltransferase. Omega-3 acts on phospholipids of the cell membranes of the nervous system and retina, their adequate functioning, improve psychomotor development of newborns. It was found the effect of decreasing the levels of cytokines and depressive symptoms, as well the risk of food allergies and depression. In conclusion, in adequate doses, omega-3 fatty acids seems to be useful in deficiencies and for prophylactic purposes in pregnancy and lactation.

Keywords: omega- 3 fatty acids, pregnancy, lactation, mental disorders.

Disclosure of Interest: None Declared

EPV1107

Fear of childbirth in a sample of Tunisian women: factors related to pregnancy

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Introduction: Fear of childbirth is attracting growing interest because of its impact on the experience of pregnancy and on the progress of childbirth and it seems that some women are more susceptible to fear of childbirth than others are.

Objectives: Our objective is to identify pregnancy factors that predict the fear of childbirth.

Methods: We approached 350 pregnant women consulting at the Gynecology-Obstetrics department of the Hedi Chaker University Hospital of Sfax. We collected their sociodemographic and clinical data. Fear of childbirth was assessed using the French version of the Traumatic Event Scale (TES), adapted to assess fear of childbirth.

Results: The mean age of the participants was 28 years (16-41) and the mean gestational week was 36.27. Half of the participants (53.7%) were nulliparous, and eight reported a history of infertility. The pregnancy was not planned in 61% of cases. As many as 67% of the participants had regular checkups, 50.3% had exaggerated somatic symptoms and 34.3% had pregnancy-related diseases.

The mean score for the TES was 48.73 ± 13.72 .

We found a positive correlation between the TES score and nulliparity ($p=0.01$), gestational age ≥ 40 weeks ($p=0.01$), planned pregnancy ($p=0.002$), exaggerated somatic symptoms ($p=0.03$), and pregnancy-related diseases ($p<0.001$).

Conclusions: Identification of women at risk for fear of childbirth could help in preparing them before or during pregnancy to improve their childbirth experiences.

Disclosure of Interest: None Declared

EPV1108

What link between violence against women and self-esteem?

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Introduction: Violence against women is a public health problem worldwide and a violation of human rights. It affects women's lives due to its potential short-, medium- or long-term physical and psychological consequences.

Objectives: The aim of our study is to explore the link between violence against women and self-esteem.

Methods: A descriptive cross-sectional study was conducted from March to August 2023 among Tunisian women consulting in three health care centers in Sfax, Tunisia. We have included women victims of violence (psychological, physical, sexual, and economic). We have used a semi-structured interview and the Rosenberg scale to determine the quality of self-esteem.

Results: Among one hundred interviewed women, fifty-four women who had reported being violence victims were included in our study. The mean age of the participants was 44 years with the majority being married (87 %). Only 29.6% had a high school level and 51.9% had a profession. A total of 29.6% had a low socio-economic status.

We found that 79.6% are victims of domestic violence (57.4% being victims of spousal violence). Psychological violence seemed to be the most frequent type (59.3%).

Almost all those who were abused (90.6%) experienced psychological (emotional) violence.

The mean score of the Rosenberg self-esteem scale was 31.54.

Self-esteem was very low in 16.7%, low in 37%, medium in 18.5%, and high in 27.8% of the women.

A statistically significant association was found between being a victim of spousal violence and low self-esteem ($p=0.032$). The semi-structured interview demonstrates that women with low self-esteem are more likely to accept violence.

Conclusions: These results justify the implementation of screening and support programs for women victims of violence to improve their self-esteem.

Disclosure of Interest: None Declared

EPV1109

Association between Educational Attainment and Risk of Postnatal Depression: Findings from the Czech Republic

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Introduction: Postnatal depression is a common mental health condition that affects women across the globe. Lower education is frequently considered to be linked to an increased likelihood of postpartum depression. Nevertheless, inconsistent epidemiological evidence has been reported concerning the associations between education and postpartum depression risk. This study investigates the correlation between education level and postpartum depression in the Czech Republic.

Objectives: The aim of this study was to examine whether there is an association between educational attainment and the risk of postnatal depression in women who have recently given birth in the Czech Republic.

Methods: Women aged 18-45, who spoke Czech and had an email address, and had given birth in the hospital were eligible to participate in the study. The research was conducted in the maternity

unit, where a medical professional presented the opportunity to take part. All participants were screened using the Edinburgh Postnatal Depression Scale (EPDS), with the cut-off score of ≥ 10 showing increased of postpartum depression.

Education data was collected via self-reported questionnaires. Binary logistic regression was employed to calculate the odds ratio (OR) with 95% confidence intervals (CI) to assess the relationship between educational attainment and postpartum depression risk, with sociodemographic and health-related characteristics being stepwise adjusted.

Results: Our study consisted of 3,739 postpartum respondents (mean age of 31 years). The prevalence of increased postpartum depression (≥ 10 EPDS points) was 22.7%. Compared to individuals with higher education (reference category), those with basic education had a higher risk of postpartum depression (OR 1.67; 95% CI 1.26–2.23; $p < 0.001$), even after adjusting for all covariates (OR 1.55; 95% CI 1.08–2.22; $p = 0.017$). Basic education was found to have the strongest association with an increased risk of postpartum depression, even when adjusted for covariates. The association between education and postpartum depression was explained by the covariates.

Conclusions: Having only basic education is a significant risk factor for postpartum depression. Interventions to reduce the burden of postpartum depression ought to focus on individuals with low levels of education.

Disclosure of Interest: None Declared

EPV1111

An educational program, «Women victims of domestic violence: Detection, clinic, help»: Working with the complexity of teaching and Interpreting practice through research

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Introduction: Firstly, we will speak on the violence against women from a Russian perspective. The selected reports from regional psychiatric services and police department reports of domestic violence cases will be presented.

Objectives: Secondly, we will draw upon our work developing and providing a new educational program, «Women victims of domestic violence: Detection, clinic, help» mainly based on teaching several modules, WPA International Curriculum for Mental Healthcare Providers on Violence Against Women.

Methods: In this present paper, we examine evidence-based practice from the starting points of research as illumination and psychiatry as a discipline with hermeneutic potential, to consider relationships between research and practice and the opportunities

available within the current research agenda for psychiatrists and clinical psychologists working in clinical settings.

Results: We contend that the quality of women's mental health services will only improve when they can acknowledge the considerable impact that intimate partner violence and sexual violence, as well as social inequalities, especially those based on gender, have on women's mental health. We do not underestimate the difficulty of providing practical help to women whose mental health has been profoundly affected by the violence, damage that is often further compounded by years of mistreatment and revictimization in services.

Conclusions: The paper provides commentaries and reflections on the steps that must be taken to create opportunities to foster dialogue, discussing and exchanging ideas on a diverse range of topics relevant to the advancement of the program in the broader context.

Disclosure of Interest: None Declared

EPV1112

Differences in the perception of stigma in schizophrenia between men and women: a brief qualitative approach

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Introduction: Men and women with psychosis have different courses and presentations of symptoms. Men with psychosis have an earlier onset of illness, more negative symptoms, and worse premorbid functioning. Women, on the other hand, have better social functioning and less substance abuse. Despite these evident differences, there are few studies that delve into these distinctions, especially from a subjective perspective.

Objectives: The aim of this study is to understand the differences in the perception of psychosis between men and women.

Methods: Five women and five men diagnosed with schizophrenia participated in the study. They were matched so that the age difference between them was no more than 5 years, with ages ranging from 40 to 56 years. Participants had not experienced acute decompensation of their underlying illness and had not required admission to an Acute Care Unit in the 6 months prior to inclusion in the study. Data collection was conducted through the Spanish translation of the Indiana Psychiatric Illness Interview, consisting of five parts: a narrative about their life, a narrative about the illness, questions related to how the illness has changed their life and what has not changed, the overall influence of the illness on their life, and lastly, expectations for the future.

Results: Men expressed more concerns about work (4 men versus 2 women), while women expressed more concerns about not having become mothers (3 out of 5 women, compared to one man). All participants shared experiences of isolation in intimate relationships, including romantic relationships. Regarding stigma, three women believed that people treated them like children and dismissed their opinions. However, two of them viewed this behavior from their loved ones positively. Two women discussed the impact that psychosis and medications had on their bodies and how others had reacted to these changes

Conclusions: The concerns and stigma associated with mental illness differ between genders. These differences should be taken into account when developing specific biopsychosocial treatment plans.

Disclosure of Interest: None Declared

EPV1113

Conjugal violence in Tunisia: the characteristics of marriage

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Introduction: Violence is a global phenomenon, destroying the fabric of society and threatening the lives, health and prosperity of all. In recent years, there has been an upsurge in domestic violence in Tunisia. Unfortunately, few studies have focused on the relationship within these couples.

Objectives: To describe the characteristics of marriage between Tunisian couples where domestic violence prevails.

Methods: Our study was descriptive and analytical cross-sectional, carried out with women victims of domestic violence examined in the context of psychiatric expertise.

An anonymous survey was asked to these ladies concerning the socio-demographic characteristics of the wife and spouse and the characteristics of the marriage.

Results: Our population was made up of 122 couples. The average age of ladies was 35.66 years (from 18 to 64 years). As for the spouses, their average age was 41.68, with extremes of 22 and 70. 92.6% of couples had at least one child.

Professionally, (6.6%) of the husbands were inactive and 51.6% (n=63) of couples had an average socio-economic level.

43.4% (n=53) lived in rented houses, 41% (n=50) owned their own homes, 14.8% (n=18) lived in a room with their in-laws and 0.8% (n=1) were homeless.

The average duration of marriage in our study was 11.16 ± 9.12 years and extremes of 1 and 40 years. Judicial records were found in 28.7% of assailants (n=35). The majority of women surveyed, 92.6% (n=113), were victims of three types of violence at once (verbal, psychological and physical). Sixty-two women (50.8%) were victims of four types of violence simultaneously (verbal, psychological, physical and sexual). Various causes of violence were reported, dominated mainly by claims for money, sexual problems, drunkenness and infidelity, with prevalence rates of 38.5%, 23.8%, 22.1% and 21.3% respectively. The majority

of women, 66.4% (n=81), had been assaulted by their spouses during the first year of marriage. Forty-seven ladies (38.5%) were subjected to violence on a daily basis. According to the survey, 86.9% of women have been assaulted at least once before, and 38.7% of them have reported previous assaults to the police. The first person contacted after the violence was the mother, with a percentage of 48.4% (n=59). 53.3% of ladies were assaulted during pregnancy, 43% of whom suffered obstetrical complications of varying severity.

Conclusions: According to our results, there is no typical profile of a couple where conjugal violence can reign.

Neither the length of the marriage nor pregnancy prevented the woman from being a victim of domestic violence.

Disclosure of Interest: None Declared

EPV1114

Domestic violence in Tunisia: which forms of physical violence?

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Introduction: Domestic violence is a universal phenomenon that destroys the fabric of society and threatens the lives, health and prosperity of all.

It can take different forms, including physical abuse. This is one of the most serious form of violence, as it can range from a simple shove to homicide.

Objectives: To determine the prevalence and describe the various forms of physical violence perpetrated by husbands against their wives.

Methods: We contacted women who consulted at the psychiatric emergency of 'Hedi Chaker hospital', Sfax examined in the context of medical expertise on the period between May 2021 until January 2022.

A questionnaire regarding the violence was asked to responders. It included a section for collecting socio-demographic and clinical data on the woman, and a section for assessing the various forms of domestic violence.

Results: 122 women were surveyed. The average age of victims was 35.66 years with extremes of 18 and 64 years. 78.7% (n=96) of ladies were of urban origin. The majority of them (44.3%) had secondary level education.

The half of the population (51.6%) had an average socio-economic level and 43.4% (n=53) lived in rented houses.

All the women of our population were married: it was the first marriage in (89.3%) and the majority (86.1%) had children.

Almost all women (95.1%; n=116) were victims of physical violence.

Different types of physical violence were reported with decreasing prevalence: slap (65.6%), punch (58.2%), strangle (46.7%), kicking (38.1%), stabbing threat (28.7%), kidnapping (4.9%), and gun threat (3.3%).

Should be noted that some women experience different forms of violence simultaneously.

Conclusions: Our study showed a high prevalence of physical violence with different shapes.

These figures must be taken into account by the authorities given the gravity of physical and psychological consequences of this form of violence.

Disclosure of Interest: None Declared

EPV1117

Assessing coping strategies among intimate partner violence victims

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Introduction: Intimate partner violence (IPV) is a major source of perceived stress for the women who suffer from it. To cope, they tend to implement multiple coping strategies depending on a number of contextual factors including, among others, the severity and frequency of abuse, the duration of the relationship, and available resources such as social support and financial resources.

Objectives: To study the coping strategies used by women who are victims of IPV.

To study the factors associated with coping strategies among these women.

Methods: We conducted a descriptive and analytical cross-sectional observational study, carried out over a 10-month period from March 2021 to December 2021, among female victims of IPV consulting psychiatric emergencies at UHC Hedi Chaker, Sfax, Tunisia for medical expertise at the request of the court.

The Brief-COPE is a 28-item self-assessment questionnaire designed to measure coping with a stressful life event. It can be divided into 3 subscales: problem-focused, avoidance-focused, and emotion-focused.

Results: The total number of participants was 120 with an average age of 37.27 years. The majority had secondary education or less (62.5%), were professionally active (53.3%), and were financially dependent on their partners (26.7%). As for the women's clinical characteristics, 19.2% were under psychiatric care and 15% had attempted suicide (SA). Almost all the women surveyed (99.2%) had reported at least one previous incident of IPV. These incidents were daily in 60.5% of cases. Emotional violence was severe in 75.8% of women.

The emotion-focused strategy was the most widely used, with a mean score (29.68) on the Brief cope scale. It was correlated with the absence of a personal psychiatric history ($p=0.02$), the absence of SA ($p=0.036$), and the occasional frequency of IPV ($p=0.037$). The scores for problem-focused coping and avoidance-focused coping are 19.3 and 17.24 respectively. Avoidance-focused coping was negatively correlated with the presence of severe emotional abuse.

Conclusions: The most used strategy by our population was the emotion-focused strategy, with a relatively high average score compared to the other strategies. Indeed, it may be an extremely effective strategy for recovering from a traumatic event, through actions designed to help these women manage and relieve their psychological distress and reduce its negative impact.

Disclosure of Interest: None Declared

EPV1118

Women with borderline personality disorder and pathophilia: understanding causes of pandemic diffusion of transmissible diseases through samos syndrome

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Introduction: When faced with perilous transmittable infections, individuals defend themselves or welcome them, such as the Samos Syndrome, a pathophilia (people attracted by illnesses). As borderline personality disorder (BPD), found in Samos Syndrome, becomes more common, so will people who reject primary protection from transmittable diseases and health behaviour as their choices. Pandemics would sinisterly draw pathophiles and persons with borderline personality disorder who might surf pandemics risk as a parasuicidal behaviour.

Objectives: To investigate why pandemics (HIV, COVID-19) cannot be stopped. We have conducted a long-term assessment of HIV-discordant couples where a female partner, HIV-negative, voluntarily chooses to decline any prevention during stable and consensual relationships with HIV+ve partners. We also explored sociodemographic data that could explain health behaviours and condom use in HIV serodiscordant couples at risk of pandemic diffusion, those where one of the partners, usually male, already has a transmissible disease.

Methods: We used a mix of naturalistic and ethnographic approaches to understand the dynamics of Samos Syndrome. We also utilised a questionnaire to extract salient points in the sexual prevention of HIV infection. We assessed 475 HIV-serodiscordant couples.

