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Changes in referral patterns to child and adolescent psychiatric services in Denmark

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E-Poster Presentations

Addictive disorders - Part I

Abstracts

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EPP0002

Internalized stigma in methadone maintenance therapy - a portuguese survey

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Introduction: Mental illness-related stigma creates serious barriers to access employment, education, housing, health and social care. There are different types of stigma, one of them is self or internalized stigma. Drug addiction is one of the most discriminated diseases in psychiatry, in many levels – structural, interpersonal and intrapersonal.
Objectives: With this work we aim to study the internalized stigma and quality of life in the context of Methadone Maintenance Therapy (MMT) in a Portuguese sample.
Methods: We conduct a survey at Centro de Resposta Integrada Porto Ocidental (Porto, Portugal); it consisted in three parts: 1) sociodemographics; 2) the Interalized Stigma of Mental Illness scale (ISMI); 3) the World Health Organization Quality of Life Instruments – Bref. We ask all the patients on MMT (low and high-risk programmes) to answer the questionnaire. For statistical analysis we use the Excel software and use a regression analysis.
Results: 53 patients participated in our study; the average age was 43 years old and 92% were male. The majority was in a weekly MMT, 74% for more than five years. All the dimensions of the ISMI (social withdrawal, stereotype endorsement, alienation, discrimination experience, stigma resistance) scored low self-stigma (< 2.5 points). The quality of life was on average bad and it was associated with unemployment, without association with internalized stigma.
Conclusions: In contrast to earlier findings, we found that MMT patients show low self-stigma. There are several possible explanations for these results, such as the Self-Selection bias. Our data thus need to be interpreted with caution.

Conflict of interest: No
Keywords: Methadone Maintenance Therapy; internalized stigma; addictive disorders

EPP0005

N-acetylcysteine - the new tool in combating psychoactive substance use disorders

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Introduction: In recent years, studies have been demonstrating that oxidative stress, neuroinflammation and dysregulation of glutamatergic neurotransmission play an important role in psychoactive substance use disorders (PSUD). Prefrontal - hippocampal - striated cortical circuits, interconnected by glutamatergic signaling, are dysfunctional in mental illnesses that involve vulnerability to substance dependence. Currently, pharmacological treatment options approved for most PSUDs are limited. This is especially true for cocaine and cannabis-related disorders for which there are no drugs approved by the Food and Drug Administration. N-acetylcysteine (NAC), an antioxidant molecule with glutamatergic properties, has been investigated as a therapeutic agent in the treatment of PSUD.
Objectives: This work aims to bring together a set of theoretical conceptions about the usefulness of NAC in PSUD (cocaine, methamphetamine, alcohol, cannabis and tobacco).
Methods: Brief literature review, based on research of scientific articles published in PubMed, using as keywords the terms “n-acetylcysteine” and “psychiatry”.
Results: Studies indicate that chronic exposure to psychoactive substances disrupts glutamate homeostasis, which is the basis of the mechanism of dependence and compulsive use characteristic of PSUD. In recent years, the scientific community has attempted to explore the potential of NAC to treat PSUD. NAC positively regulates the glutamate transporter (GLT-1) that removes excess glutamate from nucleus accumbens and may therefore be effective in promoting abstinence or preventing relapse.

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Conclusions: NAC is a low-cost, multi-target molecule with a favorable adverse effect profile, making it a promising drug in psychiatry. However, large-scale studies are needed to prove the therapeutic benefit of NAC in the treatment of addiction and compulsiveness/impulsivity.

Conflict of interest: No
Keywords: N-acetylcysteine; Psychiatry

EPP0007

Know better, do better? alcohol consumption among university students in health courses

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Introduction: Alcohol use is common among university students. For some, might be part of the "college experience", for others, a way to cut loose from the daily pressure to have good academic results. Regardless of the motive, those studying in health courses are expected to be more aware of the consequences of alcohol consumption.
Objectives: We aim to understand if university students, namely those in health-related studies have significant alcoholic habits.
Methods: Narrative Review of the literature, based on Pubmed search of related papers published from 2009 to 2019.
Results: Most studies showed the same pattern still visible in the general population: a male prevalence in drinking habits. Perhaps for that reason, the prevalence of smoking and significant alcohol use is low among medical students, which might be due to the high female number of students. More than half of the questioned students had a binge-drinking episode in the 2 previous weeks. The numbers for high-risk consumption (including alcohol dependence) ranged from 5% to 32.4%. The percentage is lower for more modest use: 74.5% for low-risk alcohol consumption and 21% for moderate-risk. The protective factors against alcohol use were catholic religion and living with the family. On the other hand, risk factors for alcohol abuse/dependence are burnout, educational debt, being unmarried, and being younger.
Conclusions: Even accounting for the discrepancies among studies, the reported rates of alcohol misuse are alarming. These results are of extreme concern, as medical professionals are supposedly more educated on the harmful effects of excessive alcohol consumption.

Conflict of interest: No
Keywords: Alcohol; University students; College

EPP0008

Clinical practice in buprenorphine therapy in Montenegro

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Introduction: Montenegro is country with population of 622.471. There are 23 municipalities. Mental health care units are organized as CMHC on the primary level in 18 units call Dom Zdravlja, two psychiatryc hospital, one psychiatryc ward in the hospital and in Psychiatry Clinic in Podgorica. Buprenorphine substitution treatment started in 16 CMHC, and in Psychiatry Cčinic in Podgorica. In the mentioed work the autorsdeal with the result achieved in the sense of the number of patient in the program with the special focus in Podgorica wich as the capital city has the most number of patients involved. We followed the patients who were included in the buprenorphine substitution treatment for a period of 12 months . We suggested to the patients to do a screening test for Hepatitis Cvirus, we also followed the change in dose.
Objectives: The objectives were to detect and involve in the treatment patients with viral C hepatitis. By working with family members we want to reduce stigma they feel about their member and whole family.
Methods: We followed pationts durung the period of one year.
Results: For example in Podgorica 51% of total number of patients who work anlysis are HCV+., 25% are HCV-, but 24% refused to be tested.
Conclusions: For most adults with opoide use disorder, maintenance therapy with Buprenorphine is effective treatment approach. this sort of treatment is most effective in combination with counseling services , which can include different form of behavioural therapy and self -help program.

Conflict of interest: No
Keywords: Buprenorphine,; clinical experience; addict

EPP0010

Ketamine – is it ok to replace a drug for a drug?

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Introduction: Ketamine is a dissociative anesthetic drug which acts on the central nervous system chiefly through antagonism of NMDA receptor. Ketamine is primarily used in clinical settings for analgesia and sedation. The indications include pain and asthma. The delirium and dissociation caused by the use of ketamine has led to recreational abuse and its use in nonconsensual sexual intercourse. Despite these considerations, ketamine has attracted attention as a rapid-acting anti-depressant and as a potential strategy to treat substance addictions.
Objectives: Evaluate the safety and relevance of using ketamine to treat substance addictions.
Methods: PubMed database was searched using combinations of the term "ketamine" and the terms "alcoholism", "cocaine" and "addiction". Original research articles were included.
Results: As a candidate drug for psychedelic psychotherapy, ketamine was used for treating alcoholism. In a 10-years research, a prolonged abstinence period and favorable changes on mood and lifestyles were verified on the follow-up. In a two-year follow-up study of heroin addiction, a reduced rate of relapse and marginal anti-craving effects were achieved in patients receiving an intramuscular injection of high-dose ketamine. In patients with cocaine addiction, a single infusion of a sub-anesthetic dose of ketamine enabled the reduction in cue-induced craving.
Conclusions: Despite the ethical issues, ketamine may have a potential role to treat alcohol use and other drug dependences.

However ketamine addictive properties recommend precaution in its use and well-controlled research is needed to evaluate not only its efficacy but also to define proper therapeutic protocols for its use in addictive conditions.

Conflict of interest: No
Keywords: ketamine; Addiction; treatment

Addictive disorders - Part II

EPP0012

Mental health of alcoholics'wives – a burden that should not be neglected

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Introduction: Nowadays, the consequences of alcoholism are usually minimized or devalued because it is a progressive disease and in the early stages it is socially acceptable. In general, society and health professionals deposit in alcoholics'wives task of care and providing emotional support for the alcoholic, especially at the time of his recovery. However, being married to or living with an alcoholic or a problem drinker increases the likelihood of developing substance abuse, emotional, behavioral and psychiatric disorders such as depression, anxiety and somatic complaints.
Objectives: To present a non-systematic review of the literature on the relationship between alcohol consumption and mental health of alcoholics'wives.
Methods: A literature search was conducted using the search engine Pubmed® and the keywords alcoholics'wives and mental health.
Results: Major depressive disorder, dysthymia and anxiety disorders were the most common psychiatry diagnosis, among the female partners of men who drink heavily. In association with these diagnosis, loss of libido, irritant reactions and suicidal ideation were also present in alcoholics'wives. The use of alcohol can be considered a risk factor for the occurrence of domestic violence and consequently the emergence of depression in wives.
Conclusions: Treatment includes not only appropriate psychotropic drugs but also behavioural couples therapy. Group therapy that provide couples'treatment or counseling to female partners of alcohol dependent men have reported to alleviate the mood, anxiety, stress, general health, and quality-of-life problems. Thus, clinicians should recognize these women as a risk group, and their access to medical care should be facilitated.

Conflict of interest: No
Keywords: alcoholics'wives; mental health; alcohol consumption

EPP0013

Affectivity, alexithymia and craving : a systematic review

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Introduction: Craving has been linked to situational and emotional psychological processes (DiFranza et al., 2012) in substance use disorders. Few studies have evaluated the influence of emotional dimensions through affectivity (Watson D, & Clark LA., 1984) on craving (Zuo et al., 2016) and the impact of alexithymia which represents the major disorder of emotional regulation in addiction (Thorberg et al., 2009).
Objectives: The main objective of this review is to bring together studies on the emotional dynamic of craving by simultaneously considering affects (negative and positive) and alexithymia.
Methods: A systematic review complying with the PRISMA protocol was conducted, and identified 23 studies targetting craving for addictions with substances.
Results: As much as 20 of the 23 studies selected show a correlation between affectivity, alexithymia and craving; highlighting 55% of direct links and 48% of partial links. Studies on negative affects (78%) put forth their causal link in the triggering of craving, while studies on positive affectivity (26%) present it as a moderating element in the intensity of craving. Finally, studies on alexithymia (17%) show its effects on emotional reactivity in negative affectivity situations.
Conclusions: The results confirm the impact of emotional processes on craving by highlighting the distinct and interdependent roles of negative affectivity, positive affectivity and alexithymia. These aspects of the psychological functioning will therefore have to be target elements in the care.

Conflict of interest: No
Keywords: craving; affectivity; Alexithymia; substance use disorders

EPP0014

Chemsex, psychopathology and multidisciplinary intervention in Madrid. "sex, drugs and you" program. NGO apoyo positivo.

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Introduction: The term Chemsex stands for the intentional use of certain psychoactive drugs to enhance sexual relations between gay, bisexual and other men who have sex with men (MSM), usually for long periods of time. Slamming or slamsex defines when drugs are injected intravenously in this context. It has been described psychopathological symptoms in chemsex context, like depression, anxiety or psychosis. "Sex, drugs and You" was created in the ONG Apoyo Positivo in Madrid, in order to offer a multidisciplinary approach to people who practice chemsex.
Objectives: To describe the program and the profile and psychopathology of patients attended in the program "Sex, Drugs and You" from 2017 to 2018.
Methods: Description of program and the profile and psychopathology of patients attended in the program "Sex, Drugs and You".

Results: 138 patients were attended. Median age was 37,46 years. 40% engaged on slamsex and 79,2% were HIV positive. 62 (46,26%) were derived to psychiatric assesment. From these, 100% had a drug-abuse disorder, being the main drugs abused: mephedrone (69,3%), GHB(48,3%), Crystal Meth (32,2%), cocaine(19,3%) and ketamine (4.8%). 54,8% also abused poppers and 35,4% abused erectile disfunction drugs. From this subsample, 82,25% also had a comorbid psychopathological disorder: 30,6% depression, 22,5 % psychosis, 8% anxiety, 8% personality disorders, 4,8% ADHD and 1,6% OCD.
Conclusions: The program "Sex, Drugs and You" offers a multi-disciplinary approach for people that engage in chemsex. Our sample shows a high prevalence of drug-abuse disorders and other comorbid psychopathology. The role of the psychiatrist to treat disorders related to chemsex is essential.

Conflict of interest: No
Keywords: MSM; chemsex; sexual health; mental health

EPP0015

Preliminary analysis of the kynurenine pathway metabolites in chronic ketamine users

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Introduction: Although ketamine use is an established preclinical model of schizophrenia and kynurenine pathway has been shown to be strongly associated with schizophrenia, it was not known whether the metabolites of the kynurenine pathway plays a role in the pathophysiology of ketamine associated psychosis. We hypothesized that the chronic use of ketamine, the exogenouse NMDAR antagonist, will alter the level of the metabolites of kynurenine pathway.
Objectives: We examined the serum levels of the kynurenine pathway metabolites tryptophan (TRP), KYN and kynurenic acid (KYNA) in chronic ketamine users. The correlations between serum levels of these metabolites with the demographic, drug use and clinical characteristics were analyzed.
Methods: Serum TRP, KYN, KYNA levels were determined by high-performance liquid chromatograph (HPLC) followed by tandem mass spectrometry (MS/MS). The psychopathological symptoms were assessed using the Positive and Negative Syndrome Scale (PANSS), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI).
Results: Serum TRP, KYNA and KYN levels were significantly lower in ketamine users than those in controls. Serum KYNA levels were positively correlated with the current frequency of ketamine use in ketamine users.
Conclusions: TRP, KYNA, KYN were decreased in chronic ketamine users compare to healthy control. The alterations in the metabolites of the kynurenine pathway may play a role in the pathophysiology associated with ketamine abuse.

Conflict of interest: No
Keywords: ketamine; kynurenine pathway; tryptophan; kynurenic acid

EPP0016

Risk factors for internet gaming disorder in a sample of 5,979 italian online gamers

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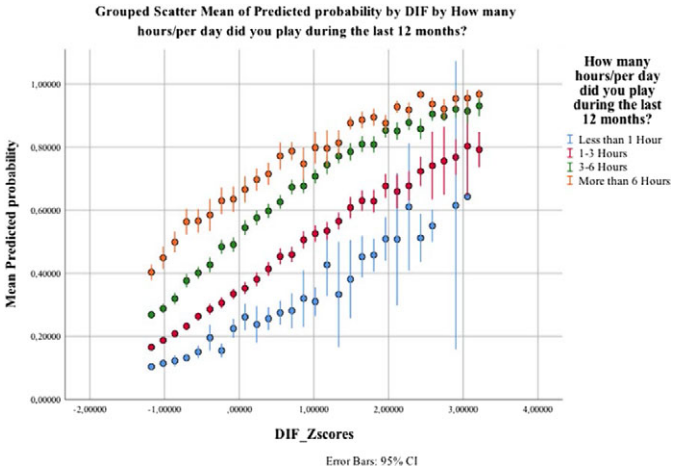
Introduction: Online gaming is potentially harmful to a group, but not for the entire population, of online gamers. The prevalence varies by geographical areas, however, there are few Italian studies about risk factors for Internet Gaming Disorder (IGD) and its presence among non-occasional gamers.
Objectives: This study aimed to describe the presence of IGD in internet gamers who participate in online communities, and how well-established risk-factors can predict it.
Methods: Participants were surveyed about their playing habits and other relevant characteristics. IGDS-SF9 diagnosed IGD. TAS-20 measured alexithymia scores, i.e. Difficult in Identifying (DIF) and Describing Feelings (DDF), and Externally Oriented Thinking (EOT). Selected order of variables (via linear regression) and interactions were set in a logistic regression (outcome: IGD≥21).
Results: The sample included 5,979 responders (88.7% males; 44% 14-18 years-hold). Alexithymia explained the 11.3% of the variance. IGD was present in the 43% of the subjects, the risk (70% prediction-rate) was increased by male gender (OR=1.2, 95% C.I. =1, 1.5, p=0.019), higher DIF z-scores (OR=1.5, 95% C.I.=1.1, 2.1, p=0.003), boredom/loneliness feelings (OR=1.8, 95% C.I.=1.5, 2, p<0.001), recent negative events (OR=1.1, 95% C.I.=1, 1.3, p=0.026), a behavioural dependency (OR=2.1, 95% C.I.=1.2, 3.9, p=0.009). Time spent playing exponentially increased the risk, up to eight times if six hours/per day were spent playing (OR=7.6, 95% C.I.=5.5, 10.6, p<0.001) and it did not interact with DIF scores (Figure-1). Figure-1
Conclusions: Players who participate in forum and communities are particularly at-risk of IGD. DIF and time spent playing were the



most important and independent predictors of a pathological approach to videogames.

Conflict of interest: No
Keywords: Alexithymia; online forum; videogames; playing time

EPP0018

Sexual health intervention for patients with chemsex practices in two drug dependence clinics in Madrid

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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. Mental health disorders such as psychosis, delirium and serotonine syndrome has been described associated with chemsex practices. Other sexual health issues such as difficulties in achieving sober sex or erectile dysfunction has been described. To date, no specific sexual health intervention has been described.
Objectives: To describe a sexual health intervention program for patients with chemsex practices. We describe the profile of users according to socio-demographic, medical, psychopathological and drug-related characteristics. On the other hand, we analyze a survey of satisfaction made by users.
Methods: Description of the program. Demographics, consumption patterns, other accompanying substances, use of geo-social applications and comorbid medical and psychiatric disease and perceived satisfaction data were described through a online survey.
Results: 12 sexual health workshops were done based on behavioral-cognitive theory, biopsychosocial and Sex Positive Model. The most common profile was a male of Spanish nationality, 35-45 years old, living with HIV and drug use perceived as problematic. 35% presented a reduction in frequency or amount of drug use. 10% stopped practicing chemsex. 45% presented a reduction in sexual risk behaviour. 60% perceived an improvement in perceived social support and increased awareness of presenting a drug addiction.
Conclusions: Interventions in sexual health were perceived as satisfactory and useful by users to improve their sexual health and self-efficacy to change substance use patterns.

Conflict of interest: No
Keywords: chemsex; MSM; sexual health; mental health

EPP0019

Barriers and facilitators for the implementation of a sexual health program for chemsex users in two drug dependence clinics in Madrid

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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. A 12 workshop sexual health program was made in two Drug Dependence Clinics in Madrid. Shame, stigma, homophobia or ignorance of drug services assistance have been describe as barriers by chemsex drug users to accessing services. Facilitators such as creating a safe environment are necessary.
Objectives: The objective of this study was to identify barriers and facilitators to the implementation of a sexual health program for chemsex users in two Drug Dependence Clinics in Madrid.
Methods: The study is based on a qualitative research approach. We analyze an anonymous on-line survey with chemsex users with open answer questions about barriers and facilitators for implementing the sexual health program. Data analysis was based on thematic analysis of content.
Results: Facilitators included: motivated stuff with LGBT cultural competence, close interaction between stuff and the patients, a nonjudgemental and multidisciplinary approach which includes sexual health and mental health. Barriers included: stigma related to attending drug dependence clinics, psychopathology in acute state (psychosis, anxiety), lack of perceived support from public institutions facing the mental and sexual health problems associated with chemsex.
Conclusions: Chemsex, a public health problem in some Spanish communities, is a phenomenon that needs a collaborative approach between users and mental and sexual health professionals and other medical stuff. The described program is a pioneering initiative in Spain.

Conflict of interest: No

Keywords: mental health; chemsex; sexual health; GBMSM (GAY, BISEXUAL men who have sex with men)

EPP0020

Chemsex and mental disorders. A case report and review.

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Introduction: Intentional use of psychoactive substances before or during sexual intercourse (chemsex) to increase both sexual pleasure and arousal is a phenomenon of special importance in the GBMSM (gay, bissexual and other men who have sex with men) population due to its impact on mental and physical health.
Objectives: We report the case of a patient with a suicide attempt diagnosed with a mephedrone and GHB use disorder and a depressive disorder in chemsex context. To review the evidence on associations between chemsex and mental disorders.
Methods: A case reported is presented. A narrative review was performed to analyze the association between chemsex practice and mental health disorders.
Results: In qualitative research conducted in Europe with participants with chemsex practices, psychiatric symptoms in the context of acute consumption such as irritability, anxiety, aggressive behaviours where described. Memory loss and changes in personality and dependence substance disorders were described as longer-term psychiatric harms. Drug-induced psychosis, encephalopaty, serotonin syndrome and delirium were described in case reports. In quantitative research analyzing data from a 2014 survey of people attending HIV clinics, chemsex was associated with depression/anxiety, and use of other recreational drugs.
Conclusions: There is a lack of robust evidence in the association of chemsex with mental health disorders. Research on the impact of chemsex on mental health is essential. Due to the high prevalence of mental disorders in MSM population and the possible harms from drug use, a collaborative approach (including mental and sexual health professionals) could be beneficial with the problems associated with chemsex.

Conflict of interest: No
Keywords: MSM; sexual health; mental health; chemsex

EPP0021

Alcoholic pathology associated with e-poster presentation: obsessive-compulsive disorder

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Introduction: Alcohol consumption affects the way a person interacts with society. When ethanol addiction is associated with compulsive rituals, the alcohol-related disorder changes its dynamics. Even though alcohol can exacerbate the OCD (obsessive-compulsive disorder) of an individual, the combination of fighting and drinking a significant amount of alcohol, is quite common.
Objectives: Dynamic evaluation of a pathology related to alcohol consumption superimposed on compulsive behaviors. Disorders related to alcohol consumption cause a change in the treatment of obsessive rituals; but rituals also the consumption of alcohol through the complexities of thought.
Methods: The case presentation refers to a patient with multiple hospitalizations, over the years, in the Elisabeta Doamna Psychiatric Hospital, Galati, Romania. For the diagnosis, were used the criteria ICD-10 (Classification of mental and behavioral disorders), diagnostic criteria DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), for the evaluation of alcohol consumption and compulsive rituals were used, AUDIT psychometric tests.
Results: A 38-year-old male patient has multiple admissions to the Psychiatric Hospital against a compulsive disorder (F42.1) and is being treated with antidepressants. Diagnostic code F42.1 is a diagnosis of compulsive or obsessiveness, consisting of regular checks on cleaning status or a potentially hazardous order-related circumstance. Ritual acts are marked by indecision and slowness, which involves checking the cleanliness of the glasses and the content of the alcohol bottle.
Conclusions: OCD is a common form of mental illness, and alcohol is the drug with the highest incidence of addiction and abuse. The association between compulsive rituals and alcohol consumption is an unlikely dual diagnosis.

Conflict of interest: No
Keywords: Compulsive; Alcohol; disorder; Psychiatry

EPP0022

Substance abuse among medical professionals: a personal construct analysis

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Introduction: Substance abuse among medical professionals is common and can lead to malpractice. The study of identity conflicts developed by the Psychology of Personal Constructs could explain part of this problem.
Objectives: This study aims to describe the medical professionals who abuse substances in terms of their personal construing process and other associated psychological measures.
Methods: Thirty medical professionals suffering from a substance use disorder hospitalized in a clinic specialized in their treatment were recruited for this study. The Repertory Grid, Beck's Depression Inventory, State-Trait Anxiety Inventory, and Maslach Burnout Inventory were used for assessment.

Results: More than half of the participants presented cognitive conflicts (implicative dilemmas) and this group scored higher on trait anxiety and burnout than medical professionals without such conflicts. No statistically significant differences were found between those with implicative dilemmas and those without in terms of depression symptoms or state of anxiety. Logistic regression analysis showed that the presence of cognitive conflicts was best predicted by burnout. Distance between the "ideal self" and "actual self " elements, and cognitive complexity were the best predictors of belonging to the clinical sample or to a randomly matched community sample. Content analysis of the constructs revealed an overrepresentation of constructs referring to values and interests in the clinical sample.
Conclusions: Overall, our findings support previous research with regards to psychological factors associated with the development of substance abuse and identity problems among medical professionals. The presence of implicative dilemmas and self-esteem problems can help us better understand these problems.

Conflict of interest: No
Keywords: cognitive conflict; repertory grid technique; identity; burn out

EPP0023

Social networking sites: a journey to addiction

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Introduction: The history of social networking sites (SNSs) dates back to 1997, when the first SNS SixDegrees emerged (Boyd D et al, 2008). In 2004, Facebookwas launched. In SNSs individuals connect with others who share similar interests. The perceived need to be online may result in compulsive use of SNSs, which in extreme cases may result in symptoms and consequences traditionally associated with substance-related addictions.
Objectives: To present a non systematic review on the subject of social networking sites addiction; to draw attention to its clinical features and therapeutic approach.
Methods: Brief review of the english literature published using the Pubmed® database. Key-words: “social media addiction”; "social networking sites and addiction”; “psychiatric symptoms o and social networking sites addiction”. Articles were selected based on the content of the abstract and its relevance.
Results: SNS use may lead to symptoms traditionally associated with substance-related addictions (Kuss D.J et al, 2011; Andreassen C.S, 2015). These symptoms are salience, mood modification, tolerance, withdrawal, relapse, and conflict with regards to behavioral addictions (Griffiths M. D et al, 2005). High engagement in social networking is partially due to the ‘fear of missing out’ (FOMO), a pervasive apprehension that others might be having rewarding experiences from which one is absent” (Przybyloki A. K et al, 2013).
Conclusions: When SNS use is discontinued, addicted individuals will experience negative psychological and sometimes physiological symptoms (withdrawal), often leading to a reinstatement of the problematic behavior (relapse). SNSs addiction is a genuine mental health problem that needs attention from professionals, affecting person's social-biological development (Barker Vet al, 2009).

Conflict of interest: No
Keywords: social media addiction; social networking sites and addiction

EPP0024

Evidence-based psychotherapeutic interventions for young people with substance use disorders: a systematic literature review

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Introduction: Substance use disorders (SUD) are a global problem with many health and economic consequences, impacting the user, the mental health system and society at large. Over half of SUD problems begin during adolescence. Treatment approaches and effective management frequently involve psychotherapeutic interventions, which prevents long term morbidity and mortality. Recognizing this public health concern and the need for more empirical based knowledge, the European Cooperation in Science and Technology (COST) funded the ‘European Network of Individualized Psychotherapy Treatment of Young People with Mental Disorders’ (TREATme).
Objectives: As part of the aims of TREATme, in this particular study a systematic review of the published literature was conducted to determine the effectiveness of specific psychotherapeutic interventions (PI) in young people (YP) with SUDs.
Methods: A systematic review on psychotherapeutic treatment outcomes for specific SUDs in YP was performed. Systematic literature searches were conducted in PubMed and PsycINFO following the PRISMA guidelines, and inclusion and exclusion criteria were created following PICOS model. Two independent raters carried out the ratings of the papers and final selection was made based on the inclusion criteria after reading the full texts and reaching consensus between two autonomous raters.
Results: The systemic search generated 2135 papers, of which 577 were included for full-text review following exclusion by title and abstract. A consensus was reached that 212 papers met the inclusion criteria.

Conclusions: The findings from this systematic literature review advise which PI may be most effective for each SUD in YP based on research evidence.

Conflict of interest: No
Keywords: psychotherapy; TREATme; COST; substance use disorders

Addictive disorders - Part III

EPP0027

Delay discounting in cocaine use disorder: all a matter of time?

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Introduction: Delay discounting describes the tendency to want things now rather than later. This inability to wait is considered an aspect of impulsivity and is strongly expressed in Cocaine Use Disorder (CUD). It is generally measured using the monetary choice questionnaire (Kirby & Maraković, 1996), in which participants are presented with a fixed set of monetary choices between small immediate and larger delayed rewards.
Objectives: We sought to investigate whether high levels of delay discounting in CUD are confounded by impairments in time perception. We changed the presentation of time delays in the Kirby questionnaire from time periods in days to concrete dates. We hypothesised that CUD patients show less delay discounting when presented with concrete dates, rather than time periods.
Methods: We recruited 43 men with CUD and 32 healthy male control volunteers, aged between 18-65 years. Participants completed the original Kirby questionnaire and a modified version that depicted the same temporal delays by concrete dates, counterbalanced. Participants also completed two questionnaires about the subjective perception and evaluation of time.
Results: The two groups were well-matched for age but differed on verbal intelligence, which was statistically controlled for in the analysis. CUD patients scored significantly higher on both versions of the Kirby ($F_{1,68}$=11.96, p=0.001) but showed significantly lower scores when dates were presented ($F_{1,68}$=4.23,p=0.044). Subjective measures confirmed distorted time perception.
Conclusions: Our findings suggest that high delay discounting scores on the Kirby questionnaire are partly inflated by impairments in time perception. Clarification of the nature of the deficits in time perception is warranted.

Conflict of interest: No
Keywords: cocaine addiction; monetary choice questionnaire; time perception; Impulsivity

EPP0033

Treatment seeking practices of the patients with alcohol dependence syndrome in a nepalese tertiary care center: a cross-sectional study

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Introduction: Treatment seeking practices among patients with Alcohol Dependence Syndrome (ADS) may influence the overall treatment, risk assessment, public awareness, and psychoeducation to patient and family.
Objectives: To explore the treatment-seeking practices in paients with alcohol dependence syndrome.
Methods: In this descriptive cross-sectional study, we studied all the patients presenting with ADS at tertiary care teaching hospital in Nepal from June 2016 to May 2017.We diagnosed ADS according to the International Classification of Mental and Behavioural Disorders 10. We collected data on demographic characteristics,alcohol use history and treatment-seeking practices. We summarized the numerical variables with median and interquartile range (IQR) and the categorical variables with proportions.
Results: A total of 105 patients with ADS admitted during the study period were studied. The median age was 42 years (IQR 34-50) and four were female (3.8%). Half of them (53, 50.47%) had received treatment with hospitalization. Many of them (46, 82%) were brought by the family members for the treatment – more than half (25, 54.3%) of these families had a history of psychiatric and substance-related problems. Only five patients had sought treatment on their own and all had medical comorbidities.
Conclusions: Treatment seeking by patients with ADS was suboptimum. Further exploration of the barriers to treatment-seeking and understanding of alcohol dependence as an illness is needed to develop appropriate treatment approaches.

Conflict of interest: No
Keywords: hospitalization; alcoholism; Risk assessment; Substance dependence

Addictive disorders - Part IV

EPP0041

Cannabinoid hyperemesis syndrome (CHS) - a common diagnosis easily missed?

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Introduction: Cannabinoid Hyperemesis Syndrome (CHS) is characterized by gastrointestinal symptoms, usually refractory to standard therapy, which occurs in chronic cannabis users. Since 2004, when it was first described, an increasing number of studies have been conducted in order to better understand this syndrome, whose presentation may seem paradoxical and can be easily missed in the emergency department (ED).
Objectives: Report a case of CHS and brief literature review of the topic.
Methods: Clinical case presentation through retrospective review of clinical notes and non-systematic literature review on this topic.
Results: Recent evidence shows that CHS can affect up to 6% of patients consulting ED for hyperemesis. Patients are often misdiagnosed and undergo potential deleterious diagnostic and treatment procedures before a correct diagnosis is made. A prominent feature of this condition appears to be clinical improvement with prolonged hot baths. Our patient is a 24 years-old man, chronic user of THC with recent consumption increase, who presented multiple times in the emergency department with nausea, vomiting

and abdominal pain associated with anxiety and akathisia-like movements. He was hospitalized in the psychiatry ward for better assessment of his complaints, that quickly ceased with anxiety treatment and no need of antiemetic medication. Since discharge, he remains THC abstinent with no symptoms recurrence.
Conclusions: With this case report we want to raise awareness about this syndrome that still has limited evidence. The increasing use of THC should alert us to the likely increase in prevalence of this syndrome in order to be correct and promptly diagnosed and treated.

Conflict of interest: No
Keywords: Hyperemesis; Cannabinoids; Abuse

EPP0042

Zolpidem abuse - a case report

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Introduction: Zolpidem is a nonbenzodiazepine hypnotic commonly used worldwide for insomnia treatment. It belongs to a class of drugs developed in the 1980s with the intention of overcoming the detrimental effects of benzodiazepines (BZD). Despite the proposed lower dependence and abstinence symptoms and better side-effects profile, their occurrence is not negligible and has been more frequently described.
Objectives: Report a case of a patient with memory and behavioral complaints related with zolpidem abuse
Methods: Clinical case presentation through retrospective review of clinical notes and non -systematic literature review on this topic.
Results: Our patient is a 66-year-old man, until recently independent and working as a restaurant manager who was sent to Psychiatry consultation for depressive complaints. For insomnia he was medicated 1.5 years earlier with zolpidem. At the first visit, he reported taking an average 15 tablets/day for anxiety control, which was nevertheless ineffective. The patient and his family reported disorientation, night wandering, difficulties in engaging with daily life activities and memory impairment – he only recognized his psychiatrist at the 4th appointment! A withdrawal scheme was prescribed, and anxiety and insomnia treated. The patient was admitted to an assisted care residence to medication intake and behavioral surveillance, progressively regaining autonomy.
Conclusions: Although initially considered safer, recent evidence shows that there is a similarity in the adverse effect profile with benzodiazepines, potentially aggravated in case of abuse. Awareness should be made to this problem so it can be early detected and dealt with.

Conflict of interest: No
Keywords: Zolpidem; Abuse; memory

EPP0043

Alcohol-related cognitive impairment: a systematic review of cognitive and pharmacological interventions

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Introduction: Alcohol-related Cognitive Impairment (ARCI) is highly prevalent among patients with alcohol dependence, with 50-70% of these patients presenting some degree of impairment. Although it negatively influences treatment outcome, this condition is underdiagnosed and undertreated.
Objectives: The aim of this systematic review is to investigate the existing evidence regarding both cognitive and pharmacological interventions for ARCI.
Methods: We systematically reviewed PubMed, Scopus and Science direct databases up to May 2019 and followed the PRISMA guidelines. The quality of the studies was assessed using the Jadad Scale.
Results: 26 studies were eligible for inclusion (14 referring to neuropsychological interventions and 12 to pharmacological treatments). Among neuropsychological interventions, computerised treatments, errorless learning and component method showed positive effects on working memory, memory measures and general cognitive function. On the other hand, thiamine, memantine and metilphenidate improved working memory, long term memory and general cognitive function. Nevertheless, these studies have several limitations, such as small sample size, lack of replication of the results or low specificity of the interventions.
Conclusions: Cognitive functions can be improved by using specific neuropsychological and pharmacological interventions, and these improvements can have a positive effect on the reduction of alcohol use. However, methodological weaknesses of studies in this field prevent from having a gold standard treatment for Alcohol-related Cognitive Impairment. and further research based on promising strategies (e.g. digital interventions, thiamine) is required. Also, ecological interventions are needed in order to enhance the transferring and generalisation of the acquired abilities into the natural environment.

Conflict of interest: No
Keywords: cognitive rehabilitation; Alcohol brain damage; alcohol-related cognitive impairment; cognitive intervention

EPP0044

Assessing the impact of cannabis on the outcomes of acute psychiatric inpatient care through a standarized quantitative measure

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Introduction: Although quantities seem to influence cannabis-related outcomes, until now its use has been mainly assessed by frequency. On 2017 the Standard Joint Unit (SJU) was set based on quantity of 9-Tetrahydrocannabidol (9-Δ-THC) found in cannabis: 1 SJU=1 joint=0.25 g of cannabis=7mg of 9-Δ-THC.

Objectives: We evaluated if cannabis dose (SJU) consumed before admission influenced psychiatric inpatient's symptom severity and outcomes.
Methods: Cross-sectional study in an acute psychiatric inpatient unit between March and August 2018 including 106 individuals. Quantity of 9-Δ-THC consumption measured as SJU, symptoms severity measured through the Brief Psychiatric Rating Scale (BPRS) and secondary outcomes (e.g. length of stay) were assessed. Bivariate analyses and multivariate analyses were performed.
Results: Point prevalence of cannabis use before admission was 25.5%, mean quantity consumed the week before admission was 17.6 SJU (SD=17.4). Mean BPRS score was 55.8 (SD=16.1); and 62.9 (SD=11.1) among cannabis users. A positive correlation between SJU consumed the week before admission and BPRS score ($r=0.19$, $p<0.04$) was found. Statistically significant difference ($F(2,1)=23.46$, $p<0.0005$) was observed in BPRS scores between patients in the three main diagnostic groups.
Conclusions: Although no relationship between SJU and length of stay or BPRS was found, both the diagnostic group (schizophrenia and other psychotic disorders vs. others) and need of PRN measures predicted a higher BPRS score, possibly meaning a more severe clinical presentation. Differences in cannabis use among acute inpatients with mental health disorders points to the need for the development of tailored interventions for high-risk groups. We show the SJU is a useful quantification tool suitable for further clinical research.

Conflict of interest: No
Keywords: cannabis; standard joint unit; addiction medicine; Brief Psychiatric Rating Scale

Addictive disorders - Part V

EPP0046

Physicians and nurses with self-prescribed opioid dependence: a clinical view

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Introduction: Addictions among physicians and nurses are a cause of serious concern due to their negative impact both on their wellbeing and on their practice safety. Easy access and increased knowledge of legal drugs increases their risk of developing some substance related disorders such as opioid dependence. In the last decades, Physicians Health Programs (PHPs) have accumulated experience on how to prevent and treat those conditions.
Objectives: To describe the clinical characteristics of physicians and nurses with opioid dependence (OD) in treatment at the Galatea PHP.
Methods: Data from medical records of physicians and nurses consecutively admitted to the Galatea PHP from 2008 to 2018 will be presented. Records form patients meeting DSM-IV-TR criteria for OD will be selected and compared to those with other addictions. A specific analysis of the clinical relationship between drug prescription and physical pain in the OD subsample will be performed.
Results: Physicians and nurses with opioid dependence are expected to be different than other addicted health professionals with regards to specialty (OD more frequent among those with access to intravenous drugs), type of referral (OD less likely to be self-referred for treatment), and risk for self or others (higher among OD patients). Some of them may have developed an OD as a strategy to deal with physical complaints without adequate medical supervision.
Conclusions: Acknowledging the factors associated with OD among physicians and nurses may help develop more effective preventive and treatment interventions for them.

Conflict of interest: No
Keywords: Physicians; opioid; Dependence; doctors

EPP0048

Endocrinopathy in dual-diagnosis patients receiving methadone maintenance therapy: a literature review and case series

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Introduction: Hormonal effects on psychiatric symptoms in dual-diagnosis patients on methadone maintenance therapy (MMT) have not been completely elucidated. MMT is increasingly common in the United States and identifying long-term sequelae may influence patient adherence. Endocrinopathies, including hypogonadism and hypercortisolism, secondary to chronic opioid therapy have been well-documented in the pain literature. Patients receiving MMT often report poor libido, sexual dysfunction, fatigue, depressed mood, and sleep disturbance. It can be difficult to determine if these symptoms are due to a psychiatric disorder or secondarily due to a methadone-induced endocrinopathy. This case series examines the relationship of opioid-induced endocrinopathy and psychiatric symptoms in a psychiatry-based academic MMT program.
Objectives: To review presentations of opioid-induced endocrinopathy in dual-diagnosis patients receiving MMT with the aim of improving psychiatric diagnosis and treatment adherence.
Methods: Three patients were selected from a psychiatry-based academic MMT program. A literature review was conducted using the keywords "opioids," "methadone," "endocrine," "hypogonadism," "hypocortisolism," and "sexual dysfunction."
Results: All patients were abusing intravenous and prescription opioids, initiated on MMT with doses titrated up to as high as 340mg daily. Patients endorsed a variety of systemic symptoms including poor sleep, depressed mood, and sexual dysfunction. The female patient endorsed changes in her menstrual cycle and fertility. Treatment adherence improved with concurrent treatment of endocrine dysfunction.
Conclusions: Dual-diagnosis patients receiving MMT may benefit from concurrent treatment of endocrine dysfunction to help alleviate psychiatric symptoms. Sexual dysfunction in particular may be underreported and a driver for nonadherence.

Conflict of interest: No
Keywords: opioid use disorder; Methadone; Addiction; opioids

EPP0049

The use of new psychoactive substances (NPS) in young people and its association with mental health issues

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Introduction: Over the past ten years, a large number of New Psychoactive Substances (NPS) have entered the recreational drug scenario. NPS intake has been associated with health-related risks, and especially so for vulnerable populations such as the youngsters. Currently, most knowledge on the NPS health effects is learnt from both a range of users' reports, made available through the psychonauts' web fora, and from the few published, related toxicity, clinical observations.
Objectives: This paper aims at providing an overview of NPS effects on youngsters'mental health, performing a systematic review of the current related knowledge.
Methods: A systematic electronic search including original papers up to August 2019 was carried out by using the Pubmed/Medline database.
Results: NPS consumption poses serious health risks, due to both a range of unpredictable clinical pharmacological properties and the typical concomitant use of other psychoactive molecules, which can lead to near misses and fatalities.In comparison with adults, the central nervous system of children/adolescents may be more vulnerable to the activity of these molecules, hence raising even further the levels of health-related concerns.Further research is needed, to provide evidence of both short- and long-term effects of NPS, related health risks, and their addiction potential.
Conclusions: NPS constitute a challenging public health issue. Within the current drug scenario, where 'traditional' drugs of abuse are both controlled and easily identified, NPS may be seen as attractive, and especially so for young people.

Conflict of interest: No
Keywords: Novel Psychoactive Substances; NPS; youngsters; mental health

EPP0050

New molecules, old effects. an hexedrone-induced case report of psychosis.

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Introduction: N-Ethyl-Hexedrone (NEH) is the third most seized synthetic cathinone in powder form in Europe. A Pub Med and Google Scholar search in June 2019 revealed only two studies in which NEH was ingested by humans. It is coherent to think that the effects and risks could be similar to those of other psychostimulants. However, the lack of scientific studies on humans left this assumption in only theoretical.
Objectives: To provide evidence that NEH can induce psychotic symptoms on its own in humans.
Methods: The case of a young man experience psychotic symptoms after the use of NEH is reported. The patient provided a sample of the substance that he had used the night prior to the hospitalization. The analysis was performed by Energy Control by gas chromatography associated with mass spectrometry (GC/MS) at the IMIM (Institut de Recerca Hospital del Mar – Parc de Salut Mar, Barcelona).
Results: A 29 years-old male was hospitalized in the context of a psychotic episode and diagnosed of substance-induced psychotic disorder with onset during intoxication FI 5.259 (ICD-10-CM). He reported a higher-than-usual dose of NEH the day before the hospitalization. He described no regular use of psychoactive substances. Urine tests, blood tests, EKG and cranial MRI did not show any clinically significant results. Substance analysis revealed the presence of pure unadulterated NEH.
Conclusions: In the absence of other plausible explanations, NEH is the most probable cause of the psychotic episode in this case. Researchers should continue to provide scientific evidence about the effects, risks, and treatment of NPS.

Conflict of interest: No
Keywords: N-ethylhexedrone; psychosis; psychostimulants; new psychoactive susbstances

EPP0051

Alcohol-related seizures: a heterogeneous entity

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Introduction: Alcohol-related seizures are usually attributed to alcohol-withdrawal. However, previous studies have documented an association between alcoholism and epilepsy. Several mechanisms underlying alcoholic epilepsy have been proposed (neurochemical and electrophysiologic "kindling", cortical atrophy) leading to a gradual decrease in convulsive threshold, through at least one decade, eventually culminating in spontaneous seizures.
Objectives: Characterization of alcoholic epilepsy regarding epidemiologic, clinical, neuroimagiologic and electroencephalografic (EEG) data, in comparison to alcohol-withdrawal seizures.
Methods: Retrospective analysis of alcohol-dependent patients with seizures admitted in our ward, from January to December 2018. Exclusion criteria: previous diagnosis of idiopathic or secondary epilepsy. Patients were divided into two groups: 1) alcohol-withdrawal seizures; 2) alcoholic epilepsy, whose diagnosis was made upon clinical grounds (seizures unrelated to alcohol-withdrawal, ruling out metabolic/ionic disturbances).
Results: From a total of 178 patients, 7 were excluded. Five out of the 171 patients (2.9%) had alcohol-withdrawal seizures and 2/171 patients (1.2%) had alcoholic epilepsy. Both groups presented tonic-clonic seizures and did not significantly differed in age-of-onset, consumption duration or EEG. Nonetheless, we found a more pronounced brain atrophy pattern in group 2; and in group 1 the two patients with longer consumption (24 and 37 years) also displayed a generalized cortical atrophy.
Conclusions: These preliminary results show a consistent finding of brain atrophy in correlation with consumption duration. Nevertheless,

we must consider that it does not reflect the precise cumulative burden of alcohol consumption. Beside this dose-relationship factor, neurobiological factors underlying an interindividual vulnerability to epileptogenesis in alcoholism are so far not fully understood.

Conflict of interest: No
Keywords: alcoholic epilepsy; alcohol-withdrawal seizures; chronic alcoholism

EPP0055

Ayahuasca: hallucination tourism or new therapeutic weapon for drug use disorders

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Introduction: Ayahuasca is a psychoactive brew prepared from the Amazonian vine Banisteriopsis caapi, which contains b-carboline type alkaloids, such as harmine and tetrahydroharmine, and leaves of the bush Psychotria viridis, which offers the psychoactive alkaloid N,N-Dimethyltryptamine (DMT). Ayahuasca has been used by indigenous populations of Amazonia as a central component of religious, curative, and other tribal rituals for over 4000 years. When ingested induces several hours of a dream-like altered state of consciousness characterized by visual and auditory hallucinations.
Objectives: Brief review of Ayahuasca brew and its potential therapeutic effects in drug use disorders.
Methods: Bibliographic search conducted through PubMed with key-words: “Ayahuasca”; “Ayahuasca assisted therapy”; “N,N-Dimethyltryptamine”; “drug use disorder”.
Results: The anti-drug addiction mechanisms of ayahuasca and its alkaloids are not yet known. Physiological, biological, psychological and spiritual factors could play a synergetic role. Considering the studies reviewed, it seems that ayahuasca has a positive impact in drug use disorders, it leads to a decrease in drug use and withdrawal symptoms as well as improvements in quality of life. Those results were relevant concerning alcohol and cocaine use.
Conclusions: Due to limited success of currently available medical treatments for drug use disorders these results seem promising. Controlled studies are still needed to replicate these observational findings in greater populations and attest the safety of ayahuasca as a medical treatment.

Conflict of interest: No
Keywords: Ayahuasca; N,N-Dimethyltryptamine; Drug Use Disorder; Ayahuasca assisted therapy

Addictive disorders - Part VI

EPP0057

Gamma glutamyl transferase(GGT) as a biomarker for craving and withdrawal in alcohol dependence syndrome

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Introduction: Studying the variability in biomarkers for Alcohol Dependence(AD) can substantiate the clinical suspicion of alcohol use.
Objectives: 1) To study biomarkers for screening and assessing severity of AD and in relation to withdrawal syndrome. 2) To correlate biomarkers to psychosocial factors-craving in AD patients.
Methods: 90 patients(>18 years) of Mental/ behavioural disorder due to alcohol use within 24 hours of alcohol intake were assessed for amount of alcohol intake, severity of AD, withdrawal symptoms and craving using The British Heart foundation and The Royal college criterion, Clinical Institute of withdrawal Assessment (CIWA-Ar), Penns Alcohol Craving Scale(PACS) scales respectively and biomarkers- serum uric Acid(UA), Mean corpuscular Volume(MCV), Alanine Transaminase(ALT), Aspartate transaminase(AST), Gamma glutamyl tranferase(GGT) were sent. Biomarkers and scales were reassessed on day 7 and 14. Level and variability of biomarkers was studied in mild, moderate and severe AD patients.
Results: Significant decrease in mean PACS, mean CIWA in all groups on day 7 and 14 as compared to day 1($p<0.0001$)was observed. Mean PACS level, CIWA level was significantly higher in severe AD as compared to other groups($p< 0.0001$). Decrease in mean ALT, AST with slight decrease in mean MCV, UA is seen in all groups at day 7 and 14 as compared to day 1. With correlation analysis, positive good correlation was observed between GGT and PACS(0.514); GGT and CIWA(0.501); ALT and PACS(0.519).
Conclusions: Significant craving and withdrawal is observed in severe AD as compared to other groups. GGT can be used as biomarker for craving and withdrawal in AD patients.

Conflict of interest: No
Keywords: Gamma Glutamyl Transferase; biomarkers; Alcohol dependence

EPP0059

Internet addiction and anxiety as factors of psychological well-being in russian adolescents with different levels of digital activity

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Introduction: Digitalization of everyday life raises the question of the relationship of online activity with the psychological well-being of adolescents.
Objectives: The aim was to study Internet addiction and anxiety as indicators of psychological well-being in Russian adolescents with different digital activity.
Methods: Study was based on EU Kids Online methodology (Livingstone, Haddon, 2009) and included 1085 adolescents 14-17 years old. Cronbach's alpha for composite scores on Internet addiction items were 0.78 and on anxiety – 0.836.
Results: The adolescents were divided by digital activity into 4 groups: low (<2.4 hours a day), medium (2.4-8.1 h.), high

(8.1-10.9 h.), hyper-connectivity (>11 h.). Median scores on Internet addiction and anxiety were following: low usage group – 8 and 13.59, medium group – 9.13 and 14.81, high group – 10.14 and 16.31, hyper-connectivity group – 10.88 and 15.33. Than were assessed the significance of differences between groups (Mann–Whitney U-test). Low usage group differs in the level of Internet addiction from medium (p=0.002), high (p=0.001) and hyper-connectivity (p=0.001) groups. Medium usage group differs in the level of Internet addiction from high (p=0.015) and hyper-connectivity (p=0.004) groups. Low group differs in the level of anxiety from medium (p=0.012) and high (p=0.001) groups, and medium group differs from high group (p=0.015).
Conclusions: The manifestation of Internet addiction and anxiety differs in adolescents with different levels of digital activity. The more time an adolescent spends on the Internet, the higher the level of anxiety and Internet addiction is. Research is supported by the Russian Science Foundation, project No. 18-18-00365.
Disclosure: Research is supported by the Russian Science Foundation, project No. 18-18-00365.

Keywords: internet addiction; Anxiety; digital activity; adolescents

EPP0060

Innovative approaches to treatment of addictological emergency states: using the model of periodic forms of hypertoxic alcohol abuse

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Introduction: The emergency states caused by periodic forms of compulsive craving for alcohol (the so called " dipsomania alcohol abuse", " heavy drinking bouts"), while which patients completely lose their conscious ability for determined will efforts over quantitative and situational self-control use of alcohol toxic megadoses, are considered one of the urgent issues of clinical addictology. It is a risk factor for severe mental, behavioral, somatoneurological disorders, disability and mortality. Since the pathogenesis and clinical manifestations of dipsomania are complex, addictology uses comprehensive pharmacological and other treatments, mostly insufficiently effective.
Objectives: Innovative improvement of relieving method for heavy drinking states in alcohol abusers aiming at rise of efficiency, reduction of side effects and complications.
Methods: Valid clinical-diagnostic, laboratory, biochemical, electrophysiological, psychological (scaling, testing) methods of dipsomaniac alcohol dependence statistical identification.
Results: A new way of relieving alcohol intoxication (patent, 41156, UA) using pharmacological therapy (detoxifying, general tonic, thymolytic, tranquilizing, neuroleptic) has been proposed, characterized by intramuscular 1 ml Galapril (Ukrainian analogue of international Haloperidol) 3-7 days, once-twice daily, carried out against the background of: a) intravascular/transdermal laser therapy (0.63 μm wavelength, 2 mW radiation intensity, 30-40 min exposure, once daily for 3-5 procedure course), b) oral administration of sorbent Enterosgel (15 g single dose, three times daily 1.5-2 hours before or 2 hours after meals and taking medications, a course of 7-14 days). Membrane plasmapheresis is also pathogenetically grounded (patent 41156, UA).
Conclusions: The treatment method was statistically significantly more effective compared to the conventional therapeutic approach.

Conflict of interest: No
Keywords: Alcohol; treatment; Addiction; Innovation

EPP0061

Treatment modality for relieving recurrent pain syndrome in opioid dependent patients

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Introduction: Availability and further positive evolution of treatment modalities for relieving pain syndrome (PS) is the most urgent addictological clinical therapeutic issue. Clinical picture of opioid dependence specific PS is pathogenically caused by exogenous and endogenous intoxication syndromes, that prevents narcotization discontinuation. International addictological analgesic relieving programs are mostly ineffective enough.
Objectives: To develop and propose new addictology treatment modality based on scientific analysis of international and own scientific and clinical experience concerning differential diagnostic clinical and pathogenic features of PS in opioid addicts, targeted improvement of conventional, search for new therapeutic analgesic programs.
Methods: Pain intensity was determined by most widely used, valid one-dimensional scales: Numerical Rating Scale (NRS), Verbal Rating Scale (VRS), Visual Analogue Scale (VAS) (Breivik H., Borchgrevink R., Allen S., et al.).
Results: Our method for relieving recurrent pain syndrome in opioid dependence (Patent 53586, UA) technology: membrane plasmapheresis performed at minimized conventional therapy. Heparin 10,000 U; sodium chloride 0.9% 1400.0 ml; blood preservative Glugicir (sodium citrate) 200.0 ml are used; 600.0-900.0 ml plasma is removed while a session. Blood intravascular laser irradiation with red spectrum (wavelength 0.63 μm), power 1.5-2.0 mW, exposure 20-30 minutes) is carried out 12-14 hours after membrane plasmapheresis. Laser therapy is combined with 1.0 ml Ketanov solution intramuscular injection.
Conclusions: Representative clinical observations and approbation of the proposed method of relieving recurrent PS in opioid dependence with complex membrane plasmapheresis, intravascular laser therapy, Ketanov intramuscular injection demonstrated effective detoxification and analgesic effects, reduced period, increased quality of relieving therapy.

Conflict of interest: No
Keywords: Opium; Dependence; pain; Relieving

EPP0062

Method of complex detoxification therapy in emergency states of alcohol genesis

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Introduction: Contemporary international addictology, as a neuroscience, concentrated a large array of theoretical and applied knowledge about alcohol dependence pathogenetic mechanisms, exogenous and endogenous intoxication leading role, urgent states of alcohol genesis, decompensated detoxification mechanisms. This fact is of key importance in the development, testing and accumulation of numerous treatment modalities for alcohol dependence conditions and urgent relief in addictology practice. Unfortunately, not all proposed therapeutic programs stand the test of time for effectiveness.
Objectives: Based on the analytical review of the principles of intensive elimination of post-alcohol disorders, to develop an innovative method of complex detoxification therapy for emergency conditions of alcohol genesis (withdrawal syndrome, dipsomania, pre-delirious and delirious conditions, etc.).
Methods: International tests and scales for identification of alcohol dependence and its complications as emergency conditions. Follow-up control of laboratory, biochemical, electrophysiological and other studies.
Results: An innovative method of complex detoxification therapy in emergency states of alcohol genesis (patent 20470, UA) by plasmapheresis method is developed, which is specific for membrane plasmapheresis with a dosed blood plasma removal volume of 600.0-1000.0 ml, and directly pre-treatment drip-feed intravenous administration of 200.0-400.0 ml Rheosorbilact or Sorbilact (by new prescription), 2.0-3.0 ml nicotinic acid intramuscularly, and medical oxygen inhalation for 5-10 minutes, every other 3 days procedure, 2-3 procedures tolally per treatment.
Conclusions: The proposed detoxification method quickly and effectively reduces emergency clinical manifestations (eg., alcohol withdrawal syndrome with predilirious condition after prolonged binge drinking) and normalizes laboratory, electrophysiological and other parameters (middle weight molecules content, malondialdehyde level).

Conflict of interest: No
Keywords: Alcohol; Addiction; Detoxification; Innovation

EPP0063

Method of intensive detoxification therapy in emergency states of narcotic genesis

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Introduction: Intensive elimination of intoxication factors is an essential component of therapeutic programs for emergency states common enough among the drug addicts. However, most of the known detoxification methods are insufficiently effective.
Objectives: The creative task was to develop considerably and improve intensive detoxification treatment modality in emergency states of narcotic genesis.
Methods: International scales and tests for identification of drug dependence and relieving emergency states of narcotic genesis. The study monitored the dynamics of the main biochemical, major clinical laboratory and electrophysiological parameters.
Results: Aiming to increase significantly detoxification efficiency, our utility model "Method of intensive detoxification therapy in emergency states of narcotic genesis" (patent 24574, UA) provides membrane plasmapheresis (MPP) at minimized conventional pharmacotherapy with dosed 600.0-1000.0 ml blood exfusion, and hyperbaric oxygen therapy (HBO) 12-14 hours after the procedure, with 1.2-1.3 atm oxygen pressure in the chamber, and 45-60 minutes exposure; every 3 days MPP procedure re-treatment (2-3 courses totally for a course), and a 3-5 session course of daily HBO. It has been proved that MPP pathogenetically provides intensive extracorporeal exfusion of toxic substances from circulating blood plasma. Hyperbaric oxygen promotes generalized detoxification, improves metabolic, detoxification processes, promotes elimination of hypoxic factor, positively influences (stimulates functional activity of the cardiovascular system, including capillary), adding synergistic preconditions for plasmapheretic exfusion of toxins and harmful metabolites excreted in circulation.
Conclusions: The phenomenon of synergistically combined two best methods of detoxification (MPP + HBO) statistically significantly increases the treatment effectiveness for emergency conditions of narcotic genesis.

Conflict of interest: No
Keywords: Drugs; Addiction; Emergency; Detoxification

EPP0064

Integrated therapy for alcohol dependence complicated with liver comorbidity

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Introduction: Hepatobiliary disorders in alcohol dependent patients is the prevalent dual morbidity with steady upward trend of 15-30% annual increase. Therefore, development of new, more effective, integrated approaches to dual morbidity (alcohol dependence + alcoholic liver disease) treatment is quite relevant.
Objectives: Research for creative task of innovative metamorphosis of integrated therapy for alcohol dependence, complicated by liver comorbidity, using essential synergistic anti-alcohol methods and differentiated choice of modern pharmacological hepatoprotective drugs.
Methods: Modern complex of clinical and psychopathological pathopsychological, laboratory, electrophysiological, biochemical examination to identify dual comorbidity.
Results: A new method of integrated therapy for alcohol dependence complicated by liver comorbidity (patent 96702, UA) using conventional anti-alcohol and hepatoprotective pharmacotherapy has been proposed. Novelty of the utility model is provided by therapeutically combined anti-alcohol, hepatoprotective and psychotherapeutic agents: a) synchronous administration of intravenous and oral new-generation hepatoprotectors, adjuvantly affecting various pathogenic mechanisms of liver function alcoholic impairment: Lesfal 5.0 ml intravenously (7-10 per course), Antral 1 tablet (0.2 g) 3 times a day (14-21 day per course); b) treatment against the background of nanotechnological membrane plasmapheresis ("Hemofenix" unit, 2-3 sessions of 750-850 ml blood plasma exfusion per session; c) psychotherapeutic mediating of the present visual signs caused by chronic alcohol intoxication with metabolic toxic (xenobiotic) contamination at plasma membrane plasmapheresis exfusion.
Conclusions: Catamnesis of representative group of patients statistically objectified the increased treatment efficiency of dual comorbidity, primarily due to the quality of remissions, persistent

anti-alcohol motivations, reduction of impaired liver functions and shortening of treatment period.

Conflict of interest: No
Keywords: Alcohol; Addiction; Liver; treatment

Addictive disorders - Part VII

EPP0070

Barriers towards healthcare seeking among swedish patients in opioid substitution treatment – a mixed methods study

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Introduction: Individuals with opioid dependence, even after entering opioid substitution treatment (OST), are at increased risk of lifestyle-related disease. Barriers hinder seeking medical help through the conventional healthcare system which results in unmet healthcare needs. As part of a larger study on unmet healthcare needs, the objective of this study was to explore these barriers, which, to this point, have been sparsely studied in this population.
Objectives: To examine barriers towards healthcare seeking among patients in OST
Methods: Mixed methods were used, where the quantitative part of the study, data had been collected from 218 patients in OST, by questionnaires. The qualitative part of the study was conducted by the use of semi-structured interviews with eleven OST patients, in Malmö, Sweden, between February 2018 and March 2018. Interviews were taped and transcribed
Results: Three central themes were distinguished as barriers towards healthcare seeking consisting of procrastination/deprioritization, prior experience of stigma and internalization thereof, and inability/health illiteracy, supporting the initial findings of the quantitative part of the study.
Conclusions: Patients in OST carry a heavy burden of physical symptoms and a high degree of unmet healthcare needs. Internal and societal systematic level of barriers seem to lead to inequalities in healthcare utilization. Further investigations into this subject need to be conducted.

Conflict of interest: No
Keywords: social stigma; heroin depencence; opiate substitution treatment; Substance dependence

EPP0071

Heavy drinking hits a nerve: harmful alcohol use increases sensitivity to unfairness

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Introduction: Alcohol is one of the most widely-used addictive substances (WHO, 2017). Alcohol Use Disorder (AUD) has well-established effects on mental and physical health. AUD has also been linked with compromised emotional regulation (Brevers et al. 2013), potentially mediated by increased impulsivity in alcohol users. Many highly-functioning individuals regularly consume harmful levels of alcohol, but it is still unclear whether these effects are also seen in harmful drinkers who are sub-threshold for AUD.
Objectives: We investigated social decision-making in individuals with regular harmful drinking and healthy volunteers, hypothesizing that if negative emotions are problematic for harmful drinkers, we would predict lower tolerance to unfairness and higher proportions of rejected offers compared to controls.
Methods: We recruited 45 volunteers in the community: 28 reported regular harmful alcohol consumption (as measured by AUDIT scores >15) and 17 reported rare alcohol consumption. All participants performed the Ultimatum Game, making a number of guesses to earn money; however, to capitalise on their gains, they must cooperate with another player and share their earnings.
Results: The groups were matched in age, gender, socioeconomic status and education. Although the groups did not differ with respect to sensitivity to monetary value ($F_{1,50}$=1.3;p=0.251); there were significant differences in responses to unfairness. Overall, alcohol users accepted fewer unfair offers than their opponents ($F_{1,98}$=3.7;p=0.04), which was inversely correlated with their AUDIT scores (r=-.32,p=0.020).
Conclusions: In socially-frustrating situations, such as unfair offers, alcohol users may experience difficulty in regulating emotional impulses and likely to respond retributively. These difficulties should be addressed by early intervention programs.
Disclosure: The authors thank all the participants who agreed to participate in our study, which was partly funded by the Cambridge Biomedical Research Centre and the University of Cambridge School of Clinical Medicine. The authors declare no conflict of interest.