Results: Pathophilia is defined as an excessive, abnormal desire to be sick, also known as nosophilia, from the Greek word 'pathos' indicating illness and 'philia', meaning attraction. Women diagnosed with BPD can become high diffusers during pandemics of transmissible diseases as suffering from pathophilia, a form of parasuicidal behaviour. In the couples assessed, when the HIV-negative woman comes from a socially disadvantaged family, the couple uses condoms in 87% of cases ($p<0.001$); when she comes from a middle-high class, the couple uses condoms in 59% ($p<0.001$) of sexual relationships. Suppose the HIV-negative female partner has conflicting relationships with their parents. In that case, condom use is only in 40% ($p<0.001$) of cases, compared to 83% ($p<0.001$) of instances where she has a good relationship with parents. If the female partner with BPD has a higher level of education than the HIV+ve partner the frequency of use is 90% ($p<0.001$) of cases compared to 60% ($p<0.001$) of instances where she has the same level of education as the male partner.

Conclusions: The current study confirms that female persons diagnosed with BPD are at high risk of becoming high diffusers during transmissible diseases and pandemics. Parasuicidal

behaviours and self-harm in BPD could increase the risk of entering into relationships with persons who are already infected by sexually communicable diseases or are at risk of diffusing viral infections (HIV and COVID-19).

Disclosure of Interest: None Declared

EPV1119

Home Treatment and Perinatal Psychiatry: An Alternative to Acute Psychiatric Wards

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Introduction: Women experiencing severe perinatal mental health problems require specialized services and care. Perinatal mental disorders are common and can contribute to maternal mortality, affecting neonatal, infant, and child outcomes. Home treatment can prevent hospital admissions and promote strategies within the patient's support network.

Objectives: Our aim is to describe a clinical case in perinatal psychiatry managed by a Psychiatric Home Treatment Unit.

Methods: We present a case of perinatal psychotic depression in a 26-year-old pregnant woman.

Results: We describe the case of a patient with no prior history of mental health issues. She was 25 weeks pregnant when she first sought psychiatric help in July 2023 and was diagnosed with depressive disorder with psychotic symptoms. She reported symptoms such as low mood, psychomotor inhibition, delusional guilt thoughts, and auditory hallucinations beginning three weeks before her initial visit. Due to her clinical presentation, the patient was admitted to the hospital, where pharmacological treatment was initiated with Olanzapine 5 mg, Sertraline 50 mg, and Lorazepam 1.5 mg. She remained in the hospital for four days, during which she showed gradual improvement but did not achieve full recovery.

Considering the improvement observed, home treatment was proposed and accepted by the patient and her relatives. During home treatment, she continued to exhibit persistent depressive and psychotic symptoms, including low mood, inhibition, and delusional thoughts of ruin and catastrophe. Therefore, her treatment was adjusted, with Olanzapine increased to 10 mg, Sertraline raised to 100 mg, and Lorazepam reduced to 0.75 mg. Over time, significant improvement in her clinical symptoms was noted. Throughout the follow-up period, she reported no significant side effects from the pharmacological treatment. After a month of follow-up in our department, she was discharged with outpatient care provided by a specialized community perinatal psychiatric unit.

Conclusions: We illustrate the possibility of home treatment for perinatal psychiatric disorders. The potential benefits of remaining close to one's support network and developing coping strategies can be advantageous during the course of illness. Further studies should be conducted to explore these potential benefits.

Disclosure of Interest: None Declared

EPV1120

Postpartum Depression: Plaguing the Joy of New Mothers

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Introduction: Depression is a significant global mental health problem and is very common compared to how it is perceived. In 2020 alone, 264 million people globally suffered from depression and its different forms as per the World Health Organisation. It is a leading cause of disability in individuals, affecting their ability to perform their daily chores, work, study, and even maintain relationships. The impact of depression is deeper and affects families, the economy, health care systems, and so on.

In India, the problem is grave and leads to serious consequences, thanks to the stigma and unawareness attached to mental health disorders. It is estimated that India has one of the highest rates of depression in the world, but it is hardly acknowledged.

Post-Partum Depression (PPD) is the most neglected and unreported subtype of depression in India. Globally, 1 in every 7 women suffers from Post Partum Depression. India is such a diverse country in terms of prevalence varies from 15% to 25% based on region, population, cultural and social expectations, economic status, living standard, climate factors, and others.

Objectives: The objective of the study is to spread awareness, identify the risk factors, root cause analysis of risk factors, possible solutions, and treatments.

Methods: This study is conducted to capture the awareness level of PPD in females across different ages, regions, income classes, cultures, working statuses, and societies. This is carried out using a detailed yet anonymous survey, it captures the demography, knowledge of signs and symptoms of PPD, personal experiences, attitudes, expected support for PPD, and awareness of possible healthcare options. The result of the study tries to understand and conclude the most common risk factors, groups at highest risk, a root cause analysis of the risk factors, and possible solutions and treatments.

Results: PPD occurs in the postnatal period, typically within the first year after childbirth. This condition can have a significant impact on the new mother and the infant's well-being. The mother's ability to take care of the child and herself is hugely impacted, impacting the child's development and family dynamics negatively. Pushing to the limits, certain communities that believe in superstition and taboo often take PPD as an excuse to blame the mother resulting in the extremities like suicides.

Conclusions: PPD occurs in the postnatal period, typically within the first year after childbirth. This condition can have a significant impact on the new mother and the infant's well-being. The mother's ability to take care of the child and herself is hugely impacted, impacting the child's development and family dynamics negatively. Pushing to the limits, certain communities that believe in superstition and taboo often take PPD as an excuse to blame the mother resulting in the extremities like suicides.

Disclosure of Interest: None Declared

EPV1122

Pregnancy enhances facial recognition of anger: Transition from early to late pregnancy

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Introduction: Pregnancy and the postpartum period involve several physiological adaptations crucial for offspring care. Recent research has highlighted reproduction-related brain plasticity in human mothers. Associations with aspects of maternal caregiving suggest adaptive changes that facilitate a woman's transition to motherhood. However, the dynamic changes that affect a woman's brain are not merely adaptive, and they likely confer a vulnerability for the mental disorders. To elucidate the pathophysiology of psychiatric problems that occur during the perinatal period, gaining insights into the physiological changes in brain function due to pregnancy is crucial.

Objectives: Although it has been hypothesized that pregnancy enhances social cognitive functions in mothers to adapt to the offspring care, there are few reports to support this hypothesis. This study aims to investigate whether social cognitive functions change during the first pregnancy, with a focus on maternal adaptation to offspring care.

Methods: The study included a first pregnancy group and a never-pregnant control group. We conducted a prospective study comparing pregnant women between two-time points (T1, T2); at less than 21 weeks of gestation [T1] and those after 30 weeks of gestation [T2]. To assess the effects of pregnancy and gestational age (< 21 weeks or 30 weeks or more), both the control (never-pregnant) group and pregnant group were evaluated at two time points with similar intervals. The Emotion Recognition Task [ERT] of the Cambridge Neuropsychological Test Automated Battery (CANTAB) was performed to examine the emotion recognition of six basic emotions in facial expressions. We analyzed a cohort of 26 participants in the pregnant group and 25 in the control group. We performed a two-way repeated measures analysis of variance with pregnancy status and gestational period (T1, T2) as independent variables.

Results: Significant interactions between group and time points (T1, T2) were observed only for Unbiased Hit Rate Anger ($p < 0.01$); facial recognition accuracy for anger increased with the progression of pregnancy. There were no significant interactions for Unbiased Hit Rate Sadness, Happiness, Fear, Disgust, or Surprise.

Conclusions: This is the first study to demonstrate that facial recognition of anger enhances with the progression of pregnancy, utilizing never-pregnant women as a never-pregnant control group. The results of this study contribute to the physiological effects of pregnancy on the brain and cognitive function and have potential for further study of perinatal mental health problems.

Disclosure of Interest: None Declared

EPV1123

Quality of Life Assessment in Female Rheumatoid Arthritis Patients

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Introduction: Rheumatoid arthritis (RA) is a chronic inflammatory disease that significantly impacts patients' quality of life (QOL), affecting both physical and mental well-being. QOL is predictive of morbidity and mortality, making its consideration increasingly important in treatment decisions.

Objectives: This study aims to assess the Quality of Life in Female Rheumatoid Arthritis patients.

Methods: The study included 87 female patients with confirmed RA, diagnosed by an experienced rheumatologist based on the ACR 1987 or ACR/EULAR 2010 criteria. Quality of life was assessed using the World Health Organization Quality of Life assessment, short form (WHOQOL-BREF scale). The scoring ranged from 0 to 100 for each domain. Disease activity was assessed using the Disease Activity Score (DAS28), and functional disability was evaluated using the Health Assessment Questionnaire (HAQ).

Results: The study included 87 patients with a mean age of 54.7 ± 12.2 years and a mean disease duration of 12 ± 9.1 years. The majority of patients had a medium socioeconomic level (81.6%), and a low cultural level with 31% being illiterate, 6% attending university, and 76.9% unemployed. Regarding marital status, 74.7% were married. RA was erosive in 77% of patients, deforming in 68%, and 40% were seropositive (FR and/or anti-CCP). Extra-articular manifestations were present in 34.5% of patients. Sixty-seven patients (77%) were on disease-modifying antirheumatic drugs (DMARDs), with 67.8% on methotrexate. Eighteen percent were treated with biological agents. Corticosteroids were used by 47.1% of patients, while 12.6% used non-steroidal anti-inflammatory drugs, and 6.9% used both. Disease activity varied, with 9.2% having low activity, 43.7% moderate activity, and 24.1% high activity based on DAS28. The mean HAQ index was 1.1 ± 0.8 , indicating moderate to severe disability for more than 60% of patients. The mean WHOQOL scores were substantially reduced in the physical health (43 ± 16.2), psychological health (50.3 ± 14.4), social relationships (51.5 ± 18.6), and environment domains (46.8 ± 15). There was a significant inverse correlation between HAQ and the physical health ($r = -0.52$, $p < 0.001$), psychological ($r = -0.57$, $p < 0.001$), social relationships ($r = -0.37$, $p = 0.001$), and environmental domains ($r = -0.45$, $p < 0.001$) of QOL. There was no correlation between any domain of QOL and DAS28.

Conclusions: Patients with RA experience reduced QOL across multiple domains, including physical function, mental health, and social relationships. Functional disability, as reflected by HAQ, is the most significant factor affecting QOL in RA. The WHOQOL-BREF should be considered a valid outcome measure for

interventions aimed at improving the quality of life for people with rheumatoid arthritis.

Disclosure of Interest: None Declared

EPV1124

Postpartum Psychosis and Maternal Filicide- Case Report and Literature Review

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Introduction: Postpartum period is defined as the 12 weeks following the birth of a child as per ACOG guidelines. This period is crucial for women to physically and emotionally adapt to major changes in their lives. If concerns are not addressed properly it can result in fatal outcomes such as filicide and suicide in context of untreated mental illness with postpartum onset. Postpartum psychosis is considered a psychiatric emergency and literature shows that up to 4.5% of patients with depressive symptoms with psychosis commit filicide. However, postpartum psychosis is not recognized as a formal psychiatric disorder in DSM-5, leading to a delay in identification and treatment of the condition in a timely fashion.

Objectives: The primary purpose of the case report is to inform the clinical picture and the legal implications associated with postpartum psychosis, a poorly understood and underdiagnosed psychiatric illness and to emphasize the importance of considering other psychiatric illnesses with peripartum onset that affect maternal and pediatric population wellbeing.

Methods: A comprehensive review of literature using databases, such as PubMed and Google Scholar as well as observation of the patient in the Emergency Department by the psychiatry team.

Results: We present the case of a female in her 20s, mother of two toddlers, with a history of PTSD and postpartum depression, who was brought to our Emergency Department for stabbing her children in the context of a psychotic episode. The patient endorsed persecutory delusions and religious preoccupation, stating that she was experiencing “demonic energy inside” and that demons were speaking through her sons. Upon further assessment, it was noted that symptom onset was during the peripartum period, initially with depressed mood, and later with psychotic features. Organic causes of psychosis were ruled out with an extensive workup. Patient was transferred to an inpatient forensic unit for further stabilization. From a legal perspective, literature review shows that mothers may face the death penalty in the US in contrast with other countries such as England for instance. In the context of the current case, the plausible diagnoses are MDD with psychotic features or the first psychotic episode with peripartum onset that was left untreated resulting in a fatal health and legal outcome.

Conclusions: As postpartum psychosis is not currently recognized as an independent diagnosis under the DSM-5, further attention is warranted for such critical psychiatric condition that afflicts the lives and well-being of the maternal and pediatric populations globally. Postpartum psychosis affects mothers despite their past psychiatric history, socioeconomic status, educational level, and

supportive network. Thus, it is essential to target proper and timely identification of symptoms and address those to prevent filicide and maternal suicide.

Disclosure of Interest: None Declared

EPV1126

Women's economic empowerment and maternal mental health: A qualitative study in Rural Kenya

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Introduction: Background: Maternal mental health is increasingly becoming a public health concern in developing countries because of predominant health and socio-economic inequalities. Mental well-being is essential for a woman to cope with daily life stresses and contribute positively to her community. Initiatives that empower women can enhance their well-being and improve the health of their families. However, limited evidence shows how women's empowerment affects maternal well-being in a rural setting.

Objectives: This paper explores the perspective of women's economic empowerment in a rural Kenyan community and its effect on women's mental well-being.

Methods: We purposively sampled women and men from the rural community who met the eligibility criteria (women who were pregnant and or with a child less than two years old and married men and residents in the community. We conducted two focus group discussions with the men and women separately, 11 key informant interviews with community stakeholders, and a four-month participant observation of 20 women participants who were pregnant and or with a child less than one year old.

Results: The study found that economically empowered women had greater decision-making power and self-efficacy. However, cultural expectations and barriers that dictated the role of women prevented them from accessing and controlling resources and participating in important decisions such as land and property ownership. Women faced domestic violence (physical, verbal, and denial of basic needs) and inadequate support (emotional, physical, and financial) from spouses and other family members. These challenges and barriers increased their mental stress. To cope, women engaged in economic activities individually or in groups to meet the basic needs of their families.

Conclusions: Women's economic empowerment can positively and negatively affect their overall well-being. Positively, women gain greater access to resources, improved decision-making, and the ability to plan and achieve their goals. Negatively, empowerment can lead to reduced spousal and kin support and an increased risk of domestic violence. Furthermore, these negative consequences can also affect women's mental well-being. To ensure the well-being of mothers, it is crucial to engage men in empowerment programs and raise awareness in communities to address socio-cultural norms that impede women's economic empowerment and negatively affect the well-being of women. Additionally, mental health support should be incorporated into these empowerment

programs to mitigate the negative effects of women's empowerment and improve resilience.

Disclosure of Interest: None Declared

EPV1127

Dominant depressive, anxious and cyclothymic affective temperaments lower the chance of infertility treatment success

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Introduction: Affective temperaments can play a significant role in the development, progression and outcome of various somatic diseases, as well as in the effectiveness of their treatment. Although infertility is influenced by both physical and psychological factors, the relationship between affective temperaments and infertility treatment success remains unexplored.

Objectives: The aim of this retrospective cohort study was to assess how dominant affective temperaments influence the outcome of infertility treatments.

Methods: Data was collected from a cohort of infertile women who underwent infertility treatment at an Assisted Reproduction Center in Budapest, Hungary. The study recorded treatment success defined as clinical pregnancy, detailed medical history, demographic parameters, and administered the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A). TEMPS-A scores then were classified into nondominant and dominant temperaments for each scale, based on their score being above or below the mean+2 standard deviation for the given temperament. The predictive value of dominant temperaments on assisted reproduction outcomes were analyzed by multivariate logistic regression models, using age, BMI and previous miscarriage as covariates.