EPP0075

Alcohol addiction, gut microbiota, and alcoholism medications

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Introduction: Alcohol addiction is a leading risk factor for personal death and disability. In 2016, alcohol use caused 2.2% of female deaths and 6.8% of male deaths, and disability-adjusted life years (DALYs) were 2.3% in female and 8.9% in male. Alcoholics are at high risk of mental illnesses and are comorbid with liver disease.
Objectives: Psychological interventions and medical treatments are used for alcohol addiction in Europe and/or the United States. However, the effect is limited, and the need of additional interventions is substantial.
Methods: We planned to conduct a literature review related to the etiologies of alcohol addiction such as genetic inheritance and the physiological mechanisms of alcohol addiction, and current medical treatments for alcohol addiction, such as Naltrexone, Disulfiram, Acamprosate. We focused on the mechanisms that alcohol use impairs the intestinal barrier and cause the change of the intestinal permeability, as well as the gut microbiota composition.
Results: The findings from our review suggested that probiotics, through either administrations or faecal microbiota transplantation,

increased intestinal levels of potentially beneficial bacteria such as bifidobacterial and lactobacilli, improving in levels of liver-associated enzymes in patients with mild alcoholic hepatitis and demonstrating beneficial psychotropic effects on anxiety and depression.
Conclusions: Previous studies try to reveal the role of the gut–brain axis among the alcoholics. Bacterial product penetrates the impaired intestinal barrier and causes central inflammation; the change of gut microbiota impairs enterohepatic circulation of bile acids; alcohol abuse causes shortage of vital nutrition such as thiamine. The association between gut–liver–brain axis and alcohol dependence is unclear and future studies are needed.

Conflict of interest: No
Keywords: alcohol addiction; alcoholism medication; gut microbiota; alcohol liver disease; gut-brain axis

Anxiety disorders and somatoform disorders - Part I

EPP0078

Further validation of the portuguese version of the dental fear survey

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Introduction: Dental anxiety impairs the individual's oral health, psychosocial well-being and quality of life. Dental Fear Survey (Kleinknecht et al. 1973) presents good psychometric properties in diverse cultures and languages, including in Portuguese (Lopes 2009). However, the Portuguese validation was exclusively based on a sample of university students.
Objectives: To analyze the psychometric properties of the DFS Portuguese version in a general population sample, namely factor structure using confirmatory factor analysis (CFA), internal consistency and concurrent validity.
Methods: A community sample of 437 adults (68.2% women; mean age= 35.15±15.790; range:18-88 years) completed the Portuguese versions of: DFS, Modified Dental Anxiety Scale (Lopes 2009) and State-Trait Anxiety Inventory (STAI-X2; Silva et al. 2006).
Results: The model with the best fit was composed of five-factors (with eight errors correlated) (X2/df=3.233; CFI=.950; GFI=.880; TLI=.937; p[RMSEA≤.01]=.080). DFS Cronbach's alpha was of α=.964; for the factors were: Avoidance of dental care, α=.922; Physiologic arousal during dental treatment, α=.892; Anticipatory anxiety while waiting for dental treatment, α=.924; Fear of the injection needle, α=.892; Fear of the drill, α=.760. DFS total and dimensional scores significantly and highly correlated (r=.70) with all MDAS measures and moderately with trait-anxiety (r=.25).
Conclusions: This further validation with a more representative sample of the Portuguese population ensures that DFS is a valid and reliable instrument that can be used to continue understanding this important dental related psychological construct. In the near future we will determine the DFS cut-off to screen for dental anxiety disorders.

Conflict of interest: No
Keyword: Dental Fear

EPP0079

Portuguese version of the sensitivity to pain traumatization scale – preliminary psychometric study

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Introduction: Research linking chronic pain with anxiety and traumatic reactions as proposed several pain-related anxiety constructs. Sensitivity to Pain Traumatization/SPT is defined as the propensity to develop anxiety-related somatic, cognitive, emotional, and behavioral responses to pain that resemble features of a traumatic stress reaction. Recently, Katz et al. (2017) develop the Sensitivity to Pain Traumatization Scale (SPTS-12) to measure this construct.
Objectives: To analyze the psychometric properties of the SPTS-12 Portuguese version, namely construct validity, internal consistency and convergent validity.
Methods: A community sample of 227 adults (55.7% women; mean age= 43.65±15.952; range:18-88) completed the Portuguese versions of SPTS-12 and other validated questionnaires to evaluate trait anxiety (STAI), dental anxiety (MDAS and DFS) and repetitive negative thinking (PTQ-15). The total sample was randomly divided in two sub-samples: sample A (n=113) was used to exploratory factor analysis/EFA; sample B (n=114) to confirmatory factor analysis/CFA.
Results: EFA resulted in two components. CFAs revealed that the unifactorial model, found by Katz presented a poor fit. The bifactorial model presented good fit indexes (X2/df=2.167; CFI=.940; GFI=.916; TLI=.924; p[RMSEA≤.01]=.076). Cronbach alphas were α=.902 for F1 Sensations and α=.810 for F2 Thoughts and avoidance. F1 and F2 scores significantly and moderately correlated with measures of trait-anxiety, dental anxiety and repetitive negative thinking (all coefficients r≥.30, p<.001).
Conclusions: This study provides preliminary evidence for the validity and reliability of the Portuguese version of SPTS-12, which dimensions will be used in an ongoing research project on the relationship between dental pain, trauma and anxiety.

Conflict of interest: No
Keyword: Sensitivity to Pain Traumatization Scale

EPP0083

Anxiety and parental stress influence on the appraisal of child mental health vulnerability

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Introduction: According to the understanding of the term «vulnerability» as it is given in the APA dictionary (2006) as «susceptibility to developing a condition, disorder, or disease when exposed to specific agents or conditions» we have evaluated the parental representations of child mental health and factual health

vulnerability. Our research was based on Green & Solnit 's concept of «Vulnerable child syndrome» (1964) and was enlarged by using the principles of the «L'enquette québécoise sur le développement des enfants à la maternelle 2012» (2013).
Objectives: We studied how parental emotional state and characteristics (anxiety and stress) could moderate parental subjective assessment of child mental and factual health vulnerability.
Methods: The study was conducted among 46 women and the following questionnaires were used: State-Trait Anxiety Inventory (STAI) (1983), Parental Stress Index (PSI-IV) (2012), The Appraisal of child vulnerability.
Results: Linear regression showed statistically significant relations between mother's personal anxiety (STAI) and mother's Emotional Appraisal of general child vulnerability (Rsq=11,5%, P=0,001). Also the following relation was found: The higher rate of Total parental Stress and the higher rate of stress by Child Domain (PSI-IV) relate to the higher rate of child mental health vulnerability assessment (R^2=.34, p<.0001; R^2=.51, p<.0001).
Conclusions: The parental representation of child vulnerability is a phenomenon that has its own structure and determinations. For practice it means that parental anxiety and stress may be a factor of dramatization in diagnostics.

Conflict of interest: No
Keywords: Anxiety; parental stress; parental anxiety; child mental health

EPP0084

Difficulties in emotional and interoceptive processing are related to increased cerebrovascular risk

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Introduction: Aberrant emotional processing is increasingly recognized as a vascular risk factor. The same time, multiple theories of emotion link emotion with interoception. Thus, it is feasible to investigate the mechanisms of cerebrovascular disorders from a broad psychosomatic perspective that includes the role of interrelated emotional and interoceptive processing in body regulation.
Objectives: To identify a pattern of emotional and interoceptive processing that is associated with cerebrovascular risk.
Methods: The pilot study included 30 females aged 40–65 years with no history of cardiovascular events. The participant underwent ambulatory blood pressure monitoring, classified in accordance with the ESC criteria for hypertension, structural brain MRI, rated by the Fasekas criteria for vascular lesions, functional MRI with the heartbeat detection task and psychological examination. A cluster analysis was performed on the variables describing the emotional and interoceptive processing: Mayer-Salovey-Caruso Emotional Intelligence Test (MSEIT), Toronto Alexithymia Scale (TAS), Beck Depression Inventory, Short Health Anxiety Inventory, Screening for Somatoform Symptoms (SOMS), Interoceptive Accuracy and right insular activation during the heartbeat detection task.
Results: The cluster analysis identified three subgroups. Subgroup including participants with lower emotional intelligence (MSEIT 92±8), higher alexythimia (TAS 57±11), higher rate of somatization (SOMS 21±5), lower interoceptive accuracy and insular activation showed higher rate of cerebral small vascular disease (modified Fasekas score 1 or more) — 73% vs. 31% in other participants (p=.05), along with higher rate of arterial hypertension — 82% vs. 38% in other participants (p=.004).
Conclusions: In a pilot study we identified a psychosomatic pattern associated with higher cerebrovascular risk.

Conflict of interest: No
Keywords: emotional processing; alexythimia; interoceptive processing; cerebrovascular risk

Anxiety disorders and somatoform disorders - Part II

EPP0089

Agnostophobia: a probable impediment in recovery of patients with somatic symptom and related disorders

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Introduction: The Mayo Clinic Behavioral Medicine Practice (BMP) is a sub-specialty practice well integrated with other medical specialty practices and collaboratively evaluates individuals with somatic symptom and related disorders. We managed patients who encountered challenges overcoming their fear of the unknown and engaged in behavior of avoidance, that slowed recovery and limited their quality of life.
Objectives: Through case presentations and literature review, we want to highlight agnostophobia as a probable impediment.
Methods: Cases: 57-year-old married male with 18-month duration of multiple somatosensory symptoms unexplainable by known pathophysiological mechanisms after evaluation by multiple clinicians. 47-year old married male with functional neurological symptoms for 5 years leading to decreased quality of life from inability to work as a carpenter. 31-year old single female with somatic symptom disorder with predominant pain limiting her ability to engage in meaningful relationship and maintain employment. 20-year single male with spells and extensive evaluation negative for seizures who is on work accommodation. 21-year-old single female, previously a gymnast, with inability to move lower extremities and wheel chair bound. Extensive neurological and musculoskeletal work-up negative.
Results: The fear-avoidance model attempted to explain the process of pain perception.[1] Lee-Jones et al. proposed cognitive behavioral model for fear of cancer recurrence and emphasized the role of cognitions, individual perception, knowledge, beliefs, and maladaptive behaviors[2]. Morris et al. examined effect of negative conditioning on cognition and amygdala reactivity[3].
Conclusions: Understanding probable cognitive formulations of fear and avoidance may offer opportunities to facilitate restoration of function through adapted CBT.

Conflict of interest: No
Keywords: phobia; avoidance; somatic symptom; cognitive behavioral therapy

EPP0090

Non-compliance in female patients with functional constipation has link to psychoemotional disorders but not to severity of somatic symptoms

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Introduction: Prevalence of functional constipation (FC) among adults worldwide is about 24%. The disease affects female more than male. Comorbid psycho-emotional disorders, i.e. anxiety and depression might be associated with FC but the role of somatization and distress in such patients is still unclear. Actual schemes of symptomatic treatment of FC have low efficiency. At the same time only 50% of patients with FC follow the doctor's recommendations. Difficulty of identification of non-compliant patients can have impact on the treatment outcome.
Objectives: To assess the signs, which impact adherence to laxative treatment in females with FC.
Methods: 40 females with FC (ROME IV) were examined for somatic symptoms and tested by Latent Dysphoric Scale (LDS) and the Four-Dimensional Symptom Questionnaire (4DSQ) for emotional disorders.
Results: All patients were prescribed laxatives. Somatization and dysphoria, but not depression and anxiety were presented at the beginning. Two weeks later patients were examined on their compliance. 14 patients stopped treatment (noncompliant group - NCP) and 26 patients continued treatment (compliant group - CP). No difference in age, years of disease duration and somatic symptoms severity between NCP and CP groups was observed. All NCP and CP patients showed equal positive response to treatment. The difference concerned only emotional status: latent dysphoria and all symptoms of 4DSQ: distress, somatization, depression and anxiety were more severe in the NCP group ($p<0,05$ for each index).
Conclusions: Emotional disturbances, including latent dysphoria, distress, somatization, anxiety and depression, but not severity of somatic symptoms, predispose to non-compliance in female patients with FC.

Conflict of interest: No
Keywords: functional constipation; somatization; non-compliance; latent dysphoria

EPP0091

Somatoform disorders and health care system

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Introduction: At the present stage of a society development in Ukraine among based medical care problems the special priority has been provided the problem of somatoform vegetative disorders. A prevalence somatization clinical disturbances at patients with frustration various nosologic accessories and necessity of development of clinical criteria of differential diagnostics with somatic diseases were the precondition for studying this area.

At the same time, in Ukraine the diagnosis "Vegetative-vascular dystonia" which is ciphered G 90.8, according to ICD-10 instead of "Somatoform disoders" F40.0-F48 is used. It leads unreasonable treatment significant contingents of neurotic patients in neurological departments.
Objectives: Create a comprehensive treatment program for patients with Somatoform disoders
Methods: On the basis of complex study 727 patients of city policlinic and hospital are conducted determination of structure and prevalence of somatoform disorders in ambulatory-policlinic practice in the conditions of Kharkiv-city.

Clinic-epidemiological and clinic-statistical research allowed to define the structure of somatoform disorders in ambulatory-policlinic practice
Results: Organ neuroses with cardiorespiratory functional violations make 10%, organ neuroses with functional violations of gastrointestinal system — 5,7%, organ neuroses with functional violations of the urinal system — 12,2%. Set personality psychological, social-psychological and social constituents of somatoform disorders.
Conclusions: On that ground has been developed complex level differentiated system of medical- psychological and psychotherapy correction of somatoform disorders with the 75% higt efficasy.

Conflict of interest: No
Keywords: Somatoform vegetative disorder; psychotherapy correction

EPP0092

Parental anxiety and child's illness experience as factors of a child's anxiety formation

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Introduction: Important reasons for the development of child anxiety are the factor of parental anxiety and the experience of the children's illness. There are differences between the level of anxiety in frequently and rarely ill children, as well as these indicators in their parents.
Objectives: To assess the relationship between parental anxiety and anxiety among frequently and rarely ill children.
Methods: Sample: 145 people: 46 frequently ill children (mean age – 16.3 ± 0.3), 41 rarely ill children (mean age – 16.1 ± 0.1), 28 parents of frequently ill children (mean age – 44.9 ± 0.8), 30 parents of rarely ill children (mean age -44.5 ± 1.5). Methods: State-Trait Anxiety Inventory (Spielberger, 1983), Short Health Anxiety Inventory (Salkovskis, 2002).
Results: Frequently ill children significantly differ from rarely ill children by personal anxiety parameter ($p= 1.386$, $p\leq0.01$) and have no significant differences with this indicator in their parents ($p=12.825$, $p>0.05$). For rarely ill children and their parents, this indicator has significant differences ($p=2.382$, $p\leq0.01$). Frequently ill children, like their parents, have a high level of personal anxiety, which may not always be correlated with the severity of the disease of children, but has an impact on their personal development. Health anxiety among frequently and rarely ill children has no significant differences ($p= 9.265$, $p>0.05$). Illness experience doesn't affect health anxiety in these groups.

Conclusions: Parental anxiety is defined as one of the significant components of adverse effects on children's development. The psychological impact on the frequently ill anxious child will be more effective if the parental attitude to him is optimized.

Conflict of interest: No
Keywords: health anxiety; illness experience; frequently ill children; child's anxiety formation

EPP0096

Relationship to somatic complaints in interpersonal communication in patients with non-delirious hypochondria

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Introduction: Interpersonal communication is a sphere where somatic complaints appear and acquire their psychological meaning that could be related to their further perpetuation.
Objectives: The aim was to study psychological factors of somatic complaints and relationship to such complaints in interpersonal communication in patients with non-delirious hypochondria.
Methods: 45 patients with non-delirious hypochondriac syndrome in affective disorders and hypochondria disorder (28 males, 20-63 years old) and 45 participants without mental disorders replied to modification of Rosenzweig test including 40 cards with frustrating situations of interpersonal communication (Migunova, Rasskazova, 2014) provoking somatic complaints to resolve some problem ("Have you been home all day? I asked you to ... What happened?"), health anxiety ("Are you dizzy again? Listen, I think it's time to see a doctor - can this be very dangerous?") or describing situation when somebody report somatic complaints to resolve some communication problem ("My head ached terribly from you! I need rest"). Then they filled Cognitions About Body and Health Questionnaire (Rief et al., 1998) and Screening for somatoform symptoms (Rief, Hiller, 2003).
Results: Comparing to controls, patients more frequently reported somatic complaints to resolve interpersonal problems ($p<.05$), higher subjective stress if other person expressed distrust to their complaints ($p<.01$) with readiness to prove that symptom exists ($p<.05$) but also more trusted others' complaints ($p<.05$). Cognitive beliefs and somatoform symptoms were unrelated to these patterns.
Conclusions: Patients with hypochondria demonstrate specific communication style regarding somatic complaints. Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00799.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00799

Keywords: somatic complaints; interpersonal communication; hypochondria

EPP0097

Cyberchondria as a component of hypochondriac behavior

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Introduction: Despite the growing interest to the "cyberchondria" as an excessive online search for health-related information (Starcevic, Berle, 2013, Lutwak, 2017; Wangler, Jansky, 2018), little is known about whether it is specific phenomenon or should be considered as a component of excessive Internet use or hypochondriac beliefs and behavior.
Objectives: The aim was to study relationships between cyberchondria, cognitive beliefs typical for patients with hypochondriac disorder and Internet addiction in those who actively search for health-related information online.
Methods: 33 active participants of medical online societies and forums (10 males, 18-63 years old, M=27.5; SD=11.7) and 54 people who replied that rarely or never search for health-related information online (31 males, 18-63 years old, M=31.7; SD=8.8) filled The Cyberchondria Severity Scale (CSS, McElroy, Shevlin, 2014), Chen Internet Addiction Scale (Chen et al., 2003), Scale for Assessing Illness Behavior (Rief et al., 2001), Cognitions About Body and Health Questionnaire (Rief et al., 1998).
Results: In people actively searching online for health-related information scored higher on Compulsion, Distress, Excessiveness, Reassuarance Seeking scales of CSS ($p<.05$) than controls. Comparing to controls, in these people cyberchondria related to any aspects of hyperchondriac behavior ($r=.19-.23$, $p<.05$) and unrelated to excessive Internet use.
Conclusions: Results suggest that while in the general population cyberchondria could manifest both in the structure of hypochondriac beliefs and Internet addiction, in people who actively search online for health-related information, cyberchondria is related to hypochondriac beliefs and behavior only. Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00799.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00799.

Keywords: cyberchondria; internet addiction; hypochondriac beliefs

EPP0098

The incidence of posttraumatic stress symptoms and physical illness and social adjustment in disaster victims.

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Introduction: Posttraumatic stress disorder symptoms(PTSS) is a problematic morbidity related to disaster consequences. PTSD impairment has been described as one of the most impairing mental disorders. However, most of the studies evaluating post-disaster psychiatric morbidity have not included measures of functional impairment. Shedding light into this field by studying impairment related to health disaster outcomes would head to gain a comprehensive understanding to assist this population.

Objectives: The aim of this study is to describe the prevalence of PTSS and physical illness in South Korean disaster victims sample 1 year post-disaster and compare social adjustment between individuals with PTSS and individuals with physical illness.
Methods: A total of 1659 individuals were surveyed in 2017. Patients aged between 19-69yo, who did not present physical/psychiatric illness history pre-disaster were selected, leading to a total n=988. Three groups were constructed based on the incidence of PTSS and Physical Illness in 1 year post-disaster. Cross-sectional descriptive analysis was performed using ANOVA with Bonferroni correction.
Results: From a total of 988 individuals surveyed, 59.10% presented post-disaster new onset physical illness and 35.12% presented partial or full criteria for PTSD. After covariate adjustment work and social maladjustment presented association with PTSS(+)Physical illness (-) group=(OR:1.19, IC:1.12-1.26, p<.001), and PTSS(+)Physical Illness(+) group=(OR:1.16, IC:1.08-1.23, p<.001). No association was found with PTSS(-)Physical Illness(+) group.
Conclusions: According to our results, individuals who present PTSS criteria after a disaster have worse work and social adjustment than those who present physical illness. Therefore, it should be borne in mind to include PTSS assessment program for this population; hence, minimise morbidity.

Conflict of interest: No
Keywords: Posttraumatic Stress Symptoms; disasters; PTSD; work and social adjustment

Bipolar disorders - Part I

EPP0100

Cognitive impairment in patients with bipolar disorder and major depressive disorder in remission

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Introduction: Cognitive impairment (CI) is currently investigated as a possible factor of a significant functional and economic burden in affective disorders.
Objectives: To assess CI in patients with bipolar disorder I and II types(BD) and major depressive disorder(MDD) in remission.
Methods: The sample included 85 outpatients with BD (with BDI – 64; BDII – 21) and 45 outpatients with MDD in remission (DSM-V criteria), who received treatment in 2017-2019. We provided a single examination of a patient including clinical interview, HDRS and YMRS to assess affective symptoms (the results were in the normal range), and screening for CI with The Brief Neuropsychological Cognitive Examination (BNCE).
Results: CI (mild cognitive deficit) according to the BNCE was identified in 37 patients with BD (43.5%) and 12 with MDD (26.7%; p=0.059). Patients with CI were characterized by low scores on the subtests «set of sequences» (patients with BD – 2.44±0.57; MDD – 2.73±0.5; p=0.035) and «finding similarities» (2.46±0.5; 2.69±0.51; p=0.025) which indicate a decrease in working memory, operative memory and executive functions in patients with BD in comparison with MDD. CI was linked with the impaired professional functioning in patients with BD (r=0.495; p<0.001). CI in patients of both groups was associated with a deterioration of family relationships (BD: r=0.33; p=0.002; MDD: r=0.45; p=0.002). The association between CI and treatment has not been established.
Conclusions: CI was found in 26-43% of patients with mood disorders in remission. Our results suggest that patients with BD may have higher levels of cognitive and functional (professional) impairment than those with MDD.

Conflict of interest: No
Keywords: Bipolar disorder; remission; major depressive disorder; Cognitive impairment

Bipolar disorders - Part II

EPP0111

Affective temperaments and sexual functioning in euthymic bipolar patients

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Introduction: Bipolar disorder (BD) implies sexual dysfunctions (SD) during euthymia that affect quality of life and treatment compliance. Treatment, comorbidities, and subsyndromic symptomatology; are among the causes that explain SD in BD stable patients. However, there are no studies that investigate the influence of personality. Affective temperaments, as endophenotypes of BD are associated with different expressions of psychopathology and course in BD, so they are likely to have an effect on SF in euthymic patients.
Objectives: To explore the relationship between SF and temperament in euthymic patients treated with mood-stabilizers +/- benzodiazepines; minimizing effects of polytherapy.
Methods: This is a cross-sectional study in 100 euthymic bipolar outpatients from four hospitals in Spain: La Fe Hospital(Valencia), Oviedo Hospital (Oviedo), Sant Joan de Deu Hospital (Barcelona), and Mutua de Terrassa Hospital (Barcelona). Temperament was evaluated with TEMPS-A and SF with CSFQ-14. The effect of temperaments on CSFQ-14 was analyzed with Bayesian ordinal-regression considering age, gender, BD type, polarity of episodes, metabolic syndrome, marital status, and HDRS/YMRS scores as covariables. Statistical analyses were performed using R (version3.5.3).
Results: Hyperthymic scores predicted better SF in all domains of CFSQ-14. We didn't find an influence of the rest of temperaments. As secondary-outcomes, age and female sex predicted worse SF; and treatment with valproate was related with better global SF and arousal.
Conclusions: Hyperthymic traits predict better SF in BD patients independently of the type of treatment. It is important to systematically assess SF and temperament in BD patients so as to improve patients' quality of life and adapt clinical decision-making.

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Keywords: Bipolar disorder; Affective Temperament; sexual functioning

EPP0112

How to treat mania: an algorithm proposal based on a case series

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Introduction: Several pharmacological agents are recommended as first-line treatment options for acute mania in bipolar disorder according to most recent guidelines with comparable efficacy among them. However, there are no specific decision algorithms on treatment choice and guidelines establish individual criteria based on specific characteristics of the patient's clinical history or syndromic characteristics. In order to fill this gap, we propose an algorithm on "how to treat mania" based on clinical guidelines and tested on a series of cases.
Objectives: To propose a treatment algorithm in acute manic episodes according to clinical guidelines and patient characteristics.
Methods: All patients with acute manic episodes admitted to the psychiatric ward were grouped according to the presence of congruent or incongruent psychotic symptoms during acute mania. Patients with congruent psychotic symptoms were all treated with combination of aripiprazole plus lithium/valproate and those ones with incongruent psychotic symptoms received a combination of risperidone plus lithium/valproate.
Results: Seven patients with acute manic episodes (4/3 women/men aged 20-59 years-old) were included. All patients presented remission of manic and psychotic symptoms during hospitalization. No major adverse effects due to treatment were reported. Before discharge, patients with poor treatment adherence predictors or personal preference were started on long-acting injectable (LAI) aripiprazole or LAI paliperidone palmitate.
Conclusions: The congruence of psychotic symptoms in acute manic episodes can be used to determine the antipsychotic strategies (serotonin-dopamine antagonist vs partial dopamine agonist) in combination with mood stabilizers (lithium/valproate). The combination of aripiprazole/risperidone plus lithium/valproate are effective in treating acute manic episodes.

Conflict of interest: No
Keywords: Bipolar disorder; Acute treatment of mania; algorithm; Antipsychotic aripiprazole risperidone

EPP0119

Impulsivity mediates the relationship of childhood trauma with suicidality in

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Introduction: Childhood trauma (CT) is consistently associated with suicidality across various psychiatric conditions, including bipolar disorder (BD). Impulsivity has been suggested as a potential mediator of the effect of CT on suicidality. However, relevant literature is scarce and inconsistent in BD (Etain et al., 2013, 2017; Richard-Lepouriel 2019; Watkins & Meyer, 2013).
Objectives: To explore potential mediatory effects of impulsivity in the pathway from CT to suicidality in BD.
Methods: We included 78 BD patients (60.3% females, 68% BD-I), aged 23-78 (mean 47) years. CT was assessed with the Early Trauma Inventory Self Report-Short Form (ETISR-SF), impulsivity with the Barratt Impulsivity Scale-11 (BIS) while lifetime suicidality was investigated with the Suicidal Behaviors Questionnaire-Revised (SBQ-R). Path analysis was performed in structural equation models including gender, age and diagnosis (BD-I, BD-II) as covariates.
Results: 38.5% reported lifetime suicide attempts. In the model without BIS, CT significantly predicted SBQ-R ($p=0.004$). After being included in the model, BIS significantly predicted SBQ-R ($p=0.011$) while the effect of CT was no longer significant ($p=0.077$). BIS was significantly predicted by CT ($p<0.001$). Therefore, the effect of CT on SBQ-R was completely mediated by BIS. In an alternative model including CT and BIS dimensions, only ETISR-SF physical abuse ($p=0.013$) and BIS attentional ($p<0.001$) subscales significantly predicted SBQ-R. The effect of ETISR-SF physical abuse on SBQ-R was partially mediated by BIS attentional subscale.
Conclusions: CT exerts its effect on suicidality in BD via impulsivity. In specific, attentional impulsivity mediates the effect of physical abuse on suicidality in BD patients.

Conflict of interest: No
Keywords: Bipolar disorder; childhood trauma; Suicidality; Impulsivity

Bipolar disorders - Part III

EPP0121

Temperament and character profile of anxiety disorder comorbidity in bipolar disorder

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Introduction: Anxiety disorders and obsessive-compulsive disorder (OCD) are highly prevalent in bipolar disorder (BD), complicating its clinical presentation, prognosis and therapeutic outcomes. Personality characteristics have generally been associated with the emergence of anxiety spectrum disorders. However, literature is scarce and inconsistent regarding the personality profile of anxiety disorder comorbidity in BD.

Objectives: To explore the personality profile of BD patients with comorbid anxiety disorders (including OCD) using Cloninger's Temperament and Character Inventory (TCI).
Methods: We included 149 BD patients (63.8% females, 63.1% BD-I), aged 20-78 (mean 47.6) years and 99 healthy controls (62.6% females), aged 18-73 (mean 40.8) years. Main diagnosis (BD-I, BD-II) and comorbidity of anxiety disorders was established with MINI-5.
Results: Adjusting for gender and age, patients scored higher on novelty seeking, harm avoidance (HA), self-transcendence (ST) and lower on self-directedness and cooperativeness than controls (all $p<0.001$). 22.8% of patients suffered from at least one anxiety disorder. Adjusting for gender, age and main diagnosis, patients with comorbid anxiety disorders scored higher on HA ($p=0.008$) and ST ($p=0.044$). Anxiety disorder comorbidity was predicted only by BD-II diagnosis (OR=6.1, $p<0.001$) and HA (OR=1.05, $p=0.008$) in a stepwise logistic regression adjusting for gender and age.
Conclusions: Apart from BD-II diagnosis, HA is an additional though weak, independent predictor of anxiety disorder comorbidity in BD.

Conflict of interest: No
Keywords: Bipolar disorder; Anxiety; comorbidity; Personality

EPP0126

Repetitive transcranial magnetic stimulation (rTMS) for the treatment of mood disorders: predictor factors of a good response

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Introduction: The rTMS of the dorsolateral prefrontal cortex (CPFDL) is a cerebral stimulation therapy that is giving rise to a revival of interest in the treatment of mood disorders.
Objectives: To identify the various factors influencing the effectiveness of transcranial magnetic stimulation in the treatment of mood disorders.
Methods: We conducted research studies exploring predictors of a good response to rTMS in the treatment of mood disorders. Publications were compiled from the Pubmed, Google Scholar and Direct Science electronic data bases.
Results: It seems that antidepressant effects of rTMS depend on clinical considerations, stimulation characteristics and on the profile of the cerebral metabolism which differs between the right and the left side of the stimulation. A possible association of rTMS with pharmacological treatment, a history of a good response to antidepressants, ECT or rTMS, and the characteristics of the depressive disorder, are also involved in this response. Not to mention the impact of antecedents of previous psychiatric hospitalizations, treatments implemented, and the overall duration of evolution of the current depressive episode. The characteristics of stimulation depend on the uni or bipolar type of depression. In case of mania, these characteristics are the reverse of those of depression. Bipolar depressions seem to respond to rTMS faster than unipolar depressions.
Conclusions: It turns out that rTMS could be an interesting alternative to antidepressants in the treatment of uni and bipoal depression. However, the literature is poorer in terms of mania. Nowadays, the theta burst stimulation would have more robust effects with a shorter application time.

Conflict of interest: No

EPP0127

Opioid abuse in patients with bipolar disorder

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Introduction: Bipolar disorder is a chronic severe mental illness that has among the highest rates of comorbidities, including substance use disorder. Despite the increasing number of scientific research investigating comorbidity between bipolar disorder and frequent substance use disorder such as alcoholism, there has been less considering the association of bipolar disorder and opioid use.
Objectives: The aim of this study was to compare the social and clinical profile and the manic episode features of bipolar patients with and without opioid addiction comorbidity.
Methods: We conducted a descriptive, retrospective study including all cases of patients admitted for acute bipolar manic episodes from October 2018 to March 219 in "F" psychiatric Department of Razi Hospital. Social and clinical information was collected from medical records and case notes. Data were analyzed using SPSS.
Results: The prevalence of opioid dependence among bipolar patients was 12%. All patients reported non-medical use of high doses of buprenorphine (Subutex). Opioid-dependent patients had significantly more criminal history and exhibited more behavioural strangeness during their manic episode (manic episode with psychotic characteristics) than patients without opioid dependence. In addition, there was a longer hospital stay and a lower score in the Global Assessment of Functioning scale for opioid users, but these differences were not significant.
Conclusions: Despite the few differences in the social, clinical and prognostic indices examined between the two groups, it appears that bipolar patients with opioid addiction seem to have more severe manic episodes, which encourages special attention to be given to addictive disorder in bipolar patients.

Conflict of interest: No
Keywords: opioid; dual diagnosis; clinical features; Bipolar disorder

EPP0128

Long acting injectable antipsychotics in bipolar disorder

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Introduction: Bipolar disorder is a severe and chronic disease that can be life threatening. Treatment adherence is a key to remission and a way to recover a good social functionning. Long acting antipsychotics can be used in maintenance treatment of bipolar disorder.
Objectives: We aimed to describe the clinical characteristics of bipolar patients on long acting injections of antipsychotics.
Methods: Cross sectional study among hospitalized patients with a manic or depressive episod of bipolar disorder, in the period from october 2018 to september 2019. Clinical assessments were performed using clinical global impression scale (CGI) and the global assessement of functionning scale (GAF).
Results: We included 39 patients, with a mean age of 42+ 13 years, 80% were male, 43% were single and 26% unemployed. The mean number of hospitalizations was 5. Long acting antipsychotics were prescribed in 34% of cases. The use of depot treatment was significantly associated with the age of onset (p=0.005), suicide attempts (p=0.04) and cannabis use (p=0.005).
Conclusions: The use of long acting antipsychotics is not a commonly recommended tretment in BD, but it can be used in order to deal with non adherence or in severe cases. More research is required to assess the effectiveness of this approach.

Conflict of interest: No
Keywords: Bipolar disorder; long acting antipsychotics

EPP0129

Open label randomized 44-weeks comparative study of valproate, lamotrigine and topiramate efficacy and tolerability in bipolar disorder kostyukova e.g., fedotov d.d., mosolov s.n.,

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Introduction: The evidences of comparative efficacy and tolerability of anticonvulsants in longterm therapy for bipolar disorder (BD) are sparse.
Objectives: to compare the longterm efficacy and tolerability of valproate (SV), lamotrigine (LAM), topiramate (TPM) in BD.
Methods: 90 BD patients (34 men, 56 women, mean age - 40.8±12.7, disease duration at least 2 years (mean - 14.1±9.4), with at least 2 episodes during the past year, were randomized into 3 therapeutic groups (SV, LAM, TPM). Efficacy was separately assessed by the changes in the relapse rate and duration of both depressive and manic episodes.
Results: The mean relapse duration decreased for SV by 81.84%, LAM-71.4%, TPM-73.5% (p<0.0001), the frequency - 67.7%, 63.3% and 63.6%, respectively (p<0.0001) (SV vs LAM vs TPM – NS). The TPM group had the highest dropout rate and the shortest period of time for therapy discontinuation. Manic symptoms duration decreased (p<0.0001) in the SV group by 79.0%, LAM – 69.3%, TPM - 63.8%, depressive – 64.4%, 80.2%, 73.9%, respectively. Manic episodes frequency (p<0.0001) - by 60.0%, 41.7%, 54.5%, depressive – 50.0% (p<0.0001), 55.0% (p<0.0001) and 43.8% (p<0.05), respectively. Differences between drugs (Mann-Whitney test) in pairwise comparison to reduce the duration of manic symptoms for SV and TPM (p=0.008), depressive - for VN and LAM (p=0.002), frequency of manic episodes for SV and LAM (p=0.003), depressive – NS. The incidence of side effects: TPM (26.7% of patients) >SV(20.7%) > LAM(12.9%).
Conclusions: SV, TPM, LAM have equal efficacy. VN, TPM were better of LAM in controlling manic, LAM - in depressive symptoms.

Conflict of interest: No
Keywords: #bipolar disorder' anticonvulsant' relapse-prevention'; Bipolar disorder; #bipolar disorder; anticonvulsant; relapse-prevention; anticonvulsant

EPP0130

Psychoprophylaxis of autoaggressive behavior in patients with bipolar affective disorder

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Introduction: Current researches suggest that 0.3-1.5% of world's population suffer from bipolar affective disorder. Modern researches emphasize that main medical and social consequences of bipolar affective disorder are due to high level of comorbidity and suicidal behavior associated with this form of pathology.
Objectives: Purpose of the study is to develop a pathogenetically justified system of psychoprophylaxis of autoaggressive behavior in patients with bipolar affective disorder on basis of studying features of its formation.
Methods: We conducted comprehensive examination of 117 patients of both sexes with bipolar affective disorder with signs of autoaggressive behavior with clinical psychopathological method.
Results: It has been established that autoaggressive behavior in case of manic episode of bipolar affective disorder is associated with angry mania; in case of depressive episode it is associated with sad depression, when mixed episode - with a combination of angry mania and anxious depression. We have developed pathogenetically justified system for the prevention of autoaggressive behavior in patients with bipolar affective disorder, which included pharmacotherapy, psychotherapy and psychosocial therapy. Pharmacotherapy of manic episode of bipolar affective disorder included the use of valproic acid salts, olanzapine; when depressive episode - lamotrigine or valproic acid salts, quetiapine; when mixed episode - valproic acid salts, aripiprazole. The psychotherapeutic component was represented by the integrated use of rational psychotherapy, personality-oriented psychotherapy, and cognitive therapy. Psychosocial therapy was implemented through conducting psychoeducational trainings and training of solving interpersonal problems.
Conclusions: 1.5 year follow-up study showed high efficiency of developed prevention system of suicidal behavior in patients with bipolar affective disorder.

Conflict of interest: No
Keywords: psychoeducation; bipolar affective disorder; suicidal behavior; psychoprophylaxis

Bipolar disorders - Part IV

EPP0133

Computerized working memory training improves functioning in euthymic patients with bipolar disorder and cognitive complaints

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Introduction: Patients with bipolar disorder frequently have cognitive deficits even when euthymic. These deficits are considered one of the main drivers of functional disability in bipolar disorder. Cognitive remediation programs have been proposed to address this issue.
Objectives: This study investigated whether computerized working memory training using the COGMED® program in patients with bipolar disorder can improve global functioning, therapeutic compliance, and subjective quality of life.
Methods: For this naturalistic prospective study, 40 patients with bipolar disorder and cognitive complaints were recruited. Sociodemographic, clinical, neurocognitive and functional data were collected before starting the remediation intervention (baseline). At home, patients used the web-based working memory training program COGMED® that included a battery of interactive games (daily sessions, five days per week for five weeks), supported by weekly phone-based feedback. The clinical, neurocognitive and functional assessment was repeated four weeks after the intervention end and compared with the baseline data.
Results: Thirty-two patients completed the study. Compared with baseline, general functioning was significantly improved after the WM training program, as indicated by a mean reduction of 6.78 (SD 4.65) points in the Functioning Assessment Short Test (FAST) ($p<0.001$). This result remained significant after controlling for depressive symptomatology improvement. Similarly, the scores of neuropsychological tests for cognitive complaints, depressive symptomatology, and worming memory verbal and visuospatial components were significantly different before and after the intervention ($p<0.05$). Conversely, the subjective quality of life and therapeutic compliance did not change.
Conclusions: In patients with bipolar disorder, global functioning is improved by computerized WM remediation.

Conflict of interest: No
Keywords: Bipolar disorder; cognitive remediation; computer intervention; functioning

EPP0135

Manic syndrome secondary to iatrogenic hyperthyroidism

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Introduction: New onset mania in older adults could be a late-onset Bipolar Disorder, but most commonly will be related to an organic disease. An association between thyroid dysfunction and psychiatric phenomena is well known.
Objectives: We describe a case of a 64 years-old patient with manic syndrome secondary to iatrogenic hyperthyroidism, focusing on clinical presentation, differential diagnosis and management.
Methods: Clinical case report and review of relevant literature.
Results: Mrs. M, 64 years, was brought to the psychiatry emergency department by her husband, who described behavioral changes characterized by leaving home during the night, decreased need for sleep, excessive talkativeness and mood elation. He reported that these symptoms started after his wife was discharged from a three-day admission in an Internal Medicine department, twenty days earlier, due to hyponatremia, hypokalemia and iatrogenic hyperthyroidism (TSH<0.004uUl/mL; T4L 2.1ng/dL, normal= 0.4-4.0uUl/mL; 0.8-1.6ng/dL). M. had a background of depressive episodes, hypertension and hypothyroidism, and was medicated with paroxetine 20mg ½ cp id; diazepam 10mg id; trazodone 100mg id; quetiapine 50mg id; AAS 100mg id; levothyroxine 0.1mg id and lisinopril 5mg id. In the emergency department her mental state examination identified expansive posture, overfamiliarity, disinhibition, distractibility, pressure of speech with flight of ideas, auditory hallucinations and persecutory delusion. She was admitted to the Psychiatry department, and after a battery of exams we discovered that her thyroid function wasn't yet normalized (TSH 0.012uUl/mL; T4L 1.0ng/dL). Management included pharmacological adjustments and close monitorization of thyroid function.
Conclusions: Thyroid function should be closely checked in patients presenting with mania, especially in older adults.

Conflict of interest: No
Keywords: manic episode; Iatrogenic hyperthyroidism

EPP0139

Micronutrient augmentation of conventional medication for the treatment of bipolar disorder

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Introduction: Most patients diagnosed with bipolar disorder remain symptomatic with depression more prominent than mania. Saturation of enzymatic cofactors has been a successful strategy for improving a number of genetic disorders. We wondered if a high-dose, high-potency micronutrient formula with fish oil could reduce the symptom burden among patients without increasing side effects.
Objectives: We aimed to conduct a randomized, double-blinded, controlled trial of micronutrient+fish oil versus placebo vitamins and oil with an aim of enrolling 127 patients with 97 receiving at least 4 months of treatment in a 3-2 design stratified on age. We excluded only those people who were unable to complete questionnaires or come for follow-up.
Methods: A 36-ingredient micronutrient supplement was used (Empower Plus; True Hope) with high doses of all 36 ingredients but nevertheless remaining under the recommended maximum daily allowance. A fish oil preparation (Wylie's Finest) was also used in doses that would provide 2100 mg of eicosapentaneoic acid daily. Each company prepared an equivalent placebo for us that resembled the active substances in every way. Subjects received baseline evaluations and were seen monthly for 12 months. An additional open label trial of one year is now underway.
Results: We saw statistically significant improvements in a composite z-score of compromised of individual z-scores of overall

symptomatology, dose of medications, and side effects among the group receiving micronutrients compared to placebo.
Conclusions: Micronutrient augmentation of patients with bipolar can improve symptoms without the need to increase conventional medications and without an increase in side effects.

Conflict of interest: No
Keywords: Side Effects; Bipolar disorder; Micronutrients; Fish Oil

EPP0143

Use of hormone replacement therapy in women with bipolar disorder: a review

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Introduction: Hormonal fluctuations are associated with an increased risk of affective dysregulation and mood episodes in women with bipolar disorder. Examples of this are the high rate of depression during the postpartum period and the increase in mood instability during the menopausal transition, particularly an increase in depression.
Objectives: The aims of this work are to review the published studies concerning the use of hormone replacement therapy (HRT) on BD, specifically, possible indications for its use, the potential adverse effects and the role of HRT in the prevention of mood episodes.
Methods: A search was made on databases Pubmed and Cochrane Library with the mesh terms: bipolar disorder or mania or bipolar depression and hormone replacement therapy, selecting the articles published between 1994 and 2019. A total of 39 articles were found and of these 15 selected for this work.
Results: Evidence for the role of HRT per se in the treatment of women with BD is limited. Exogenous estrogen has been linked with the induction of mania and rapid cycling, and conversely an estrogen–progesterone combination showed success for treatment-refractory post-partum mania. The use of HRT in perimenopausal and postmenopausal women with BD shows controversial results in the prevention of depression. On the other hand, the diagnosis of BD is not a contraindication to the use of HRT for the relief of menopause symptoms.
Conclusions: Throughout the reproductive cycle of bipolar women, HRT can be considered for the prevention or treatment of mood episodes, although there is a lack of systematic reviews in this area.

Conflict of interest: No
Keywords: Bipolar disorder; hormonal replacement therapy; Prevention

Bipolar disorders - Part V

EPP0144

Clozapine's effect on suicidal bipolar disorder patients: a short review

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Introduction: Bipolar disorder is associated with a lifetime risk of completed suicide between 3–6%, which is 20-fold greater than population rates. Suicide accounts, indeed, for 15% to 20% of deaths among bipolar disorder patients. Clozapine's anti-suicidal properties in schizophrenia are well documented and could extend to bipolar disorder.
Objectives: Presenting a short review of literature about clozapine's effect on suicidal bipolar disorder patients.
Methods: We performed a research on Pubmed database, using the following query: "clozapine"[MeSH Terms] AND "suicide"[MeSH Terms] AND "bipolar disorder"[MeSH Terms]. We focused on data from systematic reviews and case series published on last 5 years, either in English or Portuguese.
Results: Bipolar disorder patients treated with clozapine demonstrated improvement in suicidal ideation and aggressive behavior. Interestingly, psychotic symptoms do not predict a better response to clozapine in bipolar patients, compared with those in schizophrenic patients, and the doses required for optimal effect in BD may be less than those used for treatment-resistant schizophrenia (100-200 mg, in a case series). Clozapine seems to be effective, safe, and well tolerated. Nevertheless, it is used with only 1.5% of bipolar patients, suggesting a substantial underutilization of this valuable drug.
Conclusions: Clozapine, with its unique pharmacology, anti-aggressive and anti-impulsive properties, is potentially an effective strategy for suicidality in bipolar disorder. An obvious concern is the scarcity of evidence from randomised controlled trials, but it might be worthwhile to re-examine the role of this drug in future revisions of international guidelines.

Conflict of interest: No
Keywords: Bipolar disorder; Suicide; clozapine; Prevention

EPP0146

Bipolar disorder and cognitive performance evaluated by SCIP-S: is cognitive impairment different in a real world outpatient clinic from tertiary centers studies?

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Introduction: Cognitive impairment is a well-known feature in bipolar disorder (BD), however most of the evidence comes from studies led by research groups in tertiary services. Cognitive performance assessment is not a common practice in most outpatient clinics yet, and screening instruments may help to fill this knowledge gap. The Screening test for Cognitive Impairment in Psychiatry - Spanish version (SCIP-S) is a validated test to assess suspected cognitive impairment in patients with BD in real-world clinical practice and ISBD cognition impairment task group has recommended it.

Objectives: To determine neurocognitive function in a representative sample of euthymic outpatients with BD from real-world clinical practice.
Methods: Neuropsychological performance of 118 euthymic outpatients with DSM-5 BD was assessed by the SCIP-S and two measures for positive cognitive impairment screening were obtained: SCIP-S total score and transformed scores by age and educational level (percentiles ≤15 meaning a positive screening).
Results: For the total sample, 67% and 52% of the patients screened positive for cognitive impairment when measured by SCIP-S total score and transformed scores, respectively. When the sample was split by age and transformed scores (percentiles) used, cognitive impairment was suspected for 46 % of the patients under 56 years, and 61% of the patients over 55 years
Conclusions: In a real world sample, results showed a lower percentage of patients with suspected cognitive impairment when compared with specialized centers samples. SCIP-S should be used carefully in patients older than 55 years old, where transformed scores should be recommended.

Conflict of interest: No
Keywords: Bipolar Disorders; Cognition impairment; Screening

EPP0148

Bipolar disorder is associated with elevated risk of regretted behaviour on social media and online dating sites

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Introduction: The omnipresence of social media (SoMe) and online dating sites (ODS) has spurred research investigating how these new possibilities for interaction affect the users' mental health. However, information is lacking when it comes to patients with mental disorders.In this context, those with bipolar disorder (BD) could be particularly vulnerable due to the occasional transgressive behaviour associated with manic episodes, which is subsequently regretted.
Objectives: We aimed to investigate whether patients with BD are at increased risk of behaving in a regrettable manner on SoMe and ODS.
Methods: Individuals aged 18-75 were invited to participate in a survey on the use of SoMe and ODS. Participants were recruited from the outpatient clinic for affective disorders at Aarhus Hospital (AUH-P) and two general practices chosen to roughly match the urban-rural composition of the catchment area of AUH-P. The association between BD and self-reported regretted behaviour on SoMe and ODS was investigated by means of logistic regression with adjustment for age and sex.
Results: A total of 130 patients with BD and 198 individuals without BD and unipolar depression from the general practices (controls) formed the study sample. BD was associated with a significantly increased risk of regretted behaviour on both SoMe (adjusted odds ratio: 3.54, 95% CI: 2.15- 5.82) and ODS (adjusted odds ratio: 4.31, 95% CI: 2.23- 8.33).
Conclusions: Our results suggest that individuals with BD are at elevated risk of behaving in a regrettable manner on SoMe and ODS. Guiding patients with BD on cautious use of SoMe and ODS may be warranted.

Conflict of interest: No
Keywords: Bipolar disorder; Social Media; Online dating

EPP0149

Bipolar subtypes as possible predictors of clinical course in 391 bipolar individuals

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Introduction: Differences between BD-I and BD-II patients with regard to specific illness characteristics are poorly understood.
Objectives: This study is mainly aimed to compare socio-demographic and clinical characteristics between BD-I and BD-II patients with the goal of clarifying possible predictors of clinical course.
Methods: The sample of this cohort study is composed of 387 currently euthymic bipolar patients. Participants were all receiving only maintenance treatment; their psychopharmacological regimens and psychopathological conditions were stable at assessment.
Results: BD-II patients were more likely to be female, had more frequently a recent depressive episode and substance abuse/dependence relative to BD-I. BD-II patients were also less likely to have a positive history of psychiatric conditions in family, psychotic symptoms at first episode, and first depressive illness episode. Moreover, BD-II were older at their illness onset and first treatment than BD-I patients. Furthermore, BD-I were more likely to have higher depressive, manic, anxiety, and symptoms severity than BD-I patients. Being female (OR=.289), having psychiatric conditions in family (OR=.273), and higher severity of illness at CGI (OR=.604) were all significantly associated with BD-II.
Conclusions: Additional studies are required to replicate these results, and facilitate the prediction of BD outcomes according to the specified profile.

Conflict of interest: No
Keywords: Bipolar subtypes; Bipolar disorder type I; Bipolar disorder type II; Clinical course

EPP0150

Identifying, assessing psychosis, diagnosis, treatment challenges and pitfalls in deaf patient

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Introduction: Hearing loss is the sixth most common disability in the US. Sign language alike with spoken language is not universal. Knowledge of deaf culture and American Sign Language (ASL) is crucial to accurate diagnosis of psychosis in this population. Psychosis can contribute to sign language dysfluency. Deaf individuals are more likely to be misdiagnosed with psychosis, in part due to differences in the language development of deaf individuals compared with hearing individuals.
Objectives: To identify, assess and diagnose Psychosis in a deaf patient. Shine Light on Treatment Challenges and Pitfalls in Deaf patient.
Methods: a case report
Results: Some of Ms. K's disorganized communications might have derived from misunderstandings related to language and social deficits. Auditorially based hallucinations are not present in prelingually deaf people. Deaf people's written communication can be misconstrued as thought disorder and should not be used or interpreted as evidence of a thought disorder but only to judge fluency in English. Lack of consistent exposure to sign language has been shown to result in impairment in language development, understanding emotions and understanding cause and effect sequences. Information about the etiology of deafness is valuable to rule out language deficits due to brain injury.
Conclusions: In assessment of deaf, language dysfluent patients is complex and requires specialized cultural and linguistic knowledge. Misinterpretation of Psychiatric Illness in Deaf Patients isn't uncommon; patient's frustrations and rapid signing mightseen as manic behavior, thought actually a norm with Deaf individuals. Clinicians need to be cautious when diagnosing and treating deaf patients with communication difficulties and suspected psychosis.

Conflict of interest: No
Keyword: deaf psychosis bipolar restrain

EPP0151

Case-study: bipolar depressive patient with hypomanic episode after repetitive transcranial magnetic stimulation (rTMS)

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Introduction: Repetitive transcranial magnetic stimulation (rTMS) is a noninvasive and focal form of brain stimulation. rTMS is an evidence-based treatment option accepted by the US Food and Drug Administration, the American Psychiatric Association, the Canadian Network for Mood and Anxiety Treatment, the World Federation of Societies of Biological Psychiatry. There are strong evidences for the efficacy of rTMS in treatment of depressive patients.
Objectives: To use rTMS in patient with bipolar depression in order not to add new medication in the drug therapy.
Methods: We used left dorsolateral rTMS in patient with bipolar depression. Current depressive episode was moderate MADRS=27, YMRS=3. The rTMS parameters were 10 Hz, 120% RMT. We reduced the dosage of Quetiapine from 200 mg daily to 150 mg/daily. No changes were made in the dosages of the moodstabilizers: Lamotrigine 300 mg/daily and Carbamazepine 600 mg/daily.
Results: After the fourth rTMS procedure the patient switched into hypomanic episode, MADRS=5, YMRS=14. We were forced to stop rTMS and to increase the dosage of Quetiapine. It took a week before patient was euthymic and stable again.
Conclusions: It is difficult to explain the observed hypomanic episode. The hypomanic episode could be a result of the conducted rTMS procedures. It could be a sequence of the reduced dosage of quetiapine or could be just a sequence of the natural course of the bipolar disorder. More accurate data is needed to reach a true conclusion.

Conflict of interest: No
Keywords: treatment; Bipolar depression; rTMS

EPP0152

Visual associative memory/learning and cortisol in bipolar disorder: moderation and mediation effects

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Introduction: Cortisol has been repeatedly associated with neurocognitive functioning in healthy and clinical populations. However, only few studies have assessed the effect of cortisol on cognition in Bipolar Disorder (BD) despite its clinical relevance.
Objectives: The aim of our study was to examine the effect of cortisol on two cognitive tasks targeting visual memory and executive function (planning) in BD as well as potential moderators. Moreover, we investigated whether cortisol exerts mediatory effects between clinicodemographic or treatment-related factors and cognition, which is as yet unexplored.
Methods: Cognitive performance of 60 bipolar-I patients and 30 healthy controls was evaluated with CANTAB tasks targeting paired associative learning (PAL) and planning (SOC). Moreover, basal serum cortisol levels were measured.
Results: Bipolar patients showed significantly poorer performance in PAL and SOC than controls. Higher cortisol was associated with worse performance in PAL ($p=0.022$). This association was stronger for males ($p=0.071$). Moreover, current treatment with mood stabilizers had a negative indirect effect on PAL performance through cortisol which was opposite but less strong than the direct association of mood stabilizers with better PAL performance. SOC was not significantly associated with cortisol.
Conclusions: The present study is one of few studies to examine the effect of cortisol on neurocognitive function in BD and the first to address mediation and moderation effects. Cortisol levels were associated with worse performance in PAL, especially in bipolar men (trend level). Moreover, current use of mood stabilizers showed a

significant positive effect on PAL performance despite an opposite indirect effect through cortisol, which necessitates further investigation

Conflict of interest: No
Keywords: Bipolar disorder; cortisol; visual associative memory

Child and adolescent psychiatry - Part I

EPP0158

Awareness of asd early signs in children among primary health care physicians

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Introduction: Primary healthcare (PHC) physicians play an important role in early diagnosis of Autism Spectrum Disorder (ASD) in children as they are the first line of contact. There have been no studies evaluating the knowledge level of ASD early symptoms and signs in PHC physicians in Saudi Arabia (KSA).
Objectives: This study aims to assess the awareness of the PHC physicians of ASD early signs in children, by determining the level of knowledge possessed by PHC physicians, identifying the limiting factors affecting their awareness, and discussing the preferred methods required to fill in the knowledge gap.
Methods: This cross-sectional study was conducted among 147 PHC physicians working in PHC centres and hospitals in the period from January to February 2019 in Riyadh, KSA. The physicians were recruited through convenient sampling technique. A written questionnaire was used for data collection.
Results: The study findings revealed poor level of knowledge of ASD early signs in children among PHC physicians in Riyadh. A significant positive association was appreciated between the total mean knowledge score with both job title and experience years. Physicians who received prior psychiatric training were noted to have higher level of knowledge about ASD early signs.
Conclusions: Having a suboptimal awareness of identifying early signs and symptoms of ASD can lead to delayed diagnosis and intervention which adversely affects the health needs and quality of life for autistic children. Thus, it is recommended to provide better specific training of ASD, its presentation and tools of screening.

Conflict of interest: No
Keywords: GENERAL PRACTITIONERS; ASD; EARLY SIGNS; FAMILY PHYSICIANS

EPP0160

Pediatric acute-onset neuropsychiatric syndrome. series of three cases trated in child and adolescent psychiatric unit.

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Introduction: Today, studies on pediatric acute-onset neuropsychiatric syndrome (PANS), including pediatric infection-triggered neuropsychitric disorder (PITAND) and pediatric autoimmune neuropsychiatric disorder associated with streptococcal infection (PANDAS), are scarce (Calaprice et al., 2017). These disorders represent true clinical entities where is still debated because the data available to describe a characteristic phenotype are still controversial (Gamucci et al., 2019).
Objectives: The aim of this study is to describe the clinical, neuropsychological and biochemical aspects of patients with symptoms suggestive of PANS.
Methods: Description of three clinical cases of children diagnosed with PANDAS and PITAND treated in child and adolescent psychiatric unit (Infantil Mental Health Unit) between 2011 to 2019.
Results: All of patients presented, abruptly, ritualized behaviors, egodistonic obsessive thinking, irritability, emotional lability and separation anxiety. Also, motor tics were observed in one of the patients and another child had night terrors. They were ages between 8 and 10 years. One of the patients was previously diagnosed of autism. All of children had pharyngotonsillitis weeks prior to diagnosis, as well as elevated anti-streptolysin O antibody (ASLOs) titers and pharyngeal smears positive for SBHGA or Haemophilus influenzae. They were treated with beta-lactam antibiotics, SSRIs and low doses of risperidone.
Conclusions: The PANDAS or PITAND diagnosis is currently controversial. However, series of cases with onset or exacerbation of characteristic symptoms in the context of a high tract infection support the existence of this neuropsychiatric syndrome and that it is necessary to continue investigating.

Conflict of interest: No
Keywords: ocd; Neuropsychiatry; child- adolescent psychiatry; PANDAS

EPP0162

Maternal parenting practices as determinant of positive & negative affect in adolescents in Pakistan

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Introduction: The three vital parenting practices stressed upon by Self-determination theory (Ryan & Deci, 2000) i.e. parental autonomy-support, parental involvement and parental warmth are suggested to have significant psychological repercussions for adolescents.
Objectives: The present study aimed to investigate the predictive association of maternal parenting practices (i.e. perceived autonomy support, perceived involvement, and perceived warmth) with positive affect and negative affect in adolescents within Pakistani cultural context.
Methods: A purposive sample of 531 adolescents (275 males & 256 females) with an age range of 17.18 (±SD 1.41) was recruited form public and private sector schools and colleges of Karachi, Pakistan. Along with Demographic Form, they were administered Perceptions of Parents Scales: The College-Student Scale (Robbins, 1994) and Positive Affect & Negative Affect subscales of ICP-Subjective Well-Being Scale (ICP-SWBS; Moghal, 2012).
Results: The results of Multiple Regression demonstrate that three dimensions of maternal parenting practices (i.e. perceived autonomy support, perceived involvement, and perceived warmth)

explained 24% variation in the scores of positive affect. However, only perceived maternal autonomy support and perceived maternal involvement were found to be significant predictors of positive affect. Likewise, three dimensions of maternal parenting practices explained 18% variation in the scores of negative affect. However, only perceived maternal autonomy support and perceived maternal involvement predicted negative affect.
Conclusions: Thus, findings highlight the significance of specific maternal parenting dimensions for positive affect and negative affect in adolescents. The findings have important implications and pave the pathways for future studies.

Conflict of interest: No
Keywords: negative affect; positive affect; maternal parenting; adolescent

EPP0163

An overview of the predictors of depression among adolescent's students in Pakistan.

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Introduction: Mental health of the adolescents is a significant universal community health concern because it is the main cause of disease and disability for the adolescents as well as their families and the community. A growing body of evidence has confirmed that adolescents not only experience the whole spectrum of depressive disorders but also suffer from the significant morbidity and mortality associated with them. Consequently, understanding the risk and protective factors influential to mental health problems are considered very important for the prevention of such disorders.
Objectives: The objective of the present study was to examine the relative contribution of psychosocial factors like, Age, gender, socioeconomic status, birth order, and acedemic achievement in relation to adolescents' depressive symptomatology in Karachi, Pakistan.
Methods: The sample of 508 adolescents was selected randomly from different public and private educational schools and colleges situated in Karachi-Pakistan. The participant's age range was between 15-19 years. The Reynolds Adolescents Depression Scale, 2nd Edition (RADS-2; Reynolds, 2002) was used to measure the depressive symptomatology in adolescents. A demographic form was designed to measure the demographic information of the sample.
Results: The results of Multiple Regression Analysis suggest that all the variables under investigation i.e. age, gender, birth order, socioeconomic status and academic achievement significantly predicted depressive symptomatology in adolescents.
Conclusions: The findings of this study contribute to our growing understanding of the connections between psychosocial variable and suggest that in relation to adolescents' depressive symptomatology, the dimensions of Age, Gender, birth order, socioeconomic status and academic achievement are of vital significance.

Conflict of interest: No
Keywords: Dépression; academic achievement; psycho-social; adolescent

Child and adolescent psychiatry - Part II

EPP0164

Attachment pathways from family dynamics to eating disorders

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Introduction: attachment troubles are considered relevant co-factors in the pathogenesis of many mental disorders. In particular, their role is a consistent pathogenic factor for eating disorders.
Objectives: the present contribution describes the possible path linking family and parenting troubles and attachment dynamics with the child and adolescent neurodevelopment, and with the pathogenesis of eating disorders.
Methods: the report presents literature data focused on the family dynamics' and the attachment troubles related to the pathogenesis of the EDs which were evidenced worldwide in clinical groups of subjects affected with anorexia nervosa, bulimia nervosa and binge-eating or obesity disorders. The report links these data to the evolutionary steps of child and adolescent development, and evidences the relevance of attachment according to a neurobiological perspective.
Results: parenting and attachment troubles are relevant in constituting the neurobiological and psychological bases of the self-identity. A weak self-identity is a specific risk factor for the development of an eating disorder during adolescence. Moreover, the troubles of early attachment represent a risk factor for the subsequent difficulties in building the relational-self and managing relationships in adolescence.
Conclusions: the path linking early parenting and attachment dynamics to the outburst of an eating disorder is a dual carriageway. Each problematic area is interwoven with the other, and it may influence the complex symptoms which are typical of the EDs. The therapeutic approaches which address attachment troubles may produce more rapid effects on both. Future research may explore new therapeutic approaches, also technologically supported, to address attachment troubles during childhood.

Conflict of interest: No
Keywords: attachment; eating disorders; self-identity; peer relationships

EPP0167

Maltreating mothers' perceptions of attachments to their fathers

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Introduction: Attachment styles is thought to predict the individual's future relationships.

Objectives: Determine attachment patterns of maltreating mothers with their own fathers during childhood.
Methods: We conducted a study on mothers whose child was consulting in the unit of child psychiatry of Mongi Slim Hospital (Marsa, Tunisia) between the 1st of April and the 30th of June 2018. These children were divided into 2 groups: children of abusive (G1) and non-abusive mothers (G2). Abuse experienced by mothers during their childhood was assessed by the Childhood Trauma Questionnaire (CTQ). We used The Parental Bonding Instrument (PBI) to assess parental behaviours and attitudes.
Results: The sample was composed of 167 mothers: 108 of them were placed in the G1 and 59 in the G2. The mean age of mothers was 40 years and 3 months. Maltreating mothers had more frequently a history of physical abuse, or emotional abuse or emotional neglect during their childhood (p values were respectively 0.002, 0.05 and 0.007). Three of the mothers in our study had never known their father. Thus, we were only able to complete the PBI questionnaire in 164 cases. There was no significant difference between the "care" and "overprotection" dimensions scores of the participating mothers (p was 0.104 and 0.151). No significant difference was found between the 2 groups concerning the different patterns of attachment.
Conclusions: More research is necessary to determine the degree to which these results about the role of father attachment in the emergence of child maltreatment are borne out.

Conflict of interest: No
Keywords: Attachment Patterns; Child abuse

EPP0168

Sociodemographic and clinical profile of the children maltreated by their mothers

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Introduction: Child maltreatment by mothers is a special sub-type of child abuse wich is poorly analysed in the literature.
Objectives: Identify Sociodemographic and clinical factors associated to children who were abused by their mothers.
Methods: We conducted a study on mothers whose child was consulting in the unit of child psychiatry of the Mongi Slim Hospital (Marsa, Tunisia) between the 1st of April and the 30th of June 2018. These children were divided into 2 groups: children of abusive (G1) and non-abusive mothers (G2). We collected socio demographic and clinical data and information concerning maltreatment using a questionnaire.
Results: Among the 167 children, 108 (64.7%) were maltreated by their mothers. Physical abuse and emotional abuse were the most frequent (93.1% and 78.7%). These maltreatments began at the mean age of 5 years and 4 months and were lasting for an average of 3 years and 9 months at the time of the study. There was no link between gender and child maltreatment (p=0.709). Children between 6 and 12 years old were more frequently maltreated by their mothers (p=0.004). Some risk factors related to the child were identified: youngest children were more frequently maltreated (p=0.039) as well as those perceived by their mothers as turbulent (p=0.007). In contrast, pre-mature children and children with autism spectrum disorders were less frequently maltreated (p respectively 0.038 and 0.002).
Conclusions: Child maltreatment is the outcome of the interaction of multiple risk and protection factors. All these factors must be taken into considerations when elaborating a prevention strategy.

Conflict of interest: No
Keywords: Child abuse; Socioeconomic Factors; Mother-Child Relations

EPP0169

Child maltreatment: mother–child transmission

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Introduction: A maternal history of child maltreatment is thougt to be an important risk factor in several etiological theories of child maltreatment
Objectives: Compare traumas experienced during childhood in maltreating and non-maltreating mothers.
Methods: We conducted a study on mothers whose child was consulting in the unit of child psychiatry of the Mongi Slim Hospital (Marsa, Tunisia) between the 1st of April and the 30th of June 2018. These children were divided into 2 groups: children of abusive (G1) and non-abusive mothers (G2). We collected information concerning maltreatment using a questionnaire. Abuse experienced by mothers during their childhood was assessed by the Childhood Trauma Questionnaire (CTQ).
Results: The G1 was composed of 108 maltreating mothers (64.7%) and the G2 was composed of 59 non-maltreating mothers (35.3%). The mean age of the children sample was 8 years and 11 months. The 2 groups were comparable concerning age, socio-economic level. 83.2% of the mothers experienced different types of abuse and neglect during their childhood. This rate was significantly higher in G1 (87%) than in G2 (76.3%) (p=0.005). Concerning type of maltreatments experienced, significant difference were found for physical abuse (p=0.002), emotional abuse (p=0.05) and emotional neglect (p=0.007). There was no significant difference between the 2 groups concerning the occurrence of physical neglect and sexual abuse during mother's childhood (p respectively at 0.210 and 0.097).
Conclusions: We found that maltreatment is transmitted through the generations. Early screening of mothers is essential to break the cycle of perpetuation and stem the intergenerational cascade of maltreatment.

Conflict of interest: No
Keywords: Intergenerational Relations; Child abuse; Mother-Child Relations

EPP0170

Non-epileptic seizure disorder in children; clinical and demographic predictors

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Introduction: Psychogenic nonepileptic seizures (PNES) are paroxysmal, time-limited impairment of motor-sensory control with alterations in behaviour and consciousness. The estimated prevalence of PNES is 2 to 33 per 100,000 but the epidemiology is less studied in children and adolescents. PNES have been conceptualised as; dissociative phenomena or defensive mechanism to insulate against emotional difficulties; a "hardwired" motor or defensive reflex; a learned and modelled behaviour which is further maintained by reinforcement; a disruption of cognitive control and functions. However, PNES are etiologically and experientially heterogeneous.
Objectives: This study aims to examine the clinical and psychosocial profile of paediatric PNES patients, gender-related differences, subtype of somatic symptoms and healthcare utilisation rates.
Methods: This was a retrospective case series in a national specialist paediatric liaison psychiatry department over 3 years. Clinical notes were assessed along with application of CAPA Life Events Scale subscale of the Child and Adolescent Psychiatric Assessment and Child & Adolescent Self-harm in Europe (CASE) Study questionnaire comprising categories of lifetime experience.
Results: 36 patients were included. Mean age of onset was earlier for males (10.3 vs. 13.6 years, p>0.05). Self-harm were only observed in females, and they were more likely to report bullying (p=0.036). Parental separation was the most common life stressor (24.0%) Comorbid epilepsy predicted psychiatric co-morbidity (p=0.035). 39% were diagnosed more than 12 months after PNES onset, 61% had a psychiatric comorbidity and 58.2% had other medically unexplained symptoms. (52.8% chronic pain). 94% patients developed illness in autumn/spring school term.
Conclusions: Children with PNES have long delays to diagnosis, significant psychiatric morbidity and psychosocial stress. Better understanding by clinicians may improve treatment and prognosis.

Conflict of interest: No
Keywords: Medically unexplained symptoms; functional neurological disorders; non epileptic seizures; dissociative seizures

EPP0173

Sociodemographic characteristics of sexually abused children : about 150 cases

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Introduction: Sexual assault is a public health problem worldwide that can be seen both in adult and in child.
Objectives: This study aims to determinate the sociodemographic profile of child victims of sexual abuse
Methods: A retrospective study was conducted at the Child and Adolescent Psychiatry Department of Mongi Slim Hospital (Tunisia). We included all cases of patients followed for sexual abuse from January 2013 until June 2019. Data was collected from patients' records.
Results: A total of 150 cases was collected with a sex ratio of 0.66. The age ranged from 2 to 18 years old with a mean age of 9.4 years. Concerning the order among their siblings: 31% of our patients were the first, 17% the second, 33% were the youngest and 12% were the only child in their families. Twenty percent of victims lives with parents having conflictual relationship Only 6% of the victims had a mental disability. We find that 28% had scholar difficulties and 17% had excellent results. Concerning familiar characteristics, parents were married in 76%, separated in 12%, and divorced in 12%. 37% of their parents suffer of chronic disease. The familial socio-economic level was low in 24,66 %.
Conclusions: A better knowledge of the sociodemographic profile of the sexual abused children will allow us to have a better psychiatric care in the future.

Conflict of interest: No
Keywords: sexual abuse; psychological impact

EPP0174

Effectiveness study of a mobile app-based intervention for adolescents with first-episode psychosis: a randomized control trial

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Introduction: Technological advances in psychiatric treatment is relatively recent. Previous studies have shown an improvement, in the access to treatment, for patients with first-episode psychosis (FEP).
Objectives: The aim of this study is to develop and test the effectiveness of a mobile app–based intervention to improve community functioning in adolescents with FEP.
Methods: We designed a randomized clinical trial to study the effectiveness of a mobile app–based intervention for adolescents with FEP aged 14-19 years recruited from Gregorio Marañón Hospital, Madrid, Spain. Patients were randomly assigned to an intervention group, which received treatment as usual plus five modules of a psychological intervention through the mobile app (psychoeducation, recognition of symptoms and prevention of relapses, problem solving, mindfulness, and contact wall), or to a control group (standard care).
Results: The effectiveness of the intervention were assessed by means of an extensive battery of clinical tests at baseline and at 3 months of follow-up. The primary outcome was reduction in psychotic and depressive symptoms; secondary outcomes comprise adherence, awareness, use of drugs, and quality of life. Also, will report the usefulness, user experience (UX) and security perceived by adolescents with a PEP: frequency of application use, average time of use, quantitative use, etc.
Conclusions: To our knowledge, this is the first randomized online treatment for adolescent with early psychosis comparison with treatment as usual. The main novelty of our approach is the integration of new technologies with traditional psychoeducation, cognitive behavioral therapy techniques, mindfulness and social skills development.

Conflict of interest: No
Keywords: First Episode Psychosis; adolescents; mobile treatment; online treatment

EPP0175

When a sexual assault reveals bipolar disorder, gender dysphoria and homosexuality: a case report

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Introduction: Adolescence is a critical period characterized by deep alterations in one's identity, conditioned by the experiences and life adversities such as childhood sexual assault (CSA).
Objectives: Describe the impacts of CSA and study its correlations with PTSD, bipolar disorder (BD) and gender dysphoria (GD).
Methods: The case of a 17-year-old adolescent, followed-up at the adolescent and child psychiatry department (Mongi Slim Hospital, Tunisia), is reported. A literature review using the following key words was done on Pubmed and Google Scholar: PTSD, avoidance, homosexuality, BD, sexual identity, CSA.
Results: Case description: GR is a 17-year-old female who's been followed-up since 2018 for PTSD and depression following a sexual assault. The treatment was based on psychotherapy and medication. The antidepressant was substituted with mood stabilizers following an induced hypomania. During follow-up, considerable changes in physical appearance were noted. GR had her hair cut short and she began to dress like a boy. She also admitted a recent attraction to females, and that she entertained an intimate relationship with a girl, with whom she had a sexual intercourse. This event caused great distress, guilt, perpetual questioning about her sexual identity, and additional PTSD symptoms regarding the homosexual experience.
Conclusions: CSA is a deleterious type of trauma with severe effects on developmental processes, psychopathology and identity, especially during adolescence. Correlations between CSA, sexual orientation, gender identity and mood disorders remain blurred and require further investigations.

Conflict of interest: No
Keywords: childhood sexual assault; Bipolar disorder; Post traumatic stress disorder; sexual identity

EPP0176

Results and perspectives of application of the modified completion test (MCT) in psychological diagnostics of adolescents with self-destructive behavior

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Introduction: The research was conducted in the tradition of Moscow experimental pathopsychological school and was aimed at development of traditional pathopsychological methods in the direction of new psycholodiagnostical trends oriented at acquisition of both objective data and data about self-awareness of the patient.
Objectives: Differentiative diagnostical potential of the modified completion test (MCT) (Burlakova, 2016) for adolescents with self-destructive behavior was researched.
Methods: The study included 128 adolescents aged between 13 and 17 (average age 15±1). 30 of them were the clinical group with self-destructive behavior who received treatment in the psychiatric facility. Control group consisted of 98 adolescents who never sought psychiatric help, were not diagnosed with mental disorders and studied in regular schools. The following methods were used: 1) clinical conversation, 2) psychological anamnesis, 3) MCT, 4) cognitive assessment methods.
Results: The analysis of test administration and received data was conducted. The specific features of the MCT were defined that intensified emotional involvement of the patient — which expands diagnostic potential of the method. The results of the MCT possessed statistically significant difference in the clinical and control groups. On the stage of completion — number of mistakes and their types; on the stage of continuation — number of emotionally involved and psychologically complex variants and their types. The qualitative differences in the results were discovered in both groups.
Conclusions: The differentiative diagnostic potential of the MCT was confirmed. The typical markers of test performance were distinguished. Gained results may be useful for the development of pathopsychological diagnostics for adolescents.

Conflict of interest: No
Keywords: competion test; adolescents with self-destructive behavior; psychological diagnostics

Child and adolescent psychiatry - Part III

EPP0179

3-Month, prospective evaluation of cardiometabolic effects of second-generation antipsychotics in antipsychotic-naïve and -exposed youth with severe mental disorders

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Introduction: Cardiometabolic risks of second-generation antipsychotics (SGAs) are concerning.
Objectives: To study cardiometabolic risks of SGAs in antipsychotic-naïve youth in a large cohort treated under real-world conditions.
Methods: Three-month, clinician's choice Second-Generation Antipsychotic Treatment Indications, Effectiveness and Tolerability in Youth (SATIETY) cohort study in youth (4-18 years). Monthly assessments of height, weight, fasting blood work and illness severity. Analyses stratified by antipsychotic exposures status. Non-adherent subjects served as psychiatric controls.
Results: 599 participants were 15.0 (12.2, 16.9) years old, predominantly post-pubertal (74.5%), male (55.5%), and of normal body weight status (59.8%). In 398 trials of antipsychotic-naive subjects (12 weeks; IQR: 7; 12.7), weight increased significantly +5.2 kg (95%

CI=4.8-5.6), differing by SGA (p<0.0001): Olanzapine (N=45) +8.1kg (7.2, 9.0), quetiapine (N=63) +5.4kg (4.6, 6.3), risperidone (N=166) +5.2kg (4.7, 5.), aripiprazole (N=97) +4.2 kg (3.6, 4.9). Controls (N=27) remained stable: 0.5 kg (-0.8, 1.8). In 328 trials of antipsychotic-exposed subjects (12 weeks; IQR: 9; 12.9), weight increased significantly by 3.7kg (95% CI=3.2-4.1) differing by SGA (p<0.0001): Olanzapine (N=44) +7.3kg (6.1, 9.0), quetiapine (N=89) +2.5kg (1.7, 3.5), risperidone (N=72) +5.5kg (4.6, 6.4), ziprasidone (N=41) +3.5 kg (1.9, 5.1), aripiprazole +1.4kg (0.6, 2.5). In antipsychotic-naïve subjects on olanzapine, glucose and all lipid parameters increased significantly (p>0.05); increases in non-HDL differed from aripiprazole, risperidone and controls ($p_{HSDcorrected}$<0.05). With quetiapine, insulin, HOMA, total cholesterol, non-HDL cholesterol, triglycerides and the triglyceride/HDL-cholesterol-ratio increased significantly (p>0.05).
Conclusions: First time SGA use more than repeated SGA use was associated with early clinically significant weight gain with each SGA. Metabolic changes varied more among the SGAs.
Disclosure: As a family member I share conflicts of interests with Dr. Correll. Dr. Correll has been a consultant to or has received honoraria from AstraZeneca, Bristol-Myers Squibb, Cephalon, Eli Lilly, Intra-Cellular Therapeutics, Medicure, OrthoMcNeill-Janssen, Ot

Keywords: antipsychotic; Side Effects; Children and adolescents; metabolic side effects

EPP0185

The impact of learning disabilities in the mental health of children and adolescents.

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Introduction: This presentation attempts to bring awareness into the extent to which learning disabilities and more specifically reading disabilities impact children and adolescent's mental health.
Objectives: Increase awareness in mental health providers about specific learning disabilities to be able to provide appropriate referrals for the assessment and treatment of these conditions. Provide tools that will help clinicians and families advocate for school related services for children with specific learning disabilities Improve identification of depression and anxiety co-morbid with learning disabilities
Methods: We reviewed the literature including Pub-med, Google scholar and other available databases relevant for the educational system and found articles pertinent to our topic. We also reviewed data from psychiatric hospitalizations to the child and adolescent psychiatric inpatient unit at Rush University Medical Center from 2014 to 2018 looking for the variability in the number of admissions depending on the school calendar and whether or not the school was in session.
Results: The majority of students with specific learning disabilities are improperly diagnosed by schools. In addition to school refusal, research confirms that students who have been impacted by learning disabilities tend to exhibit a series of mental health concerns such as low self-esteem, anxiety and depression.
Conclusions: Identifying and addressing specific learning disabilities in children and adolescent is necessary when evaluating a child that is struggling at school and has academic underachievement. An assessment for co-morbid emotional difficulties should be part of these patients evaluation. There is treatment for specific learning disabilities and when appropriately addressed patients will have improved overall mental health.

Conflict of interest: No
Keywords: disability; reading; Anxiety; Dépression

EPP0186

Is there a need to expand research in RCBT (religion-based CBT) as a treatment option for adolescents with depression and self-harming behaviors?

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Introduction: Despite the pivotal role that religion plays in the lives of many human beings, it continues to be overlooked in the realm of modern medicine. Efforts to quantify the impact of spirituality on mental health have been scientifically vague, leading to a lack of consensus on the strength of this association. Many depressed adolescent fail to respond to current treatment modalities and demands acute attention.
Objectives: This literature review aims to extract relevance from studies done in the recent past as they pertain to the question of whether adding a spiritual content to traditional CBT is an area worth looking into, for increased efficacy of psychotherapeutic intervention in adolescents with depression and self-harming behaviors.
Methods: We used "PubMed", "Google Scholar" and "PsycINFO" to review study abstracts between 1998-2019 relevant to the keywords, "Adolescent Depression", "NSSI", "Religion" and "CBT" and separated 22 articles for deeper analysis. We used Microsoft Excel to stratify study by type, year, study size and findings. We finally inferred one out of three possible answers, "Yes", "No" and "Neutral" from each study.
Results: In response to the question: Is there need to expand research in RCBT as a treatment option for adolescents with depression and self-harming behaviors; •19/22 studies were inferred as "Yes", •2/22 studies were inferred as "Neutral", •1/22 studies was inferred as "No"
Conclusions: Depression and NSSI is an escalating problem among adolescents and is not being addressed completely with the current validated standard of care. Incorporating spirituality and faith in CBT could potentially strengthen its efficacy, particularly in adolescents with baseline religiosity.

Conflict of interest: No
Keywords: Dépression; RCBT; self-harming behaviors

Child and adolescent psychiatry - Part IV

EPP0187

Sexual minority adolescents and the risk of attempted suicide

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Introduction: Sexual minorities show a higher risk of suicide and attempted suicide, but, to our knowledge, a systematic evaluation has not been performed yet.
Objectives: We aim at evaluating the risk of attempted suicide among LGBTQ youths compared to heterosexual peers, differentiating for each sexual minority group.
Methods: Using Electronic databases (PubMed, Embase, and PsycINFO) we searched for the terms heterosexual, homosexual, bisexual, transgender, adolescents, teens, and attempted suicide. We identified 764 articles through April 30, 2017. We included studies reporting attempted suicide in sexual minority adolescents compared with heterosexual peers. Thirty-five studies satisfied criteria for inclusion. Pooled analyses were based on odds ratios (ORs), with relevant 95% CIs, weighting each study with inverse variance models with random effects. Risk of publication bias and analysis of heterogeneity through univariable and multivariable meta-regressions were also rated.
Results: We included 35 studies reported in 22 articles that involved a total of 2.378.987 heterosexual and 113.468 sexual minority adolescents (age range 12-20 years) . Sexual minority adolescents showed higher risk of attempted suicide (OR, 3.50; 95%CI, 2.98-4.12; c2=3074.01; P<.001; I2=99%). Specific OR was 3.71 in the homosexual group (95%CI, 3.15-4.37; c2=825.20; P<.001; I2=97%) and 4.87 in the bisexual group (95%CI, 4.76-4.98; c2=980.02; P<.001; I2=98%); transgender youths were differentiated from the other groups in one study, with an OR of 5.87 (95% CI, 3.51-9.82).
Conclusions: LGBTQ adolescents have a significantly higher risk of life-threatening behaviors compared to their heterosexual peers, especially transgender. Public awareness and supportive strategies should be implemented in public health plannings.

Conflict of interest: No
Keywords: attempted suicide; sexual minority; adolescent

EPP0189

Transitional care: from CAMHS to AMHS.

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Introduction: Adolescents and young adults are at risk for the emergence of mental disorders; 50% of mental health problems show-up by the age of 16 and 75% by 24. This vulnerable population needs an organized transition between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS). Many times this transition struggles due to ideological, structural and functional differences between CAMHS and AMHS. There is a lack of consensus and high-quality evidence regarding which transition-model is the most appropriate for these emerging adults.
Objectives: To describe the transition model from a sample recruited at CAMHS in Barcelona (CSMIJ-Sant-Martí).
Methods: Cross-sectional descriptive analysis of a sample of adolescents referred from CAMHS to AMHS, regarding active follow-up, waiting days and psychiatric characteristics.
Results: Between January 2018 and June 2019, 51 CAMHS patients (58.8% males) were referred to 3 different AMHS; 34 of them (66.6%) have an active follow-up at the moment of the study. 23 patients (45.1%) meet criteria for severe mental disorder, and 34 (66.6%) have neuropsychiatric-treatment prescriptions. Sequential model was used in 45 (88.2%), whereas 6 patients (11.7%) needed parallel transition. Average waiting days until transfer was 49.9 days. One CAMHS-AMHS coordination-meeting takes place every 6 months to assure optimal transition.
Conclusions: Our results suggest both sequential and parallel models can be effective for a successful CAMHS-AMHS transition. An individualized and flexible approach will always be needed, as well as good coordination between services. Improving transitional care is essential for the prevention, treatment and prognosis of young people. More studies must be conducted in this regard.

Conflict of interest: No
Keywords: Transition; adolescents; Young adults; community care

EPP0191

Risk factors of young adult psychiatric inpatients with former child- and adolescent admissions

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Introduction: Psychiatric inpatient treatment (PIT) indicates a severe disability in need of intensive and expensive therapy. Patients who require PIT early in life are a population particularly at risk. Factors such as adverse childhood experiences (ACEs) are, however, understudied in those with reoccurring PIT in young adulthood.
Objectives: To investigate risk factors of former inpatients at child and adolescence psychiatry (CAP) in young adulthood.
Methods: An explorative population-based systematic chart investigation of 390 psychiatric inpatients (51.8% female) aged 18-25 was conducted at the University Hospital Tulln. Data evaluation was done with descriptive methods. Pearson's chi-squared or Mann-Whitney-U tests and predictive logistic regression models were applied.
Results: Inpatients with a former CAP admission (10.3%) were predominantly female (77.5%) and heavy PIT users (87.5% vs 28.3%). Their frequency (75.0/61.1) and cumulative number (2 vs 1.1) of documented ACEs were compared to those without a former CAP inpatient treatment increased, having experienced any form of family dysfunction (70.0/43.1), neglect (50.0/24.9) or abuse (40.0/21.1) up to twice as often. Having been an adoptive or foster child (OR:4.5) and sexual abuse (OR:3.0) were next to gender (OR:3.0) identified as main risk factors in the logistic ACE regression model (χ^2:44.24, p=<.001, Nagelkerke-R^2:22.2%).
Conclusions: Inpatients with a former CAP admission suffer from significantly higher rates of severe ACEs and require PIT in young adulthood a great deal more often. Special focus should be laid on identifying ACEs, evaluating needs for psychosocial support and therapy, and providing these also after discharge.

Conflict of interest: No
Keywords: Adverse Childhood Experiences; hospitalization; mental health services; Young Adult

EPP0192

Dissociate symptoms in adolescents referred to a ultra-high-risk for psychosis early intervention programme

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Introduction: Early identification and follow-up of young people with ultra-high-risk for psychosis (UHR) has become one of the main targets of early intervention programmes.
Objectives: We aimed to explore the presence of dissociative symptoms and self-reported trauma exposure in a population of adolescents (<18 years) referred to a UHR Early Intervention Programme.
Methods: We studied 77 adolescents (mean age 15.2 year old, 60% males) attending the Child and Adolescent Mental Health Department from Parc Taulí Hospital (Sabadell, Spain) who were referred to the UHR Early Intervention Programme. The Comprehensive Assessment of At Risk Mental States (CAARMS) interview was administered to obtain a UHR diagnosis. Dissociative symptoms were defined by the presence of at least one of the following CAARMS items: depersonalization, derealization and/or perceptual abnormalities. Self-reported exposure to traumatic events was assessed by clinical interview. Fisher's exact test was used to compare categorical variables between diagnostic groups (UHR vs non-UHR). Significance was set at $p<0.05$ (two-tailed).
Results: 27 out of 77 (35%) screened adolescents met UHR criteria. UHR individuals reported more dissociative symptoms than non-UHR subjects (100% vs 57%, $p<0.001$). UHR individuals also reported a greater exposure to traumatic events than non-UHR individuals (63% vs 36%, $p= 0.03$). However, there was a significant prevalence of dissociative symptoms not related to perceived trauma in both groups.
Conclusions: Among adolescents who are referred to a UHR programme, those meeting UHR criteria show a greater prevalence of dissociation and exposure to traumatic events. Dissociative symptoms are not necessarily associated with trauma exposure.

Conflict of interest: No
Keywords: adolescents; Ultra-high-risk; psychosis; dissociation

EPP0195

Characteristics of the family system as a factor in adherence to treatment in a family raising a child with ASD

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Introduction: The fact of adopting ASD in a child is a difficult task for most families, without which, however, comprehensive rehabilitation and treatment of the child is impossible.
Objectives: a study of the relationship between the characteristics of the parental perception of a child's disease and various parameters of the family system, as well as a study of the dynamics of changes in these characteristics at different stages of the adoption of a child's disease
Methods: FACES-3, DOBR, essay "My child", expert evaluation of the adoption of the illness of the child by the parent
Results: 57% of families have a hypognosis type of attitudes toward the illness of the child, i28% - hypergnosis and in 14% - adequate type. Families with a hypognosis type are mainly at the stage of denying the fact of the child's illness. They are characterized by rigid internal and blurred external family boundaries. Families with a hypergnosis type are more likely to be at the bargaining or depression stage; the internal borders are blurred, and the external ones are rigid. Families with an adequately formed picture of the child's disease have passed the stages of adoption. They are characterized by flexible internal and external boundaries of the family system, take part in the correctional and rehabilitation process.
Conclusions: Work with families should facilitate family acceptance of the child's disease and should be aimed at creating an adequate picture of the child's disease, which will lead to increased adherence to treatment and increased functionality of families.

Conflict of interest: No
Keywords: ASD; family oriented help; adherence to treatment

EPP0204

Cardio metabolic screening of child and adolescent patients on atypical antipsychotic agents in an outpatient clinic

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Introduction: While atypical antipsychotics are promising as effective treatment strategies for psychiatric disorders in children, they are associated with an increase in cardiometabolic side effects.With this in mind, cardiometabolic monitoring is at the forefront of research with atypical antipsychotics and the APA has guidelines for screening
Objectives: We aimed to evaluate the effectiveness of an electronic medical record "hard stop" that is dedicated to cardiometabolic screening. Our hope is that since its implementation we would see an improvement in cardiometabolic monitoring for all children and adolescents prescribed atypical antipsychotics
Methods: A retrospective cross-sectional study was conducted in our Child and Adolescent outpatient clinic and identified those that were prescribed atypical antipsychotics. Of the 1088 patients, 212 were prescribed AAAs. We compare cardiometabolic monitoring in these patients post intervention in our resident run performance improvement project. The intervention included stops and questions in the electronic medical record. We compare the rate of cardiometabolic monitoring from these two periods and review fasting blood glucose, HgA1c, BMI, weight and cholesterol/LDL.
Results: The 212 patients who were prescribed AAAs found to have the following distinguished characteristics which collaborating

with National-Based studies; mean age 14 yo Male 129(61), Female 83 (39%), Hispanic 97(46%), Black77(36%), Other 38(18%). The intervention in the electronic medical record improved cardiometabolic monitoring in the child and adolescent population.
Conclusions: While interventions in the electronic medical record have been shown to be effective, there continues to be a need for continued education for clinicians, patients and guardians alike

Conflict of interest: No
Keyword: cardiometabolic monitoring AAAs

EPP0205

Prescribing practice of AAAs in children with behavioral disturbances is hypothesized to reduce hospitalization rates

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Introduction: Currently, Atypical Antipsychotic Agents(AAAs) are FDA approved for the management of several child psychiatric disorders. The most notable rise in prescribing trends has been reported in the off-label use of AAAsStudies show that groups including parents, healthcare providers, and payers, are motivated to find effective strategies to combat disruptive behaviors in children in an effort to prevent the development of chronic, disabling conditions adn to help decrease the amount of hospitalizations.
Objectives: To highlight the importance of treatment early on DMDD, to identify Challenges in Prescribing Practice of AAAs aiming to reduce hospitalization rates and address what would be good practice in managing DMDD
Methods: This is a retrospective case controlled review of 212 selected patients on AAAs studied for rates of hospitalization due to illness exacerbation, compared with a random sample of patients matched in Age window, Ethnicity, gender, diagnosis spectrum, but characteristically not prescribed AAAs during the calendar year and managed by non-pharmacological approach instead
Results: We hypothesize that there will be a difference in hospitalization rates for patients on AAAs as compared to those patients not on AAAs
Conclusions: Although the use of AAAs in children is mostly used for off label reasons we aim to add to this research and highlight the importance of treatment early on in the disease to reduce hospitalization rates and maintain functionality for patients. Based on our study, having a patient-centered prescribing practice featured with a case-by-case review of risks and benefits would be a good practice to consider

Conflict of interest: No
Keyword: AAAs Children Behavioral Hospitalization

Child and adolescent psychiatry - Part V

EPP0206

Antidepressant treatment in adolescent depression: state of the science

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Introduction: Major depression is a significant global health problem with the highest risk emerging during adolescence. Data from world and U.S epidemiological studies show rising levels of depression and suicidality, including suicidal ideation and plans. Early onset of depression is associated with a higher likelihood of recurrence and left untreated, significant sequelae including interpersonal issues, poor educational performance, comorbidity, and suicide.
Objectives: The objective of this presentation is to present the state of the science of the psychopharmacological treatment of depression in adolescents.
Methods: Review of the literature on antidepressants in adolescents.
Results: Despite recent advances, SSRIs remain the mainstay of psychopharmacological treatment in youth and there is limited data on the efficacy of other antidepressants, including newer SSRIs, SNRIs, and bupropion. Of the SSRIs, there is the most data on fluoxetine, either alone or in combination with psychotherapy. However, youth also exhibit high rates of placebo response, further complicating our understanding of their effectiveness. Debate continues on their risks, including suicide. The selection of an antidepressant for adolescents depends on clinical need including severity of depression, comorbidity, and youth/family choice, balanced with the risk of side effects, including potential for suicidality. Careful monitoring is necessary, especially early, for worsening of symptoms, lack of effect, and suicide risk.
Conclusions: Overall, the data suggest that some antidepressants are effective for the treatment of adolescent depression, and the combination of both medication and psychotherapy appears to be the most effective. Treatment is necessary to intervene early and prevent recurrence.

Conflict of interest: No
Keywords: Antidepressants; adolescence; psychopharmacology

EPP0208

Changes in referral patterns to child and adolescent psychiatric services in Denmark.

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Introduction: Referral rates to Child and Adolescent Psychiatric (CAP) services in Denmark have increased by more than 75% in the past 15 years, resulting in 15% of all children being in contact with CAP services before the age of 18. This has led to major concerns in the public regarding the increasing rates of children and adolescent with psychiatric disorders and overdiagnosis due to lower thresholds for referral. However, data does not support that an increase in prevalence is driving the steep increase in referral rates and referral rates do not exceed the known prevalence of psychiatric disorders in children and adolescents. There is a need to investigate changes in referral patterns to improve our understanding of what is driving the increase in referral rates.

Objectives: The study objectives: 1. Investigate changes in referral patterns from 2005-2018. 2. Describe characteristics of children and adolescent referred to CAP services in 2018.
Methods: Comparison of referral data from 2018 with referral data from 2005 and 2010 from the Danish Child and Adolescent Psychiatry Database. Systematic review of all referral letters (N=2200) to CAP services in the North Denmark Region from 2018.
Results: This study will show changes in distribution of demographic and referral variables over time and provide knowledge on the characteristics of children and adolescents referred to CAP services, regarding symptomology, functioning and help acquired prior to referral.
Conclusions: Conclusion: Results from this study will provide valuable new knowledge on referral patterns that can inform the future organisation of CAP services.

Conflict of interest: No
Keywords: Referrals; Child and Adolescent Mental Health Service

EPP0212

Health anxiety, body regard and self-injurious behavior in a sample of adolescents

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Introduction: Self-injurious behavior appears among people who harm themselves to induce pain. This behavior is increasingly common among adolescents. Researchers investigate psychosocial factors, such as emotion dysregulation, associated with self-injurious behavior. It is supposed that this link is not direct and can be mediated by body image (Muehlenkamp, Brausch, 2012).
Objectives: In present study we investigated links between health anxiety, body image and self-injurious behavior among adolescents.
Methods: One hundred twenty-five adolescents took part in the study (age range = 13-17 y.o., M_{age} = 14.81, SD = 0.93, 62 males). The Short Health Anxiety Inventory (Salkovskis et al., 2002) was used to measure health anxiety. Body investment scale assessed the degree of dissatisfaction with one's body (Skugarevsky et al., 2007). Self-injurious behaviors were measured by self-report (Polskaya, 2010).
Results: Regression analysis showed that health anxiety was significantly and positively related to body dissatisfaction (β = .322, t = 3.769, p = .0001, R^2 = .096). Body dissatisfaction was significantly and positively related to self-injurious behavior (β = .284, t = 3.289, p = .001, R^2 = .073). There was no significant relation between health anxiety and self-injurious behavior (β = .055, t = .612, p = .542, R^2 =-.005).
Conclusions: Higher levels of health anxiety are associated with body dissatisfaction. In its turn, body dissatisfaction is related to self-injurious behavior. The absence of direct link between health anxiety and self-injurious behavior suggests that body dissatisfaction fully mediates that link. These findings are in line with previous research (Muehlenkamp, Brausch, 2012).

Conflict of interest: No
Keywords: body perception; adolescents; self-injurious behavior; health anxiety

EPP0217

Role of genetic polymorphisms DRD2 rs1800497 and HTR2A rs6313 as predictors of antipsychotics effectiveness in adolescents with acute psychotic episode

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Introduction: Prediction of the antipsychotic's effectiveness in patients with acute psychotic episode is a relevant topic in the field of personalized medicine. Adolescents are an under-explored cohorton this aspect.
Objectives: To evaluate associations of DRD2 and HTR2A polymorphisms with effectiveness of psychopharmacotherapy in adolescents with acute psychotic episode
Methods: 53 adolescents were included in the study, with 14 days of observation. Average age: 15,08±1,7 years. All patients were prescribed antipsychotics as the main drug. We evaluated the effectiveness of psychopharmacotherapy using the Positive and Negative Symptoms Scale (PANSS). Every patient had a buccal epithelium scrape taken from them. Identification of DRD2 (rs1800497, T allele) and HTR2A (rs6313, C allele) were performed by the RT-PCR. Statistical processing was carried out in SPSS Statistics 21.0, non-parametric methods of analysis were used.
Results: The distribution of genotypes of all polymorphisms corresponded to the Hardy-Weinberg equilibrium (p>0.05).The carriers of the DRD2 rs1800497 (CT+TT genotypes) had a higher value of the delta score of PANSS subscale "Positive Symptoms" between 1 and 14 day of observation (Mediana=(-4,00) [-12,00; 9,00] vs Mediana=(-7,50)[-14,00; -2,00]; p=0,005). Significant associations were found between the HTR2A rs6313 and the delta score of PANSS subscale "Negative Symptoms": the improvement of the state of C-allele carriers was significantly lower compared to the TT homozygotes (Mediana=(-3,00) [-9,00; 4,00] vs Mediana=(-1,00) [-17,00; 11,00]; p=0,037).
Conclusions: Carriers of the DRD2 rs1800497 (CT+TT) had significant improvement in positive symptoms compared to CC homozygotes. HTR2A rs6313 polymorphism carriers (TC+CC) had a lack of reduction of negative symptoms compared to TT homozygotes.

Conflict of interest: No
Keywords: pharmacogenetics; antipsychotics; Effectiveness; adolescents

Child and adolescent psychiatry - Part VI

EPP0219

Impact of computer game addiction on visuospatial abilities in 7-year-old children

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Introduction: Various digital technologies are increasingly being introduced into the everyday life of children. What kind of specific effect does this new "digital environment" have for cognitive and brain development in children?
Objectives: The goal of this research is to reveal the impact of computer game addiction on visuospatial abilities in 7-year-old children.
Methods: We used questionnaire for parents to reveal children with computer game addiction. Experimental group consisted of 23 7-year-old children with computer game addiction. Control group consisted of 23 children without computer game addiction. The children from experimental and control group were matched for IQ, gender and age. To assess the visuospatial abilities in children we used subtests from NEPSY (Block Construction, Design Copying, Route Finding) as well as the Rey-Osterrieth Complex Figure test.
Results: One-way ANOVAs by group revealed significant differences ($p \leq 0,05$) between the groups for scores in two visuospatial subtests from NEPSY (Block Construction, Design Copying). We also revealed significant differences ($p \leq 0,05$) between the groups for number of spatial errors in the Rey-Osterieth Complex Figure test.
Conclusions: This research has shown that 7-year-old children with computer game addiction have weakness in visuospatial abilities. It can be assumed that computer game addiction is one of the risk factors for emerging deficit in visuospatial abilities in children. We are going to check this hypothesis using longitudinal approach.

Conflict of interest: No
Keywords: Rey-Osterrieth Complex Figure; computer game addiction; visuospatial abilities; NEPSY

EPP0220

Positive impact of body-oriented therapy on executive abilities in 6-7 years old children with add

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Introduction: It is known that children with attention deficit disorder have deficit in cognitive abilities, specifically in executive abilities. It is important to develop the trainings to overcome this deficit in children with ADD.
Objectives: The goal of this study was to reveal effect of body-oriented therapy on executive abilities in ADD children. We compared the efficacy of two methods of treatment (body-oriented therapy for children vs. conventional motor exercises) in a randomized controlled pilot study.
Methods: 15 children with ADD between 6 to 7 years of age were included and randomly assigned to treatment conditions according to a 2×2 cross-over design. The body-oriented therapy included the exercises from yoga and breathing techniques. To assess the executive functions and attention in children we used 4 subtests from NEPSY (Tower, Auditory Attention and Response Set, Visual Attention, Statue). Effects of treatment were analyzed by means of an ANOVA for repeated measurements.
Results: The ANOVA has revealed ($p<.05$) that for all 4 subtests on executive functions and attention the body-oriented therapy was superior to the conventional motor training, with effect sizes in the medium-to-high range (0.44-0.83).
Conclusions: The findings from this pilot study suggest that body-oriented therapy can effectively influence the executive abilities in children with attention deficit disorder. However, it is necessary to do further research for revealing the impact of body-oriented therapies on the prevention and treatment of ADD in children. The research was supported by Act 211 Government of the Russian Federation, agreement 02.A03.21.0006.

Conflict of interest: No
Keywords: body-oriented therapy; Attention deficit disorder; executive abilities; NEPSY

EPP0221

Deficit of executive abilities in preschool children can predict delay in development of grammar understanding in children at 8 years of age

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Introduction: Children with specific language impairment have difficulties with producing and understanding language (Bishop, 1997). It is necessary to search for the risk factors, which can provoke the development of this deficit in children.
Objectives: The goal of this research was to examine the hypothesis that children at the age of 5 with deficit in executive abilities have a risk for emerging weakness in grammar understanding at the age of 8.
Methods: 119 children at the age of 5 were assessed using 5 subtests from NEPSY, which are designed to assess executive abilities in children. We have revealed 28 children with deficit in executive abilities. These children were included in the experimental group. The control group included 28 children with no deficit in executive abilities. In the framework of longitudinal research children at the age of 8 from both groups were assessed by Grammar Understanding Test from Luria's neuropsychological assessment technique.
Results: One-way ANOVA has revealed significant differences [$p \leq 0,05$] between groups for scores in Grammar Understanding Test. Children from experimental group had low level of grammar understanding.
Conclusions: This research has shown that deficit in executive abilities can predict the delay in development of grammar understanding in children. The received results provided insight into cognitive mechanisms in typically developing and the underlying nature of specific language impairments. It can be assumed that deficit in executive abilities is one of the risk factors for emerging weakness in grammar understanding in children. The research was

supported by Act 211 Government of the Russian Federation, agreement no. 02.A03.21.0006.

Conflict of interest: No
Keywords: specific language impairment; executive abilities; longitudinal research

EPP0222

Children with add have deficit in verbal memory in delayed recall condition

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Introduction: It was shown that children with attention deficit disorder (ADD) have cognitive deficit, particularly deficit in working memory (Martinussen et al., 2012). In our previous research we have revealed that ADHD children have deficit in visual memory in delayed recall condition in comparison to immediate condition (Kiselev, 2018).
Objectives: The goal of this research was to examine the hypothesis that 7-8 years old children with attention deficit disorder have a deficit in verbal memory in delayed recall condition.
Methods: The experimental group included 15 children with ADD at the age of 7-8 years. The control group included 15 typically developing children. The children from groups were matched for IQ, gender and age. Children from both groups were assessed with verbal memory test from Luria's neuropsychological battery. This test is designed to assess reproducing the 6 words in immediate and delayed recall conditions. ANOVA with repeated measures was used to reveal group differences in reproducing the words in two conditions.
Results: We have not revealed significant differences between children from experimental and control group in reproducing the words in immediate condition. However, the interaction of condition type and group was significant [$p \leq 0,05$]. Children with ADD had weakness in reproducing the words in delayed recall condition.
Conclusions: In view of our previously received results in children with ADD, we can propose that deficit in memory in delayed recall condition can be one of the key symptoms in this disorder. The research was supported by Act 211 Government of the Russian Federation, agreement 02.A03.21.0006.

Conflict of interest: No
Keywords: Attention deficit disorder; verbal memory

EPP0228

Neuroscience and drawing: its valuation as evidence of child sexual abuse

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Introduction: The need arises to investigate the origin of graphic productions, so particular for the victims of CSA, as mental representations of early traumatic experiences, during the development of the nervous system and its imprints in the cerebral cortex (Brodmann and Broca areas), associated with other interconnected nuclei, that deal with regulatory functions of emotions as well as those related to cognition.
Objectives: We can show that these graphs are motor expression of the evocation of the sensory stimuli which were experienced during and / or the traumatic episodes, and that are perceived through all the senses, predominantly tactile one (somatosensory areas).
Methods: The drawings of 38 victims of CSA (22 girls, 16 boys) were studied, whose ages oscillated, at the time of the first consultation, between 3 and 38 years old, with or without prior disclosure of the facts. They were evaluated with HTP, DFH and Free Drawing, whose findings coincided with CSA indicators in other projective tests (Patté Noire, Desiderative) and with clinical signs (enuresis, sleep disorders, learning and eating, anxiety, somatization, etc.).
Results: The graphs showed shading of genital areas, marks on trunks, hidden hands, absent body parts; asymmetrical, unstable and small figures, etc.
Conclusions: It can be concluded that the observed relationship between graphic signs and the descriptions and / or the suspicion of CSA, can be based on the imprints that such trauma causes in the cortical regions of the naturally immature Central Nervous System, in each age group studied.

Conflict of interest: No
Keywords: child sexual abuse; neuroscience; forensic evidence; drawing

Child and adolescent psychiatry - Part VII

EPP0229

Hospitalization of brazilians children from 0 to 19 years old due to mistreatment syndrome

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Introduction: Abusive conduct, mistreatment, neglect and domestic violence are rarely considered among likely or differential diagnoses, unless they indicate sexual abuse or when sexually transmitted diseases are confirmed. The recognition of physical and psychological abuse, however, should be done by child care agencies, through a multidisciplinary approach, seeking to minimize or eliminate the suffering of the child, promoting and ensuring its well-being and even survival. Violence against children tends to be an uncomfortable topic for many doctors, in part by the lack of training to recognize and deal with the problem.
Objectives: To introduce the hospitalization of children from 0 to 19 years old due to mistreatment syndrome registered by the SUS (Unique System of Health) from july 2009 to july 2019 in Brazil. This is a way to alert and prevent an early diagnostic from Mistreatment Syndrome.
Methods: The data concerning hospitalization due to Mistreatment Syndrome were collected from Ministry of Health - Hospital Information System (SIH/SUS) and analysed.
Results: 5.763 people were hospitalized due to mistreatment syndrome in Brazil registered by the SUS (Unique System of Health) from july 2009 to july 2019. From this amount, 2.867 (49,7%) children from 0 to 19 years old were treated for the mistreatment, 1.872 (65,3%) of those children were female. Most cases of those children (24,9%) occurred at the age of 5 to 9 years.

Conclusions: Mistreatment Syndrome demonstrate the urgent need of resources for preventive medicine, withouth forgetting curative medicine. This requires an action plan that must bring together health professionals, educators and the media.

Conflict of interest: No
Keywords: Domestic violence; Mistreatment; Child abuse; Battered child syndrome

EPP0236

Features of voluntary activity in children with special needs

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Introduction: The generalized structure of voluntary activity (VA) includes goal-setting, modeling, planning, self-control, and self-correction. Diagnosis of violations of VA in CSN should be based on the characteristics of a concrete disorder to form an adequate development strategy.
Objectives: We assume that in preschool-age CSN, the specific profile of primary neurocognitive deficit is combined with the features disorder of VA revealed for different groups of CSN differing from the normatively developing children (NDC). The study involved 27 children, and two groups were formed. The 1st group included 14 CSN (ADHD, ASD, SSD, and MD). 13 NDC formed the 2nd group.
Methods: A complex of neuropsychological tests, a technique for diagnosing the development of systemic components of activity self-regulation 'Build your house', a questionnaire for evaluating the components of VA for parents and educators, adapted technique for the inhibition of the dominant response 'Simon Task'.
Results: All CSN demonstrated less developed strategies for goal-setting, planning, modeling, self-control and self-reflection (CSN-33%, NDC-78%). Temporal and qualitative differences in tests performance were found within groups CSN. Better scores for the 'Selection reaction' test correlated with the higher development of the basic components of VA. The better CSN managed the 'Selection reaction' test, the better they performed the attention tests (Simon task (R_both=,72) and test 'Faces' (R=,60)), the spatial test (R=,57), and the constructive praxis test (R=,65).
Conclusions: Preschool children of CSN have common and specific features of voluntary activity that distinguish them from NDC.

Conflict of interest: No
Keywords: voluntary activity; systemic components of activity self-regulation; inhibition of the dominant response; children with special needs

EPP0238

Confirmatory factorial analysis of a child-adolescent perfectionism scale - parents report

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Introduction: Perfectionism is a personality trait leading individuals to develop unrealistically high standards for performance accompanied by tendencies for overly critical self-evaluations. Onset of perfectionism may begin early in life, sometimes in young children. The Child-Adolescent Perfectionism Scale - Parents Report (CAPS–PR) is a 9-item scale to be answered by parents (mother and/or father) to assess Perfectionism in their children.
Objectives: To examine the construct validity of the CAPS-PR (using Confirmatory Factor Analysis/CFA) to evaluate children perfectionism as perceived by their parents.
Methods: Parents (mother or father) of 150 children (6-10 years) answered the Portuguese versions of the CAPS-PR and some questions about anxiety symptoms. To study the temporal stability, 66 respondents answered the questionnaires again after six weeks.
Results: CAPS–PR's CFA indicated a good fit ($X^2/df = 2.495$; CFI = 0.945; GFI = 0.922, RMSEA = 0.100; p[rmsea≤0.06]), supporting the two-factor structure previously found in an Exploratory Factor Analysis carried with a different sample: Social Prescribed Perfectionism/SPP and Self-Oriented Perfectionism/SOP. Both dimensions presented Cronbach's alpha coefficients (α) <.80 and test-retest correlation was r=.78 for SOP-PR and r=.61 for SPP-PR. The SPP-PR score significantly and moderately correlated with anxiety symptoms (p<.05). Mean scores did not differ by gender.
Conclusions: CAPS–PR presents adequate construct validity, as well as reliability and convergent validity. This innovative instrument has the potential to be a useful in understanding the transgenerational aspects of perfectionism in young children.

Conflict of interest: No
Keywords: Child Perfectionism; Confirmatory Analysis; validity

EPP0239

Deformations of family relationships as a factor of "unhealthy behavior" in children

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Introduction: Parents have a significant impact on the formation of their children's health-saving behavior. A detailed study of this effect allows us to determine strategies of interaction and directions of psych correction of maladaptive behaviors in health issues. Deformation of family relationships can lead to violations of adaptation and dependent behavior in children.
Objectives: To access the parental influence on the formation of health-saving behavior in primary school-age children.
Methods: The study has involved 69 people (33 frequently and rarely ill children (mean age – 9±1.8) and 36 parents (mean age – 43±11). We used "Unfinished sentences about health" (Yakovleva, 2014) for both children and parents and the questionnaire "The Analysis of family relationships" (Eidemiller, Justickis, 1990).

Results: Parents of frequently and rarely ill children in families with hyper- and hypoprotection transmitted their health attitudes to primary school-age children in such components as: Diseases (75% vs 75%, p>0.05), Health promotion factors (causes) (75% vs 83.3%, p>0.05). Families with hyperprotection significantly differ from hypoprotection families by the following components: Assessment of healthy people (81.2% vs 58.3%, p≤0.01), Health promotion actions (62.5% vs 83.3%, p≤0.01). Awareness of the value of health is transmitted in families with hyperprotection in 100% of cases and is not transmitted in families with hypoprotection at all.
Conclusions: The obtained results prove the importance of family education style and parents' health attitudes to the process of the health-saving behavior formation in children. We have identified health attitude components that are the most significant for children at this age.

Conflict of interest: No
Keywords: health attitude; frequently ill children; deformation of family relationships; Health-saving behaviour

Child and adolescent psychiatry - Part VIII

EPP0240

Neuropsychiatric features of children with psychosomatic disorders (by the example of atopic dermatitis, bronchial asthma and gastroesophageal reflux disease)

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Introduction: Chronic somatic pathology, detected in early childhood and compensated by adolescence, often referred to as psychosomatic disorders. It traditionally include atopic dermatitis (AD), bronchial asthma (BA), gastroesophageal reflux disease (GERD) and a number of other disorders. The indicated diseases are often accompanied by mild neuropsychiatric disorders. In children with AD developmental deficiency is observed; in children with GERD neuropsychiatric disorders of cerebral organic origin are detected; in children with BA impaired attention, memory and self-control skills are observed.
Objectives: to study the clinical neuropsychiatric and neuropsychological features of children suffering from psychosomatic disorders
Methods: the study involved children from 5 to 12 years old with an established diagnosis of bronchial asthma - 108 children; atopic dermatitis - 105 children; gastroesophageal reflux disease - 112 children; the control group consisted of 60 same age healthy children. All children underwent clinical-anamnestic, neurological, psychopathological and neuropsychological research.
Results: The children with psychosomatic disorders have a significantly high incidence of pathogenic factors of central nervous system damage in early stages of ontogenesis (pathology of pregnancy and childbirth). Early sensory and motor deprivation due to somatic suffering aggravates neuropsychiatric deficiency. Neuropsychological disorders were predominantly represented by a violation of the perception of their body, lack of kinesthetic and motor functions, spatial and quasi-spatial representations.
Conclusions: the clinical dynamics of neuropsychiatric disorders in children with psychosomatic disorders corresponds to the dynamics of residual cerebral organic impairment with a stage-age changes of syndromes. The revealed neuropsychological disorders correspond to preferential damage to the first (energy) functional block of the brain.

Conflict of interest: No
Keywords: Children; Neuropsychology; psychosomatic disorders

EPP0241

Specifics of psychosocial adjustment in physically disabled adolescents

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Introduction: Mental development of a physically disabled adolescent who makes no goal-directed efforts can result in a certain impairment of his social adjustment.
Objectives: The goal of the research is to determine the specifics of the psychosocial adjustment in physically disabled adolescents.
Methods: We used Rogers and Dymond's questionnaire to evaluate the psychosocial adjustment in 51 physically disabled adolescents and in the control group of 52 adolescents who have no health disorders.
Results: The integral level of psychosocial adjustment among physically disabled adolescents is statistically lower than in the control group (p<0.05). A significant decline in the indicators of psychosocial adjustment in physically disabled adolescents has been marked at such levels as evaluation of others (p<0.05), emotional comfort (p<0.05) and integrity (p<0.05). The received findings explain why disabled adolescents feel less inclined to communicate and interact with other people, or work with them in a team, as well as why they feel uncertain in their emotional response to the actual reality, which manifests in lack of confidence, depression and inertia. We did not find any veritable statistic differences between these two groups of adolescents at the levels of self-esteem and domination as the components of psychosocial adjustment (p>0.05).
Conclusions: The specificity of psychosocial adjustment of physically disabled adolescents lies in the reduced adjustment to the conditions of interaction with the real world against the background of their adequate perception of their own strengths and weaknesses, declined tolerance towards other people, inclination for keeping distance in communication and lack of evident desire to influence other people.

Conflict of interest: No
Keywords: psychosocial adjustment; adolescents; physically disabled

EPP0243

"No sleep, no dream" – common sleep complaints in children and adolescents and the role of healthy sleep habits

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Introduction: Sleep is an essential component of healthy development and is required for physical and mental health. Sleep disorders are highly prevalent in childhood and affect not only the children, but also their families and society. In spite of that, they are still under-reported, under-diagnosed, and sometimes untreated.
Objectives: Present some of the more common sleep problems in children and adolescents through four clinical vignettes; review the literature and summarise the recommended assessment of pediatric sleep disturbances as well as psychoeducational interventions for children and their families.
Methods: Four clinical vignettes are used to illustrate some of the common sleep problems and respective worries and doubts reported by parents. The results of a narrative literature review are presented, focusing on recommendations for clinical practice.
Results: The evaluation of sleep in children is performed by means of subjective or objective tools. The subjective assessment may be facilitated by the use of a screening tool, such as the BEARS instrument. Management begins with consistent implementation of good sleep hygiene practices. It is extremely important to educate and provide practical information to parents (and children if age-appropriate) on activities such as adoption of a bedtime routine, consistent bedtime and wake time, avoidance of caffeinated products, and daily physical activities.
Conclusions: Early identification and management of sleep problems may prevent negative consequences, such as daytime sleepiness, behavioural problems and poor academic performance. Healthy sleep practices have a vital role in primary and secondary prevention of sleep problems and, consequently, should be consistently reinforced and promoted to parents.

Conflict of interest: No
Keywords: sleep; sleep hygiene; psychoeducation; Children and adolescents

EPP0252

National study on the mental health of children and young people in Malta

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Introduction: Over half of all mental disorders (MD) begin by age fourteen, if untreated lead to significant long-term morbidity and mortality. Timely effective management of MD is a public health priority.
Objectives: -To use tools with high sensitivity and specificity to collect data on MD according to ICD-10 and DSM-V in YP aged 5-16 in Malta. -To estimate the point prevalence (PP) rates of MD and compare them to rates reported in other countries. -To identify lacunae in service provision and inform service development in Malta.
Methods: This is a 2 phase study. Phase 1: Following a power calculation a random sample of YP (n=600) was created. These were screened using standardized assessment tools on multiple informants (Table 1). Open ended clinical questions were asked for complete differential diagnosis and social function (Table 2). Phase 2: YP identified with a likely MD were further assessed using the Diagnostic and Wellbeing Assessment (DAWBA) to ascertain a categorical diagnosis. A proportion of those tested negative in the first phase were also assessed with the DAWBA to determine the percentage of false negatives.

Table 1: Assessment Tools

Parent	Child (if 11-16 years)	Teacher
Strengths and difficulties questionnaire (SDQ) (Sensitivity >80% with multiple informants)	Strengths and difficulties questionnaire (SDQ) (Sensitivity >80% with multiple informants)	Strengths and difficulties questionnaire (SDQ) (Sensitivity >80% with multiple informants)
Screen for Child Anxiety Related Disorders (SCARED) (81.8% sensitivity)	Screen for Child Anxiety Related Disorders (SCARED) (81.8% sensitivity)	
Autism Spectrum Quotient (AQ10) (Sensitivity 79%)	SCOFF Eating Problems (Sensitivity 84.6%)	
General Health Questionnaire GHQ (Sensitivity 64%)		
Family Assessment Device (FAD)		
(DAWBA in phase 2)	(DAWBA in phase 2)	

Table 2: Clinical Interview

Parent	Child (If 11-16 years)	Teacher
Household composition, Economic status, Accommodation	Social Support	Education ability
Demographics	Social Media	Awkward and Troublesome behavior
School exclusion	Cyber Bullying	Other Concerns
Stressful life events	Bullying	
Child's General Health	Drinking	
General Health Questionnaire on the Parent	Drugs	
Family Assessment Device		

Results: PP estimates of emotional, behavioural, hyperactivity, eating and autism spectrum disorders among Maltese YP will be reported.
Conclusions: Study findings will inform policy makers on the prevalence of MD in Malta which intern will elucidate insights into the needs service development.

Conflict of interest: No
Keywords: epidemiology; mental disorders; Service Development; CAMHS

EPP0253

Family focused practice in CAMHS: a case series and literature review

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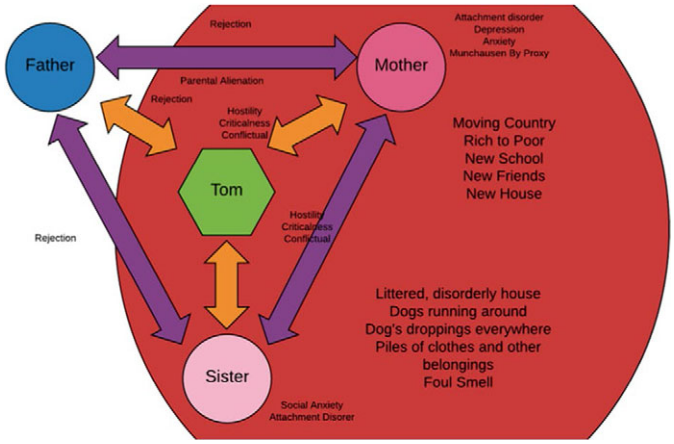
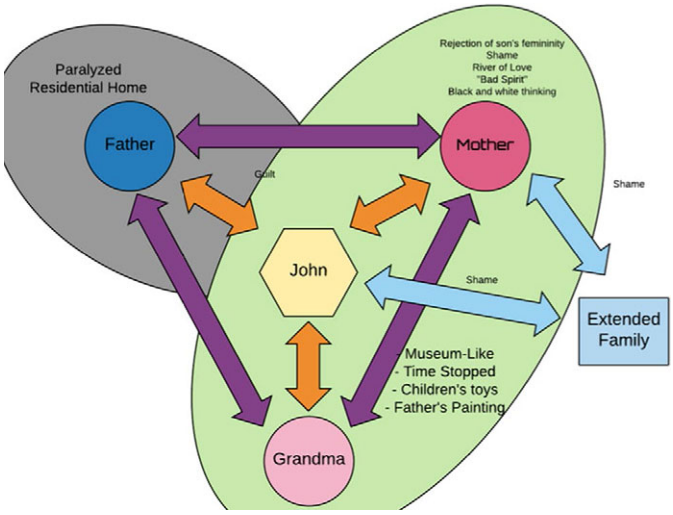
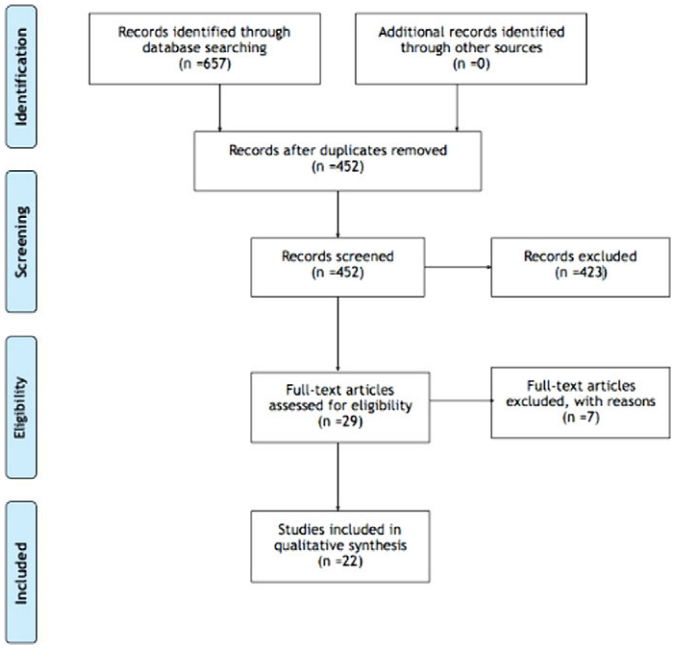
Introduction: Family members are involved in the care of children with mental disorders (MD). While parental MD can negatively impact the child's development and mental health, MD in young people (YP) can also precipitate and exacerbate MD among parents. Family interactions influence the journey of recovery, having the opportunity to both facilitate or impede it.
Objectives: To present 2 clinical cases depicting the effect of family interactions on MD and recovery. To carry out a literature review on family focused practice (FFP) framework to determine its effectiveness, barriers and enablers.
Methods: The clinical cases reveal delayed and hindered recovery as a result of negative family interactions which need to be addressed using a FFP framework (Figure 1 and 2). A literature search on FFP was carried out using Pubmed, Psychinfo and google scholars. Since the concept of FFP has been used interchangeably with other terms, its theoretical frameworks were used as part of the inclusion criteria when scoping the literature. PRISMA guidelines were followed to screen and identify eligible papers.





Results: Figure 3 shows that 657 records identified through an initial search were screened and a total of 22 studies were included in the final qualitative synthesis.



Conclusions: Implementation of FFP framework has improved both the outcome of children with MD and the entire family. Barriers to this framework are present at an organizational, staff and family level, however implementation of training and policies on FFP can enhance its use to improve outcomes.

Conflict of interest: No
Keywords: Family Focused Practice; CAMHS; family; mental health

Child and adolescent psychiatry - Part X

EPP0258

Role of epigenetic mechanisms in the brain development of children and adolescents. Case of the FKBP5 gene.

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Introduction: A number of studies have shown that exposure to childhood violence increases the risk of psychiatric disorders for the people with the halotype associated with higher expression of FKBP5-gene.
Objectives: Highlight, from a bibliographic review, if epigenetic modifications induce alterations that could potentially lead to the triggering of mental pathologies in children and adolescents. Specifically identify the relationship between Hypothalamic-Pituitary-Adrenal (HPA) axis function, glucocorticoid receptors, and the FKBP5-gene.
Methods: This retrospective study is based on an international bibliographic search and aims to establish an inventory on the following topics: gene-environment-epigenetic interactions and the "cause-mediated-effect" hypotheses that regulate the expression of the FKBP5-gene in children and adolescents. The study is particularly focused on stress-related pathologies and neurodevelopment. (DSM-5,2013)
Results: FKBP5 (FKBP5-1) is an important regulator of genetic activity and stress reactivity. The role of the FKBP5 gene in mental disorders has been supported by numerous studies. These show that certain alleles of FKBP5 confer an increased risk of post-traumatic stress disorder and a latent risk of neurodevelopmental disorders, especially in the context of early vulnerability (various forms of violence, malnutrition of mother and child, economic precariousness, maternal anxiety and depression, chronic stress). At the same time, there is a risk of aggravating symptoms in mental disorders. The gene encoding FKBP5 (located on chromosome 6, 6p21.31) is a glucocorticoid sensitive gene related to mental disorders.
Conclusions: The FKBP5 gene represents one of the genes most involved in the pathogenesis of mental illness in relation to stress, mainly as a consequence of trauma, stress and violence during pregnancy and in childhood.