Results: In the cohort of 578 women who underwent infertility treatment, besides age, BMI, and previous miscarriage, dominant depressive, anxious and cyclothymic temperament decreased the odds of achieving clinical pregnancy by 85% ($p=0.01$), 64% ($p=0.03$), and 60% ($p=0.050$), respectively).

Conclusions: The findings of this study suggest that dominant affective temperaments have a significant impact on the outcomes of infertility treatments. As a clinical consequence, screening for affective temperaments, Identifying dominant affective temperaments, stratifying high-risk patient groups, and offering personalized treatment options may enhance the likelihood of successful pregnancy and live birth for women undergoing in vitro fertilization treatment.

Disclosure of Interest: None Declared

EPV1128

Maternal mental health and trajectories of Preterm Behavioural Phenotype in infants born after a threatened preterm labour

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Introduction: Infants born preterm usually show a Preterm Behavioural Phenotype, which includes mixed symptomatology characterized by lack of attention, anxiety and social difficulties, with a 3-4 times greater risk of disorders in further childhood. Critically, this behavioural pattern is also observed in infants born after a threatened preterm labour (TPL), regardless of the presence of prematurity. It is known that the course of this Preterm Behavioural Phenotype shows high variability. Nevertheless, the predictors of this Preterm Behavioural Phenotype prognosis remain unknown.

Objectives: This study aimed to explore the predictors of change of Preterm Behavioural Phenotype symptomatology during preschool ages in order to improve prognosis.

Methods: In this prospective cohort study, 117 mother-child pairs who experienced TPL were recruited. Preterm Behavioural Phenotype symptoms were assessed at age 2 and 6 using Child Behaviour Checklist. Gestational age at birth, maternal anxiety trait, maternal history of psychological traumas, prenatal and postnatal maternal depression, anxiety, and cortisol as well as parenting stress were included as predictors in a regression model.

Results: Whereas increased internalizing problems were associated with a previous trauma history ($p = .003$), increased externalizing symptoms were linked to prenatal and postnatal maternal anxiety ($p = .004$ and $p = .018$, respectively).

Conclusions: Identifying modifiable risk factors, such as the history of maternal traumas and anxiety at TPL diagnosis and postpartum is recommendable to enhance better prognosis of Preterm Behavioural Phenotype in the offspring.

Disclosure of Interest: None Declared

EPV1129

The impact of maternal psychopathology on psychomotor development trajectories in infants born after a threatened preterm labour from 6 to 30 months of age

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Introduction: Threatened preterm labor (TPL) represents an adverse prenatal event that can impact maternal mental health in the long term. Additionally, this prenatal event can disrupt fetal neurodevelopment, primarily during the third trimester of pregnancy when neuronal connections in the fetus are established. Indeed, infants born following TPL exhibit delayed communication and socio-individual skills at 6 months of age, regardless of prematurity. Furthermore, maternal mental health during the postpartum period can also influence the offspring's psychomotor development.

Objectives: The aim of this study is to examine the impact of maternal psychopathology on psychomotor development trajectories in infants born after a TPL from 6 to 30 months of age.

Methods: This prospective cohort study recruited 117 mother-child pairs who suffered from a TPL. Psychomotor assessment was performed at 6 and 30 months of age using the communication and socio-individual subscales of Ages & Stages Questionnaires for psychomotor development. A regression model was carried out, including gestational age at birth, maternal anxiety trait, maternal history of psychological traumas, prenatal and postnatal maternal depression, anxiety, and cortisol as well as parenting stress as predictors.

Results: Increased communication delays were associated with higher maternal anxiety levels ($p < 0.001$), elevated maternal depression scores ($p = .0003$), and increased cortisol levels ($p = .004$) during postpartum. Similarly, elevated cortisol levels after 6 months postpartum were predictive of increased Personal-Social delays ($p = .0018$).

Conclusions: Maternal postpartum psychopathology was the main determinant of the course of psychomotor developmental disturbances. Therefore, infants born after TPL, whose mothers display postpartum psychopathology, should be identified and considered for psychological treatment to improve psychomotor delays in infants.

Disclosure of Interest: None Declared

EPV1130

Is relevant postpartum maternal psychopathology on the prognosis of psychomotor development in infants born after a threatened preterm labour across preschool ages?

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Introduction: Threatened preterm labour (TPL) is associated with long-lasting neurodevelopmental challenges, independent of prematurity. For instance, it is known that infants born a TPL show delayed communication and socio-individual skills, regardless of the gestational age at birth. Furthermore, TPL constitutes an adverse prenatal event that can induce maternal anxiety or depression, even during postpartum period, which can produce a

deleterious effect of the prognosis of infant's psychomotor development.

Objectives: This study aimed to explore the influence of maternal psychopathology as well as other peripartum variables on the course of psychomotor development in children born after a TPL between the ages of 2 and 6.

Methods: In this prospective cohort study, 117 mother-child pairs who experienced TPL were recruited. Psychomotor development was assessed using the Ages & Stages Questionnaires-Third edition at age 2 and 6. A regression model was carried out, including gestational age at birth, maternal anxiety trait, maternal history of psychological traumas, prenatal and postnatal maternal depression, anxiety, and cortisol as well as parenting stress as predictors.

Results: Low gestational week at birth emerged as the most relevant factor in the course of increased communication delay ($p < 0.001$). However, parental psychopathology during prenatal or postnatal stages was not a relevant factor in the prognosis of Communication skills or Socio-Individual development.

Conclusions: Gestation age at birth rather than parental psychopathology during peripartum period was the most relevant predictor of the course of psychomotor development between 2 to 6 years of age. Further studies should examine other potential modifiable predictors to moderate the impact of gestational age on psychomotor development.

Disclosure of Interest: None Declared

EPV1131

Sex perspective on mandatory admission in acute psychotic patients

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Introduction: Psychotic disorders are strongly linked to a higher risk of mandatory hospitalization, often affecting men more, though some studies report the opposite. Recent investigations also show a higher rate of involuntary admissions in younger individuals. Knowledge in this area is still limited despite extensive research.

Objectives: Analyze whether there is an association between sex and age with involuntary admissions of individuals with psychotic disorders.

Methods: Retrospectively, 254 people with psychotic disorders admitted between 2018-2023 to the adult psychiatric inpatient unit at Hospital Universitari Germans Trias i Pujol were selected, collecting their nature of admission, sex, age, and discharge diagnosis. Comparisons between voluntary and involuntary admissions, with respect to sex and age variables, were conducted using independent sample t-tests, Mann-Whitney U tests, Fisher's exact test, and chi-square tests. A logistic regression model was used to identify variables significantly associated with mandatory admission.

Results: In both the male and female groups, there were no statistically significant differences in terms of the mean age at admission

($p = 0.162$) or the nature of admission ($p = 0.586$) (Table 1). When analyzing the voluntary nature of admission based on age and sex, statistically significant differences were only found in the female group ($p = 0.01$), resulting in a 9.18 year age difference among those admitted voluntarily (Table 2). The model that best predicted the probability of involuntary admission in individuals with psychotic disorders included the sex variable (OR = 4.88) and the interaction between sex and age (OR = 0.97) (Table 3).

Table 1: Differences between sex regarding voluntariness of patients with psychotic disorders.

	Male	Female	<i>p</i> value
N (%)	122 (48%)	132 (52%)	
Age, m (SD)	38.39 (16.64)	44.15 (18.44)	0.162
Admissions, N (%)			
Voluntary	38 (31.1%)	37 (28.0%)	0.586
Involuntary	84 (68.9%)	95 (72.0%)	

Table 2: Analysis of voluntariness by sex and age.

Age, m (SD)	Voluntary	Involuntary	<i>p</i> value
Male	37.45 (16.38)	38.81 (16.84)	0.677
Female	50.76 (18.19)	41.58 (17.98)	0.01*
Total	44.01 (18.44)	40.28 (17.46)	0.127

Table 3: Predictors of involuntariness in psychotic patients: Logistic regression model (ENTER METHOD).

Predictor	-2log likelihood	Nagelkerke R ²	x ² (df*)	OR* (95% CI*)	<i>p</i> value
	301.22	0.039	0.03 (1)		
Age				1.01 (0.98; 1.03)	0.674
Sex				4.88 (1.15; 20.72)	0.032*
Age x Sex Interaction				0.97 (0.94; 0.99)	0.046*

Conclusions: Young women with psychotic disorders face a higher risk of involuntary admissions, emphasizing the need for gender-specific strategies to improve care of these patients.

Disclosure of Interest: None Declared

Others

EPV1135

Current situation regarding psychedelics and magic mushroom in Korea

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Introduction: Recently, the pros and cons have been debating in Korea even before the approval of use of medical marijuana with very strict limitations. And the next controversial topic is psychedelics. In 1890, when mescaline was first isolated from peyote cactus, clinical researches began, but due to its harmful effects, it was thereafter legally prohibited in 1970 in USA. However, a pernicious debate over the medical efficacy of psychedelic drugs has begun again with the release of a study that uses psychedelic mushrooms to be effective against treatment-resistant depression, alcohol dependence, and depression and anxiety in terminal cancer patient.

Objectives: To make a consensus on the medical use of these, we reviewed wild mushrooms containing hallucinogenic ingredients living in Korea.

Methods: To make a consensus on the medical use of these, we reviewed wild mushrooms containing hallucinogenic ingredients living in Korea.

Results: Mushrooms have long been popular as a food ingredient in Korea. Psilocybin, a classical psychedelic, can be obtained from magic mushroom (*Psilocybe cubensis*). The psilocybin on the CNS and causes hallucinations. Intoxication symptoms include pleasant or nervousness, sudden laughter, hallucinations, visual impairment, tachycardia and hypertension, reflexes, agitation, cognitive impairment, confusion, and aggressive behavior. These symptoms last for 2-4 hours after ingestion, and most disappear within six hours.

Among 114 species of *Psilocybe* containing psilocybin around the world, only five wild mushrooms found in Korea that cause nervous system hallucinations are as follows: *P. argenteipes*, *P. coprophila*, *P. peridaria*, and *P. subcarulipes*.

In Korea, there is acute poisoning case suffering with GI symptoms caused by mushrooms, but it is difficult to find records of abuse or dependences case caused by psychedelic mushrooms. In addition, although oriental medicine treatment is relatively active, it is not used as an herbal medicine.

Conclusions: Currently, the Korean government classifies psychedelic mushroom-derived substances, Psilocybin and Psilocin, as psychotropic drugs by law. If researcher intends to clinical trial with eve very small amount of it for academic purpose, it is only possible after obtaining approval from Korean FDA. In order to determine the usefulness of psychedelics, many clinical studies are needed in Korea.

Disclosure of Interest: None Declared

EPV1136

'Guttas Campus' - participants' experiences of a group-based intervention to prevent school dropoutG. Ramdal¹ and R. Wynn^{2,3*}¹Social Education; ²Clinical Medicine, UiT The Arctic University of Norway, Tromsø and ³Department of Education, ICT and Learning, Østfold University College, Halden, Norway

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Introduction: It is important to prevent school dropout and to help students who have dropped out re-enroll in school. Dropping out of school is associated with an increased risk of unemployment, low salaries, and receiving social security or disability benefits. In this study, we interviewed participants in 'Guttas Campus' (The Boys' Camp), which is a group-based intervention that aims to support disengaged boys from the 9th grade and through their transition to high school. The intervention consists of a two-week learning camp. The students subsequently participate in mentoring groups, with teachers and other camp participants, for a period of 18 months.

Objectives: We present a study of a school dropout prevention program.

Methods: 16 students were interviewed qualitatively. The interview data were analysed by drawing on the method of Grounded Theory.

Results: When the students who have completed the learning camp were asked what they believed were the most important and useful parts of the intervention, some common themes emerged: 1) The learning camp community provided a safe environment and helped give the participants learning and coping experiences that increased their self-confidence. 2) The students brought up the method of teaching, which they described as more persistent, adaptive and encouraging than they had been used to from regular school. 3) The students also mentioned the intervention's focus on character strengths such as willpower, self-control and optimism as central to increasing their motivation to learn.

Conclusions: The students that were interviewed were generally positive to the intervention, as mentioned several factors that they believed were useful in increasing their motivation and ability to learn.

Disclosure of Interest: None Declared

EPV1137

Adjustment disorder among undergraduate students at Prince Mohammad Bin Fahd University, Al Khobar, Saudi Arabia

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Introduction: Adjustment disorder is characterized by an emotional or behavioral response to a stressful event or change in life. This condition can impact a student's academic performance, social life, and overall well-being. Adjustment disorder with the

stressor is a psychological response to identifiable stressors that result in the development of emotional or behavioral symptoms. These symptoms cause significant impairment in various areas of functioning, such as social, occupational, or academic performance.

Students with adjustment disorder may experience a range of symptoms, including feelings of sadness, anxiety, hopelessness, and a lack of concentration. They may also have trouble sleeping, feel overwhelmed, and struggle to cope with daily responsibilities. These symptoms can be triggered by various factors such as academic pressure, relationships, family issues, or cultural adjustments.

Objectives: This study aims to determine the prevalence of adjustment disorder among undergraduate students and investigate the potential risk factors of stress that can lead to adjustment difficulties.

Recognize the signs of adjustment disorder, how to access support, and how to create a supportive environment, therefore, students can effectively manage this condition and thrive in their academic and personal lives.

To prioritize mental health and provide the necessary resources for students to navigate the challenges of adjustment disorder effectively.

Methods: Adjustment Disorder-New Model 20 (ADNM-20) was used to assess prevalence of adjustment disorder among undergraduate students. It is a diagnostic tool used to assess adjustment disorder in individuals experiencing significant life stressors. The ADNM 20 is specifically designed to capture the nuanced manifestations of adjustment disorder with the stressor, enabling clinicians to make accurate assessments and develop targeted treatment plans.

Results: Adjustment disorder is a real and impactful challenge and a common mental health condition among undergraduate students at Prince Mohammad Bin Fahd University, Al Khobar, Saudi Arabia.

Conclusions: Adjustment disorder can significantly affect a student's academic performance. The inability to focus, persistent feelings of distress, and a lack of motivation can lead to a decline in grades and overall achievement. By recognizing the signs, accessing support, and creating a supportive environment, students can effectively manage this condition and thrive in their academic and personal lives. It's crucial to prioritize mental health and provide the necessary resources for students to navigate the challenges of adjustment disorder effectively.

Disclosure of Interest: None Declared

EPV1138

Myasthenia Gravis presenting as a Dissociative Disorder: a case report of a differential diagnosisA. P. Laizāne^{1*}, A. Blekte² and A. Bērziņa³¹Riga Stradins University, Riga; ²Psychiatry, Hospital Ģintermuiža and³Neurology, Jelgava Central Hospital, Jelgava, Latvia

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Introduction: Conversion disorder is characterised by symptoms that can impact sensory or motor function. The average incidence

of conversion disorder is between 4 -12 per 100,000 per year. Conversion disorder has a wide variety of somatic and neurological differential diagnoses.