Conflict of interest: No
Keywords: Epigenetic mechanisms; FKBP5; Violence; glucocorticoid receptors

EPP0264

A systematic review of executive functioning in children and adolescents with tourette syndrome

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Introduction: Research into executive functioning has been documented in neurodevelopmental disorders such as Autism and ADHD but research into executive dysfunction in children with TS has been equivocal. Majority of studies published to date on the neuropsychological dimensions of TS have not controlled for comorbidity confounds.
Objectives: The aim of this review is to examine executive functioning in children and adolescents with 'pure TS' in the domains of response inhibition, working memory, attention, planning, processing and flexibility/shifting to determine if there is an association between TS and executive dysfunction.
Methods: A systematic review of controlled trials assessing executive functioning in children and adolescents with Tourette Syndrome was undertaken. The inclusion criteria stipulated a 'pure TS' group without psychiatric comorbidities, a healthy control group and the use of standardised measures of executive function. A total of 11 studies were examined and were summarised in terms of participant characteristics, specific executive function evaluated, assessment tools used and the results of the outcomes measured.
Results: The results from our review showed that across the spectrum of executive functions, the majority of patients with 'pure TS' did as well as controls. The most frequently assessed executive function was response inhibition, with only one of the seven studies showing a significant difference.
Conclusions: Evidence suggests that children and adolescents with 'pure TS' are not at greater risk of executive dysfunction. There is some evidence for inhibitory deficits, though the results are far from conclusive.

Conflict of interest: No
Keywords: Tourette's; child; executive; function

EPP0265

Comparison of different assessment of cognitive activity in children with mental disorders

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Introduction: Cognitive decline in patients with mental disorders (schizophrenia) is one of the basic characteristics connected with negative symptoms. The classical pathopsycological diagnostic methods allow to reveal thinking disorders typical for schizophrenia. Psychometrical approaches, such as WICS evaluate cognitive functions with the support of standardized indices.
Objectives: Comparison of quantitative assessment of pathopsycological and psychometric methods in mental ill children.
Methods: Subjects - 72 patients, children and adolescents with schizophrenia spectrum disorder took part in the research (average age 11 years old). There were next diagnosis (ICD-10): F20.8 - schizophrenia (childhood type), F20.x - paroxysmal progressive childhood schizophrenia F21 - schizotypic disorder, other - on the moment of examination the diagnosis is specified. Methods The diagnostic methods included WICS and pathopsycological method of "Construction of objects".
Results: The research data show a correlation between of the type of the disease course and the IQ level. Three groups were distinguished according to the disease type: malignant - 15 people, low-deteriorative – 42 people, middle deteriorative – 13 people. VIQ (according to WICS) is connected with the integrity parameter which is evaluated with the object construction. The combined method is preferable as to the quality of answers.
Conclusions: Considering the disease type in children and adolescents with schizophrenia along with the analysis of the connection of psychometrical and pathopsycological assessment reveals a more expanded image in the diagnostic of the thinking activity level. Such assessment adds up to the classical quantitative ways of thinking assessment and shows a sufficient sensitivity at work with pronounced cognitive deficit.

Conflict of interest: No
Keywords: cognitive activity; IQ; Children; mental disorders

EPP0266

Recognition of emotionally expressive movements (poses and gestures) and cognitive development in adolescents with mental pathology

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Introduction: Features of social perception, the emotional sphere are noted in many adolescents with schizophrenia spectrum disorders (SSD). The elaboration of experimental tools to assess the focus on emotional content and to show knowledge of symbolic gestures and to reveal the specific of social perception is very important. One can suppose connection of cognitive and emotional development. So we investigate the relationship of cognitive development (normal and destroyed) and capacity to understand of gestures in communication.
Objectives: Assessing the relationships between understanding expressive movements (EM) and cognitive development (CD).
Methods: Subjects: 55 patients (22 girls) from 11 to 16 years old (mean 14,5) with SSD Methods: test for recognition 24 cards with expressive movements – pose and gestures of Russian communication and emotions (symbolic -7, expressive – 17) with undefined instruction (Polyakov, Nazarenko, 1990) and assessment of cognitive dysontogenesis (Zvereva et al., 2017)
Results: We observed 4 form of cognitive development: normal (CD1), distorted (CD2), with deficit (CD3), with defect (CD4).

Comparison of recognition symbolic (S) and expressive (E) gestures showed: • CD1, CD2, CD3 have significant difference between S and E gestures ($p \leq 0.05$), recognition of S was better, then E. • CD4 have no significant difference between S and E gestures, there results of recognition and social perception were the worst.
Conclusions: Relationship CD and recognition EM is confirmed. Obtained data show a greater diversity in recognition of EM in schizophrenia (latent responses, fanciful interpretations), and level of recognition of symbolic gestures is relatively stable with a slight cognitive decline and sharply reduced with a defect.

Conflict of interest: No
Keywords: adolescence; schizophrenia; cognitive development; understanding expressive movements

Classification of mental disorders

EPP0267

Paraphrenias nowadays - exploring the concept through a clinical case

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Introduction: Initially mentioned by Kahlbaum (1863), paraphrenia was described by Emil Kraepelin (1912) as a small group of individuals who had many of the symptoms of schizophrenia but without the same deterioration. The term would be discredited by the work of Mayer (1921), disappearing from the mental health classifications. Nowadays it got replaced by diagnosis like atypical psychosis, delusional disorder or schizoaffective disorders.
Objectives: To discuss a clinical case and review the literature about the classic and current concept of paraphrenia.
Methods: Patient's data from interviews and review of the literature with the research terms "paraphrenia", "Kraepelin" in Pubmed.
Results: 37-years old male, with a history of a suicide attempt at 29-years old, without psychiatric follow-up since then. He got admitted in the beginning of 2019 after a 2 years development of persecutory and grandiose delusions, delusional memories and auditory hallucinations, without cognitive and affective impairment. He got discharged after 2 months, responding partially to clozapine 400mg id and long-term paliperidone 150mg monthly, keeping a residual delusion and partial insight. After a 3 months treatment at Psychiatric Day Hospital he returned to work.
Conclusions: Considering actual classifications systems, our patient met the diagnostic criteria for schizophrenia. However, he had not shown affective and cognitive deterioration, neither personality changes. For this reason, we considered Kraepelin's paraphrenia. Even if the treatment of paraphrenia is antispsychotic therapy, its clinical relevance is that the prognosis varies differently from schizophrenia. In this clinical case, we conclude that it would be important to reflect about the re-use of this concept.

Conflict of interest: No
Keywords: emil kraepelin; psychopathology; psychiatric classifications; paraphrenia

EPP0269

Evolution of acute psychosis nosography from "bouffée délirante" to DSM

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Introduction: Through the history, acute psychotic symptomatology have had different nominations with different evolutive implications. From the pioneers of psychiatry in the 19th century to the categorical international classifications adopted in our century, this concept had seen several changes.
Objectives: We aim to describe the nosographic evolution of the concept of acute psychosis.
Methods: We conducted a litterature review using the terms acute psychosis and first episode of psychosis.
Results: The term of "bouffée délirante" was introduced by the French psychiatrist Valentin Magnan in the 19th century, defining a sudden polymorphic symptomatology, with fast evolution to remission and a recurrent course. With Kraepelin and Bleuler's conception of psychosis, the autonomy of this acute and remitting symptomatology was rejected and included instead in chronic psychoses (bipolar or schizophrenic). It is Henri Ey who revived the term of "bouffée délirante", to name transient psychotic symptomatology. In the 21st century and the categorical classifications that newer entities had replaced bouffée délirante, with the french and north american classifications.
Conclusions: The evolution of psychiatry can be mostly seen through the evolution of the nosographic concepts. Nevertheless, the current classificatons can be restrictive.

Conflict of interest: No
Keywords: nosography; acute psychosis

Comorbidity / dual pathologies - Part I

EPP0273

When obsessions meet psychosis: a case report and literature review on obsessive-compulsive disorder with psychotic features

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Introduction: Obsessive-compulsive disorder (OCD) is often comorbid with other mental disorders. Given the important clinical implications of the association between OCD and psychotic disorders, the complex nature of this comorbidity has received increasing attention. Schizo-obsessive disorder has been proposed as a diagnosis for patients who exhibit symptoms of both OCD and schizophrenia.
Objectives: The aim of the present work is to review the most recent knowledge on the comorbidity between OCD and psychotic

disorders such as schizophrenia, starting from the case of a patient diagnosed with OCD and psychotic features.
Methods: The case of a patient with severe obsessive-compulsive symptoms since his late teens and who has experienced two psychotic states during the course of OCD so far is presented and discussed. Additionally, the authors collected the available literature through a search on Pubmed/Medline databases using the key terms “obsessive-compulsive disorder”, “psychosis” and “schizo-obsessive disorder”.
Results: Several theories have recently been proposed to explain the co-occurrence of OCD and psychosis, including their temporal interrelationship. There is empirical evidence to suggest that a prior diagnosis of OCD constitutes a risk factor for later development of schizophrenia spectrum disorders. Despite the high incidence of psychosis in OCD, most cases cannot be diagnosed as schizophrenia according to current diagnostic systems.
Conclusions: The presented case is believed to fit in the schizo-obsessive spectrum due to the evidence of symptoms of OCD and schizophrenia. Further studies are needed to a better understanding of the factors involved in the association of these two conditions.

Conflict of interest: No
Keywords: obsessive-compulsive disorder; psychosis; schizophrenia; Schizo-obsessive

EPP0275

Dissociative psychosis vs. psychotic dissociation: two complex cases with co-occurring symptoms

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Introduction: The relationship between trauma, dissociation and psychosis has been discussed in the literature. Some patients with dissociative disorders can be misdiagnosed for psychotic disorders, especially when there are uncommon acute presentations with psychotic symptoms. On the other hand, recent studies have stated that an important proportion of the patients with psychotic disorders show also dissociative symptoms. Despite the growing awareness, scientific knowledge on clinical characteristics and treatment of such patients with co-occurring symptoms is still insufficient.
Objectives: The aim of this case report is to provide an elaborated understanding of concurrent presentation of dissociation and psychosis through two complex cases.
Methods: Two cases from an inpatient unit of a psychiatric clinic in Lower Saxony, Germany will be presented.
Results: Case 1: A 27-year-old young man with a previous diagnosis of schizophrenia was referred because of a severe psychotic episode characterized by acoustic hallucinations, persecutory delusions, loose associations accompanied by prominent dissociative phenomena such as depersonalization and derealisation. Antipsychotic treatment yielded a partial but satisfactory response. Case 2: A 35-year-old young man with a previous diagnosis of schizophrenia was admitted because of feeling a person in his head named as 'John'. John frequently comes into view after crisis situations and the patient was feeling sometimes possessed by him and must obey the rules given by John. Antipsychotic trials were ineffective and the patient benefitted mainly from psychotherapeutic interventions.
Conclusions: Based on the presented cases, a detailed discussion of the literature regarding phenomenology and treatment options for co-occurring psychosis & dissociation will be presented.

Conflict of interest: No
Keywords: dissociation; PHENOMENOLOGY; psychosis; comorbidity

EPP0276

Asthma control and quality of life in Greek patients with psychiatric comorbidities. Results from boreas study.

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Introduction: GINA (Global Initiative for Asthma) 2018 guidelines for asthma management include, among others, assessment of asthma symptom control and any comorbidities that could affect symptom burden and Quality of Life (QoL).
Objectives: Assessment of asthma symptom control and QoL in a subgroup of asthmatic patients with psychiatric disorders residing in Greece, who were treated for 6 months with a Fixed Dose Combination (FDC) of Budesonide/Formoterol (Elpenhaler®).
Methods: Multicenter, prospective, non-interventional, observational study(NCT03033758) of 1,230 asthmatic patients, not previously treated with ICS/LABA. 713(57.97%) patients had at least one comorbidity. We evaluated asthma control and QoL in a subgroup of 73 patients with depression and anxiety disorders using validated Greek versions of Asthma Control Questionnaire (ACQ) and mini-Asthma Quality of Life Questionnaire (mini-AQLQ), respectively.
Results: For this subgroup, at baseline, the median (IQR) ACQ and mini-AQLQ scores were 2.37(1.43, 3.43) and 4.05(3.07, 5.13), respectively. After 6 months, we noticed a significant decrease in ACQ score($Z=-6.06, p<0.001$), a significant increase in mini-AQLQ score($Z=-6.68, p<0.001$) and a significant, strong, negative, linear correlation between the change in ACQ(-1.48) and mini-AQLQ(1.95) scores($rs=-0.88$, $p<0.001$) among visits.
Conclusions: At baseline, asthmatic patients with psychiatric disorders were less controlled and had worse QoL than the rest of study population (without comorbidities/with at least one). Six months of treatment with FDC Budesonide/Formoterol, Elpenhaler® resulted in a significant improvement both in asthma control and QoL.

Conflict of interest: No
Keywords: asthma control improvement; quality of life; psychiatric disorders

EPP0277

Cannabis use and psychotic symptoms in young population

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Introduction: Cannabis is the most consumed illicit drug among young people in Spain. 31,1 % of the population aged from 14 to 18 years in Spain admit having consumed cannabis at least once in their lifetime. Several studies suggest a possible link between cannabis use and psychotic symptoms in young people.
Objectives: The aim of the study is to describe the epidemiological situation of cannabis use in Spain, as well as to investigate a possible causal and pathophysiological relationship between cannabis use and psychotic disorders in young people.
Methods: Systematic review was conducted via PubMed. Inclusion criteria were studies published between 2010 and 2019, limited by human population and youth (under 30 years), which main content were cannabis and psychotic symptoms. Exclusion criteria were abuse of other substances and the presence of other psychiatric symptoms.
Results: Forty-seven studies and nine systematic reviews were obtained.
Conclusions: Cannabis use increases the risk of experiencing psychotic symptoms in young people in a time and dose dependence way. This risk increases in vulnerable population, whose gene-environment interactions modulate the association between cannabis use and the presence of psychotic symptoms.

Conflict of interest: No
Keywords: Psychotic Symptoms; human; child: birth-18 years; cannabis

EPP0278

An integrated treatment model for adolescents with comorbidity

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Introduction: Adolescence is a developmental period in which the prefrontal cortex is still developing and the misuse of psychoactive substances can be risky for the development of serious consequences. Comorbidity is manifested in more than 50% adolescent cases, by adolescents who misuse psychoactive substances. They show a higher level of psychopathology and misuse of psychoactive substances, which, with poorer treatment co-operation, can lead to more serious personal and social consequences. An integrated treatment model for adolescents involves multisectoral, multidisciplinary and multimodal treatment according to the patient's needs, with the determination and measurement of personal goals, quality standards, and risk management.
Objectives: Retrospective view of the comorbidities prevalence and performed therapeutic interventions in adolescents up to 18 years in outpatient treatment during 2018 at the Department for Mental Health and Addiction Prevention.
Methods: Diagnosis were carried out based on the ICD 10 criteria and treatment was individualized to the patient's needs.
Results: Out of the 335 adolescents up to age of 18, 95% were treated for misuse of psychoactive substances (67% marijuana…) or addictive behavior (11% internet) and 85% had comorbidity (56% had behavioral and/or emotional disorder…). We will present the performed therapeutic interventions tailored individually to the needs of the patient (psychosocial interventions, counseling, psychiatric treatment).
Conclusions: Comorbidity in adolescents who misuse psychoactive substances was highly represented. Our approach is an integrated, easily accessible model of primary care treatment with individualized access to the patient's needs. Early detection and intervention, as well as, complete treatment, improves recovery and prevents the chronical mental problems by adolescents.

Conflict of interest: No
Keywords: adolescents; comorbidity; Recovery; integrated treatment

EPP0279

Bell's mania – a syndrome one should not miss

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Introduction: Bell's mania is a syndrome characterized by the overlap of delirium and mania's symptoms. It is not an infrequent condition, with prevalence ranging from 15% to 25%. Proper diagnosis has important treatment implications.
Objectives: Highlight the main features of this syndrome and the importance of proper diagnosis and clinical management.
Methods: Critical analisys of a case report of a bipolar patient with delirious mania and narrative revision of similar clinical cases in existing data bases, using related key-words.
Results: We can divide the patients presenting with Bell's mania in two groups: the first composed of catatonic or autonomically unstable patients, and the second composed of patients without those findings. The proper distinction between the two groups has tremendous implications in the treatment: In the first group, we should discontinue the antipsychotic medication and electroconvulsive therapy is the first-line treatment, with benzodiazepines being an effective second-line choice. On the other hand, mood stabilizers and atypical antipsychotics are recommended for the second group. Furthermore, the use of antipsychotics in the first group (catatonic or autonomically unstable) is contraindicated as it may contribute to the delay of appropriate care and can even lead to death. Since antipsychotics are regularly prescribed in acute manic episodes, awareness of these cases is extremely important.
Conclusions: In conclusion, Bell's mania is an important differential diagnosis for a manic or delirium episode with therapeutic and prognostic implications. Further investigation is necessary to clarify the epidemiology and the appropriate approach to this condition.

Conflict of interest: No
Keywords: Bell's mania; treatment; antipsychotics

EPP0282

Puerperal catatonia: authors' experience, diagnosis and treatment

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Introduction: Puerperal Catatonia (PC) is diagnosed by at least 3 of the DSM-5 symptoms. Affected women have significantly higher rates of onset within the first four weeks following postpartum.
Objectives: Early identification and treatment of puerperal catatonia is essential for rapid control of symptoms. Recognition of catatonia as a separate nosological entity would prevent its underdiagnosis and comorbidity.
Methods: A retrospective, non-systematic review of scientific literature was performed in addition to an analysis of the authors´ own experience (n=20).
Results: Catatonia can be secondary to mental disorders (e.g. puerperal psychosis (20%) and depression (50%)), medical conditions (e.g in 5% of woman with hypothyroidism), use of substances/medications, or idiopathic causes. Its etiology is varied. Its physiopathology can be the result of triggering factors as stress, hormonal changes, infections. The course of PP is acute and should be assumed as malignant. Initiate measures to reduce the risk of complications (as deep vein thrombosis and dehydration) followed by a parenteral lorazepam (PL) challenge and by the identification and treatment of the underlying disease. ECT is started as soon as it is clear pharmacotherapy failed (keep on administering PL though). If the patient does not respond to PL and ECT, continue with both, and restart more aggressive pharmacological treatment.
Conclusions: Joint treatment of PC and its cause is associated with very good response rates (>95%). Even though a classification based on brain circuits and genetic biomarkers would allow an objective nomenclature, catatonia deserves a home of its own, completely differentiable from other disorders.

Conflict of interest: No
Keywords: puerperal catatonia; nomenclature; diagnosis; treatment

Comorbidity / dual pathologies - Part II

EPP0283

Readmission rate in montenegro recover-e sample

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Introduction: The activities of Recover-E project, which belongs to Horizon 2020 financed programs, started in Montenegro in January 2018. The main project goals include: Establishing Community mental health team within Special Psychiatric Hospital Kotor; Selecting a group of 180 patients with severe mental illnesses (with or without comorbid substance abuse); Dividing them in to assertive community treatment and control group. At the end of 18 months period level of functioning between two subgroups (measured by WHODAS scale) will be compared, as well as health economic evaluation including readmission rate.
Objectives: Goals of this research at the end of 5 months period of project activities are: Firstly to establish whether there is a significant difference in readmission rate between two subgroups and secondly to examine if patient's addiction status has also a significant influence at this outcome.
Methods: Selected group of 89 study participants was recruited between the end of February 2019 and July 2019. Among them there were 45 patients treated by Community mental health team and 44 in control group (treatment as usual). 20 patients had dual diagnosis. Readmission rate (depending on study arm or addiction status) as a categorical variable was compared by Pearson's Chi Square test.
Results: There was not statistically significant difference between treatment and control group in terms of readmission rate. However, the difference between patients with dual diagnosis and the those without substance abuse was with p value below 0.05.
Conclusions: Further investigation is necessary

Conflict of interest: No
Keywords: Community mental health teams; dual diagnosis

EPP0287

Cannabis users and non-users profile in schizophrenia

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Introduction: Worldwide, the association between schizophrenia and cannabis is a subject that is a topical issue today. The relationship between cannabis and schizophrenia still does not seem clear and studies on explanatory hypotheses are increasing. However, only very few studies about this issue are available in Tunisia.
Objectives: We aimed to study the social, demographic and clinical characteristics of a population of patients with cannabis use who have been diagnosed with schizophrenia and to compare them with a population of schizophrenic patients who are not cannabis users.
Methods: We conducted a retrospective study that included a total of 100 patients with a diagnosis of schizophrenia admitted in our psychiatric ward of Razi Hospital (main psychiatric hospital in Tunisia) between October 2018 and March 2019. The sample was subdivided into two groups: schizophrenia with cannabis use (group 1) and schizophrenia without cannabis use (group 2). Data on socio-demographic conditions, medical history, lifestyle, clinical and therapeutic characteristics were collected from medical records. SPSS software and T Test were used to analyze data.
Results: Among the evaluated indices, the factors gender (male) (p=0.000), tobacco addiction (p=0.000), alcohol addiction (p=0.000), solvent abuse (p=0.000), psychotropic drugs abuse (p=0.000) and age at admission to hospital (younger) were different significantly between group 1 and group 2.
Conclusions: Patients with schizophrenia and cannabis use seem to be more frequently male. They are more likely to be addicted to alcohol and tobacco. However, there is no difference in the clinical or therapeutic profile in the sample studied.

Conflict of interest: No
Keywords: schizophrenia; cannabis

EPP0293

Gender differences and dual diagnosis: a retrospective study

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Introduction: Gender differences can influence epidemiological and psychopathological aspects in patients with dual diagnosis. On this topic, the literature does not provide unequivocal evidence.
Objectives: The present study was conducted in order to explore the impact of gender differences in this population.
Methods: Our retrospective study was carried out at the Psychiatric Service of the Santa Maria della Misericordia Hospital, Perugia (Italy). Patients were recruited from January 2015 to December 2018. The sample consists of patients with dual diagnosis, divided into two subgroups based on gender; descriptive and bivariate statistics were performed ($p<0.05$).
Results: In our sample (n = 157), as regarding the socio-demographic characteristics between male subjects (n = 108, 68.8%) and female subjects (n = 49, 31.2%), no significant differences were found. Women have a greater frequency of involuntary hospitalizations (53.1% vs 32.4%, p = 0.022) and a higher score on the general psychopathology scale of the Positive and Negative Syndrome Scale (PANSS) (41.86 ± 8.96 vs 36.54 ± 10.38, p = 0.041).
Conclusions: Our study confirms the prevalence of dual diagnosis in the male gender. Female sex appears more frequently connected to some indices of clinical severity. We expect to enlarge our sample to confirm these results and further clarify the knowledge on the subject.

Conflict of interest: No
Keywords: Gender; Psychiatry; involuntary hospitalizations; dual diagnosis

EPP0295

Hypomelanosis of Ito and neuropsychiatric disorders: a case report

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Introduction: Hypomelanosis of Ito is (HI) is a rare neurocutaneous disorder characterized by the presence of hypopigmented lesions following the lines of Blaschko, which can be associated with central nervous system (CNS), ocular, dental, musculoskeletical and genitourinary manifestations. CSN symptomatology is the most common extracutaneous manifestation described. It involves intellectual disability, psychomotor development retardation, epilepsy and autism. (Figure 1)
Objectives: Our objetive is to describe and analyse the clinical case of a 23 years old male with HI and psychotic symptoms. We also aimed to reach a well defined psychiatric diagnosis.
Methods: Clinical case was analysed. Blood test, brain scan and electroencephalogram were done. Wechsler Adult Intelligence Scale IV (WAIS-IV), Boston Aphasia test and Autism Diagnosis Observation Schedule-2 (ADOS-2) Module 4 were administered. We also conduct a literature review about HI and diagnostic complexity between schizophrenia and autism.

Results: Blood test, brain scan and electroencephalogram showed no disturbances. WAIS-IV score was 110 (average). At Boston Aphasia test, pragmatic language impairments were detected. Results of ADOS-2 Module 4 showed an autism diagnosis.
Conclusions: Organic causes of psychosis and autism should be ruled out in HI patients. Our patient showed thought blocking, stereotiped movements and isolation which were mistakenly categorized as part of a psychotic episode until an autism diagnosis was given. Abnormal thought processes are common in individuals with Autism Spectrum Disorder, but at least 1 month of prominent delusions or hallucinations is required before a diagnosis of schizophrenia is made.

Conflict of interest: No
Keywords: Autism; Psychotic Symptoms; Hypomelanosis Of Ito; Neuropsychiatry

Comorbidity / dual pathologies - Part III

EPP0296

Depression and ADHD: do SSRI's "kill or cure"?

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Introduction: Dopamine depletion in prefrontal cortex (PFC) plays a key pathofysiological role in severity of ADHD. Depression is an frequent cormobide condition of ADHD. To date, effect of SSRI's on dopamine level in PFC is limited to animal studies. Authors of current paper provide our experience with fluoxetine in relation to ADHD treatment
Objectives: To provide pharmacological insights in treatment of depression and ADHD
Methods: A case rapport of a patient treated with fluoxetine, followed by deterioration of ADHD symptoms.
Results: A 28 y.o. and otherwise healthy male, was receiving 20mg and 40mg. of fluoxetine for minor depression for a total period of

two months. During the course of treatment he started to complain about increasing attention deficit and developing of chaotic, obviously deviant, sexual thoughts and disorganised behaviour. The burden of disease caused him to abandon his occupation. Patient contacted psychiatric emergency service. Fluoxetine was gradually reduced and stopped within two weeks, while symptomatologic treatment with small doses of olanzapine was started. Shortly thereafter the DIVA test was accomplished and the patient was found to score heavily positive for ADHD symptoms. Subsequently, treatment with venlafaxine and methylphenidate was initiated. Shortly hereafter, patient reported a significant relief of the symptoms and he was able to resume his job.
Conclusions: Fluoxetine might worsen the symptoms of ADHD through the diminished postsynaptic D2 receptor binding capacity in PFC. Given the long wash out period of the drug, we recommend to consider an SNRI or NDRI as drug of choice because of a favorable effect on ADHD symptomatology.

Conflict of interest: No
Keywords: Side Effects; ADHD; Dépression; pharmacology

EPP0297

Between scylla and charybdis: treatment of depression in subject with gilles de la tourette syndrome

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Introduction: Depression is a common associated condition with Gilles de la Tourette syndrome (GT). Evidence suggests that serotonine modulating drugs (like SSRI's) may worsen intensity of dyskinesia in subjects with GT, most probably through affecting of dopamine pathways. We provide a case rapport of a patient with GT, who has been successfully treated for depressive symptoms without worsening of dyskinesia.
Objectives: To discuss effects of antidepressants on dyskinesia in patients with GT
Methods: A case rapport of a 46 y.o. male with GT who has been successfully treated with venlafaxine
Results: Clinical case of a 46 y.o., otherwise healthy, male with GT was diagnosed with major depression. The course of GT was complicated by prominent vocal and motor tics. Risperidon, as symptomatic treatment for tics, has been already stopped due to its negative impact on depression. Choosing the right antidepressant in this regard was a challenging issue. As evidenced by limited amount of studies, citalopram and fluoxetine enhance DA homeostasis through postsynaptic 5-HT2C stimulation, while noradrenaline-mimetic agents might lower subcortical dopamine though negative feedback loop system.
Conclusions: Treatment of depression in patients with GT must effectively target depressive symptoms and be safe on one hand, without deterioration of GT dyskinesia on the other hand. Due to scarcity of studies, predominantly limited to rodents, we cannot draw conclusions whether one antidepressant is better than the other. However, based of existing fundamental knowledge, we make assumption that treatment with SNRI's should meet the here above mentioned therapy goals.

Conflict of interest: No
Keywords: Gilles de la Tourette; pharmacology; Side Effects; Dépression

EPP0298

Medical comorbidity in severe mental illness: ECG abnormalities in the acute psychiatric setting

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Introduction: Medical comorbidity in severe mental illness (SMI) is high and often severe, accounting for reduced life expectancy in this patient group. SMI patients requiring acute inpatient care seem particularly vulnerable. A previous study of males admitted to our inner-London acute unit found that, in addition to high risk of metabolic disorders like type-2 diabetes, 1 in 8 patients had an abnormal electrocardiogram (ECG). Other studies have subsequently identified similar abnormalities in SMI patients that could represent undiagnosed cardiovascular disease unrelated to the side effects of medication.
Objectives: We assessed the rate and degree of ECG abnormalities in this acutely unwell patient group as part of a review of medical comorbidity in SMI.
Methods: This was a single centre cross-sectional study in which the case notes of 50 consecutive admissions between January and June 2019 to our all-male inpatient unit were reviewed for ECGs before and during admission.
Results: We found that 82% of patients were admitted with a psychotic disorder with a median age of 35 (range 19 – 72 years). Of those with a recent ECG, 21% had a clinically relevant abnormality, including prolonged QTc, axis deviation, Q waves and other irregularities. Worryingly, 58% of patients refused to have an ECG during admission.
Conclusions: Results indicate that SMI patients requiring acute care may be exposed to a "triple comorbidity" (SMI, metabolic disorders and ECG abnormalities) from a young age. Comprehensive medical monitoring, including regular ECGs and use of preventive strategies should be an integral part of management of SMI from the outset.

Conflict of interest: No
Keywords: physical health; ECG; medical co-mobidity; Acute psychiatry

EPP0299

Choco LoKo snuff: case report and literature review.

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Introduction: Novel Psychoactive Drugs (NPS) has rapidly increase in the last years in the drug market as a ricreational use [1]. Chocolate powder, specifically an "infused raw cacao snuff" containing cacao powder along with the energy-drink staples gingko biloba, taurine, and guarana, is entered in the market and it's used by snorting with others psychoactive drugs to abuse [2]. This is a novel psychoactive drugs that is emerged recently in the market and named Choco Loko: however, they may pose larger risks, due to the limited knowledge about them, their relatively low price and availability, as well as it's use is to getting high.
Objectives: The purpose of this report is to review the clinical evidence for the potential of abuse of Choco Loko.

Methods: We conducted a systematic review of the literature with the principal database (PubMed, Enbase, PsychInfo) and we present a case report.
Results: The effects of Choco prowder is characterized by euphoria, psychomotor activation, reduction of fatigue, insomnia, strong feeling of well-being.
Conclusions: In the literature there are no studies about Choco snorting. In our case report the clinical features were also similar to effects from other analogues novel psychoactive drugs. In our case euphoria, psychomotor activation, strong feeling of well-being, increase of energy, reduction of fatigue and insomnia [3]. Further research is warranted to replicate our clinical and qualitative observations. Methodological limitations, clinical implications and suggestions for future research directions are considered. Reference(s) [1] Scherbaum N et al., 2017; [2] Casperson SL et al., 2019; [3] Acciavatti T et al., 2017;

Conflict of interest: No
Keywords: dual diagnosis; addiction; bipolar spectrum; novel psychoactive drugs

EPP0300

Change of neuropsychiatric symptomatology after novel HCV eradication treatment.

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Introduction: A large number of neurological complications occur in patients with chronic HCV infection and the detection of defective central serotoninergic and dopaminergic neurotransmission in some HCV patients with neuropsychiatric symptoms has suggested a possible role for HCV in inducing dysfunction in selective aminergic systems [1,2].
Objectives: The aim of this study is to present a case report of a patient with Attention Deficit Hyperactivity Disorder and heroin dependence that after the novel treatment for the HCV eradication present a change of neuropsychiatric symptomatology with the development of psychotic spectrum disorder and suicidal plan.
Methods: We present a case report and we conducted a systematic literature review with the principal scientific databases (PubMed, Embase, PsychInfo) using the key terms "HCV", "eradication", "psychiatric disorder", "psychosis", "psychomotor activation" as well as "agitation".
Results: We underline the change of neuropsychiatric symptomatology with the development of psychotic spectrum disorder and intense suicidality after a HCV eradication treatment.
Conclusions: HCV has been confirmed as both a hepatotropic and lymphotropic virus and the detection of defective central serotoninergic and dopaminergic neurotransmission is correrlated with HCV infection. In our case report we observe a complete change in the neuropsychiatric symptomatology, in the treatment response as well as in the severity of suicidal simptomatology. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered. Reference(s) [1] Evon DM, et al. 2018; [2] Adinolfi LE, et al., 2015;

Conflict of interest: No
Keywords: psychosis; antiretroviral therapy; psychopathology; dual diagnosis

EPP0301

Could agomelatine play a role to treat anhedonia in heroin dependence?

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Introduction: Anhedonia is defined as a diminished ability to experience interest or pleasure, and is a critical psychopathological dimension of major depressive disorder (MDD) [1] and is a commonly reported symptom among substance-dependent populations inside heroin addiciton [2].
Objectives: The purpose of this report is to review the clinical evidence for the potential role of agomelatine to treat anhedonia in heroin dependence and literature review.
Methods: We conducted a systematic review of the literature with the principal database (PubMed, Enbase, PsychInfo) and we present a case report.
Results: Agomelatine was shown to be effective on anhedonia, depression, and anxiety in a subject with dual diagnosis.
Conclusions: To our knowledge in the literature there are no studies about the use of agomelatine to treat anhedonia in heroin addictited patient. We have any particular side effect and agomelatine was good tollerated. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered. Reference(s) [1] Cao B, et al., 2019; [2] Lubman DI, et al., 2018;

Conflict of interest: No
Keywords: Anhedonia; dual diagnosis; heroin dependence; agomelatine

EPP0302

Cannabidiol and cocaine: a positive pharmacodynamic interaction?

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Introduction: Cocaine dependence continues to be a serious health problem worldwide. Cannabidiol (CBD) is a U.S. and in other countries approved for the treatment of epilepsy and recently was reported to have therapeutic potential for other disorders [1]. Here we systemically evaluated its potential utility for the treatment of cocaine addiction and explored the underlying receptor mechanisms [1,2].
Objectives: In the present work, we underlie the actions of CBD on the effects of stimulant drugs, in particular on cocaine.

Methods: We conducted a systematic literature review with the principal scientific databases (PubMed, Embase, PsychInfo) using the key terms “Cannabidiol”, "Cocaine", "Addiction"and “Pharmadynamic”. We present a case report.
Results: During the period of an hospitalization (30 day long) we oberve a progressive slow plamatic levels of cocaine duringe the use of cannabidiol, with a reduction of withdrawal symptoms due to cocaine. The plasmatic level of cocaine at the entrance was 4619 ng/mL, at 15th day was 2550 ng/mL and at the dimission was 0 ng/mL.
Conclusions: Observational studies suggest that CBD may reduce problems related with crack-cocaine addiction, such as withdrawal symptoms, craving, impulsivity and paranoia [3]. In our case report we observe the progressive reduction of the plasmatic level of cannabidiol, due to the pharmacodynamic liver interaction, with a positive attenuation and resolution of cocaine's withdrawal symptoms.Further, preclinical studies and future clinical trials are necessary to fully evaluate the potential of CBD as an intervention for cocaine. addictive disorders. Reference(s) 1] Galaj E, et al., 2019; 2] Calpe-López C, et al., 2019; 3] Fischer b ET AL., 2015.

Conflict of interest: No
Keywords: pharmacodynamic; Addiction; cannabidiol; Cocaine

EPP0303

The main clinical-dynamic characteristics of alcohol use disorder comorbid with mood disorders

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Introduction: Current epidemiological studies show a high level of prevalence of comorbidity of Alcohol Use Disorder (AUD) with Mood Disorders (MD). Combination of these disorders influences significantly the pathomorphism of the clinical-dynamic characteristics of each of them.
Objectives: Objective: to study clinical-dynamic features of AUD comorbid with MD.
Methods: Material and Methods: The study enrolled 59 persons: group 1 – 31 AUD persons ((F10.2; ICD-10), group 2 – 28 AUD patients with MD (F31, F32, F33, F34; ICD-10). Statistically significant differences between groups in sex-age composition were not revealed. Clinical-dynamic and statistical methods were used.
Results: For the group of comorbidity of AUD with MD in comparison with corresponding indices for the AUD group the differences were as follows ($p<0.05$, Mann-Whitney test, χ^2): longer duration of AUD (14 (10;19.7) and 10 (6; 18.5) years, respectively), furthermore, AUD usually preceded the onset of MD (length of the MD disease 7.5 (2.25; 13.0) years); reduction of maximum duration of AUD remission (6 (1.25; 34.5) and 12 (3; 24) months, respectively); lower alcohol tolerance (11 (11; 17,75) vs 16 (11; 23) standard drinks, respectively), more frequent presence of alcoholic palimpsests (82.1% vs 56.5%), fewer days of heavy drinking (5.5 (3.5; 9.5) vs 7 (4; 17). Duration of withdrawal syndrome in both groups was equal (3 (2; 4) days).
Conclusions: The trend to early onset of AUD in the group with the comorbidity, its more severe course, low tolerance to effects of alcohol, worse alcohol tolerance were revealed.
Disclosure: The study was supported by the RSF Grant no. 19-15-00023 “Clinical features and search of potential biomarkers of comorbidity of alcoholism and affective disorders”

Keywords: alcohol use disorder; comorbidity; Mood disorders

EPP0304

Night eating syndrome in patients with bipolar disorder type 1 and related clinical features

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Introduction: When the literature is reviewed, NES comorbidity in patients with bipolar disorder type 1 (BPD1) has not been investigated.
Objectives: The first aim of this study was to investigate the frequency of NES in patients with BPD1; and the second objective is to determine the clinical features associated with NES.
Methods: Outpatients with BPD1 (n=94) were evaluated with Sociodemographic Data Form, SCID-I, Young Mania Rating Scale (YMRS), Hamilton Depression Rating Scale, Beck Anxiety Inventory, Eating Disorder Examination Questionnaire (EDE-Q), Night Eating Questionnaire (NEQ), Night Eating Syndrome Questionnaire (NESQ).
Results: The incidence of NES in patients included in the study was 34%. The presence of atypical depression, atypical antipsychotic medication use, binge eating, eating anxiety and Hamilton depression scores were significantly higher in patients with NES. Finally, the presence of atypical depression, the use of atypical antipsychotics and eating anxiety were found to be significant determinants of NES when regression analysis was applied to identify the NES determinants in the patients included in the study.

	Univariate Model			Multivariate Model		
	O.R	%95	p	O.R	%95	p
Atypical Antipsychotic Use(Present)	3.130	1.12-8.68	0.029*	4.036	1.08-14.9	0.037
Chronic Course (Absent)	5.455	1.16-25.48	0.031*			
Atypical Depression (Present)	3.132	1.24-7.86	0.016*	0.281	0.09-0.86	0.026
NEQ Total	475.68	0.000	0.991			
EDE-Q Binge Eating	1.097	0.99-1.20	0.057			
EDE-Q Eating Concern	2.257	1.22-4.17	0.009**	2.257	0.21-0.84	0.014
HAM-D	1.197	0.96-1.48	0.104			

Conclusions: These findings may have implications for the choice of treatment and course of the disease. Studies comparing normal controls and BPD1 are considered to be very promising for the conceptualization of BPD1.

Conflict of interest: No
Keywords: Bipolar disorder; night eating syndrome; eating disorder; BMI

Comorbidity / dual pathologies - Part IV

EPP0306

Emotional disturbances in the patients with the thyrotropinoma

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Introduction: Thyrotropinoma (TSH-secreting pituitary adenomas, TSH-oma) are rare tumor of the pituitary (0.5-2% of all pituitary adenomas). Localization of the tumor with the appropriate neuro-endocrine disorders has features. This is due to the direct damage to the nucleus and structures of the pituitary with hypersecretion of TSH, which leads to overstimulation of the thyroid gland and the emergence of the clinical picture of "central" hyperthyroidism.
Objectives: To study the emotional disturbances in the structure of the clinical picture of thyrotropinoma
Methods: 26 patients with TSH-oma, normal or elevated TSH levels in combination with elevated levels of St.4, St.3 (2002-2018). 14 women (54%) and 12 men (46%), 15-67 years old (median 38.5). All tumors belonged to macroadenomas (by MRI), the diameter is 14-64 mm (median 26 mm). The criteria for inclusion in the study were high levels of free fractions of thyroid hormones and elevated levels of TSH.
Results: The clinical picture was presented with symptoms of hyperthyroidism in 21 (80.7%) patients, anamnesis from 1 to 13 years (median 3). Emotional pathology was detected in 57.6% (n=15): anxiety-phobic disorders 50%, panic attacks-46.1%, depression-11.5%. Patients complained of: increased fatigue and weakness - 8 patients, heartbeat - 13, anxiety - 9, mood lability - 14, sleep disorders - 5, sweating - 5, hand tremor - 3, subfebrile temperature - 2, weight loss - 2. These symptoms were combined with each other.
Conclusions: Emotional disturbances occur in 57.6% of patients with TSH-oma. The interdisciplinary approach will allow: 1) to carry out an early diagnosis of these tumors; 2) to conduct adequate medical treatment.

Conflict of interest: No
Keywords: TSH-secreting adenoma; Thyrotropinoma; emotional disturbances; panic attacks

EPP0307

The excess resource use and costs of physical comorbidities in patients with mental health disorders

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Introduction: People with severe mental health problems have worse physical health than the general population. Poor mental health probably exacerbates the impact of physical health problems (and vice versa).
Objectives: To systematically review recent literature on excess physical comorbidities and their resource use and costs in patients with mental health disorders.
Methods: This systematic review with mental health focus was part of a broader, non-disease specific comorbidity review. MEDLINE, PsycINFo, CINAHL, Econlit, EconPapers and NHS EED were searched for longitudinal, cross-sectional, model-based or cost-of-illness studies published since 2007.
Results: The initial review yielded 10,426 results, of which 1848 were comorbidity and health economic relevant. Following screening, 87 mental health studies were included. Most studies were administrative database analyses (n=48). The majority was based on US cohorts (n=50), whereas fewer were based on EU cohorts (n=16). Frequently investigated primary disorders were depression (n=30) and schizophrenia (n=12). Out of 451 identified comorbidities, most were cardiovascular (n=115), endocrine (n=93) or musculoskeletal (n=41) disorders. Excess resource use was mostly reported in the inpatient (n=24) and outpatient sector (n=20). Cost estimates were frequently reported for inpatient sector (n=40), outpatient sector (n=33) and medications (n=34).
Conclusions: Due to high levels of heterogeneity, cost information and underlying epidemiological data varied greatly. Given the low number of European studies, further research in this field is pertinent. As most literature focused on prevalence rather than longitudinal data, causal relationships between mental health disorders and physical comorbidity were not always identifiable.

Conflict of interest: No
Keywords: comorbidity; resource use; mental health care; costs

Consultation liaison psychiatry and psychosomatics - Part I

EPP0317

Charles-bonnet syndrome: “to be or not to be, that is the question”?

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Introduction: Charles-Bonnet Syndrome (CBS) is a condition where vivid, complex visual hallucinations occurred, usually in visually impaired and cognitively normal elderly.
Objectives: Our purpose is to describe a clinical case and discuss the diagnosis of CBS and review this topic.

Methods: The information was obtained through patient's interview. For the literature review we searched the following terms: "Charles-Bonnet", "visual hallucinations", Parkinson's disease".
Results: 88 years-old patient, retired, married, living with his wife. He was referred to psychiatric services by his general practitioner due to depressive symptoms related to severe bilateral visual impairment for 10 years. Parkinson's disease (PD) was diagnosed 8 years ago. So far he is clinically well controlled with a low dose of antiparkinson drug and have not changed medication in last years, with no evidence of disease progression. Three months ago, he started to have vivid visual hallucinations ("children playing around me…reaching out towards me…and lots of grey balls… it looks so real, but I know it's not…but I'd like to know why it happens") and it has never happened before. The patient has no cognitive impairment and has insight. Brain CT scan has no evidence of recent damage. It was prescribed sertraline 50mg. At four-month follow-up the complex visual hallucinations had disappeared.
Conclusions: We could initially admit PD as a possible cause for visual hallucinations. However, the patient is clinically well and the hallucinations disappeared without any change of antiparkinsonian therapy which support the diagnosis of CBS. Reassurance approach was employed, as well as antidepressant therapy which was justified by comorbid depression.

Conflict of interest: No
Keywords: Charles Bonnet; visual hallucinations; Parkinson's disease

EPP0320

The impact of the core 24 liaison psychiatry model on older adults care in four london NHS services

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Introduction: New models of liaison psychiatry are being implemented across NHS England to improve the care of older adults with mental health problems in general hospitals. One such model is CORE 24 which aims to improve diagnosis recognition and reduce repeat referrals. Specific attention is given to the recognition of dementia, delirium, and depression (the 3Ds).
Objectives: To evaluate the impact the implementation of the CORE 24 model has had on symptom recognition and referrals amongst older adults across four South London NHS services.
Methods: A retrospective cohort study utilising the Clinical Record Intervention Search (CRIS) database was conducted to compare the 3783 referrals made to the older adult liaison services pre (2015) and post (2017) CORE 24 implementation. Odds ratios were computed to compare the difference in proportion of service outcomes including discharge diagnosis.
Results: Diagnostic improvement was seen for the 3Ds (OR 1.37 95% CI 1.03-1.46). A significant reduction in patients discharged without a diagnosis (OR=0.56, 95%CI 0.47-0.77) and a significant increase in unique referrals (OR=1.29, 95%CI 1.08-1.53) was also reported. A marginally significant improvement for Dementia diagnosis was also seen (OR=1.30, 95%CI 1.00-1.70).
Conclusions: The findings support the implementation of the CORE 24 approach for older adult care, with significant improvements seen in repeat referrals and diagnostic recognition. These improvements are likely to result in better patient experiences and financial savings for services.

Conflict of interest: No
Keywords: Liaison Psychiatry; CORE24; SLaM; older adults

EPP0325

Cyclic vomiting syndrome and psychiatric comorbidity: a case report.

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Introduction: Cyclic vomiting syndrome is an infrequent disorder of unknown aetiology which shares similarities with migraine headaches. It is characterised by episodes of vomiting followed by periods of remission without active symptomatology with no organic pathology to account for the symptoms.
Objectives: We present the case of an 18-year-old patient who was treated in our department due to persistent vomiting. The patient had already had 2 similar episodes in the same year having been studied by the gastroenterology Department of our hospital with no conclusive diagnosis. Prior to that, the patient had had a history of outburst of persistent vomiting in the previous two years with a diagnosis of somatisation.
Methods: A case report is presented alongside a review of the relevant literature regarding CVS focusing on the diagnosis and treatment of this disorder.
Results: During her admission the patient was treated with IV hydration, Ondansetron, Diazepam and Chlorpromazine as abortive treatment. When remission was achieved she was followed in our out-patient department and it is being considered for prophylaxis treatment with Amitriptyline or topiramate.
Conclusions: Cyclic vomiting syndrome is a disabling disease still unknown to most clinicians despite the fact that there is increasing quality evidence about its identification and treatment. There is a risk that patients who need it may be labeled as 'somatizers' and therefore referred to psychiatry services with the risk of being stigmatized. Finally, comorbidity between CVS and anxiety-depressive disorders is common, therefore proper identification and treatment is needed to reducing the morbidity derived from an already disabling disease.

Conflict of interest: No
Keywords: cyclic vomiting syndrome; diferential diagnosis; comorbity

Consultation liaison psychiatry and psychosomatics - Part II

EPP0326

Main psychological domains in the screening of kidney living-donors

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Introduction: Kidney living donation is becoming more frequent in the last years in Spain due to its benefits, including less cases of organ-rejection, better outcomes for the recipient's health and less waiting list. However, due to the donor's mental health risks, clinical practice guidelines state that a prior psychological evaluation is essential. This evaluation would confirm that the donor has realistic expectations of the process and the absence of financial incentives or pressure from friends and family members.
Objectives: The aim of this work was to identify the common psychological factors in the potential living donors who were excluded after the psychological assessment.
Methods: In order to do so, we analyzed qualitatively the clinical reports of 35 dismissed kidney living-donors from a total of 316 potential donors assessed in the period 2009-2018.
Results: As results, we identified five main areas of concern [see Table 1]: 1) Non-reflexive decision process, 2) Recipient's disagreement, 3) Substance abuse, 4) Psychosocial risk factors, 5) Non-ethical motivation.

Areas of concern	N	%
Non-reflexive decision process	5	14,28
Recipient's disagreement	5	14,28
Substance abuse	3	8,57
Psychosocial risk-factors	20	57,15
Non-ethical motivation	2	5,72

Conclusions: These areas would serve the clinician to focus on them during the psychological assessment in order to identify contraindications.

Conflict of interest: No
Keywords: kidney transplantation; living-donor; psychological assessment; exclusion criteria

EPP0330

The use of psychotropic drugs in a outpatient population followed by a palliative care team

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Introduction: Palliative care patients are vulnerable to distress and the days preceding death are often marked by periods of restlessness and exacerbation of this distress. Several studies have demonstrated the benefits of palliative care interventions on quality and sometimes survival in terminally ill patients.
Objectives: Our study aims to characterize the use of psychotropic drugs by a palliative care team, working in articulation with Liaison psychiatry.
Methods: For this purpose we selected a group of patients followed in a home visit program by this team in 2018. As methods, we consulted the clinical data of the patients.
Results: In 2018, 202 patients were visited by the palliative care team;101 women and 102 men. The sample's average age was 78 years old. The most common organic diagnosis was lung cancer (15,8%). 42,5% of the patients had prevoius psychiatric history and within these 32,5% attended psychiatric appointments.The most common psychiatric diagnosis was dementia and in the subgroup frequenting appointments it was depressive disorder. The palliative team introduced one or more psychotropic drugs in 77 patients (38%), 64% without previous psychiatric history. The most prescribed pharmacologic class was antipsychotics and among these haloperidol, for agony associated to death. Except for antidepressants, we didn't find any difference in the prescription of psychotropic drugs regarding previous psychiatric history.
Conclusions: The use of psychotropic drugs in terminally ill patients is a common reality, although there are few quality studies on their use. The articulation of palliative care teams with psychiatry is necessary to ensure a safe and effective use of these drugs.

Conflict of interest: No
Keywords: palliative care; Liaison Psychiatry; psychotropic drugs

EPP0331

Hypercortisolism as a mimic of different psychiatric clinical presentations:on the behalf of a clinical case

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Introduction: Hypercortisolism predisposes to psychiatric and neurocognitive disorders, mainly to depression and anxiety disorders. Even if psychiatric symptoms improve after remission of hypercortisolism, complete recovery may not be achieved.
Objectives: Our aim is to demonstrate less common psychiatric conditions associated with hypercortisolism.
Methods: We presented a clinical case of a 54 year-old-woman, which had her first contact in psychiatry at this age due to psychiatric manifestations of hypercortisolism.
Results: She was forwarded by her relatives to the psychiatry emergency department due to a picture of five years of evolution featured by social isolation, loss of labor capacity and hoarding behaviours. At the first clinical interview it was observed exuberant malar telangiectasias and facial hirsutism, which the patient reported having years of evolution. The patient revealed paranoid and grandiosity delusional ideas.Her relatives referred previous

episodes of hipomania. She was admitted to psychiatric inward department and was discharged with a diagnosis of bipolar disorder. Two months later she was admitted for neglect in self-care, anorexia and worsening of functional capacity. The neuropsychological study revealed deficits and the cerebral RMN a proeminence of liquor circulating pathways. Due to fever and generalized tremor the patient was transferred to a general hospital. A diagnosis of ectopic production of ACTH by a mediastinal mass was made.
Conclusions: Psychiatric manifestations can inaugurate the clinical picture of hypercortisolism and therefore it can be misdiagnosed. Despite the fact that treatment of the underlying endocrine disease in most cases alleviates psychiatric symptoms, the loss of brain volume persists.

Conflict of interest: No
Keywords: hipercortisolism; neurocognitive disorders

EPP0332

Delusion of persecution in hemodialysis session

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Introduction: Connection in hemodialysis is a break-in that constitutes a real traumatism with the vision of one's own blood, the problem of acceptance, adaptation and the constraints related to dialysis arise from psychic disorders.
Objectives: We report a case of delusion of persecution in hemodialysis sessions, the objective being to make a psychopathological reading of this disorder.
Methods: Exploitation of the clinical observation of the patient followed in dialysis and in psychiatry.
Results: M is 45 years old, with no personal psychiatric history but a history of psychiatric disorders in second-degree relatives. She has a benign nephro-angio-sclerosis (NASB) on high blood pressure (HTA) and chronic renal failure (CKD). Dialysis since August 2018, she presented during sessions a delusion of persecution by the dialysis team that maltreat her, she said, by lengthening the time of dialysis and restarting the machine.
Conclusions: Our patient assaulted from the inside of her body, the aggression comes from herself. She makes a projection of this aggression on caregivers through her delusion of persecution and represses reality as in paranoia. M poses the problem of dialysis time in his delusion. She accuses the caregivers of restarting the machine which makes for her that the time of dialysis is long. The patient may feel that dialysis is a waste of time.

Conflict of interest: No
Keywords: psychopathology; delusion of persecution; hemodialysis

EPP0333

Study on family functioning in patients diagnosed of factitious disorder and its differences with other patients diagnosed of medical unexplained symptoms

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Introduction: Factitious disorder is a disorder characterized by the appearance of symptoms deliberately produced by the patient with the intention of assuming a sick role. From a systemic approach it has been hypothesized that the patient's behavior could enhance the balance of a dysfunctional family system by chronifying the case.
Objectives: To analyze the differences in family functioning between patients diagnosed with Factitious Disorder and patients with unexplained medical symptoms (MUS).
Methods: Patients come from the Pain Unit. The category of unexplained medical symptoms is established and subsequently the diagnosis of Tr Factitious or Others. They perform a self-applied questionnaire that includes the FF-SIL family functioning test, among others. The differences between the two groups are compared and a descriptive study is carried out on the different components of the family system.
Results: On an N of 227 patients diagnosed with MUS, two comparison groups are formed as the patient is characterized as Tr. Factitious (N = 44) or as Others (N = 183). There are no statistically significant differences regarding age, marital status or academic level between both groups. Patients diagnosed with Tr. Factitious, in fact, present a significantly worse score, both in the main FFSIL 57.64 scale (DS 8.1) vs. 46.14 (DS 14.4) and in all subscales that describe the different components of family functioning.
Conclusions: Patients with Tr. Factitious present a greater alteration in their family functioning than other patients with UMS. The reinforcement of the symptom by the patient, protects the family from the risk of internal tensions.

Conflict of interest: No
Keywords: Factitious; pain; Medically unexplained symptoms; Familiar functioning

EPP0334

Glycemic control and BMI predict well-being in type 2 diabetic patients via depression: a study using mental health continuum-short form

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Introduction: Well-being in patients with type 2 diabetes mellitus (T2DM) is multifactorial and often compromised. The Mental Health Continuum-Short Form (MHC-SF) is a novel 14-item tool measuring emotional, social and psychological well-being dimensions (EWB, SWB, PWB, respectively). However, MHC-SF has not to date been used in T2DM patients to measure well-being or examine its predictors.
Objectives: To investigate predictors of well-being, measured with the MHC-SF, in T2DM patients.
Methods: We recruited 175 outpatients (54.3% males), aged 34–79 (mean 59.9) years. Hospital Anxiety and Depression Scale was used

to measure anxiety (HADS-A) and depression (HADS-D). Glycemic control (HbA1c), BMI, HADS-A and HADS-D were investigated as predictors of the total MHC-SF score (WBT) or its three dimensions in linear regressions adjusting for patients' demographic characteristics, T2DM duration, comorbid hypertension/dyslipidemia and medication type. Mediation effects were explored in path analyses.
Results: WBT as well as EWB and PWB were significantly predicted by HbA1c (p=0.001) and BMI (p<0.05) in the models without HADS. After being included in the model, HADS-A and HADS-D significantly predicted WBT and all three well-being dimensions, but the effects of HbA1c and BMI were no longer statistically significant. Path analyses showed that the effects of both HbA1c and BMI on WBT, EWB and PWB were completely mediated by HADS-D.
Conclusions: This is the first study using MHC-SF to measure well-being in T2DM patients. Both HbA1c and BMI were independently associated with well-being. Depressive symptoms fully explained both these effects. The interplay of glycemic control and positive mental health should be further investigated.

Conflict of interest: No
Keywords: Dépression; well-being; Diabetes Mellitus; Glycemic control

EPP0335

Managing fibromyalgia – what part does a psychiatrist play?

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Introduction: Fibromyalgia is usually treated by our colleagues in Rheumatology or specialists in Pain Management from Internal Medicine or Anesthesiology, but as psychiatrists we also encounter many patients with the syndrome. Besides suffering from pain, these patients frequently report fatigue, sleep disturbances, cognitive difficulties, depressed mood and anxiety. Considering the frequency and intensity of these symptoms, as well as the role of affect on neurobiological pain modulation, psychiatrists working with these patients should be able to understand and provide adequate treatment.
Objectives: To elucidate a psychiatrist's contribution to the treatment of fibromyalgia.
Methods: An extensive search on Pubmed was conducted, using the terms "fibromyalgia", "psychiatrist", "psychiatry", "depression" and "anxiety". Relevant articles with available full text were consulted, as well as other references from reputable sources.
Results: Psychiatrists should be a part of multidisciplinary teams for the treatment of patients with chronic pain, including those with fibromyalgia, as psychiatric symptoms are a common feature. Improvement of psychiatric symptoms may ameliorate pain as well, and possible interventions may range from psychopharmacology to psychotherapy.
Conclusions: Fibromyalgia requires a multidisciplinary approach. Psychiatrists should be integrated in Pain Management groups and be familiar about how they can contribute to these patients' wellbeing.

Conflict of interest: No
Keywords: fibromyalgia; LiaisonPsychiatry; pain

Consultation liaison psychiatry and psychosomatics - Part III

EPP0338

Effectiveness of consultation-liaison activity in the general hospital

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Introduction: Several studies in the last decades brought evidence supporting the effectiveness of consultation-liaison psychiatry services (CLPSs) placed within general hospitals. Yet, no Italian study is currently available with respect to this topic.
Objectives: To assess the effectiveness of an Italian full-time CLPS.
Methods: Cross-sectional study. The sample included all patients assessed as first consultations in January, February and March of the following years: 2008, 2009, 2018, 2019. The impact of time to referral on length of hospital stay (LOS) was used as indicator of effectiveness. Statistics carried out by means of OLS regression models. We studied the association between time to referral (in days) and LOS (in days), and between time of referral (defined as: log of numbers of days from admission to consult / log of hospital stay) and log of LOS.
Results: The sample was made up of 657 patients (women 51%, mean age 61±17 years). The latency between request of referral and psychiatric assessment was 0.66 days. Increased time to referral was associated with increased LOS (beta=1.31, p<.01). When the analysis was repeated including log-transformed variables, the previous results were confirmed (beta=0.59, p<.01).
Conclusions: Full-time CLPSs may reduce the LOS, therefore reducing health care costs.

Conflict of interest: No
Keywords: cost-effectiveness analysis; Effectiveness; consultation-liaison psychiatry; psychosomatics

EPP0340

Incidence rates of bacteremia among patients with schizophrenia. A 7 years of follow-up population-based study.

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Introduction: Life expectancy in schizophrenia is substantially reduced, and infections account for important factors contributing to this association. Recent evidens indicates increased risk of premature mortality due to bacteremia in people with schizophrenia.
Objectives: The study aimed to estimate the frequency of bacteremia among the schizophrenia population.
Methods: We conducted a population-based cohort study of all individuals born in Denmark between 1975-1990 and having residency in Region of Southern Denmark between 01.01. 2007- 31.12.2013. Blood -culturing based bacteremia rates were estimated using data collected from four clinical microbiology laboratories in the Region of Southern Denmark. Microbiological data were linked via unique person number to nation-wide registers which contained the information about schizophrenia diagnoses and medical conditions. Poisson Regression model was used to measure the annual incidence rates of bacteremia.
Results: From the entire birth cohort of 194 688 people, we identified 294 individuals with the actual episode of bacteremia during the follow-up of the study. Among them, females (IRR=1.73 CI= (1.38; 2.18)) and those at an older age were more likely to experience bacteremia (IRR=2.08 (CI=1.58; 2.75). Incidence rates of bacteremia in general population were calculated to 32/100 000; p<0.0001. Among individuals with schizophrenia three cases with bacteremia occurred during the follow-up of 8841 person-years which corresponded to 33/100 000 -person-years incidence rates, p=0.42.
Conclusions: The study found similar rates of bacteremia in the schizophrenia population compared to people from the general population. Further research on a larger sample is required to confirm the hypothesis.

Conflict of interest: No
Keywords: schizophrenia; Bacteremia; comorbidity; epidemiology

EPP0341

Prevalence and factors that influence depression in patients with multiple sclerosis

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Introduction: The association between depression and Multiple Sclerosis (MS) is well known. However, despite research, the relationship between some indicators of MS (gender, duration, severity, disease-modifying therapy (TMD)) and depression is inconsistent.
Objectives: To analyze the prevalence of depression in MS patients and its variation with demographic, clinical and therapeutic parameters.
Methods: Retrospective observational study in patients with MS under TMD in a tertiary hospital. Demographic, clinical data (disease duration, severity, fatigue, outbreaks, therapy) and prevalence of depression were recorded. Descriptive statistics, with significance level p <0.05.
Results: In a population of 50 MS patients under TMD, the prevalence of depression was 42%. Factors such as female gender, complaints of fatigue, higher severity (Extended Disability Status Scale ≥ 4) and relapse during the past year were associated with a higher prevalence of depression without statistical significance. There was a positive relationship between the time course of the disease and the prevalence of depression, with the group of patients with more than 5 years of MS presenting higher values of depression (53.1% vs 22.2%) (p=0.034). There were no significant differences in the prevalence of depression between the different TMD. Two or more changes in TMD over the course of the disease were positively related to the prevalence of depression (69.2% vs 32.4%) (p=0.021).
Conclusions: The prevalence of depression in MS patients is higher than in a normal population and is positively influenced by the duration of MS. There was a positive relationship between making 2 or more TMD changes and the prevalence of depression.

Conflict of interest: No
Keywords: Dépression; multiple sclerosis; Psychiatric comorbidity

EPP0342

Depressive disorders in patients with primary hypothyroidism

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Introduction: Early detection of mental disorders in somatic patients and the organization of their adequate therapy by physicians are extremely important, as stigmatization is still a strong counteracting factor.
Objectives: We examined 132 patients with primary hypothyroidism at age of from 25 to 55 years.
Methods: Structural interview was the main method of assessment.
Results: In 108 patients (81.12%) there were various forms of nonpsychotic mental disorders. Depressive disorders did not reach the level of severe with severe depressive affect. There were pessimistic views on life, a sense of pointlessness, the lack of prospects of existence, the loss of the content of being, the decline of initiative and anhedonia; increased fatigue, distractability. Patients showed decrease in interests, energy and efficiency, indifference, lack of motivation to work, a tendency to underestimate self-esteem and a sense of confidence in themselves and their forces. Frequent and more profound among these patients were sleep disorders (presomnic, intrasomnic and postsomnic disorders, affectively saturated, anxious and frightening dreams). The balance between individual episodes of mild depression and periods relative to the normal state was very variable.
Conclusions: Thus, biopsychosocial approach is of great importance in order to achieve high quality of medical help. It includes the application of elements of rational psychotherapy, in particular explaining to patients the mechanisms of their illness, explaining the need for an analysis of their emotional experiences and the situation surrounding them, in order to create the ability to absorb the negative effects that contribute to stabilization and compensation their general condition and quality of life.

Conflict of interest: No
Keywords: Depressive disorder; hypothyroidism; treatment

EPP0344

A case of musical hallucinations: a view through the lens of the biopsychosocial model

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Introduction: Musical hallucinations are an uncommon type of auditory hallucination, that require liaison between otological, neurological, and psychiatric specialties[1]. Current literature categorises aetiological factors as hypoacusis, psychiatric disorders, focal brain lesions/brain atrophy, epilepsy, and intoxication[2]. However, this categorisation is limited in its scope. To further our understanding of musical hallucinations, it is beneficial to examine a case-study, through the lens of the biopsychosocial model.
Objectives: To examine musical hallucinations through the lens of the biopsychosocial model.
Methods: A case of musical hallucinations was considered.
Results: A 95-year-old female was referred to consultation-liaison psychiatry, having experienced musical hallucinations for 6 years. The song was "Keep the Home Fires Burning", a war-time tune with themes of stoicism and yearning[3]. Medical history included impaired hearing and vasculopathy. Cognitive assessment demonstrated mild cognitive impairment, and MRI brain demonstrated moderate chronic small-vessel ischaemic changes. The patient had grown up in London during WWII, and now lived alone, having been widowed for 10 years.
Conclusions: The biopsychosocial model is a well-established concept in the lexicon of modern health professionals[4]. A major biological factor in this case was hypoacusis, a process likened to auditory Charles-Bonnet syndrome[5]. However, there were also significant psychological and social factors at play. As suggested by some, musical hallucinations may be due to memories that break through to consciousness despite suppression[6]. The personal significance of the song lyrics was particularly relevant in this case, as were the social circumstances. These factors contribute to a more holistic view of the phenomenon of musical hallucinations.

Conflict of interest: No
Keywords: Musical hallucinations; Charles Bonnet syndrome; Biopsychosocial

EPP0345

The frequency of illnesses as a factor of violation of children's psychological well-being

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Introduction: Psychological ill-being can be manifested in children's personal characteristics, formed under the influence of a large number of factors, including the incidence of respiratory diseases. It is associated with firsthand illness experience and differ at frequently and rarely ill groups. Children's peculiar properties diagnostic is necessary for working with the subject pattern of health deformations and prevent possible future mental problems and risks of substance use.
Objectives: To define the influence of illness experience on children's personal characteristics.
Methods: The study has involved 33 children: 15 frequently ill children (mean age – 9±1.8), 18 rarely ill children (mean age – 9±1.4). We used: "Unfinished sentences about health" (Yakovleva, 2014), "Multi-factor personality questionnaire" (Children CPQ).
Results: Frequently ill children significantly differ from rarely ill children by the following characteristics: "self-confidence" (1.277, p=0.036), excitability (4.222, p=0.019), risk tendency (2.546, p=0,03), responsibility (5.323, p=0.008), self control (5.323, p=0.048), nervous tension (3.429, p=0.037). Frequently ill children are more excitable, reckless, nervous. They are less confident, less responsible and less in control of their behavior than their rarely ill coevals are. Frequently and rarely ill children give positive self-assessment of their health (73.3% and 55.5%), however, in the group of frequently ill children this assessment is significantly more frequent ($p \leq 0.01$), despite their illness experience.
Conclusions: The obtained results prove the need to take into account the personal characteristics of children when working with the formation and correction of the subject pattern of health in order to prevent maladaptive health behavior and possible mental disorders in adolescents.

Conflict of interest: No
Keywords: subject pattern of health; psychological well-being; illness experience; frequently ill children

Cultural psychiatry - Part I

EPP0347

Does culture influence psychotic presentations? A chinese case report.

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Introduction: 25-year-old woman originary from China. Moved to Barcelona 2 years ago for her master studies. Not known personal or familiar psychiatric record. Admitted to the psychiatric ward due to a 3-month psychotic episode with delusional features including transportation delusions "people can travel into other dimensions"; megalomaniac delusions, "I communicate with a Buddhist divinity called Guan Yin", "I have the mission of rejuvenating the population"; nihilistic and Cotard-like delusions "people around is old and dead"; denial of lineage syndrome, intermetamorphosis syndrome and doppelgänger syndrome. No hallucinatory features were present. Severe emotional and behavioural implications were associated.
Objectives: To analyse the transcultural component of bizarre delusions in a Chinese patient.
Methods: Somatic causes for psychosis were ruled out. Risperidone up to 6 mg was started and afterwards intramuscular paliperidone palmitate 150+100 mg was administered, suspending risperidone.

Results: Psychotic symptoms remitted progressively during hospitalization, so that the patient was discharged after 1-month.
Conclusions: 1. This patient presented polymorphous bizarre delusions, some of them related to the Chinese culture. 2. Psychotic contents are influenced by the cultural beliefs. In this case, Guan Yin divinity (from Chinese religion) acquires psychotic implications being part of the cultural background of the patient. 3. The denial of lineage syndrome, which can be misinterpreted as a Capgras syndrome, is one of the most common delusions in China. 4. Due to the one-child policy, Chinese population aging will be a forecasted problem. The patient expressed this concert in a megalomaniac delusional manner.

Conflict of interest: No
Keywords: Chinese; Transcultural; Culture; psychosis

EPP0350

Biological rhythm variation during ramadan in lithium-treated patients for bipolar disorder

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Introduction: Ramadan is considered the holiest month in Islamic religion, during which Muslims are called to fast and to abstain from smoking and sexual activity from dawn until dusk. Given the profound changes in biorhythms during this month, patients with bipolar disorder (BD) might have a heightened risk of relapse.
Objectives: To evaluate the effect of Ramadan on the biological rhythm of lithium-treated patients for bipolar disorder.
Methods: This is a prospective study in 30 lithium-treated outpatients with BD. We included patients between 18 and 65 years, with a clinically stable mood for at least 3 months evaluated by YMRS and HAMD. Patients were assessed at three timepoints: (i) one to two weeks before Ramadan, (ii) during the second half of Ramadan, and (iii) in the second week after Ramadan, using the Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN).
Results: We included 30 patients. In the pre-Ramadan assessments, BRIAN scores ranged between 23 and 60 (mean 42,13), during Ramadan between 24 and 62 (mean 48,57), and post-Ramadan between 22 and 59 (mean 45,26). There was no statistically significant variation in BRIAN scores at the three timepoints for the sample.
Conclusions: The sample size of this study being insufficient and the literature data being contradictory, it cannot be concluded that Ramadan has a significant effect on the biological rhythm of patients treated with lithium for BD.

Conflict of interest: No
Keywords: Bipolar; lithium; circadian; ramadan

EPP0351

The effect of ramadan on patients treated for bipolar disorder: a literature review

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Introduction: Ramadan is observed by Muslims worldwide as a month of fasting, prayer, and community. Adult Muslims are called to fast and to abstain from smoking and sexual activity from dawn to dusk. These practices imply a change in social and biological rhythms and may trigger mood swings/relapses in patients with bipolar disorder.
Objectives: To determine if Ramadan has a significant effect on mood stability in bipolar patients.
Methods: We conducted a literature review using the keywords bipolar and (ramadan OR fasting) using the PubMed database.
Results: There is a paucity of studies on this topic. Most studies found that lack of concentration and irritability increased and this peaked at the end of Ramadan. Mood and vigilance were significantly decreased. Several authors have stated that the course of bipolar illness may be affected by the changes in social rhythm. Kadri et al. (2000) found that 45% of patients relapsed, which wasn't related to plasma lithium-concentration. Most relapses were manic (71,4%). Patients who didn't relapse had more insomnia and anxiety during the second and third weeks of Ramadan. Side effects of lithium increased. Farooq et al. (2006) found that there was no significant difference in mean serum lithium levels at pre, per, and post-Ramadan timepoints. HAMD and YMRS scores showed significant decrease. Side effects and toxicity didn't differ significantly.
Conclusions: So far, the results of the main studies are contradictory, which does not help us advise bipolar patients to fast or not to fast. Detailed studies with larger sample sizes are recommended to deliberate on the subject.

Conflict of interest: No
Keywords: Bipolar; ramadan; rythm; circadian

EPP0352

Understanding the cultural context: voice-hearing experiences of russian-speaking patients

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Introduction: Schizophrenia affects approximately one in one hundred individuals. Treatment is rarely simple, and the exact biological mechanism is unknown. However, we are beginning to understand that schizophrenia does not manifest in isolation; rather, its manifestation and severity can be impacted by cultural context. Previous work (Luhrmann et. al., 2015) found individuals diagnosed with schizophrenia from the United States, India, and Ghana experience auditory vocal hallucinations—hearing voices—differently. American individuals often reported voices that gave violent commands; Indian and Ghanaian individuals reported more positive relationships with their voices.
Objectives: This project investigates whether patients diagnosed with schizophrenia in Russia demonstrate similar symptoms or thought processes about their disorder as participants from previously studied countries.
Methods: Participants (n >20) hear voices and are diagnosed with schizophrenia or schizoaffective disorder by the Russian Clinical Psychiatry Hospital. The interview is a Russian translation of

the structured clinical interview protocol developed by Luhrmann et al. (2014). Additionally, participants listen to a 45-second audio-track of positive and negative voices speaking Russian, and state what they remember and think of the voices.
Results: Exploratory analyses of the interviews investigate if and how these hallucinations uniquely manifest in the Russian cultural context, and are compared against previously collected data.
Conclusions: This research has yet to be conducted in Russia, and provides an important perspective on the manifestation of a devastating disorder. Furthermore, understanding how Russian culture uniquely affects the symptoms of schizophrenia could inform development of culturally appropriate interventions in Russia, with potential to generalize globally.

Conflict of interest: No
Keywords: schizophrenia; cultural psychiatry; auditory vocal hallucinations

EPP0354

Coping strategy among patients with dissociative disorder

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Introduction: Various factors contribute to the development of dissociative disorders. The ability to cope in different stressful events has been the key to the symptom manifestations in this disorder.
Objectives: To explore various stressors and coping strategies in patients with dissociative disorder.
Methods: In this descriptive cross-sectional study, we evaluated patients presenting at the Department of Psychiatry of a tertiary care teaching hospital in Nepal during a 6-month period (May 2017 to November 2017). We collected data on the demographic and clinical characteristics and used Presumptive Stressful Life Event Scale (PSLES) to capture the stressors. A clinical psychologist applied Nepalese language translated Brief Cope scale in the second or third interviews to record the responses. We summarized numerical variables with median and inter-quartile range (IQR) and categorical variables with proportion.
Results: Of 108 patients with dissociative disorder presented during the study period, 86 (79.62%) patients were studied. The median age was 23 years (IQR 16-32.2) and the majority were female (77, 89.5%). Unresponsiveness was the most common presentation (27, 31.3%) and convulsion was the most common type (40, 46.5%). Emotional support was the most common coping strategy used (32, 37.2%). Seventy-four patients (86%) reported that they never used humor as a coping strategy. Stressful life events were reported in 76 (88.37%) patients and financial stressor was the most common. The mean score of PSLES was 93.97 (Standard Deviation ± 55.38).
Conclusions: A combination of various coping strategies was used minimally by patients with dissociative disorder. Studies exploring associations between stressors and coping strategies are recommended.

Conflict of interest: No
Keywords: Nepal; Adaptation; Dissociative disorders; stress

EPP0355

Comparison of north african (maghreb) patients versus south american patients hospitalized for the first time in a spanish acute metal health unit

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Introduction: There are few studies comparing samples of migrants of different origin hospitalized for first time in their life in an acute psychiatric Unit . In Spain, individuals of North african (NA) origin and individuals of South American (SA) origin are the two principal groups of migrants
Objectives: 1-Determine the prevalence of both groups of migrants in a sample of first time hospitalized patients 2-Determine the differences between the two groups comparing multiple variables collected during their first hospitalization
Methods: We selected individuals of both migrant groups who were for the first time hospitalized in our psychiatric unit between 1996 and 2018. Through the SPSS program we compared different clinical and sociodemographic variables collected during basal hospitalization between the two groups of migrants
Results: 77 were NA (Maghreb) migrants and 29 SA migrants representing 3.3 % and 1,2 % of the total first time hospitalized patients. The variables that significantly differentiated Maghreb patients vs SA patients were: male gender (P<0.000), more non-congruent psychotic symptoms (P<0.005), less attempted suicide immediately before hospitalization (P<0.01), more heteroagressivity immediately before hospitalization (P<0.001) and more history of life-time cannabis use (P<0.002). After logistic regression analysis only male sex and non-congruent psychotic symptoms remained significantly associated with Maghreb migrants.
Conclusions: -Maghreb and South American migrants represent only 3,3 % and 1,2 % respectively of all first time hospitalized patients in a Spanish acute psychiatric unit-Maghreb patients were significantly more males and presented non-congruent psychotic symptoms in a larger percentage than SA patients

Conflict of interest: No
Keywords: Acute unit; Suicide; cultural psychiatry

EPP0356

The impact of fasting during ramadan on lithium serum level in bipolar disorder

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Introduction: Bipolar disorder is a chronic and debilitating disease. Lithium is considered as the gold standard thymoregulator. During the month of Ramadan there is a change in the meal schedule, water intake and social rhythm. These disturbances could influence clinical and biological parameters.
Objectives: To describe the clinical course and the variations of the serum lithium levels before, during and after the month of Ramadan.

Methods: Prospective and descriptive study among thirty outpatients under lithium therapy for bipolar disoder. Ratings were conducted in three stages: one week before the beginning of Ramadan, during the second half of the month and the second week after the end of the month. Clinical evaluation was conducted using the Hamilton depression scale, the Young mania scale and lithium serum level.
Results: During the first visit 30 patients were included. Twenty-two patients were present for the second and 16 at the third. The average age was 41.9 + 15.4 with a sex ratio of 1.5. In the three stages of the study, there was no significant change neither in terms of mood, nor in the means of serum lithium levels . We compared the two groups of fasting and non fasting patients, and found that fasting patients had less severe symptomatology, both depressive before the beginning of Ramadan and manic during the month ($p = 0.003$ and $p = 0.04$).
Conclusions: Fasting in the month of Ramadan does not seem to interfer with the course of bipolar disorder. Further prognostic studies are needed to examine closer this condition.

Conflict of interest: No
Keywords: ramadan; fasting; lithium; Bipolar disorder

EPP0357

Religious involvment in patients with bipolar disorder

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Introduction: Religion is a mainstay in the Tunisian culture, knowing that, this could help bipolar pateints cope with the disease. This disorder requires follow up and compliance to both pharmacological treatment and psychotherapy.
Objectives: We aimed to describe the religious involvement among stabilised patients treated with lithium and its relationship to clinical characteristics.
Methods: Cross sectional study among thirty outpatients under lithium therapy for bipolar disoder. Clinical evaluation was conducted using the Hamilton depression scale and the Young mania scale within a biological screening for the lithium serum level. Religious involvement was evaluated by a semi structured questionnaire.
Results: All patients were muslims, the mean age was 41 + 15 years, 60% were male with 43% employed. Eighty per cent of the sample were followed for type 1 bipolar disorder and the mean duration of the lithium therapy was 4.2 years. Screening for religious involvement showed that 93% were abstinent to alcohol drinking, 40% prayed 5 times a day, and 17% went to the mosque, 53.3% fasted during ramadan, 59% gave money to the poorest at the amount dictated by religious texts and 23% went to Mecca. The religious involvement wasn't associated with the clinical characteristics.
Conclusions: Religious involvement can be a coping strategy to face the illness, but with an uncertain effect on symptomatology. Nevertheless, it can influence the course of the disease through adherence to medication.

Conflict of interest: No
Keywords: religion; Bipolar disorder

Cultural psychiatry - Part II

EPP0360

Confirmatory factor analysis of the russian translation of the flourishing scale among a sample of russian university students

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Introduction: The Flourishing Scale is a relatively new measure of well-being. The Flourishing Scale has been translated into a number of different languages (e.g., English, French, German, Greek, Urdu, and Russian). Previous research has demonstrated that the best description of the data was provided by a one-factor model.
Objectives: To complement the previous research that has examined the psychometric properties of the Russian translation of the Flourishing Scale among older Russian adults, the aim of the present study was to examine the factor structure of the Russian translation of the Flourishing Scale among a sample of Russian university students.
Methods: A sample of 150 Russian university students completed the Russian version of the Flourishing Scale and some demographic questions. In accordance with the findings of previous research, a one-factor model was hypothesised.
Results: As proposed, the hypothesized one-factor model provided a satisfactory description of the data.
Conclusions: The present findings provide support for the unidimensionality of the Russian translation of the Flourishing Scale for use among Russian university students. Further research should seek to examine the generalisability of this finding among members of the general public in Russia.

Conflict of interest: No
Keywords: Students; Flourishing Scale; confirmatory; Russian

EPP0361

Alcohol-use disorder in indigenous people of southern siberia: a highly progressive form of disorder and age patterns of alcohol use

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Introduction: This study considered alcohol situation in the Republic of Tyva (Southern Siberia, Russia) as a model for investigating alcohol-use disorder in indigenous people of Siberia. The people of the Republic of Tyva – Tuvans – are continental mongoloids, one of the native people of Siberia, who have a high frequency of medical and social consequences of alcohol abuse.
Objectives: This study aimed to assess of clinical features of alcohol-use disorder among Tuvan and Russian adult population.
Methods: Data were obtained from clinical examination in Republican Drug Abuse Clinic patients. Study included 155 patients of

Tuvan and Russian ethnicity diagnosed with alcohol-use disorder (AUD) and alcohol-induced psychotic disorder (AIPD). Patients were divided into four groups 1) Tuvan patients with AUD (n=28); 2) Tuvan patients with AIPD (n=63); 3) Russian patients with AUD (n=46); 4) Russian patients with AIPD (n=18). To assess between-group differences non-parametric Kruskal-Wallis test was used.
Results: Tuvans had faster rates of basic symptoms development than Russians (manifestation of amnesic forms of intoxication, p=0.045; withdrawal syndrome, p=0.006) In fact, the withdrawal syndrome occurred in Tuvan AUD-patients in 2-2.5 years of systematic alcohol consumption vs. 4-5 years of systematic alcohol consumption in Russians. Furthermore, AIPD were significantly more frequently observed in Tuvans with "classic" to Russians' pattern of alcohol use – the early age of onset of systematic alcohol use and the early age of basic AUD-symptoms manifestation.
Conclusions: We suggested that age comparability of AUD symptoms among Russians and Tuvans was a prognostically unfavorable sign for Tuvans, which can lead to AIPD development.

Conflict of interest: No
Keywords: alcohol-induced psychotic disorder; alcohol-use disorder; ethnicity; indigenous people

EPP0364

Pathway to psychiatric care among patients visiting a tertiary care teaching hospital-a mixed method study from south india

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Introduction: The path a patient adopts to reach appropriate treatment centre is termed as the pathway of care. Understanding this will help us to recognize the potential sources of delay in presenting to mental health professionals (MHP) hence reasons for duration of untreated illness (DUI). This is of special interest in India because of the shortage of MHP and the cultural diversity.
Objectives: Aim was to assess the number of encounters (NOE) patients had before meeting any MHP and the DUI and to analyse their associations with socio demographic and clinical factors. The qualitative study aimed at understanding of patents perception of mental illness and the tortuous pathways.
Methods: In this cross-sectional study, information about 150 patients were collected by using WHO's collaborative 'Pathway Study' encounter form. Appropriate statistical tests were used. Those who had more than 2 encounters were invited for qualitative interviews. Thematic analysis was carried out using inductive coding method.
Results: The median DUI was 18 months (IQR-2.75-60) and the number of encounters was 2.5.Median time taken for any help was 12 months. 23%, 21%, 39.4% and 12% had visited general practitioners, general hospital, psychiatrists and native healers as their first contact respectively. DUI and education of the caregiver had positive correlation with the number of encounters. Themes related to participant's understanding of illness, nature of encounters, reasons attributed by patients and healers, and remedies done were found in qualitative analysis. These themes were coloured predominantly by cultural beliefs which are unique to India.
Conclusions: This study helps us to understand the impact of cultural beliefs on the pathway to psychiatric care and the importance of creating awareness.

Conflict of interest: No
Keywords: duration of untreated illness; magico-religious healers; impact of culture; pathway

EPP0365

A qualitative analysis of patients' experiences during their pathway to psychiatric care

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Introduction: The pathway to care in psychiatry consists of a detailed and systematic description of sources of care used by the patients before seeking help from mental health professionals (MHP).Understanding this will help us to recognize the potential sources of delay in presenting to mental health professionals (MHP) hence reasons for duration of untreated illness (DUI). This is of special interest in India because of the shortage of MHP and the cultural diversity where many seek help from magico-religious healers (MRH). Traditional healing has a long and significant history in India.
Objectives: To qualitatively evaluate the experiences of patients during various pathways taken by them through narrative analysis.
Methods: This study was conducted at the psychiatric Department of PIMS. Those who had more than 2 encounters in the quantitative study were invited to participate. Interviews were conducted ensuring privacy, comfort and confidentiality. Themes were analysed using inductive coding method from the in-depth interviews.
Results: Themes related to participant's understanding about the illness, first symptom that triggered initiation of treatment, nature of encounters, reasons attributed by patients and healers, and remedies done emerged. Themes related to their understanding and suggested remedies were so unique to the Indian culture. And some patients had experienced violent and cruel methods as remedies. They had also spent a lot of money on these remedies about which they regretted later.
Conclusions: This study throws light in to the understanding of the pathways taken by psychiatric patients in South India and the need to promote awareness among general public including the magico-religious healers.

Conflict of interest: No
Keywords: pathway; qualitative; South India; magico-religious healers

Depressive disorders - Part I

EPP0372

The relationship between use of smokeless tobacco and anxiety and depression

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Introduction: A relationship between smoking and depression is well established. Smoking prevalence is declining and the prevalence of smokeless tobacco use ("snus") is increasing in Scandinavia. Few studies investigate if snus is related to anxiety or depression.
Objectives: To investigate whether snus use was related to anxiety and depression similar to smoking tobacco.
Methods: Data from 21 083 respondents aged 40 and above from the Tromsø Study (2015-16) were used. Snus users were compared to current smokers and current abstainers.
Results: There were 7.2 % current snus users and 13.7 % current smokers. A total of 9,1% reported symptoms above cut-off for the HADS-anxiety score and 6,9% for the HADS-depression score. Smokers and snus users (not different from one another) reported more anxiety than abstainers ($p < 0.001$, ANOVA, post hoc LSD). Smokers reported more depression than snus users and abstainers ($p < 0.001$, ANOVA, post hoc LSD), the latter not different from one another. Means are given in Table 1.

Table 1.

		Current use			
Variable		Abstainers n = 16 218	Only snus n = 1341	Smoking n = 2746	P-value
Gender (female)	N (%)	8854 (54,6)	273 (20,4)	1516 (55,2)	< 0,001[1]
Age (years)	Mean (SD)	57,85 (11,58)	50,10 (8,31)	56,40 (9,73)	< 0,001[2]
HADS anxiety (score)	Mean (SD)	3,15 (2,83)	3,55 (2,86)	3,72 (3,32)	< 0,001[2]
HADS depression (score)	Mean (SD)	2,73 (2,66)	2,85 (2,71)	3,44 (3,07)	< 0,001[2]

[1] Pearson Chi-Square. [2] ANOVA

Conclusions: Current snus users reported higher levels of anxiety than the general population and lower levels of depression than smokers.

Conflict of interest: No
Keywords: Smokeless tobacco; Cigarette smoking; HADS Depression scale; HADS Anxiety scale

EPP0378

How current emotional state influences time perspective in adolescent depression

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Introduction: The relevance of the study is due to the wide prevalence of adolescent depression in Russian population. Moreover, the emotional aspects of time perspective in adolescent depressions haven't been studied enough.
Objectives: We developed an experimental model to study how the current emotional state influences time perspective.
Methods: The emotional state was formed by overstating or understating results of tests on the level aspiration (Kohs Block Design Test, Kraepelin's tests). Time perspective was studied by the Life-Line test by Kronik and Golovaha (we used characteristics of the total number of actualized events on life-line and number of negative and positive events among them) The sample consisted of 54 participants (35 in control group; 19 in depression group). The results of both groups were analyzed with Mann-Whitney criterion.
Results: We investigated that in norm group the developed emotional state leads to the actualization of a bigger number of events than in the case of its absence. Positive emotional state leads to the representation of mostly positive events, and negative emotional state leads to the representation of negative events (results at the significance level of $p<0.05$). In adolescent depression group, there are no statistically significant differences in the number of represented events on Life-Line between the subgroup with the developed emotional state and the subgroup without it.
Conclusions: The prevailing negative affect in adolescent depression doesn't allow the positive or negative emotional state formed in the experiment to influence the time perspective. These results also can be used in psychotherapeutic work with negative affect in depression

Conflict of interest: No

EPP0379

Relationships between time perception and current emotional state among patients with depressive disorders

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Introduction: Patients with depressive disorders often report perceiving time as going by very slowly. But emotional aspects of time perception in these disorders aren't studied enough.
Objectives: We have developed an experimental model to investigate the influence of the current emotional state on time perception in depression compared with the norm group.
Methods: Positive and negative emotional state was formed by using images from IAPS - International Affective Picture System. Time perception was studied in terms of verbal time estimation and time comparison. We have developed a special program based on Photon Brick, in which participants evaluated and compared time intervals, before and after the presentation of emotionally colored images from IAPS. After that, we evaluated how the subjective flow of time changes in connection with the current emotional state (becomes faster or slower). The sample consisted of 48 participants (36 men, 12 women), among which 17 participants were in clinical group, 31 in group with depression. Results of both groups were analyzed with Mann-Whitney criterion.
Results: Our findings (results at the significance level of $p<0.05$) show that in norm group in case of positive emotional state subjective flow of time becomes faster, whereas in case of negative emotional state it becomes slower. In depression group formed emotional state doesn't affect time perception: subjective flow of time doesn't change both for positive and negative emotional state.
Conclusions: We conclude that the prevailing negative affect in adolescent depression doesn't allow the positive or negative emotional state formed in the experiment to influence on the time perception.

Conflict of interest: No

Depressive disorders - Part II

EPP0384

Assessment of on-the-road driving performance in patients with major depressive disorder treated with esketamine nasal spray

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Introduction: Intranasal esketamine administration demonstrates rapid improvement in symptoms of treatment-resistent depression. Transient adverse effects (dissociative symptoms, sedation, dizziness) that could impact driving performance occur routinely in the hours after esketamine administration.
Objectives: To investigate effects of 84 mg esketamine on on-the-road driving performance.
Methods: Part A used a single-blind, double-dummy, randomized 3-period, cross-over design to compare effects of esketamine vs placebo on next-morning driving. Alcohol (blood alcohol concentration ≤0.05%) established assay sensitivity. In Part B, esketamine was administered twice weekly, and weekly driving tests were conducted 6h after administraton. Twenty-seven patients with DSM-5-defined mild-to-moderate major depressive disorder without psychotic features completed a 100-km driving test on a public highway in normal traffic. Primary outcome was Standard Deviation of Lateral Position (SDLP;cm;weaving of car). Part A driving assessments were conducted 18±2 hours post-administration. Part B driving tests were conducted 6±0.5 hours post-treatment.
Results: In Part A, alcohol significantly impaired driving performance: Least-square means (95%CI) for delta SDLP (cm) compared with placebo: [ΔSDLP = +1.83 (1.03;2.62)]. There was no significant difference between esketamine and placebo, [ΔSDLP = -0.23 (-1.04;0.58)]. Weekly driving tests showed no significant differences between placebo baseline SDLP and after esketamine administration over 4 weeks (Day 11: [ΔSDLP = -0.96 (-3.72;1.81)], Day 18: [ΔSDLP = -0.56 (-3.33;2.20)], Day 25: [ΔSDLP = -1.05 (-3.82;1.71)]).
Conclusions: In MDD patients, esketamine did not significantly impair on-road driving performance the next morning following a single dose, or 6 hours after repeated administrations. These results support the label recommendation to not drive on the day of esketamine dosing.
Disclosure: The study and the editorial assistance provided by Ann C Sherwood, PhD were funded by Janssen R&D.

Keywords: TRD; safety

EPP0386

Cognitive changes in treatment-resistant MDD: a retrospective study for effective atypical antipsychotic drugs augmentation of antidepressant therapy

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Introduction: Refractory depression has been consistently associated with cognitive dysfunction across a broad range of cognitive domains. The treatment requires a flexible approach and the augmentation of some atypical antipsychotic drugs represents a possible therapeutic strategy. However, some data suggest that patients usually taking psychiatric drugs present changes of cognitive disorders. Several studies have focused on significant cognitive and clinical changes in refractory-depression patients.
Objectives: To evaluate some cognitive function changes in refractory-depression patients treated with AADs and antidepressants
Methods: Fifty-two inpatients (33 m; 19 f) affected by MDD (DSM-5) were included in a years' observational study, recruited in Psychiatric rehabilitation center "Villa dei Pini", Avellino, Italy. All 52 and were treated with vortioxetine or paroxetine with one atypical antipsychotic [quetiapine, aripiprazole, olanzapine, ziprasidone]. All inpatients were administered psychopathological scale [BPRS; CGI; HRSD] and evaluated neuropsychological variables (for example, attentions, verbal memory domains, etc.) (Epitrack). Data were collected at baseline and two years and analyzed with EZAnalyze Version 3.0 software, Excel platform.
Results: At baseline all patients showed moderate or medium levels of cognitive deficits in most cognitive tasks. After two years of treatment with AAPDs augmentation, there has not been a significant reduction of previous levels. In particularly, quetiapine, ziprasidone groups showed a better performance in learning task, short-term task and recognition task.
Conclusions: Our little observational study shows that AADs augmentation doesn't determine a significant improvement in symptoms in resistant-treatment MMD, and don't induce significant alterations in overall cognitive performance. Some AAPDs (quetiapine, aripiprazole), seem to determine a no statistically significant mild improvement.

Conflict of interest: No
Keywords: atypical antipsychotic drugs; Cognitive function; Epitrack@; resistant-treatment depression

EPP0387

Efficacy of escitalopram in combination with vitamin D3 supplementation in the depressed perimenopausal women

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Introduction: The findings of preclinical and clinical studies have shown that estrogen deficiency during perimenopause increase the susceptibility of women to affective-related disorders, including depression. In this association, nutrients imbalance is considered as one of the critical causes enabling to the pathophysiological mechanisms for development of psychiatric disorders. Application of additional nutritional interventions for treatment of mood deteriorations can be beneficial for both the prophylaxis and therapy of affective-related disorders.
Objectives: This study evaluated the effect of co-administration of escitalopram (20 mg/kg) and vitamin D3 supplementation (4000 IU) on depression scores for perimenopausal women of reproductive age with clinical depression.
Methods: We used perimenopausal women with clinical depression. They were treated by escitalopram plus Vitamin D3 for 6 months. We measured affective-related and gynecological states.
Results: The women treated with escitalopram plus Vitamin D3 had greater reduction in depression scores than the group of perimenopausal women treated only with escitalopram. The vitamin D3 groups of patients had significantly higher 25-hydroxyvitamin D concentration and estradiol levels in comparison to the control group ($p<0.01$).
Conclusions: The present trial showed that consuming escitalopram plus IU vitamin D3 daily was effective in decreasing depression levels. This work promotes more effective creating of the novel therapeutic targets and strategies for depression-related state treatment in perimenopausal women. We suggest further clinical trial with Vitamin D application in women who are at risk for perimenopausal depression. The reported study was funded by Russian Science Foundation (RSF) accordingly to the research project № 16-15-10053 (extention).

Conflict of interest: No
Keywords: Vitamin D3; escitalopram; Dépression; Perimenopause

EPP0388

Are cognitive conflicts a neglected factor in depression research and treatment?

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Introduction: A negative self-concept has been established as one of the key psychological features of depression. However, several studies have shown that a particular kind of cognitive conflict, implicative dilemma, is highly prevalent in depression.
Objectives: This study aimed to gauge the relative significance of both aspects, self-negativity and cognitive conflict, for depression.
Methods: A cross-sectional study compared 161 patients with major depression with 110 controls. They were assessed to measure negative self-construing (self-ideal discrepancy) and conflicts (implicative dilemmas) with the repertory grid technique, and also symptom severity.
Results: At least one implicative dilemma was found for 68.3% of patients with depression, compared to 34.5% of controls ($p < .01$; phi = .33). As expected, the self-ideal distance was also much higher for the group with depression (M = .47; SD = .15) than for controls (M = .25; SD = .10; d = 1.8). Both cognitive conflict and self-ideal discrepancy entered in the regression model created to predict depressive symptoms. 99% of participants of the clinical group had at least a positive view (coincidence between "self now" and "ideal self").
Conclusions: Negative self-views proved to be a characteristic of people with depression. However, our results show that depression is better characterized by a pattern of mixed positive and negative self-descriptions with a high rate of conflict between them. Therefore, in addition to self-negativity, we need to consider internal conflict (e.g., implicative dilemmas) as a factor to complement our understanding and treatment strategy for depression.

Conflict of interest: No
Keywords: repertory grid technique; personal dilemmas; Depressive symptoms; treatment target

EPP0389

Brain asymmetry in resting state and during linguistic tasks in major depression vs. dysthymia: an EEG alpha study

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Introduction: Mood disorders are relatively heterogeneous and there is limited research on the psychobiological distinctive features of Dysthymia with respect to Major Depression. In line with past studies, they are expected to exhibit inverted brain asymmetries.
Objectives: We aimed to investigate altered asymmetry of EEG Alpha band in MDD, Dysthymia patients and healthy controls during resting state and two linguistic tasks: phonological and semantic. We hypothesized, in patients with Dysthymia compared with MDD, a greater extent of inverted hemispheric asymmetry due to the structured lifetime nature of their disorder.
Methods: We recorded EEG Alpha activity as an index of cortical inhibition, in 20 MDD patients, 20 Dysthymic patients and 20 healthy controls (all groups matched) during the three tasks. Electrodes were clustered in four main regions, two anterior (left and right) and two posterior (left and right). Statistics were carried out by means of ANOVA.
Results: In frontal sites, no Alpha asymmetry was found in the groups, but Dysthymic patients had an overall greater Alpha activity across all tasks. The same effect was found in posterior regions, but, in addition, greater Alpha on the left was found during resting state for all groups. Dysthymic patients only maintained this altered asymmetry also during the linguistic tasks.
Conclusions: Our findings highlight the role of linguistic tasks in assessing deficits in hemispheric integration in mood disorders. Dysthymic patients, who suffer from a lifetime disorder, exhibited an overall greater cortical inhibition especially on the left posterior sites, which was not counterbalanced by left lateralization-inducing tasks.

Conflict of interest: No
Keywords: Mood disorders; EEG; alpha band; lateralization

EPP0391

Mechanisms of anti-depressant treatment response (matter): rationale and study protocol

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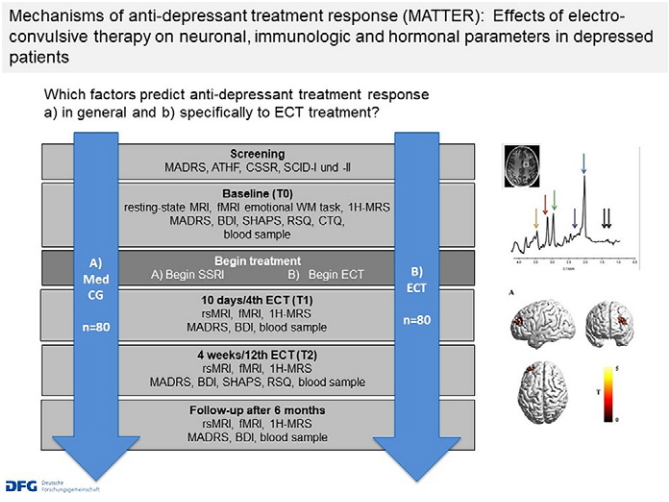
Introduction: About 30% of patients suffering from major depressive disorder (MDD) do not respond sufficiently to established pharmacological or psychotherapeutic treatment. Treatment-resistant MDD is associated with illness chronicity, reduced quality of life, and higher suicide risk. For these patients, electroconvulsive therapy (ECT) is a well-established treatment with response rates of 60% - 80%, making it the most potent and rapidly acting treatment for MDD. Despite the widespread use of ECT, the neurobiological mechanisms underlying its efficacy remain unclear.
Objectives: Understanding the therapeutic effects of ECT may shed more light on the pathophysiological causes of severe depression and the mechanisms of action of an effective treatment. Elucidation of the effects of ECT could allow for their reproduction in a less invasive way and with a more benign side-effect profile, resulting in a significantly enhanced treatment of MDD.
Methods: The project aims to investigate markers of neural activity and connectivity, neurochemistry, HPA axis activity, inflammation and neuronal plasticity. In an fMRI setting, these markers will be assessed in depressive patients prior, during, after ECT and after 6 months. As a control group depressive patients treated with antidepressants will be investigated.



Results: This treatment-specific approach will enable us to disentangle which behavioral, neuronal, hormonal and immunological alterations are crucial for an antidepressant response and might be used for response prediction.
Conclusions: More generally, the project will broaden our understanding of the mechanisms underlying the antidepressant effect of ECT and thereby shed more light on the pathophysiological causes of MDD and the mechanisms of action of an effective treatment.

Conflict of interest: No
Keywords: Electroconvulsive Therapy (ECT); Treatment-Resistant Depression; Functional neuroimaging; MR Spectroscopy

EPP0392

Analysis of anti-depressant prescribing in england shows marked differences in the degree of seasonality between some GP practices and the national average.

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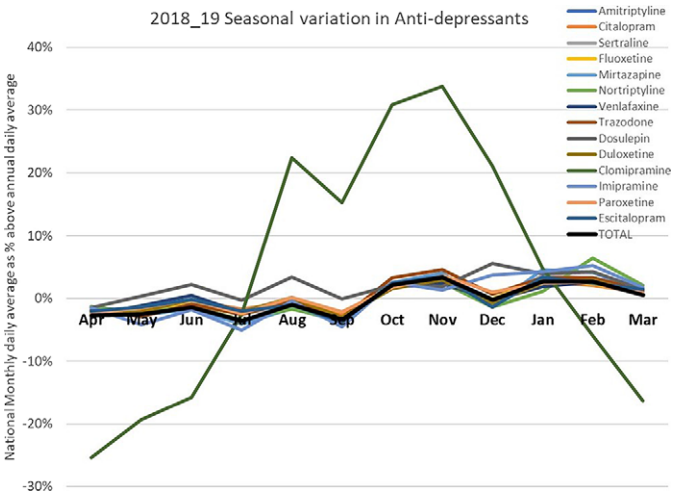
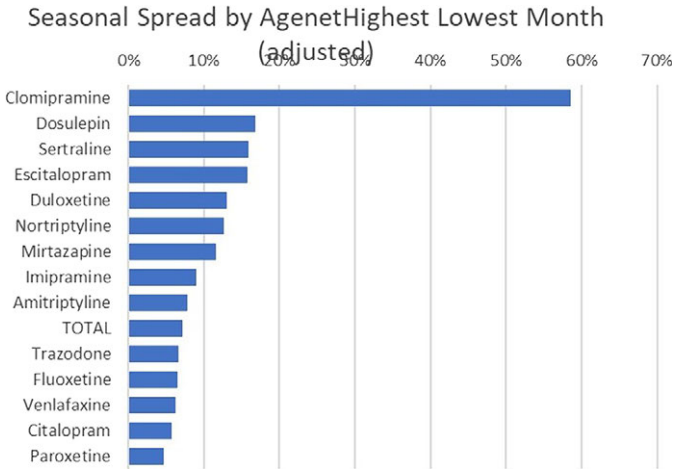
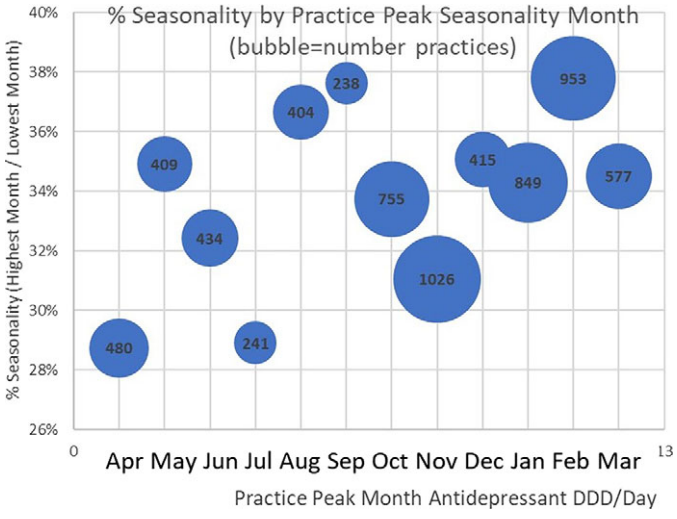
Introduction: In a previous paper we showed a strong relationship between annual use of anti-depressants and a wide number of local practice factors. One factor not considered was the variation of use within the year, the "seasonality", which may be a significant factor for local levels of shorter-term mood disorders.
Objectives: Calculate an actual practice seasonality factor and see if it could be used to determine some of the variations in overall prescribing.
Methods: Examine antidepressant prescribing each month over the 12 months in 2018_19 and observe particular links to agent or practices. The prescribing of anti-depressant was aggregated by converting all amounts to defined daily doses (DDD) using WHO/ATC values.
Results: Included 6,781 practices with >2,000 patients total population 57 million, 70million prescriptions and 2billion DDD. Monthly variation in daily prescribing % of the annual average over the year in Total and main medications.



Total seasonality and for each major agent as measured by highest month divided by lowest month. Fig.1 shows in total there is little variation, in Fig.2 Clomipramine which is used for Seasonal Affective Disorder was the only medication to show high seasonality Fig.3 shows seasonality factor for the sum of practices with different peak months, so shows that practice level seasonality at 35% is significant but the large variation in peak months reduces national average to 7%.
Conclusions: The study shows significant seasonality in GP practice prescribing of anti-depressants. However as the peak months vary,





incorporating this factor into forecasting overall prescribing level is complex, so more work is required to understand this variation.

Conflict of interest: No
Keywords: Family Practice; anti-depressants; seasonality

EPP0393

Depression in systemic lupus erythematosus patients

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Introduction: There is a high co-occurrence of Depression in Systemic Lupus erythematosus (SEL). Despite of this, the mechanism is not completely understood. In one hand, there is the complexity of having a chronic disease and the suffering due to pain and disability that can contribute for poor life quality, but in the other hand, it seams like LES it self, because of the systemic inflammation, can explain depressive symptoms through inflammatory hypothesis of depression.
Objectives: Our objective is to review the data on SLE that predisposes to high rates of depression.
Methods: A non systematic literature search was performed in pubmed, medline and uptodate, using the key words "Systemic Lupus Erythematosus" and "depression".
Results: There are a lot of studies that correlate the occurrence of depression with SEL. The mechanisms behind seams to be multifactorial. We found studies that correlated the severity of the depression with a high active SEL. We also found a correlation between quality of the sleep and the activity of the SEL. A study found a correlation between high IL-10, high symptoms of fatigue and depression. Other study revelled that patients with both depression and SEL have more risk of develop subclinical atherosclerosis.
Conclusions: Both psychosocial factors and systemic inflammation factors are implicated in Depression in Lupus patients, but it is clear that inflammation model of depression has an important role. More studies are needed in order of better understand these mechanisms and for the develop of strategies for symptoms control.

Conflict of interest: No
Keywords: Dépression; lupus; Inflammation

Depressive disorders - Part III

EPP0395

Major depressive disorder in mexican medical students and risk factors: a longitudinal study.

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Introduction: Major depressive disorder (MDD) is highly prevalent in the general population and among medical students (MS). Risk factors of depression in MS are important to clarify.
Objectives: To determine the prevalence of depressive symptoms and its changes during 5 years of medical school. Which are the factors associated with depressive symptomatology and how these factors change over time.
Methods: A prospective, longitudinal observational study was conducted at the Medical School of the National University of Mexico, between 2012-2018. We included students who maintained their participation annually, completing the patient health questionnaire (PHQ-9) and the survey on socio-demographic variables in order to evaluate potential predictors, personal and academic characteristics and perceived academic difficulties.

Results: The response rate was between 78-89%. 245 MS were evaluated longitudinally, 60.9% were women, 97.2% single, 96.5% lived with their family or partner and 71% received sufficient financial resources for living costs. For depression the prevalence ranged from 10.5-16.2% according to the academic year. The multiple logistic regression analysis per year showed that the history of emotional abuse in childhood (OR=1.89-3.11, p<0.05), anxiety levels (OR=1.85-2.97, p<0.05), poor financial resources (OR=3.11-4.54, p<0.05) and being female (OR=1.83-2.02, p<0.05) increase the risk of depressive symptoms.
Conclusions: Our findings suggest that personal factors (female, poor financial resources, anxiety and history of child abuse) are relevant for persistence of high score of PHQ-9. Medical schools need to identity students who have depressive symptoms and offer them, as early as possible, particularly when depression has been present over time.

Conflict of interest: No
Keywords: Dépression; medical students; Mexico; risk factors

EPP0398

The truth about electroconvulsive therapy: a new era of knowledge. Clinical predictors of therapeutic response to electroconvulsive therapy (symposium)

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Introduction: Electroconvulsive therapy (ECT) is considered the most effective short-term treatment for patients with severe or treatment-resistant depression. However, approximately one-third of the individuals with depression do not respond to electroconvulsive therapy (UK ECT Review Group, 2003; APA, 2010).
Objectives: Reliable predictors of ECT response would be useful for patient selection, but have not been demonstrated definitively. There has recently been a growing interest on clinical predictors affecting ECT outcome for depressed patients, including sex, psychotic features, medication resistance, melancholic features, polarity of mood disorder, age, duration of the current depressive episode and duration of illness (Bloch et al., 2005; Petrides et al., 2001; Heijnen et al., 2010; Fink et al., 2007; Sienaert et al., 2009; Medda et al., 2014; Altamura et al., 2015).
Methods: Recent meta-analytic evidence shows that longer depressive episodes and medication failure at baseline are robust predictors of poor response to ECT (Haq et al. 2015). Moreover, the presence of psychotic features and older age are predictors of ECT remission and response. The severity of depression predicts response, but not remission (Van Diermen et al., 2018).
Results: Patients' expectations prior to the treatment have been taken into consideration in few studies. ECT effectiveness does neither seem to be subject to a strong placebo effect nor do patients with lower expectation of ECT effectiveness respond better to treatment (Krech et al., 2017).
Conclusions: More research on both biological and clinical predictors is needed to further evaluate the position of ECT in treatment protocols for major depression.

Conflict of interest: No
Keywords: Dépression; Electroconvulsive Therapy; CLINICAL PREDICTORS

EPP0402

Intravenous subanesthetic ketamine: an innovative treatment option for rapid response in treatment-resistant depression

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Introduction: Major depressive disorder affects approximately 300 million people globally. Standard antidepressants lack effectiveness for 21% of patients – resulting in treatment-resistant depression (TRD). Ketamine acts through unique physiological mechanisms with estimated response rates of 50-60% in TRD. In 2018, we established the first publicly accessible ketamine clinic in southeastern Ontario for TRD at Providence Care Hospital.
Objectives: Our primary objective is to determine the efficacy of an acute ketamine treatment (0.5 mg/kg) for patients with TRD. Our secondary objective is to increase evidence by identifying biomarkers associated with treatment responders. We hypothesize that intravenous ketamine will successfully treat TRD, improving patient outcomes.
Methods: There are pre, weekly, and post-assessments to measure patient progress including mood symptoms, disability, quality of life, and cognition (e.g. MADRS, BPRS, CADSS, YMRS, etc). Eligible patients receive ketamine three times /week for two weeks, and twice /week for two weeks. Blood is collected at three-time points, and ELISA assays will be conducted on isolated plasma to measure biomarkers.
Results: Patients (n=8) show a mean reduction of MADRS score of 23.25 after just two weeks, or a 58.6% improvement in depressive symptoms. After four weeks, depressive symptoms continue to improve, resulting in a mean 66.8% improvement. Increases in manic symptoms or psychiatric symptoms are not observed post-ketamine.
Conclusions: We expect ketamine to continue successfully treating patients with TRD. Future goals of our clinic include quantifying biomarkers such as BDNF, inflammatory markers, and irisin to develop personalized interventions for TRD, recognizing that one treatment may not be effective for all patients.

Conflict of interest: No
Keywords: Treatment-Resistant Depression; Innovative Therapies; personalized medicine; ketamine

EPP0404

Experiences of treatment in patients with major depressive disorder: a qualitative analysis.

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Introduction: The Normalization Process Theory (NPT) is an innovative theory that offers something that had been missing so far: a coherent framework that can be used to design and enhance

complex health care interventions, namely in the responses of the mental sick person in adherence to therapy.
Objectives: Determine if NPT is a useful conceptual framework for describing the components involved in adherence to therapy in patients with major depressive disorder.
Methods: Secondary analysis of qualitative data obtained through semi-structured interviews. The data coding system was defined a priori, based on TPN. Participants were selected using a convenience sampling technique and the following inclusion criteria were defined: a) medical diagnosis of major depressive disorder for at least 1 year; and b) outpatient follow-up. For data analysis, the steps proposed by Ritchie and Lewis (2003) were followed: familiarization, identification of thematic structure, indexing, mapping and interpretation.
Results: Interviews were conducted with 35 participants: 19 men and 16 women aged 40 to 78 years (mean = 63 years). All participants were receiving antidepressants and sleep inducers. The number of prescription drugs ranged from 2 to 5. The findings revealed that adherence to therapy determines the need for participants to: a) gain knowledge about the therapy and its effects: b) interact with other [family members] to organize the care; c) attend medical appointments; d) promote changes in lifestyles; and e) evaluate the effectiveness of treatment.
Conclusions: The results suggest that NPT is a theoretical framework that facilitates understanding of disease management experiences at an individual and organizational level.

Conflict of interest: No

Depressive disorders - Part IV

EPP0405

The neuroactive steroid (NAS) sage-217 in major depressive disorder: the landscape development program of an investigational, oral, positive allosteric modulator (PAM) of GABAA receptors

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Introduction: Major depressive disorder (MDD) is an episodic disorder associated with ɣ-aminobutyric acid (GABA) dysregulation. Depression is widely considered a chronic condition, with low remission rates with available medications. SAGE-217 is an investigational, oral NAS $GABA_AR$ PAM. In a pivotal, double-blind, randomized study in MDD (NCT03000530), SAGE-217 demonstrated rapid (Day 2) and sustained (Day 42) reductions in depressive symptoms versus placebo. SAGE-217 improved objective sleep efficiency versus placebo in a Phase 1 study in healthy volunteers (NCT03284931).
Objectives: The Phase 2/3 development program aims to test the hypothesis that a majority of patients with MDD can be treated acutely and episodically, while having a positive effect on comorbid insomnia, thereby challenging the notion that most patients with depression require chronic treatment.
Methods: Mountain (NCT03672175) examines efficacy and safety of 14-day dosing with SAGE-217 or placebo. Shoreline (NCT03864614) examines safety and tolerability of an initial 14-day SAGE-217 treatment and repeat-use over one year. Redwood (NCT04007367) assesses the time-to-relapse in a fixed, repeated treatment regimen of 14-day SAGE-217 treatment periods every two months. Rainforest (NCT03771664) examines the effect of SAGE-217 in comorbid MDD and insomnia.
Results: Study designs and results from the SAGE-217 development program will be presented. Previous results showed the potential utility of SAGE-217 for acute, short-course treatment of MDD, with a positive impact on sleep in healthy volunteers.
Conclusions: The Landscape Program aims to provide evidence for treatment effects in major depressive episodes and may support an episodic treatment paradigm in the event of symptom recurrence, with potential for positive impacts on co-morbid insomnia.
Disclosure: CMS is an employee of Sage Therapeutics, Inc. with stock/stock options.

Keywords: SAGE-217; GABA; positive allosteric modulator; major depressive disorder

EPP0406

Towards standardization: use of ECT in both side of the atlantic

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Introduction: Electroconvulsive therapy (ECT) remains one of the most effective treatments for serious psychiatric disorders, especially resistant depression. Despite the existence of international guidelines, the ECT practice is not homogeneous worldwide.
Objectives: These disparities highlighted the need for a deeper examination of the quality and monitoring of ECT care and services and sharing of knowledge about ECT and homogenization.
Methods: As part of a quality improvement process, we monitored electroconvulsive therapy (ECT) practice in Quebec, using linked health administrative databases and compared it to that used in other countries.
Results: In Quebec, ECT is still an exceptional treatment, offered to 13/100 000 inhabitants per year. Compared to the global prevalence estimated at 16,9/100 000 inabitants, has one of the lowest utilisation rates reported in industrialized countries. There is a wide variation in use rate and administration parameters across Quebec regions and other countries.
Conclusions: Regional and international disparities highlighted the need to access to additional computerized clinical and administrative data for a deeper examination of the quality of ECT care and services. As Scotland and Sweden have already shown, national electronic data collection systems are an effective way to ensure continuously high-quality practice, evaluate effectiveness and

safety, generate new scientific knowledge, update medical education, drive evidence-based decisions to guide clinical and policy improvement, and harmonize practice. The implementation of a Quebec ECT data collection system is one of the strategies followed by the Centre of excellence in ECT Quebec (CEECTQ), an ECT expertise and reference center, for continuously improving quality in Quebec and internationally.

Conflict of interest: No
Keywords: Electroconvulsive therapy; mental illness; practice variation; surveillance system

EPP0410

Is it possible to identify primary negative symptoms in young adults with depression?

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Introduction: Primary negative symptoms are the core symptoms in schizophrenia. They often precede the first psychotic episode along with depressive symptoms and attenuated psychotic symptoms (APS). The possibility to identify such symptoms at the prodromal stage can facilitate early detection and prevention of schizophrenia.
Objectives: The aim of this study was to find primary negative symptoms in depressive patients.
Methods: 31 young in-patients (average age 19.7 $\pm$ 3.7 years) with first depressive episode were divided into three groups: 1 - depression with attenuated psychotic symptoms, 2 - depression with attenuated negative symptoms (ANS), 3 – pure youth depression without "schizophrenic signs". The scales HDRS, SOPS and SANS were applied, as well as a clinical interview and psychological questionnaires (SPQ-74, APTQ and RSAS).
Results: No significant differences in depression severity were found between three groups. However, statistical difference was found between the groups' levels of dysthymia ($p = 0.035$), which implies that patients with APS and ANS have more profound subjective experience of depressed mood and therefore demonstrate low emotionality. Severity of ANS according to the SANS scale turned out to be significantly higher in patients with both APS and ANS. Pure depressive patients were also significantly more likely to demonstrate the signs of borderline, histrionic and passive-aggressive personality disorders ($p = 0.004$, $p = 0.047$, and $p = 0.023$, respectively), which connotes the lack of evident negative symptoms, such as blunted affect or personality flatness.
Conclusions: Some evidences of primary negative symptoms were found in first episode of depression in youth.

Conflict of interest: No
Keywords: Primary negative symptoms; depression in youth; early detection of psychosis

EPP0412

The prognostic role of cytokine and catecholamine status of patients with depressive disorders in their dynamics

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Introduction: It has been worked out the concept of development and the course of depressive disorders, in which the key role belongs not only to the clinical and psychopathological phenomena, but rather to the structural-personal peculiarities of patients and their neurochemical provision, that determines an individual level of resources for stress resistance.
Objectives: The determination of factors of the prognosis of formation, course and outcome of depressive disorders on the basis of biochemical correlates (adrenalin, norepinephrine, dopamine, interleukin-6, interleukin-10, tumor necrosis factor α) in the dynamics of disorder.
Methods: An integrated approach including biochemical ELISA method was used. The base of the study was an examination of 89 persons, including 65 patients with depressive disorders (F 32, F 33, F 34.1) and 21 persons without mental disorders (from the general population).
Results: The characteristic features of peripheral cytokines and catecholamines in patients with depressive disorders that have a diagnostic and prognostic significance were shown and they demonstrated their coherent and interrelated dynamics, specific for a separate form of depressive disorder. Diagnostic value of the level of anti-inflammatory interleukin-10 in patients with depressive disorders (36,00 % vs. norm) was established. It was found that norepinephrine is a prognostic factor in the course of depressive disorders and indicates a chronic disorder (a 71,00 % higher concentration in dysthymia in contrast with the comparison group).
Conclusions: The specific features of cytokine and catecholamine status of patients with depressive disorders have a prognostic significance for the selection of their adequate therapeutic tactics.

Conflict of interest: No
Keywords: depressive disorders; prognostic factors; cytokine; catecholamine

EPP0413

Perinatal depression in recent fathers: prevalence and associated factors

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Introduction: Perinatal depression is a well-known and investigated condition in new mothers. Recent evidence has shown that new fathers may also experience depressive symptoms during the perinatal period. It's important to understand risk factors that influence the paternal mental health, because it has an impact in child emotional and behavioural development.
Objectives: We aimed to review the current literature on the prevalence and associated factors for perinatal depression in recent fathers.
Methods: We conducted a search in The Medline database through the PubMed engine to identify relevant English written articles published in the last 10 years. The key-words used were: "postpartum", "depression", "male", "father", "paternal". The search yielded 136 results; titles and abstracts were reviewed and selected, of this, 21 met our inclusion criteria.

Results: Prevalence rates of perinatal depression in recent fathers showed a variation between 8-14% among diverse studies. This may reflect different study locations and measurement methods. Depressive symptoms were associated with smoking in the mothers presence, low educational level, low income, poor partner relationship quality, poor sleep quality, worse couple adjustment, having a partner experiencing antenatal depressive symptoms, elevated parental stress, father prenatal depressive symptoms and mother's postpartum depressive symptoms. Age has been a controversial factor with some studies showing higher risk with older age and others with younger age.
Conclusions: New fathers seem to have a significantly increased risk for perinatal depression. The identified risk factors provide an opportunity of early screening recent fathers for perinatal depression and early implementation of proper treatment.

Conflict of interest: No
Keywords: Dépression; fathers; Perinatal; prevalence

Depressive disorders - Part V

EPP0417

Clinical difficulties in the treatment of restless legs syndrome: it is the dose that makes poison

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Introduction: Unjustified high dosages of medicaments represent an unmet need in modern psychiatry. Tidal medication review of hospitalised geriatric patients is an essential step of the disease management, as illustrated by current case rapport.
Objectives: To provide a case rapport on geriatric patient with iatrogenic damage due to ultra high dosage of ropinirole.
Methods: Authors of current paper discuss pharmacodynamic particularities of psychopharmaca - and their reasonable choice - in context to RLS.
Results: A 72 y.o. patient, known with chronic depressive symptoms and RLS, increased the dose of ropinirol up to 12 mg/day, what went unnoticed by health providers. Two moths later he has been admitted to the psychiatric ward with major depression symptoms, suicidal plans, insomnia and profound edema of his both lower legs. All relevant somatic causes were excluded first. Right after a dose reduction of ropinirol down to 6 mg/day, we achieved a significant decrease of edema, improvement of mood and resolving of suicidal ideations. No antidepressant was added. His sleeping pattern was normalised by adding of trazodone 50 mg/day. In four weeks the patient was discharged from the hospital, and trazodon was subsequently stopped.
Conclusions: Solely by reducing the dose of ropinirole we achieved a significant improvement of all of the symptoms of this patient. Therefore, we advocate for carefully assessment of the dose of every drug used; avoidance of polyfarmacy by any means and for keeping in consideration that the majority of psychofarmaca leads to deterioration of RLS symptoms through modulation of dopamine pathways.

Conflict of interest: No
Keywords: Dépression; pharmacology; Geriatric patient; Side Effects

EPP0422

Hopelessness and its correlation with clinical corse and outcomes in outpatient setting

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Introduction: A variety of adverse health outcomes, including suicide and enhanced mortality, may be predicted by the presence of hopelessness.
Objectives: We examined whether patients with hopelessness and those without may significantly differ regarding their main presentations and clinical course in a large Italian sample.
Methods: The recruited sample included 583 currently euthymic outpatients with major affective disorders. The Beck Hopelessness Scale (BHS) was used to assess the severity of hopelessness.
Results: When compared to subjects without hopelessness, those with hopelessness were more likely to be females. In addition, outpatients with hopelessness were more likely to have a unipolar depressive disorder and be prescribed antidepressant medications in the past. Furthermore, patients with hopelessness were more likely to report engaging in psychotherapy in the past relative to subjects without hopelessness. Moreover, patients with hopelessness were older as well as scored higher on the Montgomery-Asberg Depression Rating Scale (MADRS) as well as the emotional/physical abuse and physical neglect subscales of the Childhood Trauma Questionnaire (CTQ) compared to patients without hopelessness. Finally, individuals with hopelessness reported more difficulties in identifying and communicating feelings, as assessed by the Toronto Alexithymia Scale (TAS). After multivariate analysis, having difficulties identifying feelings was the only significant variable associated with hopelessness.
Conclusions: The present findings clearly indicate that those with difficulties identifying feelings need to be considered at higher risk of hopelessness and negative outcomes. Prospective studies are required in order to further explore the impact of alexithymia on hopelessness and clinical outcomes in the lifetime illness course.

Conflict of interest: No
Keywords: hopelessness; Alexithymia; Major affective disorders; difficulties to identify and communicate feelings

EPP0423

Alexithymia as a illness course specifier in euthymic unipolar individuals

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Introduction: Alexithymiais a disabling condition frequently linked to major depressive disorder (MDD) and able to enhance symptoms severity and suicide risk.
Objectives: This study aimed to clarify whether patients with and without alexithymia may differ concerning illness presentation and clinical course, which is a major gap in the scientific literature.
Methods: The present sample included 381 euthymic outpatients with MDD recruited at the Department of Neuroscience (DINOGMI), University of Genoa. The Toronto Alexithymia Scale (TAS-20) and additional rating scales (Clinical Global Impression (CGI), Hamilton Anxiety Rating Scale (HAM-A), Intent Score Scale (ISS) were administered to participants.
Results: Alexithymic patients were more likely to have lower educational level (11.6±3.2 vs. 12.4±3.4, p ≤.05), have used previous psychiatric drugs (85.7% vs. 72.8%, p=.001), use current antidepressants (84.7% vs. 69.4%, p=.001), and have higher cardiological comorbid disorders (10.7% vs. 5.0%, p=≤.05). After multivariate analyses, alexithymia was associated with lower educational level (OR=.928, p=.05), and higher current antidepressant medication use (OR 2.302, p=.01); difficulties in identifying feelings was associated with lower educational level (p=≤.005), and higher psychiatric comorbidity (p=≤.001). Furthermore, having a lower educational level remained the only factor associated with both difficulties in communicating feelings (p=≤.001) and thoughts oriented to external context (p=≤.005).
Conclusions: Altough the study is limited by the small sample size and its cross-sectional nature, it is possible to conclude that alexithymia appears a useful specifier of adverse outcomes, associated with distinct socio-demographic and clinical characteristics. Its identification would allow to provide a more personalized care.