Objectives: A 22-year-old woman was admitted to the hospital due to COVID-19 pneumonia. During the hospitalisation period, she developed progressive weakness, due to which she couldn't move, eat or take care of herself. In terms of history, she is healthy, married and gave birth to her first child almost 9 months ago. Two days postpartum, the patient experienced an inability to connect with the child and provide care, as well as a decline in her mood. The husband reports episodes in which the patient had difficulties holding the child while being able to perform house chores, which required more physical strength. Two years prior to hospitalization, during stressful situations she experienced similar episodes and difficulty swallowing. While hospitalized, extensive testing was done, including an acetylcholine receptor antibody test, which was negative at first. Because of the initially negative testing results a psychiatrist was called. On the first visit, the patient remained in a supine position and reported a lack of strength in both arms and legs, occasionally experiencing difficulty raising her head, however managed to stand up from the bed, walk independently for 5–6 meters, turn around, and, as soon as she reached the bed, descend into it. The staff reported her inability to walk earlier in the day. On the second visit, she notes that she feels tired but now can feed and take care of herself; however, some weakness persists in the proximal muscle groups. In between visits she received treatment with corticosteroids because of the COVID infection. After repeating the acetylcholine receptor antibody test, there was a positive result, and a diagnosis was established.

Methods: This case report demonstrates how a somatic disorder can mimic a psychiatric one because of the overlapping symptoms and initial negative test results. While receiving symptomatic therapy with glucocorticoids due to the COVID infection, the patient's condition improved; she began to eat and walk on her own.

Results: From the psychiatric aspect, it was associated with separation from the child—a relieving of the stress factor, due to which dissociative symptoms decreased.

Conclusions: Before considering a diagnosis of a dissociative disorder, a patient should be examined by other specialists according to their symptoms. A thorough neurologic and physical examination, as well as diagnostic tests, should be performed to exclude a physical pathology. Myasthenia gravis has a comorbidity with a number of psychiatric conditions and can also be very similar to a dissociative disorder, especially due to stress aggravating the symptoms of myasthenia gravis.

Disclosure of Interest: None Declared

EPV1139

The Imperative of Trauma-Informed Care: A Comprehensive Review and Strategies for Implementation in Health Services

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Introduction: Psychological trauma is a significant public health concern with long-lasting effects on physical and mental well-being. Trauma-informed care is an approach to providing support and services that acknowledges and integrates an understanding of the pervasive impact of trauma on individuals. This review delves into the critical imperative of trauma-informed care within the realm of health services. Recognizing the pervasive impact of trauma on individuals' physical and mental well-being, this REVIEW aims to explore existing literature, identify key objectives, and propose effective methods for implementing trauma-informed strategies in health services.

Objectives: To Review Existing Literature on Trauma: Conduct an review of the literature to comprehend the varied dimensions and consequences of trauma on individuals' health; To Identify Key Principles of Trauma-Informed Care: Explore established principles of trauma-informed care, highlighting their relevance and applicability within health service settings; To Propose Implementation Strategies: Develop practical strategies for integrating trauma-informed care into health services, ensuring a comprehensive and sensitive approach to patient care.

Methods: A review of published articles, books, and reports related to trauma and trauma-informed care to establish a foundational understanding.

Results: Psychological trauma can have profound and multifaceted impacts on individuals, affecting their mental, emotional, and even physical well-being. The consequences of psychological trauma can vary widely based on the nature, severity, and duration of the traumatic experience, as well as individual factors such as resilience and support systems. Trauma-informed care aims to create an environment that is sensitive to the needs of those who have experienced trauma, and it is based on six key principles: safety, trustworthiness, peer support, collaboration, empowerment, and cultural competence. Healthcare providers need to understand trauma beyond the personal and acknowledge the cultural, historical, social, political, and structural trauma that impact individuals and communities across generations. This approach recognizes that there is a risk of retraumatization in social and health services, especially for minority communities.

Conclusions: This review underscores the pressing need for health services to adopt trauma-informed care strategies. By acknowledging the prevalence and impact of trauma on health outcomes, the healthcare sector can transition towards a more patient-centered and empathetic approach.

Disclosure of Interest: None Declared

EPV1140

Risk-taking propensity and emotional intelligence: an emotional version of the balloon analogue risk task (BART)

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Introduction: It is well known that emotions guide decision-making processes in risk contexts. Several studies in the literature have showed the influence of emotions on risk-taking using the Balloon Analogue Risk Task (BART).

Objectives: The aim this research was to investigate the influence of emotional intelligence (EI) levels on the impact of emotions in risk-taking propensity assessed by the BART.

Methods: To this end, we developed a variant of the BART in which each balloon displayed a face with an emotional expression: happiness, fear, or neutral. EI was assessed from the performance-based ability model by the MSCEIT. The sample consisted of 120 participants ($M_{age} = 21.52$; 80% women).

Results: A repeated measures ANOVA revealed a higher tendency to take risks when happy faces were presented, compared to the fear and neutral conditions. Moreover, participants with higher levels of EI showed a lower tendency to take risks across all emotional conditions. This relationship was particularly strong in the fear faces.

Conclusions: Our findings support the effect of incidental emotions on risk-taking and suggest the role of EI as a protective factor for risk engagement.

Disclosure of Interest: None Declared

EPV1142

The relationship between workaholism and perfectionism among trainee doctors

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Introduction: In the medical field, work addiction is a double-edged phenomenon. It can be regarded as a positive addiction leading to high motivation to work, but it can also have adverse mental, physical, and social consequences.

Objectives: To assess the relationship between work addiction and perfectionism in trainee doctors.

Methods: We conducted a cross-sectional descriptive and analytical study among trainee doctors. We used the "Work Addiction Risk Test" (WART), and "The Big Three perfectionism scale short form".

Results: A total of 99 doctors were included. The mean age of participants was 27.6 years, with a sex ratio (M/F) of 0.33. The doctors in our study worked 5.39 ± 1.6 hours a day and were on call 3.84 ± 2.87 times a month. Their average number of hours of sleep was less than 7 hours in 43.4 % of participants. The mean score of the WART was 61.2 ± 14.83 . Among the trainee doctors surveyed 39% were considered at high risk of workaholism. The mean WART score was significantly higher among female physicians and those who slept less than 7 hours per day on average. In addition, the average score on the WART scale was significantly associated with the number of calls per month. We found a statistically significant association between perfectionism scores and work addiction scores.

Conclusions: Our study showed that work addiction is common among doctors in training and is favored by high levels of perfectionism. It is therefore essential to explore and define preventive measures to help them find a balance allowing them to aim for high standards and be able to progress, without setting unrealistic expectations, which can lead to work addiction.

Disclosure of Interest: None Declared

EPV1143

The relationship between perfectionism and self-esteem among trainee doctors

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Introduction: Perfectionism is often seen as a beneficial trait for trainee doctors since it means they have high standards and a drive for success. However, it demands a flawless level of performance regardless of one's physical or mental health and well-being. Consequently, perfectionism is now viewed from a different perspective.

Objectives: We aimed to study the impact of perfectionism among doctors in training on their self-esteem.

Methods: We conducted a cross-sectional descriptive and analytical study among trainee doctors. The following psychometric instruments were used: The "Work Addiction Risk Test" and the "Rosenberg Self-Esteem Scale".

Results: We included 99 doctors in training. Their mean age was 27.6 ± 2.2 years. The sex ratio (δ/ϕ) was 0.33. Most participants were single (63.6%) and of middle socioeconomic level (86%). Tobacco use was reported in 6.1% of cases, and alcohol use in 4.1% of cases. Among all participants, 58 % had low or very low self-esteem. The mean score of Rosenberg Self-Esteem Scale was 30 ± 5.13 and the mean score of the big three perfectionism scale short form was 41.11 ± 13 . Higher self-esteem scores was significantly associated with lower self-critical perfectionism scores.

Conclusions: Our results point to the negative impact of self-critical perfectionism on self-esteem. In fact, perfectionism can hold you back, both personally and professionally. Perfectionists see their own self-worth as tied to what they achieve, and they believe that others judge them on this as well. They can never live up to the standards they set for themselves, and this can lead to a downward spiral of self-criticism and blame.

Disclosure of Interest: None Declared

EPV1144

Tell me who you're coming with, I'll tell you what you have!

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Introduction: Psychiatric care is unique in its scope and complexity, as it involves the assessment and treatment of a wide variety of pathologies and, as these patients seek treatment, it is imperative to understand who accompanies them in clinical consultations and how the presence of these companions influences the treatment path. The dynamics between psychiatric patients and their companions in consultation, is extremely important as it can have

significant implications for the effectiveness of treatment and the well-being of the patient.. Therefore, the presence of companions can take different forms, varying according to the diagnosis and needs of each person.

Objectives: Thus, the authors intend, through carrying out a research study, to fill a critical gap in the understanding of presence of companions in psychiatric consultations, exploring the diversity of companions and their profiles in relation to patients psychiatric patients with specific diagnoses. Furthermore, they intend to understand how their presence impacts the process of adherence to the treatment.

Methods: To achieve this, they defined a two-year follow-up period, where they examined in detail the composition of companions in psychiatric consultations, including who they are, their relationship with the patient and how this relationship varies according to different psychiatric diagnoses.

Results: The presence of companions in psychiatric consultations is expected to prove to be a significant facet in the field of mental health, providing valuable insights into the dynamics of consultations and the treatment of patients with different psychiatric diagnoses. In this study we highlight how the presence of companions varied in relation to psychiatric diagnoses and how this influenced the process therapeutic. One of the main results was the identification of the different types of companions who were present at the consultations psychiatric disorders, reflecting the diversity of available social support and highlighting the importance of understanding the available support networks. A notable variation in the presence of companions in relation to psychiatric diagnoses was also observed, emphasizing the variations monitoring needs according to the nature of psychiatric disorders, suggesting the need for management strategies personalized treatment. This study also highlighted the influence of the presence of companions on doctor-patient communication and on adherence to treatment, in which the presence of family members often facilitated communication, allowing for a better understanding comprehensive history of the patient.

Conclusions: In conclusion, this study contributes to a more holistic understanding of mental health care provision, highlighting the importance to consider not only the patient, but also the support context in which they are inserted

Disclosure of Interest: None Declared

EPV1145

EPA 2024, Budapest - Abstract - ePoster Viewing Digital Psychiatric Innovations from a Business Perspective – new era, new business models

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Introduction: The advent of digital innovations in psychiatry has ushered in a new era in mental healthcare. These innovations offer the potential for enhanced diagnosis, treatment, and patient care. Establishing scientifically backed, dynamic, and adaptive

business models is necessary to launch sustainable innovations onto the healthcare market.

Objectives: This poster aims to provide a comprehensive understanding of the complex business-related challenges posed by digital innovations in psychiatry and to offer insights into potential strategies to address these challenges. The objectives include illuminating the dynamic landscape of digital psychiatric care from a business perspective.

Methods: A systematic review of the current literature was conducted, encompassing scholarly articles, industry reports, and expert perspectives. This method enabled the synthesis of insights regarding how digital innovations are reshaping the business models of psychiatric medical markets and the unique challenges.

Results: Digital innovations in psychiatry are catalyzing a transformation of business models in the field. Telepsychiatry, Digital platforms, VR technologies, and AI-driven diagnostic tools have expanded the reach of psychiatric services, potentially attracting new patient populations and offering innovative payment models. The opportunities presented by these technologies are promising. However, substantial challenges exist in parallel. Safeguarding data privacy and security is paramount, given the sensitive nature of patient information. Navigating the evolving regulatory, managing the costs associated with the adoption and maintenance of these technologies pose significant hurdles. Complex pricing structures and reimbursement models further add to the complexity of the challenges, necessitating adaptability and innovative strategies.

Conclusions: This poster underscores the dynamic and multifaceted nature of business models in the market of psychiatric innovations. While these innovations offer expanded service reach, improved patient engagement, potential for innovative payment models, addressing the business-related challenges is of utmost importance. Compliance with data privacy regulations, cost management, adaptability in pricing and reimbursement strategies are fundamental for psychiatric innovators. Proactive measures are pivotal as the mental healthcare field continues to embrace digital innovations. By addressing these challenges, the mental health industry can fully harness the transformative potential of these innovations to enhance patient care, improve access to services, and ensure the sustainability of high-quality psychiatric care. The evolving business models in psychiatry require astute management and innovation to thrive in this digital era.

Disclosure of Interest: None Declared

EPV1146

Fahr's Disease and its neuropsychiatrist manifestations: A case report

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Introduction: Fahr's Disease, also known as Fahr's Syndrome, is a rare genetically dominant disease, characterized by the abnormal accumulation of calcium deposits, or calcifications, in various areas of the brain, particularly the basal ganglia. These calcifications, which are typically bilateral and symmetrical, can lead to a wide range of neurological and psychiatric symptoms, making diagnosis

and management challenging. It usually manifests between the ages of 40 and 60, primarily after the age of 30.

Objectives: To contribute to the medical literature by sharing this rare case, thereby increasing awareness and knowledge about Fahr's Disease among healthcare professionals.

Methods: Non systematic review of the literature and access to the medical history of the patient.

Results: We present a case of a 42 year old woman, who came to our hospital with behavior changes, with increasing confusion and new mystical beliefs, insomnia and agitation.

According to the patient's husband, the patient sounded confused and inappropriate in her speech. The patient was admitted for evaluation of altered mental status. The patient was alert and oriented to person, place, time, and situation in the emergency department, with shudder while neurologically intact. The patient was unpolite, agitated.

Psychiatry was consulted for evaluation. We decided to admit the patient and did a posterior study with a CT scan and MRI. The MRI, as well as CT scan revealed "dense calcification of the dentate nuclei and the basal ganglia", highly suggestive of Fahr's syndrome. The patient's phosphorus level was 3.5 mg/dl (normal level: 2.5-4.5 mg/dl). Parathyroid hormone (PTH) intact was 53 pg/ml (normal level: 15-65 pg/ml), and calcium level was 10,3 mg/dl (normal level: 8.4-10.5 mg/dl). The vitamin D 25-hydroxy concentration was 43,5 ng/ml (normal level: 30-60 ng/ml).

Conclusions: In conclusion, Fahr's Disease is a rare and complex neurological disorder characterized by idiopathic calcification of the bilateral basal ganglia, resulting in a diverse range of neurological and psychiatric symptoms. Diagnosis involves clinical evaluation and neuroimaging, while treatment is primarily symptomatic. Further research is needed to better understand the underlying genetic and biochemical mechanisms driving calcification in the brain and to develop more effective therapeutic strategies for this challenging condition.

Disclosure of Interest: None Declared

EPV1147

Issues around vulnerability among people attended by a Portuguese community-based association: a qualitative secondary analysis

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Introduction: Despite vulnerability being a poorly understood concept is a key concept in health and social care disparities. Typically, vulnerable groups include individuals with physical and/or mental disabilities, children, the elderly, members of the lower social classes, and refugees. In Portugal, the pandemic was responsible for worsening inequalities in access to health and social care for the most vulnerable. To the best of our knowledge, there is a dearth of qualitative research on vulnerability from the viewpoint of those who are vulnerable or work with the most vulnerable.

Objectives: As expressions of vulnerability are strongly influenced by cultural factors, this study aims to examine issues of vulnerability

among people who attend and work in a Portuguese community-based association.

Methods: Secondary analysis of qualitative data from twelve vulnerable people and fifteen professionals who attended these people. The manifestations of the vulnerability reported by participants included being homeless, being a migrant, having an infectious disease, being drug dependent, living with socioeconomic difficulties (unemployment), and experiencing a process of loss and grief. They also reported having a mental or physical health problem, or both. Depression and anxiety were the most often reported mental health disorders. Regarding the academic background of professionals, most of them (n = 12) are from social sciences (e.g., social workers, social mediators, and psychologists).

Results: Three main themes emerged from the study: (1) meanings of human vulnerability; (2) barriers to vulnerability mitigation; and (3) approaches to addressing vulnerability. Our findings revealed that vulnerability is a very dynamic process of openness to conditions that impact individual outcomes. However, there is a conceptual gap: being vulnerable is perceived as something negative, but vulnerability also has the potential to change priorities in life for the better. Some participants emphasized the importance of self-care to avoid becoming vulnerable themselves, particularly in terms of mental health.