Conflict of interest: No
Keywords: Difficulties in identifying feelings and communicating feelings; Thoughts oriented to external context; Unipolar depression; Alexithymia

EPP0426

Intranasal esketamine for treatment-resistant depression

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Introduction: Esketamine in subanesthetic doses is a potentially promising rapid-acting therapy for treatment-resistant depression (TRD) and reduction of suicidal ideations. While the use of intranasal esketamine has been officialy approved in the USA in March 2019, its use in TRD in Germany keeps on being off-label.
Objectives: This case-series using esketamine focuses on the clinical effects of this glutamatergic antidepressant agent in treatment-resistant depression.
Methods: Twenty patients with TRD were treated with the intranasal application form of esketamine at dosages of 50mg, 75mg and 100mg. Esketamine was administered in 8 sessions within the period of 4 weeks, twice a week. We used the MAD-Device for intranasal application. The blood pressure was checked every 5 minutes within the first 30 minutes of application and every 15 minutes during the next hour of treatment. The patients were assessed for depression (MADRS, HAMD, BDI-S), suicidal ideation (C-SSRS) and dissociative symptoms (CADSS) at baseline, after 40, 120 and 240 Minutes of treatment at each treatment session.
Results: Suicidal ideations were reduced already after the first application of esketamine. This phenomenon was observed independently of the antidepressive effect of esketamine in the patients. While increasing the dosage of esketamine from 50mg to 75mg or up to 100mg, there was an enhancement of dissociative symptoms. However, while keeping the dosage of esketamine stable during the following treatment sessions, the intensity of dissociative symptoms decreased again.
Conclusions: Our study shows promising results for esketamine as a novel antidepressant drug preferentially for the treatment of TRD and rapid reduction of suicidal ideations.

Conflict of interest: No
Keywords: Dépression; ketamine; Treatment-Resistant Depression

Depressive disorders - Part VI

EPP0427

Extended assessment of the association between cognitive reactivity to sad mood and depression onset and relapse.

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Introduction: Cognitive reactivity to sad mood refers to the degree to which a mild dysphoric state reactivates dysfunctional cognitions, or negative thinking patterns, which has been found to be a vulnerability marker of depression. Over a two year period, Kruijt et al. (2013) found that only cognitive reactivity, including baseline symptoms and negative life events, predicted first onset of depression in a multivariate model.
Objectives: The current study extends the findings of Kruijt et al. (2013) by evaluating the predictive association of cognitive reactivity on depression onset and depressive relapse over a follow-up period of nine years.
Methods: Data were collected during a nine-year period in a prospective cohort study for depression and anxiety in the

Netherlands. At baseline, 2981 participants recruited. We analyze data using Cox hazards regression models and ROC curves using subsamples of never-depressed and remitted-depressed participants.
Results: Replicating the findings of Kruijt et al (2013), cognitive reactivity is expected to be significantly associated with depression incidence. Moreover, higher CR scores at baseline are expected to predict depressive relapse over a nine-year period, even when subclinical symptoms and other relevant predictive factors are controlled for.
Conclusions: Our findings strengthen the support for the theory that depression-related cognitions precede the first onset of depression and predispose individuals to a poor depression prognosis, namely depression relapse. These findings emphasize the clinical importance of targeting dysfunctional cognitions in preventing the occurrence, or recurrence, of depression.

Conflict of interest: No
Keywords: risk factor; Depression onset; relapse; cognitive reactivity

EPP0430

Understanding impulsivity in depression; which is the role of prenatal androgens?

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Introduction: Impulsivity, "a predisposition toward rapid, unplanned reactions to internal or external stimuli, without regard to the negative consequences", is related to affective disorders. Androgens play a crucial role during brain development; prenatal androgens' exposure and responsiveness have been cited as predictors of second to fourth (2D:4D) digit ratio. Androgen activity and male gender are associated with violence, aggression and impulsivity; suicide is an extreme form of self-aggression.
Objectives: The purpose of this study was to examine if prenatal androgens' exposure affects impulsiveness in men with unipolar depression.
Methods: The sample frame consisted of 59 men 30-50 y.o. diagnosed with unipolar depression (ICD-10 diagnosis), in a remission phase. Participants completed the Hamilton Depression Rating Scale (HAM-D), the Montgomery-Asperg Depression Scale (MADRS) and the Barratt Impulsiveness Scale (BIS-11). We measured 2D:4D ratio using Digital Vernier Calipers. Participants were divided into three subgroups, according to their 2D:4D. Comparisons were made amongst those with ratio ≤ 0.94 and those with ratio ≥ 0.96.
Results: Overall,lower 2D:4D ratio to participants, which indicates high levels of prepanatl testosterone exposure, was associated with higher BIS-11 scores, especially in the two subtraits of impulsiveness; Nonplanning and Attentional. The subgroup with 2D:4D M<0.94 had BIS total=74.83, whereas the subgroup with 2D:4D >0.96 had BIS total=65.72 (statistically significant difference).
Conclusions: Prenatal androgens' exposure play a crucial role in the impulsiveness of men with depression; higher exposure to androgens predicts higher impulsiveness, therefore higher suicide risk. Clinical practice could benefit from the predictive value of impulsivity.

Conflict of interest: No
Keywords: impulsiveness; Androgens; Dépression; Suicide

EPP0434

The association between depression and insomnia disorder in general population of qatar: the role of inflammatory disease

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Introduction: Emerging evidence supports a role for inflammatory processes and insomnia in the pathophysiology of depression. However, little is known about the role of inflammation in depression and insomnia in non-clinical populations.
Objectives: We aimed to estimate the association between inflammatory illness, depression and insomnia in the Qatari population.
Methods: We hypothesized that inflammatory illness would be associated with sub-clinical depression and insomnia in the Qatari population. We used probability-based sampling on a Qatari adult population sample (N= 1,611) for face-to-face interviews. We used, the Espie's (2014) Sleep Condition Indicator; PHQ-9 and GAD-2 (for subthreshold depression (SUBD), major depressive disorder (MDD) and anxiety) and recorded personal and family history of inflammatory disease. Univariate, bivariate, and multivariate statistics were used.
Results: Evidence of independent association between inflammatory disease status and MDD (OR=4.1, P<0.05), were not statistically significant for SUBD (OR=1.9, P=0.266). Among those with no inflammatory disease, the 30-day prevalence of subthreshold and major depression in those with insomnia disorder compared to those without insomnia was (SUBD: 2.9% vs 5.4%; MDD: 0.5% vs 7.3%, P<0.001), respectively. In contrast, among respondents with inflammatory disease, the prevalence of subthreshold and major depression in those with insomnia compared to those without insomnia was (SUBD: 3.6% vs 14.6%; MDD: 2.7% vs 23.2%, P<0.001), respectively. After adjusting for age, gender, and household type with depression as dependent variable, significant associations were found between SUBD and insomnia (OR=4.5, P<0.01) and between major depression and insomnia (OR=20.3, P<0.001).
Conclusions: These findings highlight the impact of inflammatory disease on mental health in the otherwise healthy population of Qatar.

Conflict of interest: No
Keywords: Dépression; İnsomnia; Inflammatory disease

Eating disorders - Part I

EPP0437

Is food addiction a predictor of treatment outcome among patients with eating disorders?

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Introduction: Recent studies have showed a high prevalence of food addiction (FA) among patients with obesity and/or with an eating disorder (ED), especially among those with binge eating symptomatology.
Objectives: The study aimed to examine whether FA was associated with greater severity in both binge eating disorders (BED) and bulimia nervosa (BN) and, therefore, to determine if FA was predictive of treatment outcome.
Methods: 71 adult patients with BN and BED (42 and 29, respectively) participated in the study. Food addiction was assessed by means of the Yale Food Addiction Scale.
Results: The results confirmed a high prevalence of FA in patients with binge disorders (around 87%) and also its association with a greater severity of the disorder (i.e. related to an increased eating psychopathology and greater frequency of binge eating episodes). Although FA did not appear as a predictor of treatment outcome in general terms, when the diagnostic subtypes were considered separately, FA was associated with poor prognosis in the BED group. In this vein, FA appeared as a mediator in the relationship between ED-severity and treatment outcome.
Conclusions: Our findings suggest that FA may act as an indicator of ED severity, and it would be a predictor of treatment outcome in BED, but not in BN.

Conflict of interest: No
Keywords: binge eating disorder; eating disorders; food addiction; treatment outcome

EPP0438

The interplay between childhood maltreatment and eating disorder psychopathology: an hybryd model combining network and mediation analyses

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Introduction: Childhood maltreatment (CM) is identified as a non-specific risk factor for Eating Disorders (EDs), although the mechanisms underlying this relationship have not been completely explored.
Objectives: We aim to investigate the psychological pathways involved in the association between CM experiences and ED core symptoms.
Methods: We recruited 228 people with EDs, 94 with anorexia nervosa restricting (ANR) type and 134 with binge-purging (BP) symptoms. Each participant filled in the Eating Disorder Inventory-2, the State-Trait Anxiety Inventory and the Childhood Trauma Questionnaire. These variables were included in a network analysis to define the shortest pathways between CM nodes and ED core symptoms. Mediation analyses were conducted to confirm the mediation role of the nodes included in the shortest pathways between CM and ED core symptoms.
Results: Each CM experience was connected to the ED psychopathology via emotional abuse. In the ANR group, interoceptive awareness was in the shortest route between emotional abuse and drive to thinness and mediated this association. In the BP group, the same role was identified for ineffectiveness and interoceptive awareness.
Conclusions: We built a possible hybrid model which suggests that each CM type may promote ED psychopathology through the mediation effect of emotional abuse, interoceptive awareness and ineffectiveness. These variables may represent clinical target to pursue in treatments for people with EDs and early adverse experience exposure.

Conflict of interest: No
Keywords: childhood maltreatment; eating disorder; network analysis; emotional abuse

EPP0439

Childhood abuse as a moderator of treatment outcome in eating disorders: a 3-year follow-up study

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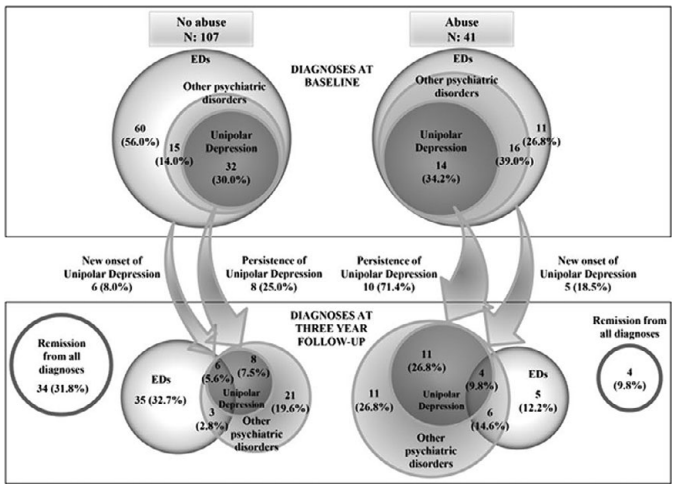
Introduction: A large proportion of patients with Eating Disorders (EDs) shows only a partial remission of their ED psychopathology, and persistence of psychiatric comorbidities is frequent even after treatment with individual Cognitive Behavioral Therapy (CBT).
Objectives: The aim is to evaluate the possible role of childhood abuse, both sexual and physical, on long-term outcomes in terms of persistence of EDs or other psychiatric disorders.
Methods: The Structured Clinical Interview for DSM-IV and psychometric tests were administered to 69 subjects with Anorexia Nervosa (AN) and 79 with Bulimia Nervosa (BN), at baseline and three years after the end of individual CBT.
Results: Patients reporting a history of childhood abuse (overall: 27.7%) showed lower age onset, higher impulsivity, and a greater rate of psychiatric comorbidity than other patients. At follow-up, lower rates of complete remission and greater persistence of psychiatric disorders in addition to EDs were found in abused patients. Linear mixed models showed a reduction of depressive symptoms in non-abused patients, but not in those reporting abuse. Furthermore, patients with abuse showed a higher diagnostic crossover rate (39.0% vs 13.1%), as compared to the other patients. Survival analysis showed that patients with abuse had a higher probability of drop-out during treatment.



Conclusions: The group of patients with EDs and a history of childhood abuse has different characteristics than patients without abuse in terms of treatment outcome. The higher drop-out rate and the lower response to CBT may suggest the need for specific treatment strategies for this subpopulation.

Conflict of interest: No
Keywords: outcome; Psychiatric comorbidity; childhood abuse; cognitive behavioural therapy

EPP0444

ANKK1/DRD2 gene Taq1A polymorphism (RS1800497) as a possible genetic marker of food-addiction-related eating disturbances in overweight patients

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Introduction: Controlling the epidemic of overweight and obesity is one of the major challenges to modern healthcare. One of the possible causes of overweight and obesity is food addiction (FA) manifesting as overeating and other eating disturbances (ED).
Objectives: We conducted a cross-sectional study to test the association between addiction-related ANKK1/DRD2 gene Taq1A polymorphism (rs1800497) and ED in overweight patients.
Methods: Overall, 527 outpatients (469 (89,0%) females, 58 (11,0%) males; mean ± SD: BMI – 35,8±7,3 kg/m 2 ; age – 46,7±11,8 years) of European ancestry were included in the study. Eating Disorder Examination – Questionnaire (EDE-Q), Eating Attitudes Test (EAT-26) and Dutch Eating Behavior Questionnaire (DEBQ) were used to assess the ED. DNA was extracted from blood samples and polymorphism rs1800497 was detected by RT-PCR.
Results: Carriers of minor T allele ("CT+TT" group) in contrast to wild-type allele homozygous patients ("CC" group) were younger (p=0,075) and demonstrated higher scores of EDE-Q (p=0,085) and emotional eating subscale of DEBQ (p=0,063). Moreover, among them the proportion of patients with high ED risk was significantly increased vs. CC group: 1) EAT-26 score: 15,2% vs. 9,0%, OR=1,82 (CI95% (1,054-3,134), p=0,03; 2) EDE-Q score: 46,6% vs. 37,5%, OR=1,45 (CI95% (1,015-2,072), p=0,041. BMI was correlated with emotional eating subscale of DEBQ score in CT +TT" group only (ρ s =0,199, p=0,004).
Conclusions: Our results show that carriers of the addiction-related T allele of ANKK1/DRD2 gene Taq1A polymorphism comprise the at-risk group for eating disturbances in overweight individuals. This may support the role of food addiction in overweight and obesity.

Conflict of interest: No
Keywords: food addiction; genetics; eating behavior

EPP0445

Evaluation of efficacy of neurocognitive training in remediation of cognitive functions throughout therapeutic process in inpatients with anorexia nervosa

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Introduction: Current research emphasizes the significant role of cognitive deficits (especially in attention, cognitive flexibility, central coherence, visuospatial, and executive functions) play in the illness course and symptoms persistence.
Objectives: Aim of study was to verify the therapeutic efficacy of cultural adaptation of Neurocognitive Training (NT) in cognitive remediation in AN patients
Methods: Participants. The participants were 60 healthy controls (HCs) and 60 AN patients, examined at the beginning and at the end of 12-week-long hospitalization. Half of them was offered treatment as usual (TAU) while the other half –TAU + NT. Measures. The clinical variables were measured using: The Rosenberg Self-Esteem Scale, The Eating Attitude Test, The Beck Depression Inventory, The State-Trait Anxiety Inventory, and The Toronto Alexithymia Scale. Cognitive deficits were measured using: The Ruff Figural Fluency Test (RFFT), The Trail Making Test (TMT), The Stroop Test (TS), The Rey-Osterrieth Complex Figure Test (ROCF), and The Verbal Fluency Test (VFT).
Results: At the beginning both AN groups presented with bigger cognitive deficits which decreased significantly throughout therapy however most of the measured variables did not reach the level presented by HCs. NT+TAU showed significantly higher improvement compared to TAUs and some measured variables even reached the healthy level, as follows: TMT-A (time), TS black (time), RFFT, ROCF, VFT (errors). Moreover, greater improvement in cognitive functioning co-occurred with greater improvement of clinical variables.
Conclusions: AN is characterized by neurocognitive deficits responsive to cognitive remediation program. Project funded by National Science Centre NCN 2014/15/B/HS6/01847

Conflict of interest: No
Keywords: cognitive deficits anorexia nervosa

EPP0446

Dual diagnosis of eating disorders among ethiopian adolescents in israel: culturally sensitive diagnosis and treatment model

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Introduction: In recent decades there has been a significant increase in the prevalence of eating disorders among non-Western populations.
Objectives: The aims of this presentation are to address unique socio-cultural issues regarding the procedure and dilemmas of the diagnosis process of eating disorders among Ethiopian adolescents in Israel. To discuss cultural aspects relating to the perception of the disease and the circumstantial contexts relating to this population, such as the process of immigration, integration into western oriented Israeli society and issues related to identity and trauma.
Methods: Diagnosis dilemmas relating to the differences between traditional vs Western perceptions of the illness will be presented and discussed. For illustration, two case studies will be presented and discussed in light of the dual diagnosis.
Results: a culturally-sensitive diagnostic model emerged from the analysis and will be presented as a proposed method for differential diagnosis and treatment in these population.
Conclusions: Based on Cultural Formulation Interview, this model assumes that the observation of clinical cases from different cultural backgrounds cannot be achieved solely through a western diagnostic prism. Rather, it is suggested that the diagnostic process should continue throughout the entire therapeutic process in order to enable and accept dual diagnosis, and to better treat accordingly.

Conflict of interest: No
Keywords: Culture; eating disorders; Model

EPP0447

Adult attachment in obesity with or without bed: how does it relate with personality and psychopathology?

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Introduction: Binge-Eating Disorder is an ED strictly related to obesity. Early attachment troubles are relevant risk factors for the development of all EDs and obesity. Less is known about the relationship of adult attachment with the psychopathology of BED and obese subjects.
Objectives: exploring the relationship between adult attachment, personality and psychopathology features of BED and nonBED obese subjects to highlight the relevance of attachment for outburst and maintenance of the disorders.
Methods: obese participants with (n=244) or without BED (n=199) and healthy controls (n=158) were assessed with TCI, SCL-90, EDI-2, BDI-II, STAXI, BES, BSQ, ASQ. The three groups were compared and the differential characteristics were related within each group.
Results: both BED and nonBED obese subjects displayed insecure adult attachment with respect to controls. BED subjects displayed the lowest thrust and intimacy, the highest preoccupation for relationships, need for approval, and relationships avoidance with respect to other groups. Obese participants displayed higher novelty seeking and harm avoidance, and lower self-directedness than controls. Psychopathology was higher in obese participants with respect to controls. Attachment scores were related to altered personality and psychopathology scores in the obese participants. The statistical analysis suggests a direction of the relationship from attachment to psychopathology.
Conclusions: adult attachment is altered in obese subjects with or without BED. It relates with their altered personality and psychopathology traits. As for early attachment in BN subject, altered adult attachment may represent a relevant trigger or a core psychopathology factor for the expression of eating troubles in obese subjects.

Conflict of interest: No
Keywords: binge eating disorder; adult attachment; obesity;
E-POSTER PRESENTATION: PSYCHOPATHOLOGY

EPP0448

Dysfunctional families of patients with eating disorders

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Introduction: The aim of the present study was to investigate the role of dysfunctional families in the development of an eating disorder (EDs).
Objectives: The potential role of family factors has been increasingly recognized both in the complex pathogenic and maintenance mechanisms and in the effectiveness of the therapeutic strategies for patients with EDs
Methods: Study population (N=10 families) consists of two research groups of families patients with anorexia nervosa Group A (N=5) and families patients with bulimia nervoza Group B (N=5). Families with two parents were researched. The age of the adolescent patients were 14-17 years. All adolescents were female. The psychological state of the family members was measured by Chaban Quality of Life Scale, The Depression, Anxiety and Stress Scale (DASS-21), Toronto Alexithymia Scale (TAS-20), the self-report questionnaire that assesses adolescents and parents perceived family functioning FACES-IV.
Results: Families of the two groups showed a low level by Chaban Quality of life scale. Group A showed a severe rate of stress score, a moderate score of depression and extremely severe rate of anxiety score. And group B showed sever rate of anxiety and stress scale, mild rate of depression scale by DASS-21. Two groups showed bigger scores by TAS-20. Group A showed significantly higher scores of enmeshment and rigidity and lower scores of cohesion, chaotic, and communication quality. Group B showed higher scores of chaotic and lower levels of flexibility and cohesion by FACES-IV.

Conclusions: Family functioning has a pivotal role in the establishment and in the evolution of the disorder.

Conflict of interest: No
Keywords: eating disorders; stress; dysfunctional families; quality of life

EPP0449

Cognitive impairment in patients with anorexia nervosa

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Introduction: The aim of the present study was to investigate cognitive function in patients with anorexia nervosa.
Objectives: Anorexia nervosa (AN) is a disease characterized by extreme anxiety about eating, a pursuit of weight loss, and a distorted body image. Because of a restricted diet, besides physical complaints, patients with AN often suffer from cognitive problems. In extreme cases, anorexia can cause brain damage
Methods: Study population (N=30) consists of two research groups of patients with AN body mass index less 16 (group A) and body mass index over 16 (group B). The age of patients was 12-18 years. Memory performance was assessed using the Wechsler Memory Scale-Revised (WMS-R). Cognitive function impairment was measured by the MATRICS Consensus Cognitive Battery (MCCB).
Results: Deficits were found with respect to immediate and delayed story recall in two groups by WMS-R. Group A had low processing speed, attention/vigilance, visual learning, reasoning/problem-solving, and social cognition scores and group B had low visual learning and social cognition scores. Compared to group B, the A group had significantly lower attention/vigilance scores by MCCB.
Conclusions: In this study, the results clearly characterized the cognitive dysfunctions in patients with AN. It was also found that the lower body mass index is associated with deeper cognitive impairment.

Conflict of interest: No
Keywords: Anorexia nervosa; Cognitive impairment

Eating disorders - Part II

EPP0450

Dual diagnosis of eating disorders among ethiopian adolescents in israel: culturally sensitive diagnosis and treatment model

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Introduction: In recent decades there has been a significant increase in the prevalence of eating disorders among non-Western populations.
Objectives: The aims of this presentation are to address unique socio-cultural issues regarding the procedure and dilemmas of the diagnosis process of eating disorders among Ethiopian adolescents in Israel. To discuss cultural aspects relating to the perception of the disease and the circumstantial contexts relating to this population, such as the process of immigration, integration into western-oriented Israeli society and issues related to identity and trauma.
Methods: Diagnosis dilemmas relating to the differences between traditional vs Western perceptions of the illness will be presented and discussed. For illustration, two case studies will be presented and discussed in light of the dual diagnosis.
Results: a culturally-sensitive diagnostic model emerged from the analysis and will be presented as a proposed method for differential diagnosis and treatment in these population. Based on the Cultural Formulation Interview, this model assumes that the observation of clinical cases from different cultural backgrounds cannot be achieved solely through a western diagnostic prism.
Conclusions: It is suggested that the diagnostic process should continue throughout the entire therapeutic process in order to enable and accept a dual diagnosis and to better treat accordingly.

Conflict of interest: No
Keywords: eating disorders; Culture; treatment

EPP0451

Treating ultra-orthodox adolescents with eating disorders in israel: culturally-sensitive interventions, difficulties, and dilemmas

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Introduction: Young ultra-Orthodox women in Israel have been faced in recent years with a greater risk of developing disordered eating, as they are more exposed to Westernized norms of the thin-body ideal, self-realization, and personal choice.
Objectives: Most are treated by mainstream Israeli psychotherapists who likely have different value systems and different perspectives on the nature of the illness, aims of treatment, and recovery. Ultra-Orthodox psychotherapists may well experience a conflict between a need to be loyal to their patients and a concomitant need to honor the values of patients' families and the community from which they come.
Methods: The current article presents the theoretical background and four case studies highlighting the complexities and controversies inherent in the treatment of these women.
Results: The description of the four cases suggests that young Ultraorthodox Jewish women may develop disordered eating because of conflicts that are specific to their own society, but that may simultaneously result from their growing exposure to mainstream Israeli Westernized norms. A solution to these conflicts may assist in improving the disordered eating symptoms, yet put these

young women in a dispute with their families and their community at large.
Conclusions: Both ultra-Orthodox and mainstream secular psychotherapists treating young Jewish Ultraorthodox women with disordered eating must be knowledgeable in both Judaism and psychology. They must also be flexible, creative, and emphatic to both the patient and her family and community, to arrive at a compromised definition of recovery that can be accepted by all parties concerned.

Conflict of interest: No
Keywords: eating disorders; Culture; religiosity; Jewish

EPP0453

Emotion and food craving regulation in patients with anorexia nervosa: clinical and neurophysiological correlates

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Introduction: Difficulties in emotion regulation and craving regulation have been linked to eating symptomatology in patients with anorexia nervosa (AN), contributing to the maintenance of their eating disorder. However, little is known about the neurocognitive correlates of AN.
Objectives: This study aimed to assess emotion and food craving regulation by means of behavioural measures and event-related potentials (ERPs).
Methods: Twenty patients with AN and twenty healthy controls (HC) completed a computerized task during EEG recording, where they were instructed to down-regulate negative emotions or food craving. The P300 and Late Positive Potential (LPP) ERPs were analysed. Participants also completed self-report measures of emotional regulation and food addiction.
Results: The AN group, in comparison to the HC group, exhibited greater food addiction, greater use of maladaptive strategies, and emotional dysregulation. As for ERP results, LPP amplitudes were significantly smaller during down-regulation of food craving among both groups. Independent of task condition, individuals with AN showed smaller P300 amplitudes compared to HC. Among HCs, the self-reported use of re-appraisal strategies positively correlated with LPP amplitudes during emotional regulation task, while suppressive strategies negatively correlated with LPP amplitudes.
Conclusions: Despite the enhanced self-reported psychopathology among AN, both groups indicated neurophysiological evidence of food craving regulation as evidenced by blunted LPP amplitudes in the relevant task condition. Further research is required to delineate the mechanisms associated with reduced overall P300 amplitudes among individuals with AN, which may index neurocognitive alterations, possibly as a secondary effect of malnutrition.

Conflict of interest: No
Keywords: emotion regulation; food craving; event related potentials (ERPs)

EPP0455

The association between embodiment dimensions and eating disorder psychopathology: a network analysis study in women with anorexia nervosa

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Introduction: Anorexia Nervosa (AN) is a complex psychiatric syndrome and body image distortion is a core psychopathological feature. From a phenomenological perspective, the overvaluation of body shape and weight can be better defined as a specific disorder of lived corporeality, which is the way persons experience their own body.
Objectives: The aim of this study was to gain a deeper insight into the pathways connecting one's own body experience and self-identity measures to psychopathological variables of AN through the use of Network Analysis (NA).
Methods: We included 84 female patients in the study. Fifty-seven received diagnoses of AN restrictive subtype and 27 of AN binge-purging subtype. Participants filled in the following questionnaires: Eating Disorders Inventory-2 (EDI-2) and IDentity and EAting disorders (IDEA), which measure eating disorder psychopathology and embodiment dimensions. These variables were included in a network analysis.
Results: The network analysis showed that interoceptive awareness (IA), feeling extraneous from one's own body and feeling oneself through objective measures were the nodes with the highest centrality strength in the network. Furthermore, the IA was the node with the highest closeness centrality, thus mediating the connections between the embodiment dimensions and the AN psychopathology.
Conclusions: Our findings confirm the centrality of the embodiment disorder in AN. From this perspective, body image disturbance of people with AN may be conceived as a consequence of their difficulty to experience inner state and as a tool to build its own self. Therefore, embodiment dimensions may represent important psychotherapeutic focus.

Conflict of interest: No
Keywords: Anorexia nervosa; Embodiment; network analysis; eating disorders

EPP0456

Emotional face-body recognition, moral judgement and empathy in eating disorders: differences between patients and general population subjects with/out eating risk factors

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Introduction: Due to difficulties of interpersonal interactions of patients diagnosed with eating disorders (EDs), the present study assessed 4 social cognition domains: facial and body recognition, moral judgment and empathy for pain.
Objectives: The aim of the present study was to examine 4 social cognition domains in subjects with risk to have ED and patients with EDs.
Methods: 15.351 subjects responded to the National Mental Health Survey (Gómez-Restrepo, NMHS) and we selected 1.972 subjects who responded to the social cognition and risk eating behaviors modules: identification of emotions (Ekman) and intentionality, empathy, and moral cognition when harmful actions were shown (TASIT adaptation, Baez, 2014). Fifty ED patients also completed two tasks (Aviezer et al., 2012; Santamaria-García, 2019): (1) Subjects viewed pictures of bodies (faces covered) with 4 context emotions (anger, disgust, fear, sadness with context cue: i.e. holding a knife). (2) They also had to identify a congruent face-body emotion (anger face holding a knife), or incongruent (fear face with anger body).
Results: Subjects with eating risk behaviors (ENSM) as well as patients, had difficulties recognizing emotions, mainly fear and sadness; 42% of the subjects with diet behaviors do not recognize accidental harm (p=0.030). Similar profile was found in clinical population. All subjects tended to respond that aggressor deserve punishment, even though action was non intentionally (p=0.04).
Conclusions: A discussion on the highest difficulty in the Social Cognition in subjects at risk as well as EDs patients will be done. Relevance on prevention, treatment and therapy, if social interactions are taken in accoun, will be highlighted.

Conflict of interest: No
Keywords: Social Cognition; Eating disorders; face.body recognition

EPP0457

Relation between physical self-perceptions and excessive physical exercise in exerciser patients

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Introduction: Disturbances of physical self-perceptions are core of anorexia and bulimia nervosa and most of the time lead to excessive physical exercise (EPE). However, the relation between physical self-perceptions dimensions and EPE is not well establish.
Objectives: This research aims to document the relation between ten dimensions of physical self-perceptions and two components (quantitative and qualitative) of EPE.
Methods: The sample of this cross-sectional study included 44 anorexic and bulimic patients seeking an external specialized program for eating disorders. The Immersive and Embodied Cyberbody Rating Scale in Virtual Reality (Monthuy-Blanc et al., 2016), the Physical Self-Inventory (Maiano et al., 2008) and the Exercise and Eating Disorder test (Danielson et al., 2014) were used to measure the variables.
Results: The results of Pearson's correlations show that sport competence ($r = .40$, $p = .01$) and physical condition ($r = .44$, $p < .01$) are positively and significantly correlated to EPE quantitative score. The results also reveal that global self-esteem ($r = -.37$, $p = .02$), physical self-worth ($r = -.44$, $p = .02$), perceived physical attractiveness ($r = -.50$, $p < .01$) are negatively and significantly related to EPE qualitative score while body dissatisfaction at first person ($r = .47$, $p < .01$) and body dissatisfaction at third person ($r = .45$, $p = .01$) are positively and significantly correlated with EPE qualitative score.
Conclusions: These results show a different profile of physical self-perceptions related to each quantitative and qualitative EPE components. A discussion about implications of these results for future research and clinical practice is proposed.

Conflict of interest: No
Keywords: physical self-perceptions; excessive physical exercise; eating disorder

EPP0458

Gut microbiome and psychopathology: a prospective study in patients with anorexia nervosa

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Introduction: Several studies highlighted that the gut microbiome is a contributing factor to host behaviour, metabolism and mood regulation. Although these aspects are commonly altered in subjects with anorexia nervosa (AN), the gut microbial composition of these patients has been poorly investigated.
Objectives: The aim of the study is to analyze the microbiome gut composition of subjects with AN and evaluate its association with clinical and psychopathological variables.
Methods: Twenty women affected by AN admitted to residential care and 20 healthy women were included in our study. Eating disorder and general psychopathology were investigated with the Eating Disorder Examination Questionnaire and the Brief Symptom Inventory respectively. Stool sample was collected during the acute phase of the disease and after restoration of a normal Body Mass Index, in AN patients. Controls collected a stool sample after a week of a standardized diet. Gut microbiome was analysed by processing 16S rRNA sequences, obtained from stool sample DNA.
Results: In comparison to healthy controls, patients during the acute phase showed: a significantly reduced alpha and beta diversity; a lower abundance of Lachnospiraceae and Bacteroidaceae families; a reduced abundance of Coprococcus species. After weight gain, no significant differences emerged between patients and controls. Furthermore, during the acute phase, patients showed a negative association between the Coprococcus abundance and the general psychopathology index.
Conclusions: Our results confirmed the hypothesis of a gut microbiome imbalance during the AN acute phase. Future studies will be needed to clarify the possible mechanisms through which these alterations may affect the maintenance of AN.

Conflict of interest: No
Keywords: Anorexia nervosa; gut microbiome; Gut-brain interaction; Refeeding

EPP0460

Fat mass and obesity-associated gene (fto) as a susceptibility factor and moderator of the expression of psychopathological traits of eating disorders

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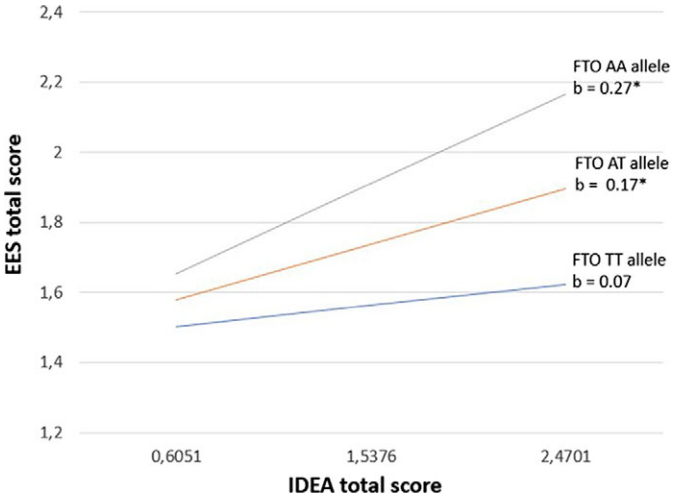
Introduction: Eating disorders (EDs) have a multifactorial etiopathogenesis that includes environmental, psychological and biological factors. It has been hypothesized that genetic variability can influence the expression of the psychopathological characteristics of these disorders. Growing interest is directed to Fat mass and obesity-associated gene (FTO), in particular to the rs9939609 (T>A) polymorphism, which has been associated with the development of obesity.
Objectives: To evaluate the role of FTO rs9939609 (T>A) polymorphism as a susceptibility factor for EDs and its relationship with psychopathological correlates of EDs, in particular disorders of the embodiment and emotional eating.
Methods: The prevalence of the A-allele was evaluated in 266 patients with EDs and in 129 healthy controls. Data on psychopathology and on pathological eating behaviours were collected through a clinical interview and self-report questionnaires, including the Emotional Eating Scale (EES) and the Identity and Eating disorders questionnaire (IDEA).
Results: A-allele was found to be significantly more represented in patients than controls and showed an association with greater severity of binge eating, emotional eating and alterations of the embodiment. Moreover, it moderated the relationship between disorders of the embodiment as assessed with IDEA questionnaire and emotional eating, being this association significant only in A-allele carriers.
Conclusions: This study suggested a role of FTO rs9939609 (T>A) polymorphism as a vulnerability factor for the development of EDs. Moreover, in patients with disorders of the embodiment A-allele seems to represent a potential risk factor for emotional eating, which in turn is associated with obesity and binge eating.

Conflict of interest: No
Keywords: Fat mass and obesity-associated gene (FTO); Emotional Eating; Embodiment



Eating disorders - Part III

EPP0461

Leptin and psychopathological correlates of eating disorders

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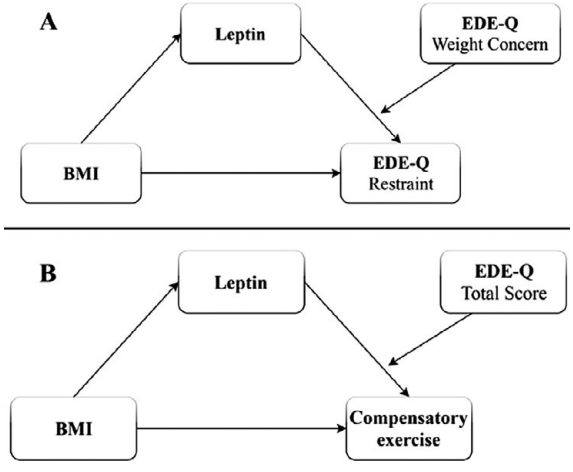
Introduction: It has been hypothesized that leptin's modifications in Eating Disorders (EDs) aren't just a consequence of malnutrition, but they also represent a maintenance factor for pathological reward-related eating behaviours, such as dietary restraint and compensatory physical exercise, due to the role of leptin in the regulation of dopaminergic tone in brain reward circuits.
Objectives: To evaluate the role of leptin in maintaining dietary restriction and compensatory exercise in subjects with Anorexia Nervosa (AN) and Bulimia Nervosa (BN).
Methods: 56 patients were enrolled, 39 with AN and 17 with BN; 43 healthy controls (HCs) were also recruited. Blood leptin levels were measured and psychometric tests for the evaluation of general psychopathology (SCL-90-R) and of EDs specific pathological behaviours and psychopathology (EDE-Q) were administered.
Results: Lower leptin levels were found in subjects with AN and BN as compared with HCs. Leptin was negatively associated with the frequency of compensatory exercise, even when adjusting for age



and BMI, but only in subjects with EDs. The moderated mediation models confirmed the role of leptin as a complete mediator for the relationship between low BMI and increased dietary restriction and compensatory exercise, but only for high levels of EDs specific psychopathology.
Conclusions: These results suggest that for subjects with severe EDs psychopathology a low BMI maintains dietary restraint and compensatory exercise through a decrease in leptin levels, probably because of the role of leptin in reward circuits and due to the presence in EDs patients of an aberrant food-related reward that makes losing weight instead of feeding the desirable aim.

Conflict of interest: No
Keywords: Compensatory Physical Exercise; Leptin; Reward; Dietary Restraint

EPP0462

Abnormal eating behavior in weight correction seeking respondents: results of the on-line survey in russia

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Introduction: Overweight and obesity are among most important current healthcare problems. Abnormal eating behavior could be the significant factor for increased weight and obesity risks.
Objectives: The aim of the study was to evaluate the prevalence of abnormal eating behavior symptoms in weight correction seeking respondents.
Methods: Data presented in the study were obtained from Russian online-survey conducted from 2013 till 2018 (27769 respondents in total – 94,2% females, mean age – 37,2±0,06 years, Me=36; Q1=30, Q3=43). Inclusion criteria were: age ≥18 years; current residency in Russia and CIS countries; fluency in Russian language. Eating Attitudes Test (EAT-26) was used for abnormal eating behaviors screening.
Results: High prevalence of overweight (29,3%), obesity I (27,8%), II (15,5%) and morbid obesity III (11,6%) were detected in the sample. Mean EAT score was 13,59±0,08 with lower scores for men (Me=9) compared to women (Me=13, p<0,01). The proportion of respondents with high EAT scores as a probable abnormal eating behaviors (>= 20) was 22,6% for overweight subsample and for subsamples with obesity I, II and III– 21,5%, 21,8% and 22,7%, respectively. Overall 23% of women and 3% of men with overweight and obesity in our sample had abnormal eating behavior.
Conclusions: Our results showed high rates of overweight and obesity and moderate rates of abnormal eating behavior scores in weight correction seeking respondents. Further studies are needed to provide opportunity to create specific prevention programs for early diagnostics and treatment of abnormal eating behaviors to reduce risk of overweight and obesity.

Conflict of interest: No

EPP0464

0 Calories in 280 characters: exploring #proana content on twitter®

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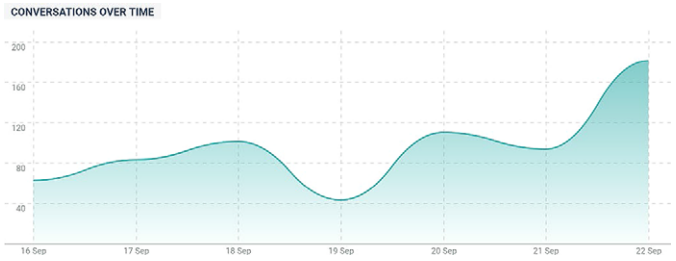
Introduction: Eating Disorders (ED) are associated with high levels of secrecy, and internet (due to its anonymity and accessibility) is often used by patients as a medium for social support and information exchange. Several online platforms display content supporting people in maintaining their ED (including anorexia – proana; and bulimia – promia). Various campaigns have attempted to ban this data (e.g. Instagram® and Pinterest® actively deleted pro-anorexia content). Nonetheless, the diversity of social media difficults censorship, and many social networking sites (SNS), including Twitter®, still constitute an easy gateway to pro-ED information.
Objectives: To understand the online expression of pro-anorexia content, and review the literature on this issue.
Methods: A research was performed on PubMed® on pro-ED's online expression, and the resulting articles were summarized. Furthermore, we examined one week of ED-related content on Twitter®, using a social analytics website (talkwalker®) to characterize #proana tweets.
Results: According to the data from talkwalker®, 53 individuals posted a total of 665 #proana tweets during the period assessed, with an estimated reach of over 27000 subscribers. Moreover, #proana tweets often included other ED-related hashtags, and a content analysis suggests their most common themes related to body-image, weight loss tips, and motivation for anorexic behaviours.



Conclusions: Twitter® and other SNS facilitate the development and access to online pro-ED communities, which appears to contribute to the maintenance of these disorders. Further research is needed to understand this phenomenon, including the nature of online pro-ED activities in different SNS, and how it can be leveraged to find and reach individuals with ED.

Conflict of interest: No
Keywords: eating disorders; proana; e-mental health; Anorexia nervosa

EPP0465

Psychopharmacology in anorexia nervosa: an update of current literature and meta-analysis

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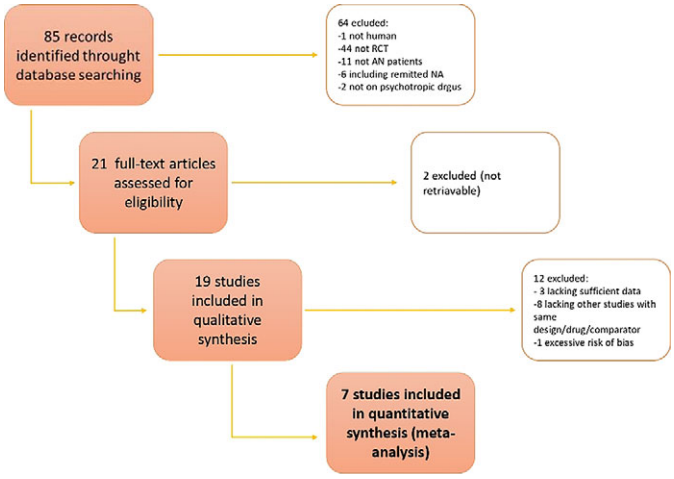
Introduction: Anorexia Nervosa (AN) presents the highest mortality rate among psychiatric disorders, with a standard mortality ration of 5.86 and one in five deaths in AN patients is by suicide. Despite the large use of psychotropic drugs in AN, to date, Food and Drug Administration has not approved any psychoactive treatment for AN.
Objectives: To perform a systematic review and meta-analysis of published Randomized Controlled Trials investigating psychopharmacological treatment of AN, in order to define their potential efficacy and their clinical use.
Methods: The reporting of this meta-analysis follows the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement. An extensive literature search was performed. All RCTs enrolling patients with AN, comparing at least one psychotropic drug with another drug, placebo, Treatment-As-Usual (TAU) or no treatment, were included. The main outcome was the effect of psychoactive drugs on general and AN specific psychopathology, and on body mass index.



Results: Figure 1 reports the studies selection process. Of the seven studies included in the meta-analysis, five showed no significant effect between olanzapine and placebo for weight recovery. No significant result was found for ANs psychopathology, depressive and anxious symptoms for every molecule studied.
Conclusions: In the last years no RCT has been published on this topic and none of the novel drugs released have been studied. To date, there is no evidence for the use of any psychotropic drug in AN for weight recovery and for any comorbid psychiatric symptom.

Conflict of interest: No
Keywords: psychopharmacology; randomized controlled trial; Anorexia nervosa; eating disorders

EPP0467

Emotional and non-emotional impulsivity in anorexia and in bulimic spectrum eds

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Introduction: Impulsive personality traits and inhibitory control deficits, have been suggested in eating disorders (EDs), especially in bulimic-spectrum ones (BE). Emotions have a central role in the characterization of certain types of impulsivity, suggesting a distinction between emotional and non-emotional components. Emotional impulsive traits, such as negative urgency, have been associated with BE, but also with restrictive anorexia nervosa (AN). However, no studies explored emotional-related inhibitory control among EDs. Combining behavioural and event-related potentials (ERPs) measures allows exploring emotional and non-emotional inhibitory control in EDs.
Objectives: The study aimed to assess different aspect of emotional and non-emotional impulsivity in 17 patients with binge BE and 16 AN, compared with 20 healthy controls (HC).
Methods: Trait impulsivity was assessed using the UPPS-P scale; inhibitory control was measured by go/no-go task with emotional and neutral images, using behavioural responses and ERPs analysis.
Results: Higher negative urgency in both EDs groups compared to HC, with BE showing higher negative urgency than AN. Patients with BE also showed the highest score in lack of perseverance compared to both AN and HC. In the go/no-go task both groups showed lower accuracy and higher amplitudes of the N2 and P3 components in no-go trials. However, emotional stimuli did not affect behavioural or ERP data, in nor patients or controls
Conclusions: Negative urgency as emotional impulsive trait characterize both patients with BE and AN, whereas non-emotional impulsive traits are present only in BE. By contrast, the present findings do not support evidences for emotional or non-emotional inhibitory control deficits in patients with EDs.

Conflict of interest: No

EPP0468

Recovery college: innovation and reflection on its use in eating disorders prevention

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Introduction: In its Comprehensive mental health action plan 2013–2020, the World Health Organization insists on promoting mental well-being, preventing mental disorders and improving the chances of recovery for people experiencing these disorders. One emerging initiative reflecting these recommendations is the "Recovery College" model. This model is complementary to psychiatric care is articulated through an educational approach centered on recovery and strengths, in a social diversity.
Objectives: This scientific poster aims to 1) explain the "Recovery College" model and its key principles; 2) to present the results of a literature review on the effects of the "Recovery College" that have been studied empirically; 3) demonstrate how the "Recovery College" model addresses the prevention of eating disorders.
Methods: A literature review was undertaken in Medline and Scopus electronic databases.
Results: 460 articles were found and a total of 31 publications were retained. The "Recovery College" model is complementary to psychiatric care and is articulated through an educational approach in a social diversity where all persons (with or without mental difficulties, parents, health service providers, education and management, and citizens, etc.) have access to evidence-based mental health, recovery and well-being training. Attending RC shows high satisfaction among students, attainment of recovery goals, changes in service providers' practice, reduction of cost and service use.
Conclusions: The Recovery College shows similarities with effective evidence-based eating disorders prevention initiatives (offered to a mixed audience by health care professionals and peers with experience) and therefore should be considered as a new approach to eating disorders prevention.

Conflict of interest: No
Keywords: eating disorders; Prevention; public health; health education

EPP0471

Factors associated with eating disorders in non-psychotic patients with suicidal ideation

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Introduction: Eating disorders (ED) have the highest premature mortality of any psychiatric disorder and suicide remains a particularly common cause of death.
Objectives: The aim of the study is to fill the gap in our knowledge of factors related with ED in non-psychotic patients with suicidal ideation (SI) in the Russian Federation.
Methods: Self-Injurious Thoughts and Behavior Interview (Nock et al., 2007) was used to identify patients with SI during the consecutive screening in the Moscow Research and Clinical Center for Neuropsychiatry. 272 female patients under 40 years old gave an affirmative answer for the first question of SITBI and were enrolled into the study. After psychiatric interview the sample was divided into two groups with and without ED.
Results: A total of 45.2% patients (mean age 23.0 ± 5.5), reported lifetime anorexia or bulimia. Variables associated with ED are presented in the table.

Variable	p
Unregistered marriage	0.04
No children	0.01
Smoking	0.004
Piercing	0.04
Tattoos	0.007
Age of first contact with mental health sevice under 21 yo	0.001
Sexual abuse	0.04
Age at onset of sexual life under 14 yo	0.02
Group-sex experience	0.04
Non-suicidal self-injury (NSSI) (lifetime)	<0.0001
Age at onset of NSSI under 14 yo	0.007
Currently meet DSM 5 criteria for NSSI disorder	0.002
Age at onset of suicidal ideation under 16 yo	0.005
Suicidal plan (lifetime)	0.007
Suicidal attempt (lifetime)	0.02

Conclusions: Adverse experience, risky sexual behavior, NSSI, suicidal plan and SA have been found to be associated with ED in patients with NPMD with SI.

Conflict of interest: No
Keywords: anorexia; bulimia; non-suicidal self-injury (NSSI); Suicide

EPP0472

Eating disorders in patients with autistic spectrum disorders in childhood

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Introduction: Autistic spectrum disorders (ASD) - group of complex mental development disorders with stereotyped behavior, decreased ability to social interaction, and communication. The presence of eating disorders (ED) at an early age in children with ASD is considered as indicator of the severity of the disease. There is a certain dynamics of ED in patients with ASD according to hyperdynamic catatonic and catatonic regressive disorders during polymorphic seizures. An analysis of ED types in ASD, their dynamics and the relationship of the severity of the condition with leading syndromes is required.
Objectives: Describe variants of ED in young children with ASD.
Methods: 146 children from 2 to 7 years old with ASD, with leading in the clinical picture eating disorders against the background of hyperdynamic, catatonic and catatonic regressive disorders, some of the children were examined follow-up. The study was conducted at the Federal State Budget Scientific Institution NCPZ, Department of child psychiatry. Methods: clinical-psychopathological, clinical-dynamic.
Results: We observed next main forms of ED in children with ASD : • stereotypical menu and feeding procedures; •changes in timing and procedure for breastfeeding; • difficulties with introducing of new foods; • inedible eating episodes; •selectivity in food products, both in composition and quality (state of aggregation), in cooking and serving food; • combination of eating disorders with various clinical syndromes of ASD.
Conclusions: ED in children with ASD additionally changes there psychomotor and somato-endocrine development. Patient management involves common work of specialists (pediatrist, psychiatrists, and psychologists) with patients according to the observing symptoms or syndromes.

Conflict of interest: No
Keywords: eating disorders; Autistic spectrum disorders; clinical syndromes of ASD; Children

E-Mental Health - Part I

EPP0474

Mental health meets mhealth: a review of the current status of mental health smartphone applications and the challenges to their greater uptake

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Introduction: Mental health (MH) conditions are a leading disease burden globally. With increased smartphone usage, mobile health applications that address MH can offer a viable solution to increasing access and enabling individuals. Furthermore, artificial intelligence and machine learning (ML) can be integrated into these applications for better patient outcomes. However, the development of accurate algorithms requires a sufficient wealth of data, necessitating adequate user engagement and awareness.
Objectives: This review aims to develop a comprehensive understanding on the current status of MH applications, their data collection practices, their incorporation of ML and public perceptions regarding their use.
Methods: A literature search for scholarly articles from 2014 to 2019 was conducted across a range of peer-reviewed databases, including MEDLINE and EMBASE.
Results: 11,902 articles were identified, of which 41 were included. Predominantly, articles were text and opinion-based evidence (24/41), followed by reviews (8/41). When categorised by content, most articles provided insight into available MH applications (26/41), followed by their data collection practices (11/41) and ML implementation (8/41). Few discussed public perceptions on MH applications (5/41).
Conclusions: MH applications have various uses, and mainly collect data of a self-reported nature. While their incorporation of ML is promising, it is not presently the mainstay. The foremost challenges barring greater MH application uptake pertain to data privacy, applications' proven efficacy, and their regulation. Solutions elicited in the literature have yet to be translated into action, and there is little research into the public perceptions surrounding their use. Further exploration into public opinion is required in order to improve user engagement.

Conflict of interest: No
Keywords: Smartphone; digital health; mHealth

EPP0475

Bridging the gap in mental health apps: public perceptions regarding mental health smartphone application use.

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Introduction: Mental health (MH) accounts for a large proportion of the global disease burden, but is often under-reported due to stigma. With the increasing ubiquity of smartphones, more mobile health applications targeting MH are being released. However, few studies have examined the public perceptions regarding these applications and the sensitive data they collect. This is concerning as previous studies have found most applications lack adequate data privacy practices, and are often scientifically unproven.
Objectives: This study aims to identify public opinion on MH applications, the data they are willing to share, and their understanding of data practices and application efficacy.
Methods: An anonymous questionnaire was distributed from April to May 2019 over various platforms, with a minimum participant age of 18. Results were subsequently analysed using IBM SPSS Statistics.
Results: Of the 453 responses, 30.9% had used a MH application, and a further 41.1% were aware of their existence. Participants were most comfortable sharing their age and stress levels with applications, and least so their location and browsing histories. Although 72.0% viewed data privacy as important, 75.9% were unlikely to read privacy policies before downloading applications. In contrast, 57.4% found scientific efficacy important, and 69.5% would check for evidence of efficacy.
Conclusions: Overall, respondents were interested in MH applications, and were most comfortable sharing non-identifiable data. However, there was clear discrepancy between the importance assigned to data privacy and the subsequent assessment of privacy policies. Additionally, while respondents were likely to check for efficacy, further research into how they would assess for efficacy is required.

Conflict of interest: No
Keywords: mHealth; digital health; smartphones; public opinion

EPP0478

Hypnosis and virtual reality in psychotherapy: altered states of consciousness?

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Introduction: Hypnosis and virtual reality in psychotherapy: altered states of consciousness? Altered states of consciousness, even without the use of drugs, have long been known: the near-death experiences, those of sensory deprivation, mysticism, deep meditation testify to this.
Objectives: I hypothesize that hypnosis associated with virtual reality can lead to similar experiences.
Methods: A controlled experimentation with brain imaging techniques is difficult to achieve because the VR device cannot be inserted into an electronic equipment: an assessment is therefore being carried out by comparing the plasma catecholamines and serotonin, both in wakeful conditions and in a trance state in VR. This work, which consists in inducing a state of trance on the patient and in the observation of various 3D videos on the VR device, has allowed us to observe how the person reports the lived experience with considerations similar to those of the altered states.
Results: The affirmation of a young drug addict is emblematic: "I felt like when you take too much ketamine, disconnected from here, out of the world". Another patient stated: "I see the energy of life, it is as if my spirit was connected to this energy, I feel pure and loving", while another asserted:" these geometric figures move languidly around spheres". The patients, undergoing psychotherapeutic treatment, subjected to such experimentation, present greater compliance, openness to novelty and self-esteem that seem to accelerate the process of change.
Conclusions: At the moment no idiosyncrasies, serious states of anxiety or side effects have been detected in relation to the activities performed.

Conflict of interest: No
Keywords: Hypnosis; virtual reality; Consciousness

EPP0479

Contribution of digital health technologies in the management of attention deficit and hyperactivity disorder (adhd)

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Introduction: ADHD is a common neurodevelopmental disorder with serious functional impairments. The symptoms management and medication adherence remain challenging in most cases. Digital health technologies (DHT) seem to offer a better approach to support the traditional treatment strategies.
Objectives: Investigate the use of DHT in the management of paediatric ADHD.
Methods: A review of the literature, including articles evaluating the use of telemedicine in ADHD, with the following key words was done using the PubMed and google scholar: telemedicine, mHealth, ADHD, internet
Results: Perpetually developing, and individualized DHT were mentioned in the literature. These can be classified into different categories: Telemedicine/ telepsychiatry: Based on remote professional interventions. It Helps local primary care providers to deliver evidence based pharmacologic treatment and behaviour training interventions for children with ADHD thanks to training programs and continuous monitoring by specialists. It also allows consultations through videoconferencing, and remote monitoring. Computerized Cognitive and Behavioural Therapy (cCBT) was used in serious games interventions helping children to improve their executive functions and daily life skills. mHealth: Mobile-delivered Health provides information, interventions and assessments on mobile devices, such as smartphones. Apps related to ADHD aim to improve organizational skills, and include tools such as reminders, timers, reward charts etc. It also facilitates caregivers / care providers' communication telehealth: Includes Web portals, informative sites and electronic health records providing communication, screening and symptom tracking tools, rating scales...
Conclusions: Multiple studies emphasize the improved outcomes of DHT as they are valued, available and well accepted treatment strategies. Further investigations are needed to evaluate these findings.

Conflict of interest: No
Keywords: ADHD; Internet; Telemedicine; mHealth

EPP0481

Exposure therapy in virtual reality for social anxiety disorder

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Introduction: Social Anxiety Disorder (SAD) is a common mental disorder, but we need more accessible and effective treatment. A substantial part of SAD individuals either do not seek treatment or drop out. Effective treatment for SAD is particularly important in that it is a disorder that starts at a young age and affects social skills. Virtual Reality Exposure Therapy (VRET) has several advantages compared to traditional (either in vivo or imaginary) exposure methods, because treatment can take place in a safe setting with increased control of situational elements.
Objectives: The present study aims to develop and examine a new treatment program for SAD based on cognitive behavioral therapy (CBT) with exposure therapy conducted in Virtual Reality (VR)
Methods: A randomized controlled trial comparing the reduction in SAD symptoms from baseline to post-treatment between the following three arms 1) CBT with VRET 2) CBT with in vivo exposure and 3) VR relaxation therapy. Therapy will consist of 10 weekly sessions with a 6 months follow-up. We expect to recruit 90 patients diagnosed with SAD.
Results: Preliminary results will be presented

Conclusions: Positive findings will support the use of VRET as an alternative or supplement to traditional exposure methods. With time, this type of therapy might be carried out in the home of the patients, and thereby be helpful for patients who would not otherwise seek treatment because of severe fear of social interactions. VRET could therefore be a key element in an effort to reach those that stay away from traditional treatment.

Conflict of interest: No
Keywords: social anxiety; virtual reality

EPP0482

Updates on the correlation between social media and depression

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Introduction: In 2019, the number of social media (SM) users is estimated to be 2.7 billion people, globally. Many studies aim to correlate the use of social media with depressive symptoms, finding apparent bidirectional connections. Nowadays, seems impossible to deny that social media can have the power to influence one's well-being.
Objectives: Given the recent spotlight of the subject both in the media and in scientific research, we aim to review the latest findings on the correlation between social media use and depressive symptoms.
Methods: Search on the Pubmed database of related terms, with subsequent literature review.
Results: In several studies, excessive SM use has been associated with depressive symptoms. Some studies correlate differences in symptomatology with different SM - depressive symptoms appear to be more prominent in Twitter users over Facebook/Instagram users. It has been mentioned that social comparisons have a stronger relation to depression than the time spent on SM. Nevertheless, even the time spent on passive use (e.g. scrolling through SM feeds) has been associated with interest loss, concentration problems, fatigue, and loneliness. Heavy SM users experienced poorer sleep quality, lower self-esteem and higher levels of anxiety and depression (they were even twice as likely to report having attempted suicide). Surprisingly, the largest drop in well-being occurred between moderate and heavy use, with light users being higher in wellbeing versus non-users.
Conclusions: Growing body of evidence reveals that SM use is related to depressive symptoms. Given the great use worldwide, identifying the mechanisms of this association is critical for taking the necessary preventive measures.

Conflict of interest: No
Keywords: Social Media; Dépression; self-esteem; Internet

EPP0483

Comparing models of telemental health: data from a pilot feasibility study

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Introduction: The CAMH TeleMental Health program provides general psychiatric consultations via two distinct models of care: the general provincial referral model (GRPM) and the integrated care model (ICM). In the GPRM, patients are placed on a waitlist for a consultation with the first available psychiatrist. In the ICM, psychiatrists are partnered with a community-based organization for regularly scheduled direct and indirect patient care.
Objectives: The objectives of the study were to: 1) compare the two models 2) determine the effectiveness of a follow-up 3-months post-consultation.
Methods: Assessment measures (PHQ-9, GAD-7, WHODAS and AUDIT) were administered to participants in both the GPRM and ICM at baseline and six months. Half the participants in each group were randomized to the intervention, whereby a social worker re-administered the screening measures and followed-up with both the patient and referring provider regarding recommendation implementation three months post-consultation.
Results: 63 patients participated in the study. Preliminary results demonstrate the effectiveness of both models of care, with significant decreases on the PHQ-9, GAD-7 and WHODAS from baseline to 6-months post-consultation. No significant differences were observed between models of care or intervention and control groups, with the exception of the GAD-7 which demonstrated greater improvements in the GPRM. Full results will be shared during the presentation.
Conclusions: Telepsychiatry is an effective model of service delivery in both the GPRM and ICM; however, further research is needed to better understand how the two models of care differ with respect to quality of patient care and mental health outcomes.

Conflict of interest: No
Keywords: telepsychiatry; TeleMentalHealth; telehealth; eHealth

EPP0484

Improving access and experience of mental healthcare for youth through virtual models of care

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Introduction: Approximately 1 in 5 youth experience mental illness, with 75% of mental illnesses starting in childhood/

adolescence (Kim-Cohen et al., 2003). Additionally, the number of Ontario youth rating their mental health as only fair or poor has increased significantly since 2007 (Boak et al., 2014).
Objectives: The goals are to: 1) improve youth access to healthcare and service delivery; 2) facilitate proactive interventions by allowing youth to monitor their mood/behavior; 3) enhance care provider-patient communication; 4) improve youth and care provider experiences.
Methods: This study will assess the feasibility of implementing remote mental health services for youth (age 14-25) from three hospitals and three community agencies. Youth are connected to their care team through the Collaborative Health Record (CHR). The CHR has the ability to: book appointments online; track quality of health and health outcome scores; and engage in both synchronous (video-conferencing) and asynchronous (secure messaging) virtual visits with their care providers. The care providers have site-specific CHR accounts, and are able to add respective youth onto the platform who wish to participate in this method of care.
Results: We will highlight youths' responses to the Perception of Technology questionnaire. Qualitative findings from focus groups will also be provided to highlight similarities and differences in perceptions of youth and their HCPs regarding this intervention.
Conclusions: It is envisaged that TELEPROM-Y will: 1) improve healthcare outcomes and patient quality of life; and 2) reduce healthcare system costs by preventing hospitalization and reducing the need for outpatient visits.

Conflict of interest: No
Keywords: Telemedicine; M-health; Smart technology; mental health

EPP0485

Smart home technology in two inpatient psychiatric facilities and in the community

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Introduction: Many people experiencing mental illness remain in hospital or are readmitted because appropriate home care in the community is not readily available. This project will attempt to establish the use of smart technology in assisting individuals with mental illness.
Objectives: The objective of this study is to evaluate the use of smart technologies for individuals with severe mental illness residing in the community and in transitional hospital apartments.
Methods: The study is currently recruiting up to 20 participants for the transitional hospital apartments, and 13 participants in community homes (aged 18-85). Recruited participants chose screen devices such as smartphones, tablets, and/or touch-screen monitors. These enabled video-conferencing, prompts/reminders, and transmission of formal and informal questionnaires to their care-providers. Health-monitoring devices such as weigh-scales, blood pressure monitors, glucometers, and smartwatches were provided as needed. Automated medication dispensers were offered to community-based participants. Participants in the transitional hospital apartments completed a semi-structured interview upon discharge and at 6-months post-discharge. Community-based participants completed interviews at baseline and at 6-month and 12-month follow-ups. Data analysis will include quantitative analyses pertaining to effectiveness (i.e. community integration, housing history and health), ethics, policy and cost-effectiveness, and an ethnographic qualitative approach.
Results: Participants have been positive towards the technology so far. It is anticipated that participants will demonstrate greater levels of community integration, housing stability and self-care for mental health and chronic illnesses.
Conclusions: It is envisaged that the results will inform care-providers and decision-makers of housing support programs, leading to enhancements supporting self-care and potentially preventing hospital readmissions.

Conflict of interest: No
Keywords: mental health; Housing; Smart technology; e-health

EPP0486

Usability of virtual reality in inpatient psychiatry: evaluation of an attempt to reduce coercion

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Introduction: Coercion is a contentious subject in mental health services (MHS). It has several negative effects. Many countries aim to reduce coercion as much as possible and several initiatives have proven effective. However, in Denmark the reduction of coercion has not been as prominent among the younger patients. To target this specific patient group, MHS in the Region of Southern Denmark have attempted to implement virtual reality (VR) equipment as a supplement to existing initiatives to reduce coercion.
Objectives: To evaluate the effectiveness of the VR initiative.
Methods: This study utilized a mixed methods design. Data on coercion were gathered on patient level from one unit (n=88), and semi-structured interviews were conducted with inpatients (n=5) and staff (n=7) from the same unit. Further, monthly coercion data on unit level were collected from three different units. Multiple Regression Analyses (MRA) were used to investigate the effect of VR on coercion levels. Interviews were analyzed using Systematic Text Condensation.
Results: Implementation of VR was unable to predict changes in coercion levels in the MRAs. Only few patients had used the VR equipment. The qualitative analyses showed generally positive attitudes. However, some of the specific goals of the project (e.g. calming a violent patient) did not seem plausible.
Conclusions: Although MRAs did not indicate any significant predictors for coercion levels, interviews revealed interesting perspectives on using VR in inpatient psychiatry. Future studies

should, however, investigate whether the patients' interest in VR will fade over time.

Conflict of interest: No
Keywords: Psychiatry; User experience; virtual reality; coercion

E-Mental Health - Part II

EPP0487

Digital mental health interventions in mental health care: end-user perspectives and missing links

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Introduction: Digital mental health (DMH) interventions incorporating the Experience Sampling Method (ESM) – self-tracking of current mental states, symptoms and context revealing the psychosocial individuality of each patient - have shown to have immense therapeutic potential, and yet have not been implemented in clinical settings. One major obstacle is the lack of end user input in DMH design and implementation.
Objectives: In order to design a user-centric DMH, we gathered input from two sets of end users i) individuals with psychosis on ways to better capture their mental states and experiences using ESM, and how to fit it into their daily lives; ii) psychologists and psychiatrists on ways to harness ESM-based DMH in mental health care settings.
Methods: Focus groups and interviews with N=21 indiviiduals with psychosis and N=24 mental healthcare professionals were conducted, transcribed verbatim and analysed using the Interpretative Phenomenological Analysis method.
Results: Individuals with psychosis identified 22 novel psychotic experiences that ought to be captured by the DMH, as well as the need to personalize the content of the DMH and feature personalized early warning signs of aberrant patterns of symptoms or behavior signaling psychosis. Clinicians agreed on the need for DMH to provide insight into the symptom dynamics of their patients, identify treatment targets, and to create a dialogue and shared decision-making on care with their patients.
Conclusions: Personalization and shared decision-making may be the cornerstone of successful DMH intervention in mental health care, which often constitutes a missing link in its sustainable implementation and true personalized psychiatry.

Conflict of interest: No
Keywords: mHealth; Participatory science; Experience Sampling Method; Digital mental health

EPP0489

Telecommunications in psychiatry: what do we know and what should we consider next

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Introduction: Correspondence between Psychiatrists and patients has evolved through the years, and telecommunication means are ubiquitous. Although the use of synchronous and asynchronous interventions is becoming more prevalent in clinical practice, both for assessment and treatment, guidelines are scarce.
Objectives: We aim to do a qualitative review of available literature.
Methods: Search of PubMed database. Inclusion criteria: type of study, focus on direct telecommunication between psychiatrist and patient. Exclusion criteria: language constraints, inability to find full text online.
Results: There were 2371 articles matching the search query. 87 were selected - 8 case reports, 15 clinical studies (including 5 randomized controlled trials), 61 literature reviews (of which 2 were systematic), and 3 meta-analyses. Publication date ranged from 1985-2019 (54,0% in the present decade). When defined, the population consisted of exclusively adults in 45,2% (of which 47,4% general population, 36,8% forensic, 10,5% geriatric) and 31,0% exclusively children and adolescents. Many studies focused on videoconferencing or phone communication, and few on digital media. Main areas of focus included effectiveness, acceptability, feasibility and ethics. The majority of studies showed good acceptability and non-inferiority of telecommunication mediated interventions, compared to in person interventions.
Conclusions: The use of telecommunications in everyday Psychiatric practice raises many practical, ethical and security related issues. It is at least as effective as in-person interventions, and generally well accepted. It may present as a cost effective way to reach communities otherwise isolated from mental health care. Arguably, communication through digital and online media will become more frequent, and will need better characterization in future studies.

Conflict of interest: No
Keywords: telecommunications; telepsychiatry; communication in psychiatry; e-psychiatry

EPP0494

Implementation and utilization of telepsychiatry in ontario: a population-based study

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Introduction: Telepsychiatry is an effective and reliable health service delivery model with high levels of patient satisfaction, however in Ontario, there is limited evidence to guide strategic implementation of telepsychiatry to effectively distribute care from areas with high health human resource supply to low.
Objectives: This presentation will summarize findings from a 2017 published study that:1) Characterized psychiatrists delivering and patients receiving telepsychiatry in Ontario; 2) Determined the number of patients who accessed telepsychiatry following discharge from a psychiatric hospitalization; and 3) Explored distribution of patients receiving and physicians delivering telepsychiatry. Authors will also discuss how to address implementation gaps using implementation science frameworks.

Methods: A serial panel study was conducted to evaluate change in psychiatrist characteristic and demographic data from 2007 to 2013; a yearly cross-sectional study was completed for 2012/2013 fiscal year to assess patient and provider utilization and distribution of care. Implementation frameworks were used to assess future implementation approaches for telepsychiatry based on study findings.
Results: showed:7% of practicing psychiatrists delivered care through telepsychiatry, and only 3801 patients received care through telepsychiatry in 2013; there is no systematic rationale for organization of telepsychiatry delivery; and less than 1% of patients with high need care were not accessing care through telepsychiatry.
Conclusions: Telepsychiatry has the potential to be a helpful service delivery model to improve access to psychiatrists in regions with low supply, but lack of organization for this service has limited its ability to be maximized. Structured implementation tools and procedures, new funding models and increased public awareness can help increase implementation.

Conflict of interest: No
Keywords: implementation; Utilisation; telepsychiatry

EPP0495

A cost analysis comparing telepsychiatry to in-person psychiatric outreach and patient travel reimbursement in northern ontario communities

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Introduction: Three psychiatric care modalities exist to help address access issues in psychiatry in Ontario: 1) Telepsychiatry; 2) Psychiatrists traveling to underserved areas; and 3) Reimbursement of patients travelling to a psychiatrist. All three programs operate concurrently and are paid for by the Ontario government.
Objectives: This presentation describes findings from a 2019 publication assessing the cost difference between the three program models, and will present the audience with recommendations to implement efficient and cost-effective psychiatric outreach models.
Methods: Annual expense claims data outlining costs paid for physician clinical and travel and costs paid for patient travel were obtained and used for the economic model. Additional evidence assumptions where made where necessary. A cost-minimization analysis estimating cost per visit from a public healthcare payer economic costing perspective was conducted resulting in a base-case cost analysis; break-even analysis using total cost per program was also conducted. Deterministic and probabilistic sensitivity analyses were completed to explore effects of parameter variability on program costs.
Results: Costs per visit were lowest in telepsychiatry (CAD$360) followed by traveling physicians (CAD$558) and then patient reimbursement (CAD$620). Break-even analysis showed telepsychiatry to be the least costly program after an annual patient visit threshold of approximately 76 visits (compared to traveling psychiatrists) and 126 visits (compared to reimbursed patients).
Conclusions: Telepsychiatry is the least costly program, but optimal care should include opportunities to integrate physician visits to communities to better understand local context and build relationships. Recommendations for approaches and examples of integration will be explored, along with approaches to implementation using implementation science framework.

Conflict of interest: No
Keywords: telepsychiatry; cost analysis; cost minimization; Telemedicine

EPP0496

The role of online mental health literacy – review of a portuguese experiment

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Introduction: Mental health literacy is an important empowerment tool, as it helps people better understand their own mental health, manage it and interact with the health care system. Internet is increasingly becoming a key source of mental health information to most people, thus presenting as a way to enhance mental health literacy of users.
Objectives: To address the importance of online mental health literacy in a growing digital era through analysis of saudemental.pt - a Portuguese mental health web portal.
Methods: Review of selected literature regarding online health literacy. Analysis of saudemental.pt content, goals and users data.
Results: Online information provision has a number of advantages: access is convenient, private, and continuous and the information can be specific to the needs of the consumer and frequently updated. Saudemental.pt is an informative web portal that aims to provide clear and reliable information about mental health, helping in the recognition, management and prevention of mental disorders, along with fighting stigma and promoting healthy lifestyles. Since its launching, there was a substantial increase in the number of visitors, from 9.172 in 2016 to 59.292 in 2018. The majority of users were male (54%) and under 35 years old (61%). New users were accountable for 84% of visits. The authors will also present data from 2019.
Conclusions: Saudemental.pt manifests its growing power to access a wide public, acting as a potential tool to improve mental health literacy of the general population, empowering individuals to take an active role in managing their health.

Conflict of interest: No
Keywords: mental health; Mental health literacy; e-health

EPP0500

The therapeutic efficacy of yoga intervention at hackney learning disability service

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Introduction: ”it is not the strongest of species who survive, Nor the most intelligent , It is the one that is most adaptable to change” (L.C.M 1963) Investigated the effectiveness ashtanga yoga, vigorous practice uses synchronised breath control techniques, vinyasa,

through 24 weeks with follow-ups. The assumption that yogasana therapy, along with other established medical interventions, can help improve mental health. 17 service users and 11 support staff participated in the sessions. Through behavioural analysis charts, progress was monitored regarding their ability to perform. Interviews conducted with participants and developing camaraderie motivated to return to yoga mats. Antipsychotic and blood pressure medication reviewed; self-care and daily living skills improvements. People with LD can immensely benefit improving mental helath and prevent mental illness. The results should advance yogasana as a complementary therapy.
Objectives: - identify and apply clinical relevance for yoga - identify effects of body system and functions. - How to use it as one of the therapeutic interventions. - Prevention and mitigation of stress, Insomnia, asthma and other cardiac disorders,
Methods: Behavioural chart evaluated difference Poster, team and NHS Trust awayday 5 vignettes of illustration the outcome of sessions 15 minute video, interviews and feedbacks
Results: Service users statement ! ' I can sleep better' 'It impelled me to do things' 'get to sleep quicker' 'I enjoy yoga very much' ' I can relax'
Conclusions: Comparison of sessions after 24 weeks Improvement in physical and mental state. Staff – mindfulness at work, less burnout. 'How yoga Transformed my body' Home Yoga Support Plan, Sessions, 2020.

Conflict of interest: No
Keywords: how yoga transforms body

EPP0501

Integration of emental health technologies into traditional community-based interventions: the promotion of the digital health tool stopblues in 41 french cities

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Introduction: The unbridled development of eMental health technologies has shown the urgency of building the evidence base by associating mental health professionals. Yet, very little research has been conducted to apparaise the merits of including cities and their local mental health providers in the promotion of eMental Health technologies programs. While more and more cities have locally implemented a health strategic plan and have built a local network of professionals, how do local actors react to the implementation of innovative eMental health community-based programs?
Objectives: Key elements of community-based prevention programs in digital health need to be highlighted and analyzed.
Methods: In 2018, 41 French cities volunteered to promote StopBlues, a digital health tool aimed at preventing psychological distress. In each city, a local delegate was responsible for the promotion. Using observations, questionnaires and interviews with the delegates, we analyzed how the promotion of StopBlues® was conducted in each city, in light of the social and political contexts.
Results: Over the past year, (83%) of them have organized multiple actions to promote StopBlues®, but with wider variations from one place to another as preexisting community-based collaborations between the different local actors in mental health care was a facilitating factor. The innovative character of StopBlues® has induced actions, behaviors and measures that were not expected.
Conclusions: A good understanding and description of the local social and institutional context in which a public health program (especially mental health) is set up is critical for its evaluation and success.

Conflict of interest: No
Keywords: eMental health; community-based programs; Psychological distress; digital health

Emergency Psychiatry - Part I

EPP0506

Rehabilitation activities in a psychiatry emergency unit spdc di monterotondo (rm) dsmdp asl roma 5

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Introduction: Psychiatric rehabilitation activities (PRA) aim at restoring community functioning and improving well-being and quality of life of patients, guiding them towards independence and taking responsibility for their own existence. PRA suitable to psychiatry emergency settings are crucial as they prepare effective post-discharge therapeutic programs. Our psychiatry emergency unit designed rapid group PRA based on a combination of person-centred, evidence-based interventions.
Objectives: The aim of our study is to assess several aspects of our PRA: participation rate, degree of participants' satisfaction, perceived utility, and the quality of climate within the group.
Methods: Self-report questionnaires were administered in our psychiatry emergency unit to acute patients during their hospitalization. Patients underwent our PRA, a structured weekly program based on a combination of cognitive-behavioural interventions such as Psycho-education, Cognitive Remediation and Social Skills Training.
Results: From April to December 2018, 195 self-report questionnaires were administered. 88.5% of participants described PRA as very useful to their recovery process, 87% considered themselves very satisfied with the climate within the group and 86.1% of the sample was very satisfied with the quality of time spent on PRA.
Conclusions: Monitoring our group program resulted in a positive feedback on PRA, with high rates of perceived efficacy and satisfaction. High acceptability makes this intervention a promising approach able to promote awareness and recovery in acute patients. The therapeutic effects of PRA possibly unfold through the enhanced ability to cope with stress and to manage personal vulnerabilities, along with an improvement of cognitive functions.

Conflict of interest: No
Keywords: Recovery; rehabilitation activities; person centred; ability to cope with stress

EPP0509

Patients' aggressiveness within hospital settings: management and emotional feedbacks amongst nursing professionals in preventing and solving potential risky behaviours

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Introduction: Workplace Violence (WPV) in hospital settings appears to be a public concern worldwide. The National Institute of Occupational Safety and Health defines WPV as "any type of physical aggressiveness, verbal threatening or abuse which occur in the workplace".
Objectives: a) analysing the main determinants of hetero-aggressiveness (physical and verbal) towards health professionals; b) determining level of training/competence regarding preventive strategies in aggressiveness and violence in WPV; c) analysing coping strategies and emotional feedbacks; d) comparing data coming from literature with data empirically collected.
Methods: A multi-step methodological approach has been carried out, consisting in a: a) systematic review was here carried out by following Cochrane Collaboration and PRISMA guidelines and the MeSH terms 'Aggression'/'Violence'/'Nurse' and the following keywords [((aggression [Title/Abstract] OR violence [Title/Abstract]) AND (nurse*[Title/Abstract] AND hospital[Title/Abstract]); b) administration of a survey to a sample of nurses in an Italian hospital (n=160); c) data comparison.
Results: Demographic features, level of training and competence in managing aggressiveness in hospital settings and level of experience in psychiatric settings have been collected by using the survey strategy and comparing data with those from literature.
Conclusions: Findings appear extremelly contrasting, with a great varability in terms of level of training/education/competence as well as demographic features and the chance to experience an aggressive behaviour in hospital settings. Most subjects are not completely/adequately trained in administering specific rating scale for aggressiveness and in managing aggressive behaviours in order to prevent risky situations. Emotional feedbacks appear contrasting with a general attitude in accepting agressive behaviours as part of own work.

Conflict of interest: No
Keywords: aggressiveness; nurses; emotional feedback; workplace violence

Emergency Psychiatry - Part II

EPP0512

The importance of pre-haloperidol ekg in the acute setting: a case report

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Introduction: Pre-excitation changes can be noted on EKG following the administration of IV Haloperidol. Haloperidol is a typical, first generation antipsychotic used in the treatment of psychotic and mood disorder. IV Haloperidol has been linked to cardiac changes seen on EKG especially in the presence of cardiac risk factors and pathology. Haloperidol is known to cause QT prolongation and torsade de pointes, a type of ventricular arrhythmia. Our case reflects how important we shoud perform EKG so as to avoid catastrophe.
Objectives: A patient with unknown cardiac history developing a new arrhythmia after administration of intravenous haloperidol in the management of agitation in the Emergency Room. Questions we aim to answer include: Why it is important to have an ECG before giving antipsychotics in the acute setting? How do we do it now in our ED setting? What can be suggested and done to implement this?
Methods: Literature search and review on PubMed and Google Scholar with search terms 'haloperidol' and 'EKG changes'.The case was selected, and IRB approval obtained, and a detailed description of the patient's presentation is documented.
Results: Data is presented on the clinical presentation of the case and an overview of management is discussed.
Conclusions: Intravenous haloperidol administration may prolong QT intervals in some patients, precipitating potentially life-threatening arrhythmia. Since it is used regularly for agitation and delirium, clinicians should be aware of the potential of arrhythmias even in young patients and work out to see if EKGs can be done before administration of these emergency medications.

Conflict of interest: No
Keywords: EKG; Qtc; antipsychotic

EPP0516

Physical restraint use in emergency psychiatry: do changes in statutory framework have effects on practice? experiences of an adult psychiatry clinic in germany

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Introduction: Due to the judgement of the Federal Constitutional Court of 24 July 2018 (2BvR 309/15; 2BvR 502/16) [1,2] changes in clinic-internal procedural instructions regarding the use of physical restraints were conducted. One new regulation is that 5- and 7-point restraint events must be observed by 1:1 supervision carried out by qualified personnel. Amendments of relevant legislation were made in 2019.
Objectives: We aim at scientifically supporting the process of change.
Methods: A pre-post analysis in emergency psychiatry (pre=01.10.2017–30.06.2018; post=01.10.2018-30.06.2019) was performed focussing on impacts on clinical practice (a) and human resources management (b).
Results: Findings after changing statutory framework: a) Socio-demographic patient data of the comparison groups remained stable. Changes concerning several quality indicators [3] were found, e.g. decreases in the ratio of physically restrained treatment cases by 18.9 % and in the total duration of physical restraint per physically restrained treatment case by 15.1 %, and an increase in the ratio of involuntarily committed treatment cases by 16.8 %. b) The number of registered nursing personnel was increased by 6.3 %. 74 % of the 1:1 supervision time was reimbursed by an additional daily payment. This reimbursement requires conformity with specifications (e.g. duration

>6 hrs/day [4]) of the 2019 German payment system [4,5]. The refinancing rate of additional staff costs amounted to >90 %.
Conclusions: Variation in physical restraint rates and the general staff shortage make deployment scheduling for 1:1 supervision more difficult. Additional staff costs should be reimbursed completely. Further research regarding restraint use and involuntary commitment practice is required. References: [1] BVerfG. Urteil des Zweiten Senats vom 24. Juli 2018 - 2 BvR 309/15 -, Rn. (1-131), http://www.bverfg.de/e/rs20180724_2bvr030915.html; 2018 [accessed 11 October 2018]. [2] BVerfG. Judgment of the Second Senate of 24 July 2018 - 2 BvR 309/15 -, paras. (1-131), http://www.bverfg.de/e/rs20180724_2bvr030915en.html; 2018 [accessed 11 October 2018]. [3] Martin V, Kuster W, Baur M, Bohnet U, Hermelink G, Knopp M et al. Die Inzidenz von Zwangsmaßnahmen als Qualitätsindikator in psychiatrischen Kliniken. Probleme der Datenerfassung und -verarbeitung und erste Ergebnisse. Psychiat Prax. 2007; 34:26-33. [4] InEK-GmbH - Institut für das Entgeltsystem im Krankenhaus. PEPP-Entgeltkatalog, PEPP-Version 2019, Stand 16.10.2018, Anlage 5 Katalog ergänzender Tagesentgelte, https://www.g-drg.de/PEPP-Entgeltsystem_2019/PEPP-Entgeltkatalog; 2018 [accessed 24 June 2019]. [5] Deutsches Institut für Medizinische Dokumentation und Information (DIMDI), Köln, im Auftrag des Bundesministeriums für Gesundheit (BMG) unter Beteiligung der Arbeitsgruppe OPS des Kuratoriums für Fragen der Klassifikation im Gesundheitswesen (KKG) (Hrsg). OPS Version 2019, Systematisches Verzeichnis, Operationen- und Prozedurenschlüssel Internationale Klassifikation der Prozeduren in der Medizin (OPS), Band 1: Systematisches Verzeichnis, Stand: 19. Oktober 2018 mit Aktualisierungen bis zum 3. Dezember 2018, Köln, https://www.dimdi.de/dynamic/.downloads/klassifikationen/ops/version2019/ops2019syst-pdf-20181203.zip; 2018 [accessed 24 June 2019].

Conflict of interest: No
Keywords: emergency psychiatry; physical restraints; 1:1 supervision

Epidemiology and Social Psychiatry - Part I

EPP0519

Mental health and stigma: creating communities free of discrimination.

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Introduction: Mental health stigma is a complex and universal phenomenon, influenced by both sociocultural and personal determinants. In recent years the interest in this field has increased and several studies suggest its importance in the evolution of patients suffering of psychiatric disorders.
Objectives: The aim of this paper is to review the idea of stigma associated with mental illness. On this matter, we expose the main characteristics and results of two European Programmes created to fight against mental health discrimination.
Methods: Literature review focused on the origins, characteristics, current manifestations, causes and consequences of stigma, as well as on main strategies accomplished for its reduction.
Results: Stigma has an adverse impact in the access and adherence to mental health programmes. Likewise, several studies highlight the discrimination suffered by psychiatric patients in other areas (lower quality of medical care, legal injustices, limited access to quality jobs and decent housing…). Over the last decade, different anti-stigma projects have been articulated around three strategic approaches: protest, education and social contact.
Conclusions: The fight against stigma must be based on a multidisciplinary approach, ensuring long-term interventions not only focused on the health services but also opened to all the community. Although research is limited and further studies are needed, several results do mention the utility of mental health anti-stigma programmes carried out so far.

Conflict of interest: No
Keywords: Stigma; community mental health; social psychiatry

EPP0522

Incidence of disability for mental illness and behavior disorders

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Introduction: Medical Assessment Service works within the Czech Social Security System and is mostly incorporated in organizational structures of the Ministry of Labour and Social Affairs.
Objectives: Disability as an assessment-medical category of the system of pension insurance is a multi-dimensional category, as it includes medical, labour, social, legal, and economic circumstances. The basic and underlying reason for disability is a physical impairment having a character of long-term adverse medical condition.
Methods: Disability for mental disorder assessed by a separate chapter in the Annex to Decree No. 359/2009 Coll. When assessing the rate of decline in capacity to work for mental disorders and behavioural disorders, the monitored period decisive to assess the rate of decline in capacity to work should usually take one year.
Results: During the period 2012 to 2018 the assessment for overall disability decreased of 21%. Mental diseases are the second leading cause of disability after muscular and skeletal diseases. During the period 2012 to 2018 the assessment for disability of mental disorders decreased of 9 % (from 32 324 in 2012 to 26 224 in 2018).
Conclusions: The incidence of mental disorders in the Czech population has been rising over the past ten years. The number of disability assessments continues to decrease. This can be caused by applying assessment criteria that are 10 years old and, thus, do not correspond to current therapeutic knowledge and modern trends in psychiatry or due to better therapeutic results.

Conflict of interest: No
Keywords: Medical Assessment Service; disability; Long-term adverse medical condition

EPP0523

Impact of multidimensionality of sexuality in mental health studies: comparing sexual orientation identity, attraction, and behaviour.

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Introduction: Sexual orientation minority status is often associated with poorer psychological wellbeing. However, sexual orientation can be defined by multiple dimensions, including identity, attraction, and behaviour. Studies have pointed out that different dimensions lead to variation in the estimates of sexual orientation minority population sizes.
Objectives: This study examines how different definitions of sexual orientation affect its association with psychological distress.
Methods: Using survey data collected in 2011 from a stratified clustered sample (n=3,070) of Taiwanese young adults, different measurements of sexual orientation were tested for their association with a psychological distress score. The measurements used were sexual orientation identity, willingness to develop romantic relationships with a same-sex person, experience of being attracted to and having sex with a same-sex person, and the gender of their first sexual partner.
Results: The proportion of people with sexual orientation minority status differed considerably between sexual orientation measurements (3.09% to 31.59%). Sexual orientation minority measured by identity was associated with more psychological distress with a small effect size (beta coefficient (β)=1.3001, 95% confidence interval (CI) [0.3937, 2.2077]), while behaviour-based measurements were found to have bigger effect sizes (e.g. β=4.3591, 95% CI [2.4405, 6.2778] for gender of first sexual partner). As to attraction, those with a higher willingness to enter same-sex relationships were more distressed (β=3.6734, 95% CI [2.1402, 5.2066]), while those with moderate willingness were not found to differ from those who expressed unwillingness.
Conclusions: Sexual orientation minority groups defined by different dimensions have distinctive psychological characteristics. Studies should select measurements with caution based on their research questions.

Conflict of interest: No
Keywords: sexual orientation; dimensionality; measurement; Psychological distress

Epidemiology and Social Psychiatry - Part II

EPP0526

Are medical students really more affected by depression than other students? results from a national survey of 18,875 students in france.

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Introduction: Studies about mental health of medical students have highlighted higher rates of depression compared to the general population. However, comparisons to a general student population are rare.
Objectives: The French Observatoire national de la Vie Etudiante (OVE) has conducted a national survey and has measured the 12-month prevalence of major depressive episode (MDE) with the CIDI-SF and suicidal thoughts in 18,875 students.
Methods: This survey investigated 2,414 medical students including 975 in the 1st year, 607 in the preclinical phase , 342 clinical studentsand 485 residents. MDE was regressed on the sociodemographic data using univariate and multivariate logistic regression and a network analysis was performed to compare the symptoms between students.
Results: There was no significant difference for MDE prevalence among medical students (15.4%) compared to other fields of studies (15.7%). There was also no difference comparing the networks of depressive symptoms. However, some categories were particularly at risk for MDE: 1st year of medical studies (OR=1.74, 95%CI=[1.41-2.13]); Letters, Humanities and Social Sciences (OR=1.39[1.23-1.58]) and Law or Economics (OR=1.20[1.04-1.39]). Other sociodemographic variables were also significant risk factors: having important financial difficulties (OR=2.93[2.61-3.29]), having a net parental income less than 1500€/month (OR=1.17[1.02-1.34]), receiving scholarships based on social criteria (OR=1.11[1.01-1.23]), being of a female gender (OR=1.45[1.32-1.60]), being single (OR=1.35[1.20-1.52]). Prevalence of suicidal ideation is no different between medical students (8.53%) and other fields of studies (8.68%)
Conclusions: This is the largest cross-sectional French study about student mental health. The prevalence of MDE remains higher than in the general population (9.8%).

Conflict of interest: No
Keywords: depressive disorders; suicidal thoughts; medical students; network analysis

EPP0527

Racism-related stress and mental health. The role of racial identity. A literature review.

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Introduction: Racism is a form of stigma highly ubiquitous in our society. In scientific literature it has been typically conceptualised as racism-related stress (RS), which has been postulated as a potential public health problem. Current meta-analysis indicate that RS significantly correlates with mental health. However, little is known about the potential mediator and moderator variables of this association. Some researchers highlight Racial Identity (RI) among these variables. Most current RI models consider it as a multidimensional variable which may have different status of development.
Objectives: The aim of this literature review is to identify the state of art and whether further research is needed in the role of RI as a possible moderator variable between RS and mental health.
Methods: A literature review about the implications of RI in mental health of racialized people has been performed. In order to do that we have combined in PsycINFO database the following descriptors: racism, mental health and ethnic identity. Adult population sample was the main inclusion criteria.
Results: The review of current empirical studies suggests that RI may act both as a risk and protective factor for mental health.

Conclusions: RI can function as a stress coping strategy. Thus it may have important clinical implications in the development of empirically validated and culturally sensitive psychological treatments. Therefore, despite the limitations of current research and the psychometric quality of measurement instruments, most of it supports that further research would be theoretically and clinically relevant.

Conflict of interest: No
Keywords: racism; racism-related stress; racial identity; mental health

EPP0529

Factors influencing family decisions to institutionalize or care for a relative with mental illness at home

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Introduction: Research on the experience of families affected by mental illness in the Eastern European region is scarce. As the region moves away from institutionalisation towards community-based care, it is vital to understand how families make decisions over mental health care.
Objectives: To identify factors influencing family decisions to institutionalise or care for relatives at home.
Methods: Semi-structured interviews were undertaken with 25 individuals and families affected by mental illness who use the Minsk Regional Centre "Psychiatry-Narcology" and The Red Cross Club "Open House".
Results: Most relatives and patients had limited information about 'internats' (state-run institutions), but felt they provided poor living conditions and low levels of freedom for patients. Determination to keep the family together and a felt impossibility to live without an ill relative were the main determinants in keeping a person with mental illness at home, despite the challenges of stigma and fatigue. The lack of a family member who could provide ample care, the psychological exhaustion of caring and the challenges of dealing with aggressiveness were the main reasons to commit a family member to the internats.
Conclusions: Negative perceptions of the internats and strong family determination influenced family decisions on care provision. As Belarus moves towards the provision of community-based mental health care, further research is needed to understand how to better support families who choose to care for ill relatives at home.

Conflict of interest: No
Keywords: Stigma; family decisions; community care; institutionalisation

EPP0530

A population-based study on the risk and causes of death among long-term opioid analgesics users in taiwan

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Introduction: Although the opioids consumption in Taiwan is still much lesser than that of Western societies, it rose by 41% between 2002 and 2014. Little is known about the risk of mortality among long-term opioid analgesics users in Taiwan.
Objectives: To investigate the overall and cause-specific mortality among long-term opioid analgesics users, with reference to the general population.
Methods: This was a population-based cohort study including a sample of 12,990 non-cancer long-term opioid analgesics (Fentanyl, Morphin, Tramadol, and Codeine) adult users (>18 years) selected from Taiwan's National Health Insurance claims in 2000-2012. The study subjects had a prescription coverage of >14 days or cumulative prescriptions of >28 days in a 90-day period, and were followed to the end of 2013. The information of underlying-cause-of-death was retrieved from Taiwan's Death Registry. Age, sex, and calendar year standardized mortality ratios (SMRs) of all-cause and cause-specific mortality were calculated, with reference to the general population.
Results: The cohort comprised 7,826 (60.2%) men and 5,164 (39.8%) women. Compared with the general population, the all-cause SMR was significantly elevated at 1.41 (95% CI =1.29-1.53). Various natural causes of death were observed to be associated with significantly increased SMRs, including musculoskeletal disorders (7.19), infection (4.45), neurological disorders (4.10), and homeopathic disease (3.52). Death from accidents was also associated with a significantly elevated SMR (1.56).
Conclusions: Long-term opioid analgesics uses in Taiwan were associated with significantly elevated risk of mortality from all-cause and various natural and non-natural causes.

Conflict of interest: No
Keywords: prescription opioids; benzodiazepine; mortality; risk factors

EPP0533

Economic crisis, unemployment and discriminating attitudes toward lgbt people in italy

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Introduction: After the onset of the late-2000s financial crisis, several studies investigated the impact of the economic downturn on physical and mental health. Less research is available on the effect of economic downturns on discrimination, in particular toward lesbian, gay, bisexual, and transgender (LGBT) people.
Objectives: To study the association between the recent economic crisis in Italy as reflected by unemployment rates and discriminating attitudes toward LGBT people.
Methods: Cross-sectional study. Attitude indicators toward LGBT people were derived from a specific survey named "Discrimination based on gender, sexual orientation and ethnicity" carried out by Italian National Institute of Statistics (ISTAT) in 2011. Unemployment rates were derived from the 'Health for All' (HFA) database

powered by ISTAT. Pearson's coefficients were calculated, to assess the correlation between unemployment rate and each indicator of attitude toward LGBT people.
Results: Increased unemployment rates were associated with increased discrimination toward LGBT individuals. Higher unemployment rates were associated with decreased acceptance of same-sex relationships (r=0.99, p=.01) and decreased self-perceived acceptance by LGBT individuals (r=-0.99,p=.01). The analysis indicated also less acceptance of having a homosexual co-worker (r=0.97, p=.03), boss (r=0.94, p=.03) doctor (r=0.97, p=.03), and politician (r=0.97, p=.03). Finally, increased unemployment rates were associated with increased justification of discrimination toward transgender co-workers (r=0.98, p=.01) and less acceptance of transgender neighbors (r=0.99, p<.01).
Conclusions: Economic downturns as reflected by unemployment rates are associated with increased discrimination of LGBT people. Special attention should be payed to this phenomenon, for its potential socioeconomic and psychological implications.

Conflict of interest: No
Keywords: economic crisis; mental health; Stigma; LGBT

EPP0534

The relationship between alcohol consumption and economic crises in italy

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Introduction: Economic crises may cause physical and mental health outcomes. Both increased and decreased alcohol consumption were reported following the Great Recession.
Objectives: To assess the relationship between alcohol consumption and economic crises in Italy, and the potential role of social protection as buffering mechanism.
Methods: Data referred to years 1983-2015, and were collected from the Italian Institute of Statistics, the Bank of Italy, and the Organization for Economic Co-operation and Development. OLS regression models were run to test the association between annual sales of pure alcohol in Liters per person aged 15 years or more and the following: real Gross Domestic Product (GDP) per capita, unemployment rate (UR) and long-term unemployment rate (LTUR). Also, the role of public unemployment benefits (PUBs) as possible moderators of the association was investigated.
Results: In Italy a negative trend in alcohol consumption was noticeable until 2010, when it reversed and started increasing. Between 1983 and 2015, decreased GDP was associated with increased alcohol consumption. Following the Great Recession, pure alcohol consumption increased by 0.23 Liters per capita per year. PUBs might protect from increased alcohol consumption due to financial strain.
Conclusions: In Italy, severe economic crises may lead to increased alcohol consumption. Social protection measures such as PUBs may help reduce the potential health outcomes.

Conflict of interest: No
Keywords: economic crisis; alcohol consumption; mental health; social protection

EPP0535

Substance use and psychotropic drugs among healthcare workers in a public portuguese health unit

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Introduction: Given the increasingly stressful environment in healthcare systems, substance use among healthcare workers is anticipated to grow. Additionally, there is evidence of the increasingly higher prevalence of psychotropic drugs consumption in these professionals.
Objectives: Describe patterns of substance use and psychotropic drugs among healthcare workers.
Methods: Cross-sectional study of 689 healthcare workers in a Portuguese health unit. Data were collected during 2019, via an online self-answered questionnaire, and included socio-demographic and work-related variables.
Results: In the total sample, 80% of participants were female and 20% male, with a mean age of 44.78 (±9,85) years old. This study included 45.9% nurses, 20.6% physicians, 14.7% administrative assistants and 8.9% healthcare assistants. The majority were hospital workers (64%) and 39.6% were shift workers. At the moment of the survey, 8.7% were psychiatric outpatients and 4.4% were attending psychological support. About psychotropic drugs, 21.3% were taking hypnotics, 20.5% anxiolytics and 17% antidepressants. When feeling stressed or anxious at work, 45.4% of workers admitted using substances. Shift workers recorded the highest incidence as well as workers that admitted overtime work. Psychotropic drugs consumption was more frequent in women, in professionals older than 40 years, with longer careers, and in those with fixed working schedules. There were differences between professionals, showing lower consumption rates among physicians.
Conclusions: This study underlines the necessity to reduce substance use and it may help to distinguish important occupational factors involved. Policies oriented towards available resources to promote and provide overall well-being and self-care, for healthcare workers and to the patients they care, are needed.

Conflict of interest: No
Keywords: health unit; substance use; psychotropic drugs; health professionals

EPP0536

40 Years of community mental health services in vienna: a success story and future perspectives

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Introduction: The Psychosocial Services in Vienna (PSD) were established four decades ago. They are the largest public provider of outpatient social-psychiatric care for the Viennese population. Their regional, low-threshold and multi-professional institutions work in close collaboration with similarly regionalized in-patient units. The services also include mobile services ("home visits") and psychiatric crisis intervention-thereby reducing stigma, improving inclusion and, above all, patients' individual lives.
Objectives: We studied the treatment adherence in patients with severe mental illness in an out-patient setting after receiving inpatient care. We also present plans to further improve out-patient care by implementing ACT and FACT teams reaching out to underserved subpopulations.
Methods: The follow-up data of 277 in-patients of the Psychiatric Department at the Danube Hospital were evaluated. Qualitative interviews and video statements show overall satisfaction with PSD services.
Results: After their in-patient stays (both long-term and acute), all patients (except for 3) received psychiatric care delivered by the PSD (27%), resident psychiatrists (37%), and other institutions (34%). Overall, patients with severe mental illness were satisfied with their long-term treatment and the acute interventions delivered by PSD. The treatment adherence of patients in out-patient care after receiving acute intervention in hospitals can be regarded as good.
Conclusions: Future challenges require new ideas and are currently being addressed in pilot projects such as implementing ACT and FACT services into regular out-patient care.

Conflict of interest: No
Keywords: adherence and satisfaction to and with outpatient treatment; Severe mental illness; low threshold; including mobile services; outpatient socialpsychiatric care

EPP0537

The risk of crime victimization according to homelessness and psychiatric disorders - a nationwide, register-based study

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Introduction: Homelessness is an increasing public health problem, and longitudinal population-level studies examining victimization in homeless people are lacking.
Objectives: To study the risk of victimization in homeless people.
Methods: A nationwide, register-based, cohort study of all people from 15 years of age, being alive in 2001 and born in Denmark 1980–2001 was conducted. Risk of being a victim of police-recorded violent and non-violent crimes was examined according to homelessness during 2001-2015. The primary outcome was measured as incidence rate per 1000 person-years, incidence rate ratio (IRR), and cumulative incidence function. Confounders including psychiatric disorders, parental socio-economic factors, and past criminal behaviour were considered.
Results: A total of 1,183,505 individuals (9,858,723 person-years) aged 15–35 years were included, and 184,845 experienced at least one crime victimization (40.1% (n=74,031) violent victimizations). In all, 4286 individuals (22,823 person-years) had a homeless shelter contact. Males and females with homeless experiences had elevated rates of violent victimization compared with the general population (IRR 7.17, 95% confidence interval (CI) 6.28 to 8.18 and 3.51, 3.17 to 3.88, respectively). Increased risk remained after confounder adjustments. Homeless people with a psychiatric diagnosis had highest risk. By five years, females and males experiencing homelessness had 23% and 16% probability of any crime victimization, respectively.
Conclusions: There is a need for more focus on the high risk of violent victimization in young people with homelessness experiences. Improved support during and after psychiatric treatment and improved collaboration between health services, homeless shelters, and the police might reduce the risk.

Conflict of interest: No
Keywords: Homelessness; victimization; substance use disorders; crime

Epidemiology and Social Psychiatry - Part III

EPP0538

Discharged from psychiatric wards to homelessness in denmark – a nationwide, register-based cohort study

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Introduction: Homelessness remains an increasing societal problem and is closely related to severe psychiatric disorders. Studies examining the risk of homelessness following psychiatric admission are lacking.
Objectives: To examine the risk of homelessness the first year after discharge from psychiatric hospital.
Methods: We did a nationwide, register-based, cohort study of all adults discharged from psychiatric wards in Denmark, 2001-2015. We analysed the association between specific psychiatric diagnoses and risk of homelessness. The primary outcome was measured as incidence rate, incidence rate ratio (IRR), and cumulative incidence function. Information on homeless shelter contacts was retrieved from the Danish Homeless Register.
Results: The study population included 126,848 psychiatric inpatients (94,835 person-years). The one-year cumulative probability of first homelessness after discharge from psychiatric wards was 1.58% (95% confidence interval (CI) 1.48−1.68) in men and 0.55% (0.50−0.61) in women. Substance use disorders increased the risk of homelessness after discharge with adjusted IRRs of 6.60 (5.19−8.40) (men) and 13.06 (9.31−18.33) (women), compared with depressive disorders. Individuals with schizophrenia had an

IRR of 1.91 (1.29-2.83) (men) and 2.53 (1.41-4.54) (women). Additionally, prior history of homeless shelter contact was an important predictor for homelessness following discharge (IRR was 9.45 (95% CI 8.49−10.53) in men and 10.98 (95% CI 8.84−13.64) in women compared with no previous homeless shelter contact).
Conclusions: We identified the year following discharge from psychiatric wards as an important high-risk period of homelessness. Psychiatric disorders, especially substance use disorder, and a prior history of homeless shelter contact increased the risk. Improved efforts to prevent homelessness are needed.

Conflict of interest: No
Keywords: epidemiology; Homelessness; Discharge; Psychiatric hospital

EPP0539

Psychiatric predictors for becoming homeless and exiting homelessness in high-income countries– a systematic review and meta-analysis

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Introduction: Homelessness is an increasing societal problem in high-income countries and often linked to psychiatric disorders. However, a study compiling the existing literature is lacking.
Objectives: To identify individual-level predictors for becoming homeless and exiting homelessness in a systematic review and meta-analysis.
Methods: We searched PubMed, EMBASE, PsycINFO, and Web of Science (up to January 2018). Becoming homeless and exiting homelessness were the outcomes. Observational studies with comparison groups from high-income countries were included. The Newcastle Ottawa Quality Assessment Scale was used for bias assessment. Random effects models were used to calculate pooled odds ratios (ORs). In all, 116 studies of predictors for becoming homeless and 18 studies of predictors for exiting homelessness were included.
Results: Psychiatric problems, especially drug use problems (OR 2.9, 95% confidence interval (CI) 1.5-5.1) and suicide attempts (OR 3.6, 95% CI 2.1-6.3) were associated with increased risk of homelessness. However, the heterogeneity was substantial in most analyses (I^2>90%), and the estimates should be interpreted cautiously. Adverse life-events, including childhood abuse and foster care experiences, and past incarceration were also important predictors of homelessness. Psychotic problems (95% CI 0.4, 0.2-0.8; I^2=0) and drug use problems (OR 0.7, 95% CI 0.6-0.9; I^2=0) reduced the chances for exiting homelessness. Female sex and having a partner increased the chances for exiting homelessness.
Conclusions: Evidence for several psychiatric predictors for becoming homeless and exiting homelessness was identified. Additionally, socio-demographic factors, adverse life-events, and criminal behavior were important factors. There is a need for more focus on psychiatric vulnerabilities and early intervention.

Conflict of interest: No
Keywords: Psychiatric predictors; Housing; Systematic review and meta-analysis; Homelessness

EPP0540

Do primary caregivers of the mentally ill experience more burden? a comparative study of mental versus physical illness

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Introduction: Caring for patients with chronic illnesses be it physical or mental, imposes burden on the caregivers. Planning strategies for improving the quality of life of these caregivers will require that clinicians answer the pertinent question of which group of caregivers experiences more burden.
Objectives: This study's objectives were to assess and compare the burden of care in caregivers of patients with schizophrenia and Type 2 Diabetes Mellitus (T2DM) and to compare caregiver and patient characteristics that determine burden in both groups.
Methods: This study was a comparative, cross sectional study. One hundred patients with ICD-10 diagnosis of schizophrenia and 100 patients with T2DM, along with their primary caregivers, were recruited via systematic random sampling. Caregivers were interviewed with the 12-item General Health Questionnaire (GHQ-12) and the care burden measured using the Zarit Burden Interview (ZBI).
Results: Caregivers of schizophrenia patients, experienced higher burden than caregivers of T2DM patients, mean ZBI score 30.7 +17.3 vs 25.5+13.8 (p= 0.019). Predictors of burden in caregivers of patients with schizophrenia were caregiver's age (OR=2.088, p=0.033), lone caregiver status (OR= 1.391, p=0.048), perception of problematic caregiving (OR=6.194,p=0.007), GHQ-12 scores (OR=7.4691,p=0.001). The predictors of burden in caregivers of T2DM patients were female gender (OR=4.049, p=0.005) and the presence of physical complications of the illness (OR=1.547, p=0.039).
Conclusions: Caregivers of schizophrenia patients experienced higher levels of burden and psychological distress than those of T2DM patients. Clinicians' awareness of the factors that predict burden will assist in early detection and formulation of practical interventions to reduce burden.

Conflict of interest: No
Keywords: Caregiver burden; Psychological distress; schizophrenia; Type 2 Diabetes mellitus

EPP0541

Study of psychiatric interconsultations after a half year of follow-up

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Introduction: The proportion of patients admitted to the hospital for a non-psychiatric cause, but who present with subsidiary disorders of being treated by the specialist, is significantly important.
Objectives: Study all interconsultations requested to the Psychiatry Service between the months of January to August 2019.
Methods: Retrospective descriptive study. 542 interconsultations requested to adult and child and adolescent psychiatry from other hospital services were reviewed in a period of 6 months, using the SESCAM computer base. The emergency department was excluded. Variables collected: interconsultation service and diagnosis.
Results: The most interconsulted services and the main associated diagnosis were: -21.7% Neurology (n=118): Neurocognitive disorder with behavioral disturbance -10.1 % General and digestive surgery (n=55): Acute confusional syndrome -7.7 % Traumatology (n=42): Acute confusional syndrome -7.3 % Rheumatology (n=40): Somatic symptom disorder with a predominance of pain -5.7 % Internal Medicine (n=31): Adaptive disorder -5.7 % Pediatrics (n=31): GAD
Conclusions: There are diagnostic differences depending on the service who requested the interconsultation. -The highest percentage of Neurology interconsultations leads us to propose that a joint way of approaching the clinical cases should be established and not only reduce it to resolve specific interconsultations. - Surgical services do not show the ability to diagnose and treat confusional syndromes, and request symptomatic treatment when it is a non-psychiatric condition. - In the rest of medical specialties, affective and anxious pathologies predominate, but since both nosological groups are so prevalent in society, we cannot say that there is a relationship between psychopathology and the basal pathology that causes hospitalization.

Conflict of interest: No
Keywords: Psychiatry interconsultations; interconsulted services; diagnostic differences; Neurology interconsultations

EPP0543

Resiliencity: resilience and psychotic-like experiences 10 years after l'aquila earthquake.

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Introduction: In 2009 an earthquake hit the city of L'Aquila in central Italy, leaving the city completely destroyed and 309 casualties. Unexpectedly, lower rates of psychotic experiences in subjects exposed to the earthquake compared to non-exposed subjects were found 10 month after the earthquake.
Objectives: To address the very long-term impact of a natural disaster on the prevalence of psychotic experiences.
Methods: The Authors examined resilience using the Resilience Scale for Adults and psychotic experiences using the Prodromal Questionnaire-16 in an undergraduate university student sample of 494, using Logisitc Regression.
Results: No effect of direct exposure to the earthquake (odds ratio = 0.64, 95%CI [0.37, 1.11]), material damages (odds ratio = 0.86, 95% CI [0.60, 1.23]), psychological suffering (odds ratio = 1.06, 95%CI [0.83, 1.36]) or global exposure severity (odds ratio = 0.92, 95%CI [0.76, 1.12]) on psychotic experiences was detected. Resilience levels did not differ between exposed and non-exposed subjects. Resilience showed a strong protective effect on psychotic experiences (odds ratio=0.38, 95% CI [0.28, 0.51].
Conclusions: Exposure to a natural disaster is not a risk factor for psychotic experiences in the general population, as no direct effect of the earthquake detectable after 10 years after the exposure. Resilience is confirmed as a strong protective factor for psychotic experiences irrespectively of large collective traumatic events.

Conflict of interest: No
Keywords: Natural disasters; Psychotic Experiences; Resilience

EPP0545

Self-stigma: a new tool to achieve insight or just a feeling needed to be reduced?

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Introduction: The critical abilities of patients with schizophrenia determine the success of treatment and recovery measures. Self-stigmatization is largely possible due to the critical abilities of patients. It is necessary to develop measures for the therapeutic stigmatization of patients to achieve the proper level of insight.
Objectives: The aim of the study is to develop new social recovery algorithms for patients with schizophrenia based on interrelations properties of internalized stigma, social and clinical adjustment level, and insight.
Methods: The sample consisted of patients diagnosed with schizophrenia (n=95). The adjustment value consisted of one of 7 levels of social and clinical adjustment. As a measure of the internalized stigma, the ISMI scale has been used. The SUMD scale has been used to measure the insight level. Spearman's correlation analysis was used to study the relationships between quantitative variables. To explore the distribution of values of the quantitative variables Kolmogorov-Smirnov and Shapiro-Wilk tests have been used. Results were considered statistically significant at $p \leqq 0{,}05$.
Results: A direct weak correlation was established between the level of insight and self-stigma (Ro=-0,399, p=0,018). The relationship of the level of clinical adjustment and criticism was more pronounced (Ro=0,551, p=0,001) than that of the social adjustment with the same variable (Ro=0,347, p=0,045). The level of self-stigma was correlated with social adjustment (Ro=0,223, p=0,031) and had no relationship with the clinical one (Ro=0,004, p=0,967).
Conclusions: Preliminary results suggest that the absence of stigma is not always a positive prognostic point. The study should be continued to refine the results.

Conflict of interest: No
Keywords: psychoeducation; self stigma; internalized stigma; insight

EPP0546

Persistence and adherence of long acting injectable paliperidone palmitate vs oral atypical antipsychotics for schizophrenia treatment: a retrospective cohort study in china

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Introduction: Nonadherence of antipsychotic medications has been recognized as a challenging aspect of schizophrenia treatment.
Objectives: This analysis presented persistence and adherence of Paliperidone palmitate once-monthly injection (PP1M) vs oral atypical antipsychotics (OAAs) for schizophrenia treatment in a Chinese mental health hospital.
Methods: Adult (age≥18) schizophrenic (ICD-10. F20.x) patients with continuous care (≥3 consecutive visits with interval≥7 days and <45 days in-between visits) and received at least one prescription of PP1M or OAAs between 2012 and 2017, were identified in the hospital electronic medical record database. Patients with PP1M or OAAs mono-therapy were included in this analysis. Persistence was calculated as days to first discontinuation within 1-year post-index. Discontinuation was identified if the gap between 2 consecutive prescriptions was over days of supply plus 16 days of grace period. Adherence was assessed by proportion of days covered (PDC), which was calculated by number of non-overlapping days covered by PP1M or OAAs divided by total number of days up to 1-year post-index. Patients with PDC over 80% were considered adherent.
Results: This analysis included 376 patients in PP1M group and 5633 patients in OAAs group. The median days of persistence was 87.5 for PP1M users, and 45 for OAAs users. PP1M users had better adherence (PDC≥80%: 34% vs. 19%, chi-square test, $p<0.01$) compared to OAAs users.
Conclusions: PP1M patients demonstrated significantly longer persistence and better adherence comparing to OAAs in Chinese clinical settings.
Disclosure: This study was supported by Janssen Research and Development Center. Dr. WU Wendi, Dr. Wu Tao, Dr. Zhang Lili and Dr. Zhang Yilong are employees of Johnson & Johnson (China) Investment Ltd.

Keywords: Persistence; Oral Atypical Antipsychotics; schizophrenia treatment; Long Acting Injectable Paliperidone Palmitate

EPP0547

Raising a child with special needs in kyrgyzstan: the case of children with down syndrome

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Introduction: Medical model of disability that existed in Soviet Kyrgyziya contributed to the common practice of recommending parents to leave their children with Down syndrome (further DS) in maternity hospital. Many children were institutionalized at that time or raised isolated inside the house. Nowadays a new generation of mothers of children with DS establishes parent-led NGOs, they are the first to raise the awareness about DS, the first to promote the rights of their children and create new opportunities for them.
Objectives: This paper is focused on hearing the voices of these mothers and analyzing levels of support they receive and lack in their lives. The study explored the particularities of mothering children with Down syndrome, the effect the birth of such child had of women's lives, the main challenges women experience, positive sides of parenting special child and sources of support women receive in their everyday life in modern Kyrgyzstan.
Methods: Data were collected in 2018 with a volunteer sample of 11 mothers of children with DS and 5 professionals via in-depth interviews.
Results: The results address findings on statistics on children with DS in Kyrgyzstan, the state of prenatal testing for DS, the issues of communicating the diagnosis of DS in maternity hospitals, emotional reactions of mothers to diagnosis, the effect of birth of children with DS on mothers' lives in Kyrgyzstan.
Conclusions: The research recommends to develop a protocol on communicating the diagnosis to parents of children with DS and provide guidelines on child's development.

Conflict of interest: No
Keywords: Down Syndrome; diagnosis; experiences; mothers

Ethics and Psychiatry / Guidelines - Guidance

EPP0548

Psychiatry and salafo-jihadist radicalization: overcoming emotion

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Introduction: The old notion of radicalization seems to have found a new lease on life in recent years through questions about salafo-jihadist radicalization, also known as "Islamist" extremism. Psychiatrists are more and more requested to produce a psychological assessment of "radicalized" individuals or provide them with care, but their role remains undefined.
Objectives: To determine how French psychiatrists see the notion of radicalization and their possible role in the medical care of so-called "radicalized" individuals.
Methods: Using clinical cases, we conducted a qualitative research protocol based on semi-directive interviews with a heterogeneous sample of 12 French psychiatrists coming from very different backgrounds. Data was double-coded and analyzed using Interpretative Phenomenological Analysis.
Results: Our findings suggest that when they face so-called "radicalized" individuals, psychiatrists can experience various overwhelming emotions, including fear. These emotions can feed their medical decisions in a fruitful way, but fear might hinder both the decision-making process and the establishment of a psychotherapeutic link with the "radicalized" patients.

Conclusions: To provide effective care for "radicalized" patients, psychiatrists need to overcome their emotions. Supervision of their practice and specific knowledge about radicalization might help them to do so. Without these two tools, psychiatrists might perceive "radicalized" individuals as terrifying monsters which they can only reject, in the same process of exclusion that seems to have led to the radical commitment of these individuals. However, if psychiatrists manage to overcome their emotions, their scientific and interpersonal skills can enable them to access "radicalized" individuals' own discourse and to perceive them as subjects again.

Conflict of interest: No
Keywords: clinical decision-making; ethics; terrorism; terrorist

EPP0551

Antipsychotics induced constipation in patients with mental disorders. Treatment suggestion with prucalopride in refractory cases. Case report and literature review.

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Introduction: Successful stabilization of patients with mental disorders requires often the use of more than one antipsychotic medications with increase prevalence of clozapine in refractory cases
Objectives: Constipation consists one of the most debilitating side effect of the therapy,which gradually progresses to a chronic state of bowel movement dysfunction,with recurrent episode of paralytic ileus of various severity.
Methods: We describe the case of a 46years male treated with clozapine for refractory mental disorder,who developed ileus and subsequent bowel dysfunction not amenable to laxatives.The acute episode have been treated conservatively with nasogastric decompression,intravenous replacement of fluids&electrolytes,-antibiotics chemoprophylaxis and LMWH.His overall physical status was unremarkable for obesity,diabetes,hypertension,allergies,previous operations and a former endoscopic evaluation conducted in the recent past,which had ruled out malignant neoplastic disease.A course of per os prucalopride have been instituted, which showed preliminary promising results in restoring proper bowel movements,without any serious side effect and without the need to discontinue his course with antipsychotics.
Results: Prucalopride is a 5HT4 agonist which selectively binds to the receptors of the intestine outlining the myenteric plexus, the smooth muscle cells and the enterochrommafin cells, resulting in muscular contractions as well as clorium secretion from the mucosa promoting an osmotic defecation. The substance has been extensively use in the treatment of irritable bowel disease of the chronic constipation type and scattered reports have been found from the literature to treat clozapine induced constipation.
Conclusions: We suggest the more systematic use of this agent in this group of patients after proper endoscopic evaluation and restoration of all secondary causes of constipation.

Conflict of interest: No
Keywords: Constipation

EPP0553

Homeopathic remedies in psychiatric disorders: a meta-analysis of randomized controlled trials

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Introduction: Homeopathy is a Complementary and Alternative Medicine based on the "memory of water" mechanism. This theory has never been scientifically proven and conclusive evidence on the efficacy and safety of these treatments is not currently available. This notwithstanding, homeopathic remedies (IHTs) are extremely widespread throughout the world and especially in the field of mental disorders.
Objectives: The aim is to assess the efficacy of IHT in the treatment of mental disorders compared to placebo or conventional psychotropic drugs.
Methods: We performed a Medline/Embase search for studies published from any date to 23 October 2018. All Randomized Controlled Trials (RCTs) enrolling patients with a diagnosed psychiatric disorder and comparing any IHT with placebo, no treatment or other psychotropic drugs were included.
Results: 212 studies were screened and 9 met all selection criteria (fig. 1) and reported data on Major Depressive Disorder (MDD, n=4), Generalized Anxiety Disorder (n=1), Attention Deficit/Hyperactivity Disorder (ADHD, n=2) and Premenstrual Syndrome/Dysphoric Disorder (PMDD, n=2). Eight out of nine RCTs showed high risk of bias, including the absence of blinding (n=2). Homeopathy showed greater efficacy in MDD compared to fluoxetine, and in PMDD compared to placebo, while no difference emerged between homeopathy and placebo in the treatment of MDD and ADHD.
Conclusions: Currently available data on homeopathic remedies in psychiatric disorders are largely insufficient to support any use of this approach in clinical practice. Ethical considerations should therefore prevent clinicians from recommending homeopathic remedies in Psychiatric Disorders.

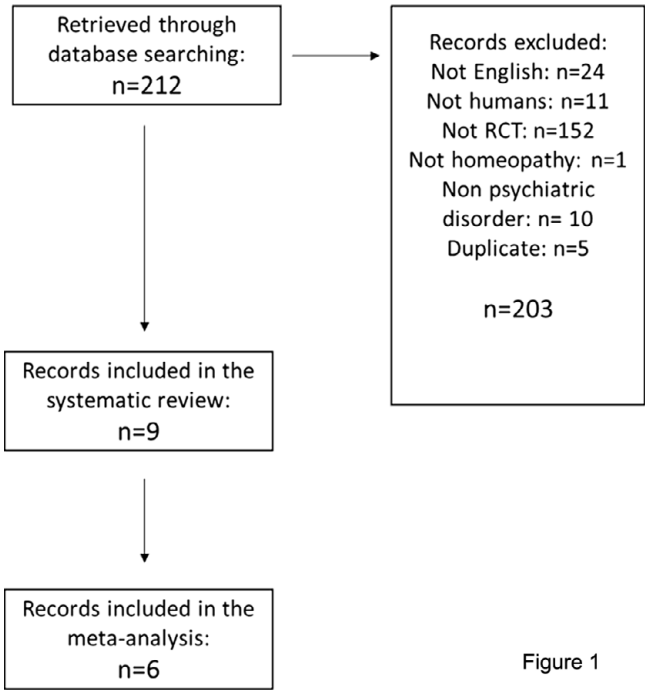

Figure 1

Conflict of interest: No
Keywords: CAMs; homeopathy; review; meta-analysis

EPP0554

assessing qt-interval in patients with left or right bundle branch block receiving psychopharmacological treatment

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Introduction: Prolongation of the QT-interval is a risk factor for fatal cardiac arrhythmias, and several commonly used antidepressants and -psychotics are associated with QT-interval prolongation. Electrocardiographically monitoring is recommended during antidepressant and -psychotic treatment, and significantly prolonged QT-interval is a contraindication for further treatment. For patients with prevalence of left or right bundle branch block (LBBB/RBBB) conventional methods will lead to overestimation of the QT-interval, because the QT-prolongation is caused by a delay in cardiac depolarization and a delay in repolarization as in drug-induced QT-prolongation.
Objectives: Alternative methods are needed to estimate QT-interval in patients with LBBB or RBBB in conjunction with psychopharmacological treatment. By reviewing the literature we provide possible solutions to the issue.
Methods: Systematic literature search in PubMed and Embase, and subsequent review of the literature to discuss alternative approaches to QT-interval estimation in patients with LBBB or RBBB.
Results: For LBBB, different solutions have been proposed: Wang et al. (1) suggest a correction formula based on QT- and QRS durations: QTm=QT–(0.86*QRS–71) milliseconds. Bogossian et al. (2) propose a similar solution, also based on QT- and QRS-durations: QTm=QT-0.485*QRS milliseconds. Also, the JT-interval can be used for this purpose in both LBBB and RBBB, as discussed by Rautaharju et al. (3) and Zhou et al. (4).
Conclusions: QT-interval prolongation in patients with LBBB or RBBB does not necessarily represent a contraindication for psychopharmacological treatment with QT-prolonging drugs. Linear correction formulas for QT-interval can be used to determine the modified QT-intervals in patients with LBBB/RBBB.