Conclusions: Understanding the social determinants of vulnerability is necessary to achieve satisfactory care for human groups. Practitioners need to be aware of these larger societal dynamics, understand them, and make sure their services are responsive to cultural differences. In order to develop interventions that promote social and health outcomes, practitioners should be encouraged to share knowledge on best practices.

Disclosure of Interest: None Declared

EPV1150

The importance of including ADHD in the differential diagnosis in adults. About a case

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Introduction: ADHD is a diagnosis almost always made in childhood or adolescence and oftentimes difficult to make it new in adults because it is not thought of in the differential diagnosis process and for the lack of experience from adult devices.

- ADHD in adults is characterized by symptoms of executive dysfunction, inattention, emotional dysregulation. The symptoms of impulsivity and hyperactivity tend to be less evident.

Objectives:

- Frequently, the adult patient with ADHD comes to the consultation with a secondary symptom and the primary pathology is hidden and often not evident at first glance.

Methods:

- A 20-year-old woman, university student, with no relevant medical or psychiatric history, without toxic habits, who

attended her first consultation referred by her primary care physician for long-standing insomnia, restless legs and anxiety.

- The patient's underlying complaint and her bigger concern is her poor academic performance. It is striking that she has just started her third year at the university, the first year she did not pass any subjects, the second year she changed majors and only passed two, now she is repeating the course.
- The examination did not reveal overt affective symptoms, nor psychotic symptoms or other notable psychopathology. The patient's speech tended towards superficiality, inconcretion, it was salty, it was difficult for her to express herself, even suggesting a certain intellectual disability.
- In the first consultation sleep study is requested. And referral to clinical psychology consultation for psychometric study.

Results:

- She is administered Clinical interview and WAIS IV (Adult Intelligence Scale), Trail Making Test, d2 and Stroop, Diagnostic Interview for ADHD in adults (inattention items).
- The WAIS-IV demonstrated global cognitive abilities within normality, although with significantly lower scores in the IMT and IVP indices which involve the functions of attention, concentration, mental control and short-term visual memory). Trail Making Test, d2, Stroop and Diagnostic Interview of ADHD in adults (inattention items) yielded profile results highly suggestive of Attention Deficit Disorder without Hyperactivity.
- The insomnia subsided with a regimen of 7.5 mg of mirtazapine per day. Subsequently, after starting treatment with low-dose methylphenidate (20 mg/day), the patient improved very significantly, both academic performance and social functioning and mood, self-esteem and subjective well-being.

Conclusions:

- We must always include ADHD in the differential diagnosis of a young adult patient when faced with a wide variety of consultation symptoms, especially if they report some type of deterioration or dysfunction in their social, family or academic life.
- An adequate clinical evaluation supported, if possible, by psychometric tests is essential to reach the diagnosis, which allows establishing an effective treatment that modifies the patient's overall prognosis.

Disclosure of Interest: None Declared

EPV1151

The future of psychiatry and psychotherapy - An Early Career psychiatrist's view

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Introduction: Psychiatry is one of the most fast developing and agile discipline within human medicine. But more work is necessary to complete these advances.

Objectives: I address the following questions:

How does the future of psychiatry look in the eyes of early career psychiatrists?

What strengths, weaknesses opportunities and threats will come?

And what can we learn from different mental health systems and regions?

Methods: Oral or written statements to the raised questions followed optimally by a discussion

Results: In low- and middle-income countries, a vast majority of people with mental disorders do not receive adequate treatment. Even in high income countries, roughly a third of people with severe forms of mental illness are not receiving the appropriate therapy. Laws concerning mental health are outdated in different countries. The protection of the human rights of the mentally ill is still incomplete and imperfect. The emphasis on economic gain and the digitalization of medicine in recent years has not helped. And new technical advancements such as artificial intelligence are becoming more important.

Conclusions: More discussion needs to be done on the identity and understanding of the psychiatric profession.

Disclosure of Interest: None Declared

EPV1152

Attitude and Perceptions of Healthcare workers regarding ionizing radiation

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Introduction: In operating rooms, the routine use of radiological procedures is commonplace. However, this essential tool brings about significant concerns for healthcare workers due to the associated radiological risks. Understanding healthcare workers' attitudes and perceptions about ionizing radiation is crucial for addressing these concerns.

Objectives: This study aims to assess the perceptions and concerns of healthcare workers regarding radiation risks and their practices in the operating room.

Methods: A cross-sectional study was conducted in February and March 2023 among the operating room staff of Habib Bourguiba University Hospital in Sfax, Tunisia. We used a self-administered questionnaire that included socio-professional data. Self-assessment of exposure risk and protection level against ionizing radiation was evaluated on a scale from 0 to 10, and attitudes were assessed using a 5-item Likert scale.

Results: Our study population consisted of 92 healthcare workers, with 54.3% being male. When asking operating room workers about the availability, accessibility, and quality of lead aprons, the median scores were 3 (IQR [0;6.5]), 2 (IQR [0;5]), and 2 (IQR [0;5]), respectively. The median self-assessment score for exposure risk was 8 (IQR [5.5; 10]), while the median self-assessment score for protection against ionizing radiation was 1 (IQR [0;3]). Sixty percent of the population had limited knowledge of the harmful effects of ionizing radiation, with a median self-assessment knowledge score of 1.5 (IQR [0;3]). Sixty-two percent reported concerns regarding radiological risks. In terms of practices, 44.5% of the staff maintained a distance from the radiation source during intraoperative radiography, and 21.7% used the

apron for protection. Dosimeters were not used by any of the participants. Concerns level was associated with self-assessment of exposure risk ($p = 0.027$).

Conclusions: In conclusion, awareness of the risks generates anxiety and concern among staff; however, it alone is insufficient to alter our practices. This underscores the imperative for a proactive approach in implementing robust safety measures and comprehensive training programs.

Disclosure of Interest: None Declared

EPV1153

Low back pain and psychological distress according to the job tenure among electricians

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Introduction: Low back pain (LBP) is common among electricians caused by work conditions. Even when symptoms are short-term and not medically serious, LBP can be associated with psychological distress.

Objectives: This study aimed to assess the link between LBP and psychological distress according to the job tenure among electricians.

Methods: The study was conducted in a group from a Tunisian Electricity society. Data were gathered between January-June 2022 using a self-administered questionnaire including socio-professional characteristics, the Nordic musculoskeletal questionnaire during the last 12 months and Kessler Psychological Distress Scale (K6). Our population was divided into two groups according to job tenure. The first group (G1) consisted of electricians with less than ten years of job tenure and the second (G2) consisted of electricians with more than ten years of seniority.

Results: G1 consisted of 10 participants with a mean age of 30.6 ± 6.7 years and with average job tenure of 3.3 ± 1.1 years. G2 consisted of 64 participants with a mean age of 40.7 ± 10.3 years and average job tenure of 17.4 ± 10.9 years. According to the Nordic musculoskeletal questionnaire, LBP during the last 12 months was present in the first and the second group in 30.8% and 14.3% of participants, respectively.

The proportion of respondents with high levels of psychological distress (K6 score of 13 or greater) in the first and the second groups was 10 % and 9.4% of participants, respectively. The presence of low back pain during the last 12 months was significantly associated with a high score of K6 in the second group ($p < 0.05$).

Conclusions: From the results of this study, we conclude that LBP was associated with psychological distress when the job tenure is high. Therefore, the prevention of LBP should go through programmes to build ergonomically safe working conditions to enhance the mental health of electricians.

Disclosure of Interest: None Declared

EPV1154

Musculoskeletal disorders and psychosocial risks among electricians

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Introduction: There is a growing concern about the link between musculoskeletal disorders (MSD) and psychosocial risk (PSR) among electricians. Both MSD and PSR represent a threat to the electrician's health, quality of life and productivity.

Objectives: This study aimed to assess the link between PSR and MSD among electricians.

Methods: The study was conducted in a group from an electricity society. Data were gathered between January-June 2022 using a self-administered questionnaire evaluating socio-professional characteristics, the Nordic musculoskeletal questionnaire during the previous year and the validated French version of the questionnaire KARASEK.

Results: Our study included 68 male electricians. The mean age was 39.2 ± 10.3 years. The average job tenure was 16 ± 11.4 years. According to the Nordic musculoskeletal questionnaire, 50% of participants experienced pain during the last 12 months.

About half of the electricians had high psychological demand (48.5%), 63.2% had a low latitude, and 76.5% had low social support. According to the Karasek model, tense electricians accounted for 26.5% and assets 22.1%. MSDs were associated with high psychological demand at work ($p = 0.02$).

Conclusions: This study demonstrated that PSR and MSDs are associated among electricians and are highly prevalent. They represent an important concern of the occupational and safety health system. The prevention of MSD should take into account the specific working conditions of electricians to reduce their exposure to psychosocial risk factors in the workplace.

Disclosure of Interest: None Declared

EPV1155

Medical fitness for work in physicians with psychiatric disorders

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Introduction: Being a doctor is a profession with special medical requirements. Therefore, the assessment of medical fitness for work

among physicians remains a complex decision, particularly for those with psychiatric disorders.

Objectives: To assess the fitness for work decisions among physicians with psychiatric disorders.

Methods: Descriptive and retrospective study including physicians with psychiatric disorders referred to the occupational department of the Charles Nicolle Hospital in Tunis for a medical fitness for work from January 1, 2018 to August 30, 2023.

Results: The study included 28 patients with a female predominance (sex ratio M/F at 0.3) and a mean age of 44.1 ± 12 years. Participants were general practitioners (N=12), junior doctors (N=10), specialists (N=5) and one dentist. They worked in the public health sector in 93% of cases, and had a mean professional seniority of 12.4 ± 9.3 years. A psychiatric history was found in 20 patients. Current psychiatric disorders recorded were: depression (N=15), bipolar disorder (N=7), anxiety-depressive disorder (N=4), personality disorders (N=1) and addiction (N=1). Concerning the fitness for work, six patients were fit for work and 11 were temporarily unfit. Job adjustments were proposed for 11 physicians, mainly night shift exemption.

Conclusions: Physicians are exposed to several occupational hazards and require strict medical qualifications. The impact of psychiatric disorders on medical fitness for work is considerable, and could be avoided by appropriate prevention by occupational health practitioners, starting from professional orientation.

Disclosure of Interest: None Declared

EPV1157

Facilitating effect of the hypnotically altered state of consciousness on decision-making in a situation modeling real-life

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Introduction: Numerous studies have shown a link between hypnotic susceptibility, the hypnotically altered state of consciousness, and the intensity of experienced emotions (De Pascalis et al., 1987; De Pascalis, Marucci, & Penna, 1989; Bryant & McConkey, 1989; Crowson, Conroy, & Chester, 1991; Crawford, Kapelis, & Harrison, 1995). One of the most suitable experimental psychological methods for modeling real-life decisional conditions is the Iowa Gambling Task (IGT) (Bechara, Tranel, & Damasio, 2000). Hypnosis has the potential to provide several benefits in decision-making, although there is limited scientific research on the subject.

Objectives: The main goal of this study was to determine if a hypnotically altered state of consciousness could affect decision efficacy in a real-life modeling situation.

Methods: Forty-eight healthy students (including 28 females and 20 males) from the University of Szeged participated in both the delayed punishment and delayed reward versions of the Iowa Gambling Task under alert and hypnotic states.

Results: During the mid-phase of the tasks while in hypnosis, notably higher performance levels were recorded compared to the alert state. In a simulated real-life scenario, the delayed reward had a more pronounced effect on decision-making efficiency than the delayed punishment. It became evident that the efficient decision-making strategy evolved more rapidly under hypnosis than in an alert state.

Conclusions: The hypnotic state of consciousness in an experimental decision situation modeling real life may accelerate the development of somatic markers, leading to earlier correct decision-making.

Disclosure of Interest: None Declared

EPV1158

The meaning of work for teachers in educational institutions in the department of magdalena

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Introduction: The psychosocial and mental health-oriented variables of people are determinants for their life in society and their roles within organizations, especially educational institutions that are endowed with social complexities.

Objectives: The objective of this research was to understand the meaning of work for teachers in educational institutions in the department in order to recognize elements such as the level of importance that work holds for them and the factors that either promote or hinder that centrality.

Methods: This is a descriptive study with a quantitative methodology, and the sample selection was done for convenience, taking into account ethical aspects such as the handling of confidentiality for both the individuals who participated in this study and the educational institutions involved.

Results: Regarding the meaning attributed to work by teachers, the results indicate that 29.6% of teachers declare themselves neutral when it comes to the statement that “the most important things in people’s lives are related to work”. 26.8% of teachers are neutral regarding the statement that “the primary function of work is to generate income”, and 17.9% somewhat agree. 20.7% disagree to some extent. 15.6% disagree with the statement that “people’s primary goals in life should be oriented toward work”. 25.1% of teachers are neutral, and 17.9% somewhat agree with the statement that “the main function of work is to enable interesting contacts with other people”. Only 11.7% strongly agree with the statement that “work is, in general, one of the most important things in people’s lives.”

Conclusions: It is concluded that there is a need to implement strategies that contribute to the strengthening of the teaching profession and contribute to improving educational quality

Disclosure of Interest: None Declared

EPV1159

Dissociative Identity Unveiled: A Case Report of 17 Distinct Identities Emerging in a Clear Timeline Following Trauma Events

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Introduction: Dissociative Identity Disorder (DID) is a complex and enigmatic mental disorder in which an individual maintains two or more distinct identities or personality states. We present a rare and captivating case report of a 27-year-old female patient who exhibited a remarkable 17 distinct identities, developed in a clear and unprecedented timeline following a series of specific traumatic events. The novelty of this case lies in the comprehensive documentation and analysis of the sequential emergence of these identities, offering valuable insights into the development and progression of DID.

Objectives: Our aim in presenting this case study is to offer a unique presentation to the constantly evolving understanding of DID. This case offers insight and provokes the need for research into the traumagenic nature of DID. This case showcases the influence on the chronological evolution of the patient's 17 identities following a multitude of traumatic events.

Methods: Structured interviews, psychiatric assessments, and psychological measurements, including self-reported measures of the Dissociative Experiences Scale, were employed to assess the identities and their individual experiences of the traumatic events. The patient was diagnosed with DID and received treatment including pharmacotherapy, psychoeducation, and trauma-focused psychotherapy. As a result of the therapeutic process, the patient was able to develop a higher sense of self-awareness and thus was able to integrate their 17 fragmented identities into a single host identity, demonstrating improvement in the functioning of interpersonal relationships.

Results: The patient's history reveals that the onset of her DID was linked to a traumatic event that occurred during early childhood, triggering the emergence of her first alternate identity. Over time, additional identities manifested, each appearing to serve as a coping mechanism to contend with the psychological distress stemming from subsequent significant trauma episodes. This case report meticulously outlines the chronological development of these identities and explores the distinct characteristics, behaviors, and roles assumed by each personality.

Conclusions: This case report offers valuable information on the complex development and pathogenesis of DID with a trauma influence. The presentation of this patient may lead to further research and more tailored therapeutic interventions for individuals suffering from DID.

Disclosure of Interest: None Declared

EPV1161

Emotional intelligence in teachers of educational institutions in the department of Magdalena

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Introduction: Psychosocial and mental health-related variables are crucial determinants of individuals' lives in society and their roles within organizations, especially in educational institutions that are characterized by social complexities. In this regard, this research aims to determine the levels of emotional intelligence among teachers in educational institutions in the Department of Magdalena.

Objectives: Determine the levels of emotional intelligence among teachers in educational institutions in the Department of Magdalena

Methods: Methodologically, it is situated within the empirical-analytical paradigm with a quantitative approach, using the descriptive method. A convenience sample of 179 teachers was used, and the TMMS-24 questionnaire was administered.

Results: The results revealed that 37.7% of the teachers completely agree, and 30.9% strongly agree with the statement that they pay a lot of attention to their feelings. On the other hand, only 12.2% somewhat agree, and 1.2% strongly disagree with the statement that they normally worry about what they feel.

Additionally, 33.9% agree with the statement that they usually take time to think about their emotions, while 25.6% somewhat agree, and only 1.2% strongly disagree with the statement that it is worth paying attention to their emotions and mood. Furthermore, 6.4% agree, and 5.2% strongly agree with the statement that they let their feelings affect their thoughts.

As for thinking about their mood constantly, 16.7% strongly disagree, and 39.1% somewhat agree. Moreover, 6.9% strongly disagree, and 21.4% somewhat agree with the statement that they pay a lot of attention to what they feel.

Only 1.1% strongly disagree with being able to frequently define their feelings, and only 1.7% strongly disagree, and 10.2% somewhat agree with the expression "I often become aware of my feelings in different situations." 34.1% strongly agree, and 26.6% completely agree with the statement "I can always tell how I feel." Finally, 5.1% strongly disagree, and 19.4% somewhat agree with the statement "Sometimes I can tell what my emotions are."

Conclusions: In conclusion, the study emphasizes the importance of teachers' emotional intelligence and its potential impact on their performance and students' learning outcomes. It also highlights the need for intervention strategies to strengthen this psychosocial variable in educational institutions in the Department of Magdalena.

Disclosure of Interest: None Declared

EPV1164

Understanding Attitudes and Perceptions Towards Blood Donation in Greece: An Analysis Aligned with the Health Belief Model

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Introduction: This study explores attitudes toward blood donation in Greece, where maintaining an adequate supply is challenging. Using the Health Belief Model, we examine factors like perceived severity, vulnerability, and self-efficacy.

Objectives: The main aims of this study are to assess public perceptions and barriers concerning blood shortage in Greece, and to identify motivators and self-efficacy levels for regular blood donation.

Methods: A cross-sectional study was conducted using a self-administered questionnaire distributed to a sample of Greek adults. The questionnaire was designed based on the constructs of the Health Belief Model and included questions related to perceived severity, vulnerability, self-efficacy, and barriers and facilitators to blood donation. Descriptive statistics were used to analyse the responses, calculating means and standard deviations (SDs) for each variable.

Results: Perceived Severity and Vulnerability

Participants in our study show a heightened awareness of the severity of blood shortages, especially in summer months and during increased surgical interventions. They also acknowledge Greece's dependency on more than just voluntary donations to meet blood supply needs. These findings align with the Health Belief Model's constructs of perceived severity and vulnerability, suggesting avenues for promoting donation.

Perceived Benefits and Barriers

A significant 74% of participants believe they can regularly donate blood and plan to do so in the next six months. However, fear of needles, health concerns, and fears of transmissible diseases act as barriers. According to the Health Belief Model, targeting these barriers could facilitate blood donation.

Self-Efficacy

A high percentage (74%, SD=5) of participants displayed strong self-efficacy, suggesting they are likely to engage in blood donation if encouraged. This aligns with the Health Belief Model's emphasis on self-efficacy as a motivator for health actions.

Cues to Action

Participants identified informational campaigns, digital reminders, and social encouragement as cues to action, with a disfavor for financial incentives. These cues could serve as triggers for blood donation, consistent with the Health Belief Model.

Conclusions: By aligning these findings with the Health Belief Model, it becomes evident that there are strong perceptions of severity and vulnerability, but also considerable barriers to

overcome. The high self-efficacy among participants and the cues to action identified could serve as bases for targeted interventions to improve blood donation rates.

Disclosure of Interest: None Declared

EPV1165

Knowledge, attitudes, and beliefs about psychotropic medication among patients with mental disorders

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Introduction: Non-adherence to treatment is a major concern for mental health professionals. Knowledge of prescribed medications can influence patients' willingness to adhere to them.

Objectives: The aim of this study was to assess the knowledge of patients with mental disorders about their prescribed medication and to evaluate their attitudes and beliefs toward treatment.

Methods: Our quantitative descriptive study involved 52 patients hospitalized in the psychiatric "C" department of the Hedi Chaker University Hospital in Sax between the 23rd and 30 October 2023. Excluded were aggressive patients, those who were unable to communicate, and those who refused to participate. Thirty-nine patients were included. For each patient, we collected socio-demographic, clinical, and disease progression data, as well as information, beliefs, and attitudes concerning the prescribed treatment.

Results: The mean age of our patients was 35.49 ± 10.24 years, with an exclusively male sample. Most patients had no occupation (69.2%). Only 10.3% were married. Over half of the patients had achieved primary school (61.5%) and lived in rural areas (64.1%). The mean duration of the mental disorder was 10.69 ± 9.07 years. Patients were hospitalized 3.62 times on average. The most frequent diagnoses were schizophrenia (35.9%) and bipolar disorder (33.3%). More than half of the patients (61.5%) knew the color and shape of the prescribed medication, and 48.2% knew the name and dose.

The source of treatment information was mainly doctors (33.3%) and family members (15.4%). Adherence to treatment was poor in 69.2% of cases. The majority of patients denied stopping treatment and 12.8% reported that they stopped treatment because of financial difficulties. Twenty-four patients confirmed that taking the treatment made people see them differently and that they preferred not to reveal they were taking it. Two-thirds of patients reported that the treatment relaxed them (71.8%) but could be stopped when they felt better (69.2%).

Conclusions: It is essential for mental health professionals to develop and implement effective intervention strategies that maximize therapeutic impact and reduce the risk of relapse.

Disclosure of Interest: None Declared

EPV1166

The relationship between childhood trauma and adulthood anxiety and depression among Tunisian university students

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Introduction: Traumatic childhood has increasingly high incidence rates and can be predictive of negative health outcomes. There is a large consensus indicating that childhood trauma is significantly involved in the development of mood disturbances in adulthood.

Objectives: The aim of this study was to examine the relationship between retrospectively recalled childhood trauma and adulthood anxiety and depression in a sample of undergraduate university students.

Methods: A cross-sectional study was conducted among a sample of 365 university students randomly selected from 8 universities in Sfax (Tunisia). Information about childhood maltreatment, depressive and anxiety symptoms were gathered through the Childhood Trauma Questionnaire-Short Form (CTQ-SF), and the Hospital Anxiety and Depression Scale (HADS) respectively. To test the hypothesis, examining the relationship between anxiety, depression, and childhood trauma, we used Spearman's correlation test. Multivariate logistic regression models were used as well.

Results: The mean age of our participants was 20.3 years. More females (68.2%) than males participated in the study. Our findings showed that the five childhood trauma subtypes (emotional abuse and neglect, physical abuse and neglect, sexual abuse) were significantly correlated with anxiety and depression symptoms severity ($p < 0.01$). Emotional abuse was the strongest risk factor for adulthood anxiety symptoms (OR=6.002, 95% CI= [3.238; 11.125]) while emotional neglect was the strongest risk factor for depressive symptoms in adulthood (OR=6.214, 95% CI= [3.428; 11.267]). Multivariate analysis revealed that, in subjects with childhood trauma, scores of anxiety symptoms were positively and highly associated with the severity of emotional abuse (adjusted B=1.438, 95% CI= [1.951; 9.092], $p=0.000$). Depression symptoms severity were as well positively correlated with severity of emotional abuse (adjusted B=0.848, 95% CI= [1.043; 5.224], $p=0.039$), and severity of emotional neglect (adjusted B=1.044, 95% CI= [1.263; 6.389], $p=0.012$).

Conclusions: This study highlighted the relevance of childhood trauma as a factor contributing to anxiety and depression in adulthood. Thus, early psychological support of victims of childhood trauma can reduce the rate of anxiety and depression among these subjects.

Disclosure of Interest: None Declared

EPV1167

Acute Stress Disorder among Tunisian Population in the Palestine-Israel War

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Introduction: The Gaza-Israel conflict has far-reaching consequences that extend beyond the immediate geographic confines of the conflict zone. This war certainly has repercussions on people who follow it via the media.

Objectives: To study the prevalence of acute stress disorder among Tunisian people and determinate the factors associated to it.

Methods: It was a cross-sectional, descriptive and analytical study, conducted among Tunisians. Data were collected during October and November 2023, through an anonymous online questionnaire, spread throughout social media (Facebook/Instagram), using the Google Forms® platform.

We used the the National stressful Events survey acute Stress Disorder Short scale (NSESSS) to assess the severity symptoms of acute stress disorder .

The National Stressful Events Survey Acute Stress Disorder Short Scale (NSESSS) is a 7-item patient assessment measures that assesses the severity symptoms of acute stress disorder in individuals age 18 and older following an extremely stressful event or experience.

Results: A total of 1091 participants completed the questionnaire. The participants had a mean age of 32.7 ± 9.8 years. More females (77.7%) than males (22.3%) participated in the study with a sex ratio (F/M) = 3.5. They were divorced in 2.1% .A history of psychiatric follow-up was found in 19,5% of case.

Results demonstrated that 100% of the respondents closely monitored the war, primarily relying on social media (98.6%) as their primary source of information.

According to the NSESSS ,83.4% of the participants had an acute stress disorder. The breakdown of acute stress disorder severity indicated that 29.7% experienced mild symptoms, 27.5% moderate, 21.6% severe, and 4.6% extreme symptoms.

The factors associated with high score of NSESSS were: female sex ($p=0.000$), the divorced people ($p=0.001$)and previous history of psychiatric follow-up ($p=0.000$)

Conclusions: These findings indicate a substantial impact of the Palestine-Israel conflict on the mental well-being of the Tunisian population, as evidenced by high rates of acute stress disorder.

Understanding the heightened prevalence of acute stress disorder among different demographic groups following such international conflicts is crucial for developing tailored interventions to support the mental health and well-being of affected individuals.

Disclosure of Interest: None Declared

EPV1168

The Delicate Balance: Aptitude of Physicians with Psychiatric diseases

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Introduction: The delicate balance between the need to ensure quality patient care and the reality of physicians dealing with psychiatric diseases poses a major challenge within the medical field. This issue raises fundamental ethical, legal, and medical questions, highlighting the complexity of decision-making regarding professional aptitude for practitioners affected by mental disorders.

Objectives: To examine the impact of psychiatric diseases on the medical aptitude of physicians.

Methods: This was a retrospective descriptive study that focused on physicians with psychiatric diseases referred to the occupational pathology clinic at Charles Nicolle Hospital in Tunis for medical evaluations of their work aptitude between January 1, 2021, and September 15, 2023.

Results: During the study period, we collected data from 20 patients. The mean age was 38 ± 11 years, with a sex-ratio (F/M) of 4.5. Five examined physicians had family histories of psychiatric disorders. Medical specialties were the most represented (N=17), including three general practitioners, two family medicine practitioners, and two anesthesiologists. The study population included 10 residents, eight hospital assistants, and two medical interns. The most common psychiatric diagnosis was depression (N=7), followed by bipolar disorder (N=5). The medical treatment prescribed was combinations of antidepressants and anxiolytics in seven cases, antipsychotics in five cases, and antidepressants in two cases. Medication adherence was noted in 10 physicians. Fourteen physicians had taken long-term sick leave, with an average duration of 203 days. Five physicians were declared fit to continue their regular professional activities, seven physicians were declared fit with restrictions on night work, and one physician was declared fit with workplace accommodations.

Conclusions: This study highlights the challenges surrounding the medical aptitude of physicians with psychiatric diseases. However, it is imperative to promote mental health awareness and to implement support measures to ensure both compassion for physicians and patient safety.

Disclosure of Interest: None Declared

EPV1169

Assessment of the Capability of Artificial Intelligence for Psychiatric Diagnosis

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Introduction: Psychopathological exploration (PPE) involves an assessment of the mental state of patients, where psychological signs and symptoms are analyzed, which collectively form a syndrome. To conduct this assessment, the clinician must utilize their expertise to identify the presence and authenticity of a series of symptoms that, once recognized, allow for a diagnosis (1). The presence of this subjective component could explain why, despite the continuous growth of artificial intelligence (AI), its application in clinical psychiatry practice remains limited. However, the combination of the clinician's work with AI could enhance diagnostic accuracy and our understanding of diseases (2).

Objectives: The objective of this study is to investigate whether AI can make accurate diagnoses through an initial psychopathological evaluation.

Methods: A random sample was selected from our medical records of all patients admitted to our acute mental health inpatient unit through the hospital's emergency services in the year 2022. An anonymized database was created, including sociodemographic information, the results of the psychopathological assessment in the emergency department, and the diagnosis at the time of discharge. The psychopathological assessment conducted in the emergency department was provided to the AI chatbot ChatGPT, with a request to establish a diagnosis according to the DSM-5. Diagnoses such as brief psychotic disorder, schizophreniform disorder, and schizophrenia were considered, given their acute symptom similarities, as well as major depressive disorder (unipolar) and bipolar disorder. The level of agreement between both diagnoses was evaluated using the kappa coefficient.

Results: The sample consisted of 15 patients, of whom 60% were male, with a mean age of 45 years (standard deviation = 15.6). 73.3% of the patients had prior mental health follow-up, and 66.7% had been previously hospitalized. Diagnoses included psychotic disorder in 33.3% of cases, bipolar disorder with manic episode in 26.7%, depressive disorder in 13.3%, delusional disorder in 13.3%, schizoaffective disorder in 6.7%, and borderline personality disorder in 6.7%. A kappa value of 0.561 was obtained, indicating a moderate degree of agreement between the diagnoses.

Conclusions: Despite the inherent subjectivity in psychopathological assessment, this study suggests that AI, in the form of natural language processing chatbots like ChatGPT, can be a useful tool to assist mental health professionals in the diagnostic process. While AI shows promising potential, it should not entirely replace the experience and clinical judgment of mental health professionals. Instead, the importance of potential collaboration between AI and clinicians for achieving more precise and comprehensive diagnoses is highlighted.

Disclosure of Interest: None Declared

EPV1172

Dermatitis artefacta in a 60 year old man: a case report

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Introduction: Dermatitis artefacta (DA), also known as factitious dermatitis, is a condition among factitious disorders, whereby self-

induced skin damage is the means used to satisfy a conscious or unconscious desire to assume the sick role, particularly in those with an underlying psychiatric diagnosis or external stress. DA should be distinguished from malingering, in which skin damage may be inflicted for the purpose of secondary gain.

Objectives: Review what dermatitis artefacta and factitious disorders in general consist of and the challenges they present.

Methods: Presentation of a patient's case and review of existing literature, in regards to factitious dermatitis and factitious disorders.

Results: In general, in regards to factitious disorders in literature, the majority of patients were female with mean age at presentation at thirty. A healthcare or laboratory profession was reported most frequently, as well as a current or past diagnosis of depression was described more frequently than personality disorder in cases reporting psychiatric comorbidity, and more patients elected to self-induce illness or injury than simulate or falsely report it. Patients were most likely to present with endocrinological, cardiological and dermatological problems. In our patient's case, common factors described previously are dermatological lesions, comorbid psychiatric disorder and the beginning of the disorder at an earlier age.

Specifically, when it comes to DA, the hallmarks of diagnosis include self-inflicted lesions in accessible areas of the face and extremities that do not correlate with organic disease patterns. Importantly, patients are unable to take ownership of the cutaneous signs.

Management in these cases is challenging, and different modalities may be employed, including topical therapies, oral medications, and cognitive behavioural therapy; adopting a multidisciplinary team approach has been shown to be beneficial in allowing patients to come to terms with their illness in an open, non judgmental environment.

Conclusions: DA is a rare cutaneous condition that must be considered when the clinical presentation is atypical and investigations do not yield an alternate diagnosis. Few are referred to psychiatric services and even fewer accept care. They have a protracted course, complicated by repeated hospitalizations, ultimately leading to their premature deaths. Clear guidelines on the management of these patients need to be set to protect both patients and providers in light of the ethical and legal considerations.

Disclosure of Interest: None Declared

EPV1174

Exploring Exercise Intervention as a Therapeutic Catalyst within the Mental Health and Addiction Program in Nova Scotia: A Proof-of-Concept Study

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Introduction: Many mental health conditions, including anxiety, mood disorders, and depression, can be effectively treated at a relatively low cost. Exercise interventions can be a therapeutic strategy, but even though exercise has consistently been shown to improve physical health, cognitive function, and psychological

well-being, as well as reduce depression and anxiety symptoms, this intervention is often neglected in mental health care services.

Objectives: The study aims to assess the feasibility of incorporating an Exercise Intervention Program (EIP) as a therapeutic pathway within the Mental Health and Addictions Program (MHAP) in Nova Scotia, as well as to evaluate the effectiveness of the program on mental health outcomes and incremental costs, and the patient acceptability and satisfaction with the program.

Methods: This proof-of-concept study has a pragmatic, prospective, controlled observational design with an embedded one-phase qualitative component. Patients with a primary diagnosis of depression or anxiety attending the Rapid Assessment and Stabilization Program (RASP, Halifax, Nova Scotia, Canada) will be offered to receive 60-minute exercise sessions three times per week, per 12 weeks. Patients with similar mental health conditions that have opted to wait for Cognitive Behavioral Therapy (CBT) with the community provider and declined from the EIP will be part of the control group. A certified recreational therapist will conduct the EIP. Participants of both groups (EIP and control condition) will be assessed at baseline and then weekly for four weeks, six weeks and then at 12 weeks post-enrollment. Primary outcomes include differences in the mean change in functional (well-being, resilience, and recovery) and symptom variables (depression, anxiety, and suicidal risk), which will be assessed through online validated scales/questionnaires. Service variables (patient acceptance and satisfaction) and health care utilization (crisis calls, emergency department visits, hospital admissions and readmissions, length of stay for each admission) will comprise the secondary outcomes.

Results: The results of the study will provide information about the effectiveness of EIP in the treatment of anxiety and depression compared to those only wait-listed to receive CBT or counselling from a CMHA provider. The study will also inform about the acceptability and satisfaction of the EIP, as well as the incremental cost-effectiveness of the intervention compared to the control condition.

Conclusions: This proof-of-concept study will demonstrate the effectiveness of EIP as an adjunctive or alternative therapeutic option for the treatment of anxiety and depression in patients seeking mental health support from the MHAP in Nova Scotia.

Disclosure of Interest: None Declared

EPV1175

Negative factors of personality hardiness that effect on ability to control situation and cope with the stress

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Introduction: Personality hardiness expresses the characteristics that help to overcome stress and achieve well-being.

Objectives: This study focused on the Hardiness as the important personality trait, which allow coping with stress and the relationship of empathy, emotional sensitivity and the personality hardiness.

Methods: 88 healthy volunteers, students aged 17 to 26 years (mean age = 19, SD = 1,69), participated in this study. We used Cloninger's Temperament and Character Inventory (TCI), the Maddi Hardiness Survey (adapted by Leontyev), Buss Perry Aggression Questionnaire (BPAQ), the Barratt impulsiveness scale (BIS-11), Maslach Burnout Inventory (MBI), the Questionnaire Measure of Emotional Empathy (QMEE).

Results: The cluster analysis was used to identify groups of hardy personalities. We demonstrated a negative relationship between hardiness and depression and burnout. It revealed significant differences between these groups by the following traits: Attention (BIS-11), Self-Control (BIS-11), Cognitive Complexity (BIS-11), Hostility (BPAQ), Exploratory activity (NS1 TCI), Shyness of strangers (HA3 TCI), Resourcefulness (S3 TCI). Regression analysis was used to identify Hardiness factors and to build the following regression models. For the first group the models describe 100% of dispersion (R-square=1,000, Durbin-Watson statistic = 1,419) and are:

$Control = -16,998 - 2,922 \cdot C2 + 3,549 \cdot C5 + 3,264 \cdot CI + 0,723 \cdot ST2 + 0,747 \cdot S4 - 0,306 \cdot SC + 0,166 \cdot RD3 - 0,020 \cdot C - 0,003 \cdot NS2$, where $C2$ – scale Empathy (TCI), $C5$ – scale Principles (TCI), CI – cognitive instability, $ST2$ – Transpersonal identification scale (TCI), $S4$ – Self-acceptance (TCI), SC – Self-Control (BIS-11), $RD3$ – Social attachment (TCI), C – Cooperativeness (TCI), $NS2$ – Impulsive decision making (TCI).

The *Hardiness* model described 50% (R-square=0,456) of dispersion: $Hardiness = 63,527 - 4,080 \cdot C2$, where $C2$ – Empathy scale (TCI) ($p=0,003$).

The regression models of the second group explain 50% of group dispersion (R-square=0,512) and are Independent variables significance $p<0,05$:

$Challenge = 12,484 + 0,389 \cdot SC + 0,197 \cdot EE - 0,702 \cdot RD1 - 0,206 \cdot A$, where SC – Self-Control scale (BIS-11), EE – Emotional Empathy (Personality test of Emotional Empathy), $RD1$ – Sentimentality scale (TCI), A – Anger (BPAQ).

The *Hardiness* model describes 35% of dispersion (R-square=0,364, Durbin-Watson statistic = 2,066):

$Hardiness = 100,352 + 0,941 \cdot SC - 0,527 \cdot H$, where SC – Self-Control scale (BIS-11) ($p=0,009$), H – Hostility scale (BPAQ) ($p=0,021$).

Conclusions: Thus, the attention and self-control problems, hostility, cognitive complexity and shyness have a negative impact on hardiness. Our results suggest that the excessive use of empathy leads to decrease of ability to control situation and cope with the stress.

Disclosure of Interest: None Declared

EPV1176

Somatic disorders in patients followed for a psychiatric disorder at the Ar Razi hospital in Morocco

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Introduction: Somatic disorders in patients suffering from psychiatric disorders have become an important issue in the overall care of these patients

Comorbidity studies show that 30 to 60% of patients consulted or hospitalized in psychiatry present an associated organic pathology. However, the detection of somatic conditions in psychiatric patients remains too late and this exposes them to sometimes lethal somatic complications

Objectives: To evaluate the prevalence of somatic disorders in patients followed for a psychiatric disorder at Ar Razi hospital in Salé – Morocco, and to determine the associated factors

Methods: We carried out a cross-sectional study with 80 patients followed for a psychiatric disorder at Ar Razi hospital in Salé presenting clinical signs in favor of an organic pathology and transferred for specialized advice to the medical-surgical services, in the period from September 1st, 2022 until August 31st, 2023.

Results: Most of our patients were male (65%) with ages ranging from 18 to 65 years. Addictive behaviors were found in more than half of our patients.

The most frequent reasons for requests for advice from medical-surgical services was the suspicion of an organic cause of psychiatric symptoms in 25% of cases or the presence of an organic warning sign in 30% of cases.

The comorbidity of somatic illness and psychiatric disorder was noted in 35% of cases.

Somatic comorbidities were essentially: infections and cardiovascular diseases.

Side effects of psychotropic drugs were predominantly neurological in 40 % of cases

Conclusions: Somatic comorbidities in patients hospitalized or in consultation in psychiatric hospitals are very common, often unrecognized, hence the need for early screening in order to improve care.

Disclosure of Interest: None Declared

EPV1178

Introduction of Hungarian Association of Psychiatric Trainees - EPA - Hungarian NPA Joint Symposium

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Introduction: The purpose of my presentation is to introduce the Hungarian Association of Psychiatric Trainees (HAPT), - our NAT - to you, which includes residents and young specialists within five years of training.

Objectives: Currently we have 108 members, from 15 cities and villages throughout Hungary, and one person is working in Denmark. The vast majority (58 %) of the members are from Budapest, our capital city. There are 14 members, who are young specialists, the others are doing residency training. We have 21 members who are working in child and adolescent psychiatry.

HAPT has been existed since 2013, so in the previous years, our founder members have reached the point when they no longer meet the criteria of being 'psychiatric trainee' or 'young specialists', however every year we encourage the new residents to join us.

Methods: -

Results: OUR DUTY: The main goals of HAPT are educating ourselves, forming a community and making connections with colleagues country-wide and last but not least, trying to stand up for our interests, when needed.

Throughout the year we organize educative presentations about topics that are somehow left out of focus during the official training program. Every year our main event is a three-day long weekend, where we can go deeper into a couple of topics via presentations or workshops, and it is also a great opportunity to get to know each other better.

We also organize case-discussion-groups according to the Balint method, considering the residents' daily difficulties and trying to pay more attention to their mental well-being.

Last year we tried some other ways to broaden our perspectives in the form of cultural events, when we watched a movie or a play and then discussed it together as a group, had been led by a psycho-therapist.

HAPT is part of the Hungarian Psychiatric Association and the relationship between the two Organizations has a constantly changing dynamics – in some ways we are trying to be more independent, however, there are common goals that are important for all of us, for example being present on at international events.

Conclusions: FUTURE GOALS: One of our future plans include being more active in the European community, like getting to know the EFPT or the ECP better. This conference is a perfect opportunity for all of us to make new professional connections.

Disclosure of Interest: None Declared

EPV1179

Exploration of dreams in Charaka Samhita – an Ayurveda text and their content analysis of prodromal dreams in various conditions

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Introduction: Research into dreams, have shown the association between increased frequency of distressing dreams, specific content themes (analysed using the Hall Van de Castle system) and greater incidence of progression of neurological conditions and dementia. The history of predicting illnesses by the content of dreams, in the western world is popularly traced backed to the ancient Greek medicine. This stimulates the curiosity if any such practices existed in the ancient medical practises of the eastern world. Ayurveda is one such traditional system of medicine, that is native to the Indian subcontinent. Charaka Samhita is one of the oldest texts on Ayurveda consisting of 8 sections and 120 chapters totally. This text was selected for the purpose of this review, with the line of enquiry such as what does Ayurveda say about dreams associated with illnesses? What are the contents of such dreams? Furthermore, the dream content analysis was done using the Hall Van de Castle system, which is probably the first time being done on an Ayurveda text content.

Objectives: 1) To explore if, Charaka Samhita mentions, describes dreams in relation to illnesses, stages of illnesses and their prognosis. 2) To analyse content of the dreams seen in prodromal stage of illnesses.

Methods: 1-The Charaka Samhita text was scanned chapter by chapter, to answer the questions- a) What are the types of dreams? b) Are any associated with illnesses? c) Are any dreams mentioned in the prodromal stage of illnesses? d) What do they imply? e) What are their contents? 2- The contents of prodromal dreams were analysed against the categories of Hall Van de Castle system.

Results: As per Charaka Samhita, the types of dreams are, i) those based on what was seen ii) heard iii) reflected upon iv) desired v) imagined vi) those of prophetic type and vii) those caused by illnesses. Specific dreams in the prodromal stage, predict manifestation of specific illnesses (mild or fatal). In the diverse dream contents (18 themes mentioned) ranging from things animals to gods and demons, except the elements of the past, rest of the general categories occur, at least once. The categories characters, objects, activities and social interactions were more common than the rest.

Conclusions: Thus akin to the ancient Greek medicine, Ayurveda too had the practice of predicting illnesses based on the dream contents.

Disclosure of Interest: None Declared

EPV1180

Subjective discomfort and lack of volitional drive with neuroleptic pharmacotherapy - a phenomenological case study

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Introduction: In comparison to extrapyramidal and metabolic side effects, the subjective aspects of neuroleptic treatment have been less extensively researched. Nevertheless, they are equally significant given their potential to influence adherence and functional outcome. Historically, terms such as “neuroleptic dysphoria,” “neuroleptic-induced psychic indifference,” and “neuroleptic-induced deficit syndrome” were used to characterize a range of unpleasant mood states on the one hand and a documented and observable motivational deficit on the other. The latter aligns with the findings from preclinical neuroscientific studies and animal models highlighting the significant involvement of mesolimbic dopamine in motivational processes. Despite an abundance of anecdotal data these adverse effects are often undetectable in large-scale clinical studies that utilize standardized assessment measures.

Objectives: To present adverse subjective changes in arousal, mood and volitional drive resulting from neuroleptic intake from a patient's perspective.

Methods: The subject is a patient, with no reported negative symptoms or lasting functional impairment described, who underwent a gradual 6-month discontinuation of risperidone in an outpatient setting following a complete recovery after a single psychotic episode. A semi-structured interview modelled after

The Clinical Assessment Interview for Negative Symptoms (CAINS) was conducted. We aimed to elicit descriptions of the subjective experience while ensuring our approach remained non-suggestive.

Results: In addition to describing potential akathisia and lethargy at higher doses, the subject reported a significant lack of motivation and a notably reduced willingness to exert effort towards achieving specific goals or engaging in activities that he still found rewarding or pleasurable. Furthermore, he consistently noted gradual improvements across various psycho-social aspects following the discontinuation of the medication. These adverse and unpleasant experiences were presented as the primary reason for wanting to discontinue pharmacological treatment.

Conclusions: Certain adverse effects of antipsychotic medications can only be elucidated by the clinician through the examination of the patient's subjective experiences. Medication induced dysphoria and volitional deficits have the potential to profoundly impact treatment adherence, leading to unrecommended discontinuation of neuroleptics, and can cause important functional impairment.

Disclosure of Interest: None Declared

EPV1182

Association of prosocial personality traits with symptoms of depression, anxiety and stress in psychiatric nurses; Single-centre cross-sectional study in Croatia

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Introduction: Symptoms of depression, anxiety and stress are more common in the population of nurses working in psychiatric hospitals than in many other segments of the health care system. These three elements of psychological distress (depression, anxiety, stress) may reduce the nurse's ability to establish quality therapeutic relationships with patients, which are very important in the treatment of mental disorders. Some studies suggest that prosocial personality traits may have a protective role. Other research suggests that high levels of empathy, for example, may increase secondary traumatisation and lead to more pronounced symptoms of distress.

Objectives: The main objective of the study was to examine the association of prosocial personality traits with symptoms of depression, anxiety and stress in nurses employed in a psychiatric clinic. The hypothesis was that more pronounced prosocial personality traits are associated with a lower expression of symptoms of depression, anxiety and stress.

Methods: The target population were nurses employed in a psychiatric hospital working directly with patients. No sample was selected, but the whole available population was invited to participate. The independent variable was prosocial personality traits measured by the Prosocial Personality Battery (PSB). The outcome was symptoms of distress (depression, anxiety and stress) measured

using the Depression, Anxiety, Stress Scale-21 (DASS-21). The hypothesis was tested using three linear regression analyses.

Results: Total of 63 MST were included with a median (interquartile range) age of 34 (24-42) years. Prosocial personality traits were statistically significantly associated with scores on the DASS-21 subscale measuring depression: personal distress (PD) ($r = 0.32$; $P = 0.01$) and self-reported altruism ($r = 0.30$; $P = 0.02$). Only the subscale measuring the specific personality trait of personal distress (PD) was statistically significantly correlated with the scores of the other two DASS-21 subscales, anxiety and stress (anxiety: $r = 0.54$; $P < 0.001$; stress: 0.46 ; $P < 0.001$). Helpfulness was negatively related to anxiety ($b = -0.29$; $P = 0.03$).

Conclusions: This research partially confirmed the hypothesis that stronger prosocial personality traits are associated with a lower prevalence of symptoms of depression, anxiety and stress in the MST of employees in a psychiatric clinic.

Disclosure of Interest: None Declared

EPV1184

Factors Driving the Emigration Intentions of Young Tunisian Medical Professionals

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Introduction: Emigration has a substantial impact on Tunisia's healthcare sector. Graduates, including medical students at different educational levels, as well as general practitioners and specialists, often choose to emigrate. Some do so to pursue further studies abroad, while others seek careers and settlement primarily in Europe. This phenomenon exerts a significant influence on the quality of healthcare systems in their home countries.

Objectives: To evaluate the inclination to emigrate among medical residents employed in Tunisian healthcare institutions and to identify the factors associated with this intention.

Methods: This is a descriptive cross-sectional study conducted among medical residents undergoing their training in various healthcare facilities in Tunisia. The study employed an online questionnaire to assess the degree of satisfaction with various aspects of their professional life and the socio-economic situation in the country, as well as their intention to emigrate. Satisfaction levels were measured using a 4-point Likert scale, ranging from "very dissatisfied" to "very satisfied".

Results: A total of 50 physicians participated in the survey. Among them, 72% were female, 80% were single, with an average age of 27.72 years at the time of the study. Regarding their professional status, 84% worked in university hospitals, 16% specialized in surgery, 40% specialized in medicine, and 44% were family physicians. The majority were students from the Faculty of Medicine in Sfax (56%), with 30% in Monastir, 8% in Tunis, and 6% in Sousse. The study found that 68% of medical residents expressed an intention to emigrate. Among the participants, 74% were dissatisfied with their working conditions, and 68% were dissatisfied with workplace safety. Additionally, 84% were dissatisfied with their

salaries, 40% with their workload, 54% with supervision, and the quality of training provided in their hospitals. The political situation in the country and social security were considered unsatisfactory by 92% and 90% of the participants, respectively. Among the potential reasons studied to explain this emigration phenomenon, working conditions were a factor in 54% of cases, salary in 56%, training in 36%, and quality of life in 56%.

Conclusions: The emigration of young Tunisian medical professionals is driven by a range of factors, including working conditions, salaries, training opportunities, and quality of life. To counteract this phenomenon, it is crucial to enhance these aspects in order to retain these talented individuals in the country and thereby bolster the Tunisian healthcare system.

Disclosure of Interest: None Declared

EPV1185

Prevalence and Risk Factors of Burnout Among Medical Residents in Tunisia: A Cross-Sectional Study

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Introduction: The burnout syndrome is a blend of physical exhaustion and emotional fatigue that impairs an individual's performance at work. In Tunisia, factors like working hours, the frequency of monthly shifts, and the physical and emotional abuse that physicians face from patients have collectively led to a significant incidence of burnout among medical professionals.

Objectives: To evaluate the prevalence of burnout syndrome among medical residents working in healthcare facilities in Tunisia and to pinpoint the contributing factors.

Methods: This study is a descriptive cross-sectional survey conducted among medical residents completing their training in various healthcare facilities in Tunisia. The study employed an online self-administered questionnaire and assessed burnout across three dimensions: personal burnout, professional burnout, and relational burnout, using the Copenhagen Burnout Inventory (CBI).

Results: A total of 50 physicians took part in the survey. Among them, 72% were female, 80% were single, and the average age at the time of the study was 27.72 years. Concerning their professional status, 84% worked in university hospitals, 16% specialized in surgery, 40% specialized in medicine, and 44% were family physicians. The majority were students from the Faculty of Medicine in Sfax (56%), with 30% in Monastir, 8% in Tunis, and 6% in Sousse. Regarding their work hours, more than 40 hours per week were reported by 32% of participants. According to the CBI scale, 12% of participants had scores indicating severe personal burnout, while 20% had scores indicating moderate personal burnout. Additionally, 16% reported severe professional burnout, and 12% had scores suggesting severe relational burnout. In contrast, only 8% had scores indicating moderate relational burnout. The socio-demographic and professional factors that were studied, such as weekly working hours, monthly shifts, specialty, and workplace, did

not show a significant correlation with the presence of burnout syndrome.

Conclusions: Burnout syndrome among medical resident physicians not only impacts their physical and mental well-being but also reduces their effectiveness and motivation at work. It is essential to introduce stress management strategies within hospitals to foster a healthier work-life balance.

Disclosure of Interest: None Declared

EPV1186

Women's Attitude Toward Fertility And Childbearing in Saudi Arabia

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Introduction: The decline in fertility is one of the major problems worldwide that could affect family structure. Many studies have been conducted to assess attitudes toward fertility and childbearing around the world, but there's a lack of research about that in Saudi Arabia (SA). The study aims to assess women's attitudes toward fertility and childbearing in SA and to investigate its association with sociodemographic, medical, and psychological factors.

Objectives: Aim of the Study: The purpose of the study is to assess women's attitudes toward fertility and childbearing in Saudi Arabia and to investigate its association with sociodemographic, medical and psychological variables.

Specific Objectives:

1. To assess women's attitudes toward fertility and childbearing in Saudi Arabia.
2. To investigate association between attitudes toward childbearing with sociodemographic characteristics in Saudi Arabia.
3. To investigate association between attitudes toward childbearing with medical and psychiatric history in Saudi Arabia.
4. To investigate association between attitudes toward childbearing with the childbearing preferences in Saudi Arabia.

Methods: This cross-sectional study of a convenient sample of 2172 women in SA in Dec 2022 and Jan 2023. Data were collected through a survey link that contains: 1) Sociodemographic data, 2) medical and psychiatric history, 3) childbearing preference and 4) the Arabic version of the Attitudes toward Fertility and Childbearing Scale (AFCS). Data were analyzed by SPSS 25 ; We described the variables in means \pm SD or percentage as appropriate. Student's t-test and ANOVA were performed to analyze differences between the components and background characteristics.

Results: Individuals in the age group of 18-25 years (25.54 ± 9.08 , $p < 0.001$), unmarried (25.23 ± 8.87 , $p < 0.001$), and diagnosed with a psychiatric disorder (24.76 ± 9.51 , $p < 0.002$) scored lower in importance of future of childbearing. In terms of hindrance at present and childbearing preparation, individuals in the age group of 18-25 years (25.66 ± 8.66 , $p < 0.001$) (18.53 ± 5.08 , $p < 0.001$) respectively,

unmarried (25.71 ± 8.58 , $p < 0.001$) (18.46 ± 5.08 , $p < 0.001$) respectively, and students (25.92 ± 8.82 , $p < 0.001$) (18.55 ± 5.15 , $p = 0.001$) respectively were more likely to score high. Participants who had not made a decision about having children (9.36 ± 3.32 , $p < 0.001$) scored lower in the female identity domain.

Conclusions: In conclusion, the findings of this study indicate that the younger age group (18-25 years) and those with psychiatric illnesses scored lower in the importance for future of childbearing compared to women of older age group (36-49 years) and those without psychiatric illnesses. On the other hand, college students showed more concerns related to childbearing hindrance and preparation.

Disclosure of Interest: None Declared

EPV1188

Mental and Behavioral Disorders Associated with the Use of Psychoactive Substances and Alcohol: An Epidemiological Analysis in Southern Brazil

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Introduction: Neuropsychiatric disorders are the leading cause of disability worldwide, as seen in cases such as depression, anxiety, bipolar mood disorder and schizophrenia, which can be developed or exacerbated by the use of psychoactive substances. Most mental disorders have an early onset, often leading to early and/or permanent disability, increasing the need and cost of healthcare. Therefore, it is necessary to improve the identification of the epidemiological profile of these cases in the South of Brazil in order to enhance the diagnosis and reduce the costs associated with managing these disorders.

Objectives: The present study aimed to analyze statistical data regarding hospitalizations related to mental disorders caused by the use of psychoactive substances and alcohol in the southern region of Brazil, highlighting the pathological scenario and identifying the most prevalent profiles of these disorders in this region.

Methods: A cross-sectional, descriptive, retrospective, and quantitative study was conducted on hospitalizations of individuals diagnosed with mental and behavioral disorders due to the use of psychoactive substances and alcohol in the states of the Southern region of Brazil (Paraná, Santa Catarina, and Rio Grande do Sul)

between February 2020 and December 2022. Data of January 2020 were not available. The data used were collected through the Department of Health Informatics of the Brazilian Unified Health System (DATASUS) in the "Hospital Information System of SUS" section, gathering information regarding the nature of the care, age range, gender, and ethnicity of the patients.

Results: The study covers the years 2020 to 2022, indicating a total of 81,608 hospitalizations, with the year 2022 having the highest number of cases ($\approx 37.13\%$), followed by 2021 ($\approx 33.30\%$) and 2020 ($\approx 29.55\%$). The states with the highest number of hospitalizations were Rio Grande do Sul ($\approx 54.90\%$), Paraná ($\approx 29.29\%$), and Santa Catarina ($\approx 15.79\%$). Urgent hospitalizations accounted for $\approx 87.29\%$ of the total. The most affected age group was 30 to 39 years old ($\approx 25.61\%$). Men were more affected than women ($\approx 81.70\%$ and $\approx 18.28\%$, respectively). Caucasians accounted for $\approx 64.29\%$ of the hospitalizations. The average length of stay was 20.8 days, and the mortality rate was 0.32%.

Conclusions: There is a clear increase in the number of hospitalizations related to mental disorders caused by the use of psychoactive substances in the period from 2020 to 2022 in the southern region of Brazil, with the highest number of cases in the state of Rio Grande do Sul. The most affected population consisted of Caucasian men aged 30 to 39 years old. Furthermore, these results may be related to the increasing trend of psychoactive substance use among the Brazilian population and also the COVID-19 pandemic, which led to a period of underreporting due to social isolation.

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EPV1190

Neurodevelopmental lags and type of delivery in a Colombian infant population

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Introduction: The Choice giving birth by cesarean section when it is not biologically necessary implies a greater risk to the health of the mother and child Toral *et al.* *Eletrônica Estácio Saúde* 2018; 95 (1) 27-30, refers the psychological relevance to identify perinatal effects of a good medical practice at birth. In this respect Poojari *et al.* *Early Hum Dev* 2019;115 93-98, state that a cesarean section as a surgical risk, causes decrease fetal oxygenation and an impairment release of stress-related hormones in the maternal-fetal binomial that does not favor neural connections at birth

Objectives: Identify the neurodevelopmental lags in infant on children under 24 months of age born by cesarean section and vaginal delivery,

Methods: A cross-sectional descriptive correlational; Sample consisted of 100 children of a term gestation, 70 with spontaneous vaginal birth and 30 whose birth was by cesarean section, aged between one and twenty-four months; using the Abbreviated Development Scale, an instrument created and validated for the Colombian population (Cronbach's alpha, 0.94). All parents signed the informed consent.

Results: All test scales were applied (gross and fine motor, language and social personal), the results showed that children born by cesarean section had better development in areas of fine motor and language, while children born by vaginal delivery had better development of gross motor. See (graphic 1).

Graphic 1: Areas of development according to the type of delivery.

References

Conclusions: The influence of contextual variables such as age and educational level of the mother on language and social areas was also found

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EPV1191

Emotional burnout in psychiatrists during the war: experience of Ukraine

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Introduction: Psychiatrists being one of the significant groups associated with one of the highest risks of emotional burnout (EB). The risks of EB increase significantly in the conditions of war, which places increased demands on their physical, mental and psychological resources, and determines the relevance and necessity of studying the predictors, clinical phenomenology, psychological and psychopathological mechanisms of EB, and necessitates the development of innovative approaches to its corrections.

Objectives: The study the features of EB among psychiatrists in war period.

Methods: The examination included the usage of clinical-psychopathological, psychodiagnostic and psychometric research methods.

Results: The study sample consisted of 120 psychiatrists who worked in Kyiv in the period from February 24, 2022, during 2022. 69.2 of psychiatrists working in Kyiv during the war have manifestations of EB of varying intensity and clinical variability. All of them have signs of professional maladaptation (PM), deterioration of well-being, somatovegetative and dyssomnia disorders, deformation of social ties and decrease in motivation to work. In 47.5%, the formation of symptoms of tension, resistance and exhaustion are observed, 21.7% have clinically complicated and formed all manifestations of EB and PM.

The leading diagnostic and prognostic marker of EB is PM, the manifestations of which are the first consequence of the imbalance of the processes of performing professional duties and internal resources, which will ensure their optimal implementation.

A mathematical model of the development and forecast of PM, as a leading descriptor of EB, was developed, which considers the state of socio-demographic characteristics (age, work experience, and the total quality of life indicator), affective indicators (objective and subjective manifestations of depression and anxiety) and psychosocial features (social-psychological adaptation). The use of this model makes it possible to determine 4 risk groups for the development of PM (low, moderate, high, very high), based on which personalized approaches to the diagnosis, therapy and prevention of EB among psychiatrists during the war have been developed.

Conclusions: The implementation and further evaluation of these approaches proved their effectiveness in eliminating the manifestations of EB and PM, normalizing the mental state with the levelling of psychopathological symptoms, improving the socio-psychological adaptation and quality of life of psychiatrists.

Disclosure of Interest: None Declared

EPP0541

"Emotional Intelligence, Psychological Distress, and Conflict Resolution Among Healthcare Professionals"

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Introduction: Emotional Intelligence (EI) plays a substantial role in shaping the behavior, overall well-being, and performance of individuals. In the context of healthcare, where professionals frequently confront a demanding work environment, there is a notable prevalence of high Psychological Distress (PD). Consequently, conflicts are a recurrent phenomenon within healthcare settings, exerting impacts on healthcare professionals, patients, and their families.

Objectives: Aims:

1. Investigate the link between Emotional Intelligence (EI) and conflict management among healthcare professionals.
2. Examine how Psychological Distress (PD) relates to conflict management in healthcare.
3. Explore age, specialization, and experience's influence on EI dimensions.
4. Analyze EI's impact on healthcare professionals' conflict resolution choices.
5. Assess how demographics affect conflict resolution preferences among healthcare workers.

These aims explore EI, PD, demographics, and conflict management in healthcare, informing skill enhancement and improved conflict resolution practices.

Methods: This study involved 143 healthcare professionals from diverse regions of Greece. Electronic surveys gathered demographic data and assessed Emotional Intelligence (via a dedicated questionnaire), Psychological Distress (using the Kessler K6+ questionnaire), and Conflict Resolution strategies.

Results: The majority of participants were female (69.2%), with 42.7% aged 46-55 and 30.8% aged 36-45. Age was significantly associated with “Self-awareness” ($P=0.032$) and “Social Skills” ($P=0.009$ and 0.007) within Emotional Intelligence dimensions. Negative correlations emerged between Psychological Distress and Emotional Intelligence dimensions (-0.46 to -0.19). Additionally, Psychological Distress showed negative correlations with several Conflict Resolution dimensions: ‘Atmosphere’ (-0.20), ‘Doables’ (-0.28), ‘Mutual Benefit Agreements’ (-0.18), ‘Needs’

(-0.23), and ‘Extra Considerations’ (-0.27). Participants below 35 had higher scores in “Power” ($p=0.002$), while those aged 46 and above scored higher in “Options” ($p=0.002$ and 0.009) for conflict resolution.

Conclusions: In summary, this study underscores EI’s relevance in healthcare, especially its influence on PD and conflict resolution. Developing EI competencies offers promise for improving healthcare professionals’ emotional well-being and conflict-handling abilities, ultimately benefiting patient care and staff satisfaction. Further research and tailored interventions are warranted to advance this field at an academic level.

Disclosure of Interest: None Declared