Conflict of interest: No
Keywords: antipsychotics; Antidepressants; JT index; QT interval

EPP0555

Multi-professional protocol to manage agitation in an urban street environment in barcelona

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Introduction: Psychomotor agitation is a syndrome characterized by increased motor activity, emotional instability, vegetative activity and potential aggressiveness. In Barcelona, during 2018, Medical Emergency Services (MES) served 4 cases daily on average. Psychomotor agitation outside hospital facilities represents an issue not only for mental health care providers, but also for emergency responders, police and judges. Inadequate management could have fatal consequences, and current recommendations are not unequivocal, often creating conflicts.
Objectives: This protocol aims to provide instructions on how to manage an agitated patient in situations of risk, coordinated between emergency responders, police and medical teams. Key objectives include coordination, effective quality interventions, joint-decision making and risk-minimization.
Methods: This protocol has been prepared with the collaboration of different entities involved in the management of psychiatric patients to ensure high ethical standards, safety and legal compliance. The entities involved in the preparation of the protocol included healthcare providers, medical societies, police and governmental health services.
Results: The protocol includes detailed recommendations, algorithms and guidelines to manage the agitated patient, evaluate the severity of agitation, diagnose and treat the patient. It has been divided into four main phases: - Initial evaluation (i.e. risk stratification, triage, early activation, situation control) - Verbal de-escalation - Coordinated containment by staff, using authorized methods - Evaluation by healthcare professionals.
Conclusions: The protocol has been enforced as a pilot test in Barcelona since March 2019, after appropriate training of professionals involved. Results of the pilot test will be presented in future meetings and the protocol will be expanded to the entire region of Catalonia afterwards.

Conflict of interest: No
Keywords: multidisciplinary; restraint; psychomotor agitation; guidelines and protocol

Forensic Psychiatry - Part I

EPP0557

Delusional mis-identification syndromes and violence

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Introduction: Delusional misidentification syndromes (DMS) are complex psychotic phenomena that may develop within several neurological or psychiatric disorders. They consist of a delusional belief that familiar persons, objects or places have been replaced or modified. Many different sub-types have been described but they show a high degree of overlap and cannot be regarded as a particular syndrome nor as an expression of a particular disorder. Some reports describe violent behaviour in DMS patients but only few studies have focused the potential relationship between violence and DMS.
Objectives: To review the relationship between DMS and violence
Methods: PubMed search with key terms “Mis-identification syndromes” AND “Violence”

Results: The misidentified objects are seen with suspicion and hostility, because patients perceive it as a threat which leads to aggression, in self-defence. Aggressive acts can go from verbal aggression to physical assault that may escalate to murder. There are some factors that seem to be associated with an increased risk such as: history of physical aggression, male sex, long-standing delusions, poor social and occupational skills, primary psychiatric pathology and blunted affect. Other aspects that increase the likelihood of aggression include erotomania or delusional jealousy, impulsivity and alcohol or substance abuse. The victims are usually a cohabiting family member or a caregiver.
Conclusions: Given the risk of violence, DMS should be incorporated into dangerous assessments. There are no guidelines for treatment, but the target must be the disorder in which DMS appears. Because of the lack of research there is a need for more studies about DMS.

Conflict of interest: No

EPP0559

Involuntary hospitalization and future coercive experiences - a retrospective study

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Introduction: The involuntary hospitalization is required when an individual with severe mental illness poses serious danger to himself or others. Therefore, it is an intervention that profoundly affects one´s self-determination. The literature reports that patients being involuntarily admitted to hospital have a higher risk of involuntary readmissions.
Objectives: To evaluate the influence of involuntary hospitalization on other future coercive hospital admissions.
Methods: This is a retrospective study of a sample of 28 patients with a mean age of 46,9 years who underwent a psychiatric evaluation in the years of 2017 and 2018 at Coimbra Hospital and University Centre, Coimbra, Portugal. Several variables were collected, including the existence of past history of involuntary hospitalization and the need for further coercive hospitalization after the evaluation. All statistical data analyses were performed using IBM SPSS® version 26.
Results: There was no statistically significant relationship between the history of involuntary hospitalization and subsequent compulsive hospital admissions ($p > 0.05$, $\alpha = 0.05$).
Conclusions: The results of our study do not corroborate data from previous research. Although we should take into account the small size of our sample, it is important to highlight the low rate of involuntary hospitalization in our country (3.2%) compared to other European countries (e.g. 30% in Sweden). The robust social support in the community, as well as our institution's rehabilitation and psychotherapeutic programs focusing on insight, could be crucial contributors to these results.

Conflict of interest: No
Keywords: Involuntary hospitalization; forensic psychiatry

EPP0562

Evaluating the effectiveness of a pilot 'understanding psychosis' group intervention on open rehab wards in a forensic hospital. A quality improvement project

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Introduction: With the derive towards community-based treatment as compared to hospital-based treatment, it has become increasingly crucial that patients and relatives or carers develop and improve adequate coping strategies and non-pharmacological approaches. Our group was conducted in an inpatient setting in a forensic hospital with people who were considered to be in transition to the community
Objectives: To understand whether an "Understanding psychosis" group could improve the awareness and coping of patients with diagnoses of psychosis and reduce symptomatology.
Methods: The evaluation focused on investigating the effects of psychological intervention on patients' awareness and well-being. Six patients in the cohort were selected by the MDT from the open cluster in a Forensic hospital. We adapted a group programme designed by the psychology department at this Forensic Hospital. Patients completed a base-line scale consisting of 17 questions and PSYRATS (hallucination and delusion scales). Patients completed a qualitative evaluation at the end of the intervention.
Results: More than 50% of the participants scored higher on post-PYRATS Hallucination scale and about 50% scored higher on post-PYRATS delusions scale; however, this did not coincide with these participants' progression and presentation in the group. This suggests that the participant's PSYRATS scores are not a reflection of his progress. Patients reported finding the group helpful, practical and valued hearing each other's experiences regarding psychosis.
Conclusions: The 'Understanding Psychosis' intervention in a group setting can be an effective tool to help improve patients' awareness of their mental health and to equip them to be more aware, and better manage their psychotic experiences.

Conflict of interest: No
Keywords: understanding psychosis; group intervention; open rehabilitation; forensic

EPP0565

The risk factors of violent acts among patients with bipolar disorder.

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Introduction: Bipolar disorder and violence are significantly linked and their connection seems pretty complex. However, and despite

its importance, this relationship is still underestimated and the number of studies dealing with the matter remains limited.
Objectives: This work's purpose was to identify the main risk factors for violent behavior in patients with bipolar disorder.
Methods: We reviewed the medical files of the bipolar patients that have been hospitalized in the Department of forensic psychiatry since 1993. All these patients were found not criminally responsible on account of mental disorder.
Results: Among the 34 patients diagnosed with bipolar disorder, 64.7% of the patients were charged then hospitalized for aggressive behavior towards persons or objects. Besides, 55.9% of the patients had a history of aggressive behavior, 52.9% were chronic drinkers, and 85.3% stopped their treatment during the period preceding the deed. Otherwise, we found out that 76.5% of the patients were on manic episode, and 20.6% were on mixed state when acting out. In terms of clinical features, 64.7% had delusions of persecution, 14.7% had auditory hallucinations, and 38.2% had no insight regarding their illness.
Conclusions: The risk of violent acts in bipolar patients is clearly established and seems multi-factorial. In addition to the general risk factors which are identical to general population, other informations about the history of the patient, the context of the violence act, the type of the episode and the clinical features may be crucial for an adequate assessment of the dangerousness in these patients, so that their potential violence could be prevented.

Conflict of interest: No
Keywords: Bipolar disorder; Violent acts; forensic psychiatry

EPP0566

Paternal filicide: a case series from a forensic psychiatry unit in tunisia

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Introduction: Filicide was regarded as a female crime, nowadays, men have become increasingly likely to be convicted of killing their child.
Objectives: To describe the psychiatric and sociodemographic profiles of six men who killed 1 or more of their children.
Methods: In this retrospective study, we gathered files of 6 filicidal men who were admitted at the forensic psychiatric department in Razi hospital between 1973 and 2019.
Results: The average age of these men was 41,5 years. Family history of psychosis was found in half of the cases. Half of the perpetrators were illiterate, the other half attended primary school. One of them was divorced and the rest were married. None of them had previous criminal records. The average age of the 7 victims was 9 years. All of the victims were boys. In addition to filicide, 66% of the men attempted to kill their spouses. Most of the offences occurred at the perpetrators' homes. The most common method of homicide was stabbing. The rest of the methods used for these attempts: beating with a stick, shooting with a rifle and pushing into a well. Most of the subjects were of low socioeconomic status when they committed the offence and all of them had unstable jobs. Four of the subjects were psychotic at the time of the offence and were diagnosed with schizophrenia. Half of these homicides were accidental filicides.
Conclusions: The investigation into cases of filicide may contribute powerfully to expand our understanding of motivational factors underlying this phenomenon and enhance the odds for effective prevention.

Conflict of interest: No
Keywords: forensic psychiatry; filicide

Forensic psychiatry - Part II

EPP0569

Aggressive behavior of patients with alcohol withdrawal syndrome

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Introduction: In the state of alcohol withdrawal, the aggressiveness of patients is caused by personality features of patients and psychopathological symptoms of withdrawal syndrome.
Objectives: We studied the aggressive behavior of patients in alcohol delirium in 60 patients admitted to the psychiatric department.
Methods: clinical psychopathological
Results: In the prepsychotic stage, depressive disorders were the determining factor of aggressiveness. The direction of aggression was determined by modality of the depressive syndrome. When the mood background was determined by depressed mood background, auto-aggressive behavior was more often noted: self-harming, suicidal utterance, suicidal actions. At patients with an anxiety auto-aggressive behavior was equally common with hetero-aggressive mood. At patients with dysthymic mood heteroagression was more often noted. Auto-aggression was manifested by self-cutting, striking hard objects with their fist, head. After committing auto-aggressive actions, the modality of depressive disorders usually changed (dysphoria was changed by astheno-depressive syndrome). When hallucinations occur, patients in state of cancellation are critical to them at the beginning and the behavior is largely determined by the actual events that occur. With an increase in psychotic symptoms, the behavior is completely determined by the hallucinations, delusions, and affective disturbances taking place. The most dangerous in terms of heteroaggressive behavior in the state of alcoholic delirium were frightening hallucinations with persecution ideas.
Conclusions: The direction of aggression, behavioral stereotypes of aggressive behavior depended on the patient's individual life experience prior psychosis. An analysis of the psychopathological structure of the state of alcohol withdrawal is important for forensic psychiatric assessment of aggressive behavior of these patients.

Conflict of interest: No
Keywords: alcohol withdrawal syndrome; aggressive behavior

EPP0570

Association of schizoid personality disorder with crimes

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Introduction: Personality Disorders have been commonly associated with crimes in many studies. However, we seldom come across

patients with Schizoid Personality Disorder who commit crimes in Singapore.
Objectives: Here we discuss the features of schizoid personality that might be associated with criminal offences and the clinical and ethical considerations in treating them.
Methods: This is a case report. We present a patient with multiple criminal offences who was diagnosed with Schizoid Personality Disorder. We highlight how his schizoid personality features led him to offending and the challenges in his treatment.
Results: A 43-year-old male with schizoid personality disorder was remanded for forensic assessment. He has a history of multiple criminal offences including criminal trespass, touting, public annoyance and harassment by taking photography and videography of students without permissions. He appeared indifferent with his offences and denied any wrong doings. He was assessed to have egocentric perception of self, impaired perspective-taking skills and cognitive rigidity. These could possibly contribute to and perpetuate his eccentric behaviours and thinking patterns. Prognosis for change is poor due to limited insight into the challenges his thinking and behaviour are posing him to.
Conclusions: People with schizoid personality disorder rarely seek treatment due to limited insight. There is little data on the effectiveness of treatments. Psychotherapy can be considered aiming to increase insight and motivation regarding change. Ethical principles like autonomy, social justice and public safety must be considered.

Conflict of interest: No
Keywords: crimes; schizoid; personality disorder; association

EPP0571

A case of attempted filicide induced by hypoglycemia.

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Introduction: Hypoglycemia frequently complicates the course of insulin-dependent diabetes mellitus (DM 1). Sporadic evidence suggests that hypoglycemia might also lead to diminished controlling cognitive processes and attentional bias. Interestingly, that issue was raised in a court case of attempted filicide.
Objectives: A case report of a patient, known with insulin-dependent diabetes, is presented.
Methods: A literature search was performed in PubMed, Embase and Psycinfo using "filicide" as search term.
Results: We present a clinical case of a 20 y.o., otherwise healthy patient, known with DM 1. During the pregnancy and post-partum, her blood sugar levels fluctuated significantly, even after applying an insulin pump. Two weeks post-partum, the patient mistook her newborn baby during a hypoglycemic state for a bottle and put her in a microwave. The baby was then admitted to a children's hospital with several injuries and the patient was admitted to a psychiatric ward. No evidence of psychosis, mania or depression was stated. Subsequently she enrolled a forensic trajectory, which also included psychological investigations. According to the psychological investigations, at the time of the offense there was, possibly, a mental disorder involved -like delirium- caused by a somatic disease. As no psychiatric diagnosis could be established during hospital admission, the case was suspended.
Conclusions: This is the first report of attempted filicide induced by a hypoglycemic state. The current case demonstrates the importance of ruling out somatic origins of criminal behavior both in clinical practice and in court appearances.

Conflict of interest: No
Keywords: Diabetes; hypoglycemia; forensic; filicide

EPP0572

Healthy eating therapy (heat) programme: evaluating the effect of dietary change on cardiovascular risk factors in a forensic psychiatric hospital.

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Introduction: It is widely acknowledged that there is a strong association between physical and mental health co-morbidity (Behan et al 2014), This includes serious conditions leading to inflated healthcare costs (Neylor et al 2012) and ultimately, premature death. Interventions that aim to reduce the incidence and prevalence of these conditions are essential.
Objectives: To evaluate the Healthy Eating Therapy (HEAT) Programme with regards to reducing cardiovascular risks.
Methods: Inpatients in a secure psychiatric hospital in the United Kingdom with the following conditions were selected: hypertension, hyperlipidaemia, pre-diabetic, or increased BMI or waist circumference. Participants were offered the option of following one of three diets: caloric restriction, intermittent fasting or plant based fibre-rich diet. Vital signs, weight, BMI, waist circumference, fasting glucose and lipid levels were obtained before and 8 weeks after starting the diet. Monitoring involved completion of food diaries and staff feedback. The New General Self-Efficacy Scale as measure of motivation was also deployed.
Results: 12 patients were initially recruited. 7 completed the diet as evidenced by food diaries. There was improvement in all measured haematological and physiological parameters. The improvement was more significant for the group of patients staff observed to be consistent in following the diet, regardless of the type of diet they chose.
Conclusions: Modifying diet is an effective and feasible way to reduce cardiovascular risk in inpatient forensic psychiatric population.

Conflict of interest: No
Keywords: diet; cardiovascular risk factors; forensic psychiatry

EPP0573

A qualitative study of the most important outcomes from the perspective of patients, carers and professionals in forensic mental health services in the uk

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Introduction: Systematic reviews have identified that existing outcome measures in forensic mental health services focus on risk and clinical symptoms, neglecting quality of life and functioning. Patients' perspectives have been consistently overlooked.
Objectives: To explore which outcomes are perceived as most important in forensic mental health services, to guide the development and selection of appropriate measures for use in clinical practice.
Methods: In depth semi-structured interviews were conducted with 15 forensic patients in high, medium and low secure inpatient units and in the community. Seven focus groups were completed with a total of 48 participants, including patients, carers and professionals. The transcripts were subjected to thematic analysis. The resultant themes were incorporated in to a two-round Delphi process. 60 participants rated these themes in the first round and 47 completed the second round.
Results: Thematic analysis yielded six domains, encompassing 42 individual outcome areas. The domains were: About Me, My Quality of Life, My Health, My Safety and Risk, My Life Skills and My Pathway. In the second round of the Delphi one more outcome area was added. Average ratings in the second round ranged from 5.4-8.3 out of 9. There was agreement of 8 out of the top 15 rated outcomes between patients and carers and professionals.
Conclusions: The high average scores from the Delphi process endorse the validity of the evolving outcomes framework. While there is some overlap between the perspectives of patients and carers with that of professionals, there is also considerable discordance.

Conflict of interest: No
Keywords: forensic; Outcomes; measurement

EPP0574

Mental health and psycho-social needs of women inmates in georgia

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Introduction: Women who enter prison usually come from socially deprived backgrounds and characterized by histories of violence, physical and sexual abuse. The first step in developing gender-sensitive program is to understand female offenders' characteristics and the specific life factors that shape women's patterns of offending.
Objectives: The survey aim was to study women prisoners' mental-psycho-social needs for developing gender-responsive support programs for their rehabilitation and resocialization.
Methods: This study addressed research question: To what extent women's socio-demographic characteristics, life experience, trauma and relationship shape their real needs in prison? We hypothesized that: Understanding of the profile of women offenders in terms of their socio-demographic characteristics and the patterns of experience will help in planning gender-sensitive multidimensional programs; Women prisoners relationship with family especially with their children will improve their response to custody; Addressing substance abuse, anger and mental health will benefit women's behavior; Increasing of social competence and skills will improve their reintegration
Results: The findings of this study reflect that basic population of imprisoned women consists of young, energetic, working-age females, a majority of which have professional qualifications and families. 80% of them have children and suffer from psychological problems and are more likely to be rejected by their families, 90% of women have been imprisoned for the first time; 76% of women stated they did not use any psychoactive substance before imprisonment.
Conclusions: It is discussed that developments and implementation needs-specific interventions will benefit women prisoners as well as their children and families.

Conflict of interest: No
Keywords: mental; health; women prisoners

EPP0575

Diminished legal capacity due to the fact of mental disorder in russia

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Introduction: From the March 2015 the legal category of diminished capacity in the case of mental disorder for persons, capable of «understanding the nature of their acts and being in control of their actions only with help of others», with codified procedure of forensic evaluation, was put in force in Russia (art. 29, 30 of the Civil Code).
Objectives: To analyse national forensic assessment dynamics, practice and being in use conceptual models in cases of diminished capacity.
Methods: On the ground of national statistical data, 57 forensic psychiatric reports from 4 regions of RF, counselling diminished capacity, statistical and qualitative analysis of factors, significant for experts' findings, was performed.
Results: From 2015 the yearly number of forensic psychiatric reports, counselling diminished capacity, is increasing from 0 to 697 in 2018. Comparing with findings of total mental disability, the structure of mental disorders is different: organic mental disorders 45,5% versus 61,1%; schizophrenia 23% versus 14,3%; mental retardation 24,9% versus 23,6% with predominantly mild mental retardation versus others; other mental disorders 6,6% versus 1,1%. In our sample in the majority of 57 cases the experts' finding was determined by combination of clinical and social factors. Most significant among the last were young age (Mean 42,5; Med.:37,5), comparative independence in everyday functioning, social and labor activity, financial incapacity. Unsatisfactory, results of specific psychological tests were used only in 33 cases (57,9%).
Conclusions: The results allow to discuss conceptual models, beeing in use: «incomplete ability», «prospective financial incapacity», «ability to use help of others in making and execution of decisions».

Conflict of interest: No
Keywords: mental disability; financial incapacity; help of others; Diminished capacity

EPP0576

"Soft drugs" – between legalization and forensic treatment

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Introduction: Psychoactive drugs may be classified according to the level of harmfulness, which includes addictiveness and the potential for psychical harm. The distinction between "soft" and "hard" drugs, although common, is arbitrary, and is influenced mostly by local regulations which may (in some countries, e.g. Canada) or may not (in most countries) correspond with scientifically measured drug harmfulness scales.
Objectives: The aim of this paper is to determine the objectiveness of classifying of psychoactive substances in categories such as "soft" and "hard" drugs, especially in the light of recent legalization trends of many psychoactive drugs, including, but not limited to cannabinoids. In recent surveys, cannabis use disorder has been linked to impulsivity and it seems to be a significant risk factor for violent behavior in the early phase of psychosis.
Methods: The authors shall present two cases of forensic inpatients whose use of "soft drugs" caused psychotic deranged states which resulted in multiple homicides.
Results: The terms "hard drugs" and "soft drugs" are arbitrary terms with unclear criteria or scientific basis. Both can cause devastating effects on their users, including psychotic states and violent behavior.
Conclusions: Since "soft" drugs are being increasingly legalized, preventive strategies must be developed to reduce harm in susceptible individuals.

Conflict of interest: No
Keywords: hard drugs; forensic psychiatry; psychosis; soft drugs

Genetics & Molecular Neurobiology

EPP0578

Hailey-hailey disease - a rare disease, even in psychiatry!

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Introduction: Hailey-Hailey disease (HHD) is a rare and debilitating autosomal-dominant genodermatosis characterized by chronic, recurrent vesicles, erosions and maceration in flexural areas. The typical age of onset is the third decade of life and can lead to poor quality of life, increased morbidities and be markedly difficult to control.
Objectives: Using as a starting point a clinical case, the authors performed a literature review on the subject in order to clarify the relationship between this dermatological disease and other psychiatric illnesses, its impact on patients life and what is the most effective form of treatment.
Methods: Analysis of the patient's clinical process and a brief review of the literature, based on the research of scientific articles, published in PubMed, using as keywords the terms "Hailey-Hailey disease" and "psychiatry".
Results: Female patient, 25 years, admitted to the emergency department after voluntary drug intoxication. It had visible vesicles on the exposed parts of the body.
Conclusions: Although the disease may have a profound effect on the the quality of life of patients, because of the malodour, disfigurement and pain, little has been formally investigated, because morbidity caused by skin problems is difficult to quantify. Studies indicate that there is a genetic association between HHD and affective disorder, envolving mutations in the ATP2C1 gene encoding a secretory pathway calcium ATPase1. Multiple therapies are available with inconsistent outcomes and potentially severe adverse effects. Studies revealed that low-dose naltrexone may represent a low-cost and low-risk alternative in the treatment of HHD and that lithium and topiramate may exacerbate the disease.

Conflict of interest: No
Keywords: Psychiatry; Hailey-Hailey disease

EPP0579

Weighted burden analysis of exome-sequenced late onset alzheimer's cases and controls provides further evidence for involvement of psen1 and demonstrates role for pi3k/akt/gsk-3β signalling pathway

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Introduction: Previous studies have implicated common and rare genetic variants as risk factors for late onset Alzheimer's disease (LOAD).
Objectives: To analyse a sample of exome sequenced LOAD cases and controls in order to identify genes in which variants predicted to be functional were associated with increased or decreased risk.
Methods: Weighted burden analysis was applied to over 10,000 exome sequenced subjects from the Alzheimer's Disease Sequencing Project. Weighted burden analyses were carried out to investigate whether rare genetic variants predicted to have a functional effect were more commonly seen in cases or in controls. Population principal components were included as covariates.
Results: Confirmatory results were obtained for the previously identified genes TREM2, ABCA7 and SORL1. Additional support was provided for PSEN1 ($p = 0.0002$), which previously had been only weakly implicated in LOAD. There was suggestive evidence that functional variants in PIK3R1, C1R and EXOC5 might increase risk and that variants in TIAF1, GFRAL and GADD45G might have a protective effect. Overall, there was strong evidence ($p = 5 \times 10^{-6}$) that variants in tyrosine phosphatase genes reduce the risk of developing LOAD.
Conclusions: The results provide further evidence that disruption of the PI3K/Akt/GSK-3β signalling pathway can increase risk of LOAD while enhancement of signalling through reduction of tyrosine phosphatase inhibition can reduce risk. Variants in C1R might increase risk via a direct effect of complement activity in the brain or indirectly mediated through encouraging periodontitis and P. gingivalis infection.

Conflict of interest: No
Keywords: Alzheimer's disease; PSEN1; PI3K/Akt/GSK-3β signalling; C1R

EPP0580

Genetic modulation and gene-environment interaction of attachment in cluster b personality disorders

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Introduction: Attachment has been described to be influenced by genetic and environmental, notably rearing, factors. The cathechol-o-methyltransferase (COMT) Val158Met and brain derived neurotrophic factor (BDNF) Val66Met functional polymorphisms have been reported to influence attachment, and an interaction between BDNF Val66Met and rearing in relation to attachment outcomes has also been reported.
Objectives: To assess the impact of COMT Val158Met and BDNF Val66Met, and whether a BDNF Val66Met-rearing interaction exists, in the attachment style of cluster B personality disorder (PD-B) patients.
Methods: The sample comprised 145 PD-B outpatients. All of them completed the Experiences in Close Relationships-Revised questionnaire to assess attachment style, and seventy-five the Parental Bonding Instrument to evaluate perceived rearing. General linear models were conducted to assess the influence of both polymorphisms and a possible BDNF Val66Met-rearing interaction in attachment dimensions, controlled for sex and age.
Results: COMT Val158Met Val/Val-homozygotes and BDNF Val66Met Met-carriers scored significantly higher in attachment anxiety than their Met and Val/Val counterparts (4.95±1.25 vs 4.42±1.30, F=4.423, p=.037; 4.95±1.24 vs 4.38±1.31, F=8.078, p=.005, respectively). Maternal overprotection interacted with BDNF Val66Met in relation to attachment anxiety (interaction term: F=4.928, p=.030); Val/Val-homozygotes with high overprotection scored significantly higher than those with low overprotection (mean difference=.958±.443, p=.034), whereas no differences among Met-carriers were found.
Conclusions: Attachment anxiety, which is a core feature of PD-B, is increased in those PD-B individuals with the high activity COMT and low activity BDNF variants. Contrary to previous reports on Met-allele plasticity, Val/Val-homozygotess in BDNF Val66Met were more sensitive to maternal overprotection than Met-carriers, leading to greater attachment anxiety.

Conflict of interest: No
Keywords: Personality disorders; attachment; genetics; gen-environment

EPP0586

Contribution of cytochrome p450 genes to the change of body mass index in patients with schizophrenia

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Introduction: One of the problems of antipsychotic pharmacotherapy is wide spectrum of side effects. The use of second-generation antipsychotics leads to increase of metabolic side effects. Metabolic syndrome includes many disorders like body mass index (BMI) changes, lipidemias, and others.
Objectives: Objective. To investigate the role of polymorphic variants P450 cytochrome system genes in body mass index changes in patients with schizophrenia.
Methods: Three hundred eighty-eight patients with a diagnosis of schizophrenia were investigated. All patients received antipsychotic treatment. Mean age was 42,1±1,4 years. The BMI was calculated according to anthropometric data of patients. Standard phenol-chloroform method for DNA isolation was used. Genotyping was carried out on six SNP's of genes CYP1A2, CYP2D6, CYP2C19 with real-time PCR. Statistical analysis was carried out with R 3.6.1 environment with using basic functions and SNPassoc package.
Results: The distribution of genotypes of two polymorphic variants rs762551 and rs12248560 was not in according to Hardy-Weinberg equilibrium (a p-value less than 0.05) and excluded from the analysis. Patients with schizophrenia were divided into two groups: patients with a BMI<25 and patients with BMI≥25. We did not identify any statistically significant associations between genotypes and alleles and BMI changes.
Conclusions: We did not demonstrate the association of cytochrome genes with BMI changes in Slavonic schizophrenia patients living in Siberia area and receiving antipsychotic treatment. Metabolic syndrome and weight gain are complexity, and further investigations are needed. Conflict of interest. The authors declare no conflict of interests. Supported by Grant of RSF 19-75-10012.

Conflict of interest: No
Keywords: polymorphic variant; BMI; cytochrome P450; schizophrenia

Intellectual disability

EPP0593

Adapted behavioral interventions improved emotional functioning in a female patient with 22q11.2 deletion syndrome and psychotic disorder – a case report

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Introduction: The 22q11.2 deletion syndrome (22q11.2DS) is the most common microdeletion syndrome associated with multiple health manifestations such as intellectual disability (ID) or psychotic disorders. Delays in emotional functioning that are associated with ID may lead to difficulties with affect regulation and coping skills. There is scarce literature concerning the relevance of adapted behavioral interventions (ABI) for patients with ID and a comorbid psychotic disorder.
Objectives: Relevance of ABI, evolved from the learning theory and cognitive behavioral therapy, in the treatment of a patient with 22q11.2DS focusing on the level of emotional functioning (LEF).
Methods: Description of a three-year clinical course of a patient with 22q11.2DS, moderate ID, schizoaffective disorder and acute psychotic symptoms. In addition to a standard pharmacological treatment she received a long-term ABI, psychoeducation and systemic interventions in terms of skills-training, focusing on her affect regulation and emotional perception. The LEF was assessed at the beginning of the treatment and repeated annually using the scale of emotional development (SED), consisting of eight specific domains divided into six levels each.
Results: The long-term ABI increased the LEF from Level 4 to 5 and smoothened the differences between the different aspects of emotional development as measured in the different domains of the SED, which led to sustainable benefits in her social participation.
Conclusions: For this patient, ABI together with a standard pharmacological treatment improved the LEF considerably. Furthermore, the SED led to an effective therapeutic strategy and might also be helpful in the treatment of other patients with ID.

Conflict of interest: No
Keywords: Intellectual disability; 22q11.2 Deletion Syndrome; Adapted Behavioral Interventions; Scale of Emotional Development

EPP0594

A better life - mzeb in germany, a new, specialized health care offer for persons with intellectual disability and comorbid mental health issues

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Introduction: Congruent with the UN Convention on the Rights of Persons with Disabilities, a new, specialized health care offer for persons with intellectual disability (ID) called "Medical treatment centres for adults with intellectual and severe multiple disabilities" (MZEB) has been established in Germany since 2015. MZEB adopt a multidisciplinary and holistic approach to patient care, focusing on comprehensive clinical diagnosis, treatment-planning and acute treatment. The MZEB evaluated has a psychiatric focus, specialising in the treatment of patients with ID and comorbid mental health issues.
Objectives: The evaluation of effectiveness and relevance of MZEB treatment and its implications on parameters of quality of life (QoL) of persons with ID treated in MZEB.
Methods: Over a period of nine weeks, 135 questionnaires were randomly assigned to persons with ID, who underwent treatment in the MZEB. The QoL was measured using a shortened version of the German adaptation of the World Health Organisation Quality of Life Questionnaire for People with ID (WHOQOL-Bref-ID).
Results: A 60% response rate was attained. The MZEB was perceived as an important and necessary complement in the treatment of persons with ID. The QoL improved, especially regarding patients social participation. Moreover, patients health status improved substantially, leading to a better mental stability and reduced medication, particularly the use of psychopharmacological medication.
Conclusions: The results show that MZEB provide an important contribution to improving patients QoL. Therefore, MZEB play with their specialized multidisciplinary and holistic approach to patient care a significant role in the health care of persons with ID and comorbid mental health issues.

Conflict of interest: No
Keywords: Intellectual disability; mental health; MZEB; quality of life

EPP0595

Characteristics of defendants with intellectual disability identified within court liaison & diversion services

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Introduction: There is research highlighting a significant number of adults with intellectual disability within correction facilities including an increased risk for mental disorder in a prison setting. However, there is little evidence on the characteristics of defendants with intellectual disability when presenting to the Criminal court system.
Objectives: To establish the characteristics of defendants screened for intellectual disability by Court Liaison & Diversion Services within London, England
Methods: This is a retrospective data analysis of routine administrative data collected by the Liaison and Diversion services across the criminal courts of London, England. Data was analysed on those identified through screening to have intellectual disability in order to compare with those defendants identified to have only a mental illness.
Results: 8905 defendants were identified through the database with 347 (4%) of the total identified to have intellectual disability (ID) with just under 16% of those with ID being female. Data will be presented on rates of identified psychiatric disorder, substance use and self-harm risk. There was no significant difference in rates of schizophrenia and depression between two groups. However, the ID group had significantly higher rates of alcohol misuse, drug misuse and current suicide/self-harm risk using chi-square analysis test reporting at the 0.05 level.

Conclusions: The findings confirm the presence of small but significant number of defendants with intellectual disability presenting to the Court Liaison & Diversion services. The implications will be discussed.

Conflict of interest: No
Keywords: Intellectual disability; forensic; mental health; Court services

EPP0597

Neuro-behavioral correlates of sleep disturbances in low functioning autism: a retrospective study.

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Introduction: The coexistence of autism and sleep disorders frequently occurs; however, the link between these two conditions continues to be debated, leaving many questions unanswered regarding the clinical impact of their comorbid presence.
Objectives: Our goal is to assess differences and similarities in some specific clinical features (epilepsy, sleep disturbances, behavioral issues) in a group of low functioning autistic patients, in order to investigate putative correlations between these items.
Methods: We reviewed the medical records referred to a period of 6 years (the total number of events was computed monthly, with a total of 72 records from 2012 to 2017) concerning 22 patients living in a residential facility based on a "farm community" model. Challenging behaviors (N° of self-injurious, aggressive and destructive behaviors), insomnia (N° of nights), and diagnosis of active epilepsy (at least 1 seizure occurred within this time gap) were assessed.
Results: The “high-challenging behaviors” group shows a higher number of nights with insomnia compared to the “low challenging behaviors” group; the same statement can be applied to the “active epileptic” versus the "inactive/non epileptic" group.
Conclusions: Our findings suggest that sleep disturbances may represent a complex and severe comorbid condition in low-functioning autism, being associated with a worse clinical phenotype in terms of challenging behaviours and seizures control. We therefore propose to differentiate treatment schedules in such patients, adopting adequate adjustments in both pharmacological and non-pharmacological approaches.

Conflict of interest: No
Keywords: Autism; Challenging behaviors; Epilepsy; İnsomnia

EPP0598

Therapeutical management of mental disorders asociated to mental disability. a descriptive study

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Introduction: It´s very usual the presence of mental disorder associated to Mental Disability The multidisciplinary team is required to ellaborate plans of attention. These plans are applied by the rest of the team. These plans are evaluated and revised deppending on the level of efficacy
Objectives: We carry on a review of the most frequent psychiatric disorders , describing the psychological and /or psychiatric treatment and a evaluation of the efficacy
Methods: We review the clinical data of 50 patients , focusing in the psychiatric diagnosis. We also review the different kinds of psychological and/or psichopharmacological treatments. We evaluate the efficay of both treatments at 6 months and 1 years before the beginnig
Results: The sample are 50 patients, with a mean age of 34,26 years, 26 of them males. The more frequent diagnoses are Mental Dissanility (44 patients), 27 (54%) of them with associated behavioral disorders. Others diagnoses are Autistic Disorder (15), Parálisis cerebrales infantiles (6), Psicosis de inicio en la infancia (5) y otros diagnósticos en (4 usuarios) The simple recieve different kinds of psychopharmacological treatments (antypsychotic, anitedeprresives, benzodiacepines, etc). Only 13 of them don´t receive any treatments. In many cases, they recibe more of one treatment Related to evaluation at 6 months and 1 years before the beginning of the aplication of both treatments, we observe a important reduction , in frecuency and intensity of behavioral disturbances
Conclusions: In patients diagnosed by Intelectual Disability, the incidence of psychiatrc disoders is higher with good response to a mix of psychological and psychopharmacological treatment

Conflict of interest: No
Keywords: Intellectual; Disability; Comorbid; Treatment

EPP0599

Mental disorders in mental dissability. a descritive study

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Introduction: The patients with Mental Dissability ussualy presents a high comorbidity with several mental (anxiety, depression, psychosis, behavioral disorders). and phisycal disoders. This fact increase the level of dependency of these patients, leading to a lower quality of life s
Objectives: We describe the psychopathology of a simple of patients admited in a Mental Dissability Unit
Methods: We review the clinical data of the 50 patients admited in this unit
Results: The sample included 50 patients, with mean age 0f 34,26 (range 11-65 years), 26 males The more frecuenty diagnosis are Intelectual Dissability in 44 cases (severe in 39). 27 (54%) of them with behavioral disoders Many of them presents more of one diagnosis associated, as Autistic Disorder (15, 30 %). 6 PCI, 5 of Psychosis, 2 ADH and 3 patients with other diagnoses,
Conclusions: The patients suffering a Mental Dissability usually presents psichyatric disoders associated,

Conflict of interest: No
Keywords: Intellectual; Disability; Comorbidity; Diagnosis

Mental health care - Part I

EPP0601

Missing psychiatry appointments: why don't patients attend follow-up? - three years of outpatient follow-up after hospital discharge

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Introduction: Missed psychiatry appointments interrupt the patients' treatment and can have serious impact on their lives with adverse medical and psychological consequences. There are some groups in greater risk of missing appointments. Predictors of non-attendance are complex and influence the medication adherence. Some studies show patients miss about 20% of scheduled appointments which leads to a high burden to healthcare system.
Objectives: To evaluate the rate of missed appointments in psychiatric outpatients follow-up after hospital discharge. We will also characterize in which follow-up phase patients usually drop-out, as well as if there is a correlation between their diagnosis and a pattern of missing psychiatry appointments.
Methods: Between January 2017 and September 2019, all psychiatric hospitalization and outpatients follow-up data were obtained based on clinical records.
Results: Our study includes a total of 740 psychiatric hospitalizations. We consider all appointments after discharge with a psychiatrist (approximately 30 days after) as well as the subsequent follow-up appointments. Around 26% of scheduled appointments were missed. The results show that patients with substance-use disorder and/or personality disorder are more likely to miss appointments comparing to other mental disorders. We found that non-attendance was linked to medication non-adherence, patient deterioration and increased risk of rehospitalization.
Conclusions: There are many reasons for missed appointments. Although in many cases patients reschedule their appointment, an important proportion will not reattend and deteriorate without further medical help. We need to understand better the reasons why patients miss appointments, in order to prevent them, as well as to improve treatment adherence, leading to better outcomes.

Conflict of interest: No
Keywords: Missing appointments; medication adherence; outpatients; follow-up

EPP0602

Stress, burnout, and job satisfaction among mental healthcare professionals in jeddah, saudi arabia

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Introduction: Evidence reveals considerable levels of stress and burnout among medical professionals, which is detrimental to well-being of physicians and the quality of healthcare services.
Objectives: To assess the levels of stress, burnout, and job satisfaction among mental healthcare professionals in Jeddah City, Saudi Arabia.
Methods: A cross-sectional study was conducted on mental healthcare professionals in Jeddah between January 2017 and October 2018. Sociodemographic characteristics and levels of stress, burnout, and job satisfaction were assessed using the Perceived Stress Scale-14 (PSS-14), Maslach Burnout Inventory (MBI), and Job Satisfaction Scale (JSS). Descriptive statistics were obatined. The associations of stress, burnout, and job satisfaction with the sociodemographic variables were also examined.
Results: A total of 107 participants were included (50.5% men; 49.5% women) with response rate of 76.4%. Prevalence of stress was 56.1%. High levels of emotional exhaustion and depersonalization were present among 41 (38.3%) and 26 (24.3%) of the respondents, respectively, while high score of low personal accomplishment were present among 61 (57%) respondents. In terms of job satisfaction, 25 (23.4%) were satisfied and 74 (69.2%) were indecisive. Male participants' emotional exhaustion score (27 ± 12) was significantly higher than females (22 ± 10), ($t(105)= 1.99$, p-value= 0.049). Also, participants with a monthly income above 20,000 SR had significantly higher total job satisfaction (p-value= 0.041).
Conclusions: Our findings suggest high rates of stress and burnout with less than one-quarter of the participants being satisfied about their jobs. Interventions should be established by authorities to address these issues and to promote a better working environment for mental healthcare professionals.

Conflict of interest: No
Keywords: Burnout; stress

EPP0603

Prevalence and treatment preference of burnout, depression, and anxiety among mental health workers

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Introduction: Mental health professionals are prone to many mental health problems, such as burnout, anxiety, depression, stress, and suicide.
Objectives: We aim to assess the prevalence and treatment preference of depression, anxiety, burnout, among mental health professionals in Saudi Arabia.
Methods: A cross-sectional study where all mental health professionals in Saudi Arabia were targeted and approached to participate in the study. With a sample size of 1253. No exact number of practicing years nor specific age or gender is required. A self-administered online survey was conducted using Survey Monkey platform with questions on basic demographics, Treatment preference, and three scales for burnout (MBI-HSS), depression (PHQ9-9) and anxiety (GAD7-7). SPSS version 22.0 was used for analysis.
Results: A total of 1253 surveys were completed. 59.8% were female; the majority of respondents were psychologists (72.5%). Burnout was the most prevalent disorder in our sample (42.7%), followed by depression (21.04%), then anxiety (18.98%). Psychiatrists were more likely to suffer from emotional exhaustion compared to other mental health professionals. Females had

significantly higher odds to develop anxiety and depression compared to males. 36.4% of the targeted sample were influenced by confidentiality or stigma concerning making decisions about inpatient treatment.
Conclusions: Burnout, depression, and anxiety are common among mental health professionals that can reduce the quality of care provided. Addressing the risk factors of these disorders in training curricula, and implementing strategies to overcome these issues are very vital to improve their well-being, and maintain providing a high quality of mental health care to their patients.
Disclosure: The Funding of this research was obtained by the SABIC Psychological Health Research and Applications Chair, Department of Psychiatry, College of Medicine, Deanship of Post Graduate Teaching, King Saud University.

Keywords: Burnout; Dépression; Anxiety; Mental Health Professionals

EPP0604

Psychiatric nursing home: is it a one-way ticket?

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Introduction: Scientific data on living situation of the patients with serious disabilities due to chronic mental illness is quite scarce. In Germany, these patients are often provided with assisted living facilities such as assisted living apartments and psychiatric nursing homes. There is a great paucity of research regarding the future prospects of the patients living in psychiatric nursing homes in Germany.
Objectives: The aim of the present study is to evaluate the rate of transition to an autonomous living form from a randomly selected psychiatric nursing home (PNH) located in Lower Saxony, Germany.
Methods: The psychiatric-medical records of the patients who were residing in the selected PNH between the dates of 1.1.2010 and 1.9.2019 were retrospectively analyzed.
Results: During the study period 47 patients (F/M=15/32, age at move in=44.8±10.9) had resided in the PNH. The median length of stay was 35.5 months (min=2, max=253). Eighty-one percent of them (n=38) had a psychotic disorder. Four patients (8.5%, F/M=1/3) had succeeded in moving to an autonomous form of housing such as into an own flat or with a family member.
Conclusions: The dramatically low rate of the transition to an autonomous form of housing from the PNH can be attributed to many factors. For instance, current social and financial policies and lack of extensive rehabilitative measures with integration support are thought to hamper the autonomous living perspectives for these patients. Other important psycho-social factors such as insufficient access to outpatient mental health care as well as the negative effects of institutionalization will be discussed in detail.

Conflict of interest: No
Keywords: institutionalization; Psychosocial intervention; psychiatric nursing home; chronic mental illness

EPP0608

Regulation and experience of emotions as predictors of burnout syndrome in mental health specialists

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Introduction: The K. Maslach [1993] model suggests that the burnout syndrome is formed in response to emotionally strained interpersonal situations that arise in the process of interaction between a mental health specialist and an assisted person. In most cases, these interactions relate to suffering and emotional distress. Therefore, it can be assumed that the emotion-regulation ability and daily emotional experiences will determine the manifestations of the burnout syndrome.
Objectives: of this study is to identify the contribution of the emotional intelligence and affective experiences to the general level and separate dimensions of the burnout in representatives of caring professions.
Methods: 118 mental health professionals completed the Mayer - Salovey - Caruso Emotional Intelligence Test (MSCEIT), the Positive and Negative Affect Scale (PANAS) and the Maslach Burnout Inventory, adapted for the Russian-language sample group.
Results: We obtained significant correlations between the general intensity of the burnout and the emotional regulation ability, as well as experiencing positive and negative affects. Regression models demonstrated that 1) emotional exhaustion depends on the degree of experiencing positive and negative affects, while the contribution of the emotional intelligence was insignificant; 2) depersonalization, in contrast, is partially determined by the level of emotional intelligence and does not depend on daily affective states; 3) the personal achievements are determined by the positive affect and the emotional intelligence but are not sensitive to negative emotional experience.
Conclusions: The results open up possibilities of constructing prognostic models of the burnout syndrome development in mental health professionals.

Conflict of interest: No
Keywords: Burnout Syndrome; emotional intelligence; Mental Health Professionals; affective experience

EPP0609

Impact of a community based mental health programme in a rural community in kwara state, north-central, nigeria.

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Introduction: It is well known that there is a wide gap between mental health care and community needs in Nigeria. The public health approach of mental health promotion and prevention within the community is encouraged to meet these needs. To this end the community psychiatry unit of our institution set out to assist in developing a community mental health programme in the Omupo

by integrating mental health services into the Cottage Hospital (OCH) services.
Objectives: To evaluate impact of a community mental health initiative aimed at improving mental promotion and wellbeing, to improving capacity of the staffs of the OCH to carry out mental health promotion and prevention activities, and to increase recognition and prompt intervention of mental distress.
Methods: Focus group discussions with various stakeholders, health records and case-note reviews and data analysis were done to evaluate reception of the community to the program and the level of utilization of mental health services within the two years of its existence.
Results: There has been an increase in awareness of mental health problems within the community and its environs, and the clinic has seen a steady increase in flow of patients accessing mental healthcare from healthcare staffs who are more confident and competent with handling mental health issues.
Conclusions: The evaluation has shown strengths that can be built on while highlighting the shortfalls that can be improved upon to make the integration of mental health more plausible.

Conflict of interest: No
Keywords: mental health; impact; community; Integration

EPP0612

Family caregivers of individuals with chronic mental illness: their thoughts about cmhc services, social support perception, burden of care

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Introduction: Individuals with mental illness have difficulty to access and benefit from services without family support and assistance.
Objectives: The purpose of this study is to investigate the opinions of caregivers on Community Mental Health Center (CMHC) services and the relationship between their social support and burden of care.
Methods: The research has conducted at a CHMC in Istanbul. The sample consisted of 150 family caregivers of individuals who were enrolled the CMHC. Data were collected with “Information Form”, “Burden of care Scale”, “Social Support Index” and “Relatives and Friends Support Index". Data analyzed by using t-test, one-way ANOVA and correlation analysis. Family members were interviewed with face to face or by phone.
Results: Family caregivers thought individuals with mental disorder benefit from CMHC. They stated that with a regular attendance, symptoms will decrease, the self-confidence of individual will increase, the individual can follow the treatment and medications himself. Family caregivers also stated that CMHC usage of the individual was beneficial for themselves; they had felt stronger after CMHC were opened. The burden of care of caregivers whom regular user of CMHC and, the family caregivers who benefited from CHMC was lower. There was no significant relationship between burden of care and social support.
Conclusions: The services provided by CMHC was evaluated in positive stand by family caregivers. Family members stated that they observed a decrease in symptoms and a positive change in attitudes of the individuals. It was suggested that regular CMHC attendance decrease care of burden.

Conflict of interest: No
Keywords: Community Mental Health Center; Chronic Mental Disorder; burden of care; Caregivers

Mental health care - Part II

EPP0614

Evolution of the patient care process with serious mental disorder at tomelloso hospital

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Introduction: The concept of Serious Mental Disorder has come to replace, more recently to the previous vision designating a group of people who suffer from different clinical entities, but who also present a series of common problems derived from the disability caused by the disease.
Objectives: Assess the evolution of the process of care for patients with severe mental disorder implanted in the MHU of Tomelloso.
Methods: - Definition of the care process. - Selection of patients suggestive of inclusion, with progressive incorporation into it. - Retrospective descriptive analysis by means of SPSS of the biographical, diagnostic data and about the type of therapeutic intervention performed.
Results: 264 patients have been included in the process of caring for patients with severe mental disorders. 71% of men and 29% of women. The most frequent diagnosis is Psychotic disorder in 82% of cases, being the most frequently diagnosed type of psychotic disorder Schizophrenia. 100% have performed treatment with Psychiatry and nursing, 40% have performed intervention with clinical psychology . 72% of the patients are institutionalized and / or receive care in a rehabilitation center with a day stay. 86 patients have been discharged from the process during these years. The reason for discharge has been improvement in 78% of cases, abandonment in 10% and death 12%.
Conclusions: In general, the result has been satisfactory. The patients included in the protocol complete the physical health recommendations made by the nursing staff, after evaluations carried out in coordination with psychiatry, in more than 80% of cases.

Conflict of interest: No
Keywords: serious mental disorder; healthcare process; schizophrenia; protocol

EPP0615

Long acting injections (lais) 18 months follow-up naturalistic study in a north western italian public mental health service

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Introduction: Many patients (pts) with schizophrenia exhibit difficulties in maintaining adherence to oral antipsychotics (OA). Long-acting injectable antipsychotics (LAI) may have a slight edge about promoting treatment adherence, reducing costs and rehospitalization rates
Objectives: To value demographic and clinical features, global functioning in schizophrenic using Haldol LAI (H-LAI) or second-generation antipsychotics (S-LAI)
Methods: Follow up study (T0 January 2017; T1 18 months later) in naturalistic setting (Mental Health Service–MHS, Novara, Italy). Statistical analysis was performed with SPSS 19 and significance at p=0.05
Results: 90 pts were recruited (45 on H-LAI, 45 on S-LAI). At T1 4.4% pts on H-LAI modified therapy for inefficacy, 4.4 % switched to OA. At T1 Clinical Global Impression (CGI) and Personal and Social Performance (PSP) mean scores remained the same (respectively 85% and 83.8%). At T1 13 pts on SG LAI modified therapy (6 switching to other SG LAI, 4 to H-LAI and 3 to OA. CGI and PSP mean scores improved at T1 (respectively 27.6% and 43.8%). In terms of substance use and somatic comorbidity no statistical differences were found among the 2 groups at TO, neither in oral augmentation, anticholinergic use, hospitalization rate, CGI score between T0 and T1. S-LAI group was younger (p=.0009), reaching higher scores in PSP "care of self" (p=0.047) at T0 and was observed scores improvement of PSP "work" (p=0.049) and PSP total (p<0.001) at T1
Conclusions: the use of LAI among pts attending the MHS Novara, Italy, especially for S-LAI, increased among younger people with better functioning

Conflict of interest: No
Keywords: schizophrenia; MENTAL HEALTH SERVICE; long-acting injectable antipsychotics; global functioning

EPP0616

Psychological health at work among doctors: comparative study

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Introduction: Doctors face many constraints in their professional practice that negatively affect the quality of performance, a source of significant psychological distress.
Objectives: To compare the occupational status and the state of psychological health among medical specialty (MSM) and surgical (MSC) physicians and identify the factors that interfere with it.
Methods: Our study was comparative and transversal including 63 MSM and 33 MSC of different grades, practicing in the hospital-university center Farhat Hached, Sousse, Tunisia. We used the Job-Satisfaction-Scale (JSS) to determine the level of job satisfaction, Hospital-Anxiety-and-Depression-Scale (HADS) to assess anxiety and depression, the Maslach-Burnout-Inventory to assess burnout , and Briefcope to determine coping strategies.
Results: MSM were significantly older than MSC (p=0.005). In both groups, the majority were female (p=0.34) and "intern" grades (p=0.00). MSC had a more unstable family life (p=0.04) and had more monthly nightshifts (p=0.03). MSM were more satisfied with work schedule (p=0,00) and salary (p=0.03). Relationships with colleagues were more satisfied among MSM (p=0.001). MSM were less likely to experience violent events (p=0.03). The average score for JSS was higher in MSM (p=0.014). PE was more reported in MSC (p=0.049). An average subscale HADS-D (depression) was higher in MSC (p=0.00). A coping focused on avoidance was more adopted by the MSC (p=0.02).
Conclusions: MSC were generally less successful in their work than MSM with obvious psychological repercussions. This encourages intervention on the factors that interfere with it to improve the quality of doctors performance.

Conflict of interest: No
Keywords: Comparative study; Psychological health; work; doctors

EPP0617

Factors associated with job satisfaction among physicians practicing in the university hospital environment

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Introduction: Job satisfaction (JS) is a necessary condition for good performance, particularly for physicians. Many personal and professional factors interfere with it, thus their determination seems to be necessary to improve patients care.
Objectives: To determine the degree of JS and the factors associated with it, in a population of physicians practicing in FarhatHached university hospital.
Methods: We conducted a descriptive, analytical cross-sectional study of 96 physicians of different grades practicing in FarhatHached university hospital, Sousse, Tunisia. We used the Job Satisfaction Scale scales to assess the degree of Satisfaction, Hospital Anxiety and DepressionScale for assessing anxiety and depression, and Maslach Burnout Inventory to determine burnout
Results: Response rate was 48%. The mean age in our population was 28,15±4,10 years old. Doctors with medical speciality prevailed (65.6%). Dissatisfaction was noted in 67.7% of the physicians. Socio-demographic factors associated with JS were youthful age (p = 0.00). Occupational factors associated with JS were: shorter working hours (p = 0.02), absence of outpatient clinic (OC) (p = 0.01), dissatisfaction with work hours and safety (p = 0.004 and p = 0.00) , salary (p = 0.00), lack of skills' exploiting and lack of opinion consideration (p = 0.00 and p = 0.01), segregation of duties (p = 0) , 00), conditions of the nightshifts (p = 0.00), Burnout(p = 0.01) and depression (p = 0, 00).
Conclusions: The majority of our subjects were dissatisfied with their work conditions. It is therefore necessary to act on these factors in order to improve their performance.

Conflict of interest: No
Keywords: job satisfaction; factors; Physicians; the university hospital

EPP0618

Peps-lyu : implementing early intervention services in the eastern suburbs of lyon (france) : levers, barriers and opportunities

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Introduction: Early Intervention Services (EIS) for First Episode Psychosis (FEP) are evidence based care networks disseminated worldwide. As highlighted by the London School of Economics (2016), the development of EIS in France remains limited. Though facing several barriers, levers and opportunities can be identified for this development.
Objectives: We aim at building an EIS network in a local urban area (300.00 ha) using co-construction methods to address barriers and identify levers.
Methods: We used a combination of 3 methods to build a need-based network. Firstly, we conducted individual interviews of stakeholders and questionnaires to identify the essential needs in the domain of EIS. We set up a Community of Practice connecting local, national and international partners to gather knowledge in the domain of EIS and FEP and ensure dissemination in the local context. Building of the components of our care network was performed with an iteration design continuously involving these 3 sources of information.
Results: We designed PEPS-LyU, a multicomponent care network addressing the needs of patients with FEP in Eastern Lyon. PEPS-LyU is based on assertive outreach and case management methods to coordinate care and reduce de duration of untreated psychosis. During the first 10 months, within 50 patients included in our analysis only 9 actively disengaged. Professionals' and patients' satisfaction was high and only 3 patients were re-hospitalized so far.
Conclusions: Co-construction methods are efficient to face barriers for the implementation of evidence based care in a complex situation. We show that it can be suitable to implement EIS in French healthcare settings.

Conflict of interest: No
Keywords: Early intervention; implementation; psychosis

EPP0620

Perinatal psychiatry: an economically profitable opportunity for the prevention of psychopathology in the whole family

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Introduction: Perinatal psychiatry is a young field among the subspecialties of Psychiatry and offers an invaluable opportunity for prevention at the clinical level and for health care expenses. However, how much is it invested in perinatal mental health in countries?
Objectives: To know the investment in Perinatal Psychiatry in western countries.
Methods: Systematic review using the terms Mesh "Costs of medical care", "Psychiatry", "Perinatal care".
Results: 20 results were obtained, 9 articles were selected, of which 7 were published in the last 5 years. Of these, 4 were published in the USA, the rest corresponds to the UK, Sweden and Australia. In USA, it has been invested in prevention and therapy programs, such as the Massachusetts Child Psychiatry Access Project (MCPAP) for moms, the Healthy Thinking Program (THPP) and focusing on psychosocial factors, with positive clinical and economic outcomes. From a study in the UK, 2015, it was obtained that for each child exposed to perinatal depression, public sector costs exceeded £ 3030, the costs due to reduced income were £ 1400 and the loss of quality of health-related life was valued at £ 3760. In Australia it was valued to modify health policies based on the results.
Conclusions: The evidence suggests that the investment in the early detection of mental disorders in parents, psychoeducational approaches and training related to child rearing, favors the mental health of the mother, the child and all the family, in addition to adequate and sustainable therapeutic care. It is also necessary to consider ethical aspects.

Conflict of interest: No
Keywords: Psychiatry; Costs of medical care; Perinatal care

EPP0622

Personal value priorities are related to non-conscious stigmatization of people with mental illnesses

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Introduction: Stigmatization of people with mental illnesses negatively affects individual functioning and leads to the avoidance of treatment. Recent studies investigate non-conscious or implicit stigmatization, which is less strategic and unintentional (Teachman et al., 2006). Researchers investigate factors related to stigmatization, because they can serve as potential targets to decrease stigmatization.
Objectives: Here we investigate the role of personal value priorities in implicit stigmatization of people with mental illnesses among people with no experience of mental illnesses.
Methods: Sixty-four participants (M_{age} = 19.81, SD = 3.16, 16 males) took part in the study. Participants completed the Implicit Association Test (Greenwald et al., 1998), modified to measure implicit stigmatization of people with mental illnesses (Teachman et al., 2006). The also completed the Portrait Values Questionnaire (Schwartz, 2003), which measures value priorities.
Results: Values were included in the linear mixed-effects model as independent variables, while implicit stigmatization – as dependent variable. Values explained 15% of variance of implicit stigmatization with medium effect size (f^2 = .178). Conformity value was positively related to implicit stigmatization (β = .356, t = 2.044, p =

.046), while self-direction value was negatively related to it (β = -.419, t = -2.644, p = .011).
Conclusions: Valuing independence, creating and exploring, people implicitly stigmatize people with mental illnesses less, and vice versa. To the contrary, valuing restraint of actions, inclinations, and impulses, people implicitly stigmatize people with mental illnesses more, and vice versa. Activation of these value priorities might be used to decrease the implicit stigmatization.

Conflict of interest: No
Keywords: values; implicit stigma; stigmatization; Stigma

EPP0626

«Demographic and clinical characteristics among individuals involuntary admitted in psychiatric hospital with positive history of substance use»

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Introduction: Various factors of socio-demographic characteristics can affect outcomes of substance abuse such as age, gender, employment history, marital status, education level, or previous history of other neurobiological disorders.
Objectives: Exploration of demographic and clinical profile in people involuntary admitted at Cyprus Psychiatric Hospital, with positive substance use history.
Methods: A descriptive correlational design was performed with cross-sectional comparisons in a sample of 172 individuals. Data collection following informed consent (12/2012-02/2018) was achieved through individual interviews, using a structured questionnaire.
Results: 74.4% of the sample were Greek-Cypriots, 152 male and 20 female, at the age of 25-34. The most frequent clinical diagnosis was schizophrenia or a relevant thought disorder. 1 out of 2 reported a daily use of psychoactive agents, while 68% of the sample met the criteria for a dual diagnosis. Thought disturbances were strongly associated with dual diagnosis (p<0.001), while dual diagnosis was statistically significantly associated with non-adherence to pharmacotherapy and subsequent lack of insight (p=0.003) Cannabis was the most frequently substance used in people 25-34 years (p<0.001), unmarried, (p=0.034), who daily used substances (p=0.006), having a positive history of multiuse (p>0.001) and a clinical diagnosis of though (psychotic) disorders (p=0.001).
Conclusions: These data may be relevant for the formation of preventive interventions and education in substance use among people with severe mental illness, and vice versa. Also, re-appraisal of the effectiveness of dual diagnosis treatment programs is also recommended. Furthermore, an acute involuntary short-term residential treatment program is suggested among individuals with substance abuse and dual diagnosis in Cyprus.

Conflict of interest: No
Keywords: though disorders; dual diagnosis; substance use; sociodemographic characteristics

Mental health care - Part III

EPP0627

Understanding and building resilience to early life trauma in belarus and ukraine

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Introduction: Despite high levels of early life trauma (ELT) in Belarus and Ukraine, a culturally nuanced understanding of attitudes to and experiences of ELT and mental health care has not previously been studied.
Objectives: Better understanding of the ways that ELT is understood and experienced; better understanding of how organisations working to support mental health can help families in Belarus and Ukraine to build resilience to ELT.
Methods: A series of three workshops on the cultural contexts of early life trauma and mental health care were undertaken in Minsk and Lviv with over 40 participants from different disciplines (doctors, psychologists, lawyers, researchers, teachers, police, NGOs, WHO and UNICEF) in 2018-2019.
Results: The main reasons to attend the workshops were to increase understanding of current work undertaken on ELT; increase understanding of the relationship between culture and mental health; and as an opportunity for NGOs to communicate directly with governmental institutions. As a result of the project, participants felt more prepared to work with ELT, and were able to identify blank spots in their knowledge and structure of care. The workshops also resulted in an online network of ELT practitioners within Central and Eastern Europe (http://earlylifetrauma.info/) and increased motivation for work on policies targeting ELT. More research in the field, awareness raising and improved training to work with ELT were identified as priorities.
Conclusions: Responding effectively to ELT will require a multidisciplinary approach that considers how cultural aspects influence attitudes towards mental health and psychiatric care.

Conflict of interest: No
Keywords: Children; psychiatric care; trauma

EPP0628

Influence of ecological and professional conditions of residence of management personnel on the mental health level

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Introduction: the contribution of ecological and work conditions can be an important part of the development of depression, anxiety in the research of hard mental work in isolation from the usual relax, frequent overworkings and a decrease the numbers of days off can increase the risk of mental disorder.
Objectives: the research of the dependence of the risk of depression, anxiety, level of distress on the ecological and work conditions of managers in far taiga conditions.
Methods: there were researched 117 people. In order to investigate depression, anxiety we used PHQ-9, GAD-7, SCL-90-R. A visual-analogue scale was used to research the social and work indicators of life satisfaction, the level of relax.
Results: a decrease in the level of relax correlated with depression and anxiety ($p < 0.05$). An increase in the level of anxiety correlated with the level of relax, number of worked years ($p < 0.05$).The intensity of the distress experienced correlated the number of worked years and the position ($p < 0.05$). A low level of relax leads to an increase in the intensity of distress experienced ($p < 0.05$). Such symptoms as somatic, interpersonal sensitivity, depression, anxiety, hostility, increase with a decrease in the level of leisure ($p < 0.05$). The same result is observed with a decrease in the level of relax, but interpersonal sensitivity, depression, anxiety, hostility ($p < 0.05$) are dependent factors.
Conclusions: there is necessary to improve the conditions of work and relax at the enterprise, to eliminate overworking, and to maintain an appropriate psycho-hygienic management policy.

Conflict of interest: No
Keywords: Dépression; Anxiety; management personell

EPP0629

Means of functional states' self-regulation in occupational stress management

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Introduction: Effective prevention of occupational distress includes effective stress-management programs' application. The elaboration of such programs is based on the following principles: (1) taking into account the occupational specificity of work and organizational stressors; (2) validation verification of the proper combination of self-regulation means, targeted to decrease stress effects in work situations (Leonova, Kuznetsova, 2009).
Objectives: The study is focused on the comparative analysis of the various self-regulation effects on functional state's manifestations (physiological reactions, functioning of cognitive processes, acute functional state's self-evaluation, behavior patterns) in tensed work environment.
Methods: The self-regulation program included: progressive relaxation exercises, means of ideomotor training and sensory imagination, elements of autogenic training. The program was elaborated as a training program for stress-management skills acquisition for specialists in rehabilitation practice (n=124). The diagnostic set included methods for evaluation of functional state's manifestations: physiological reactions, functioning of cognitive processes, acute state's self-evaluation (De Keyser, Leonova, 2001; Kuznetsova, 2018).
Results: Verification of elaborated program was conducted in medical specialists (n=60) as well as in clinical psychologists (n=64). The research revealed stress-management efficiency in decrease of cognitive ($t=6,4$; $p<0,001$) and self-evaluated ($t=8,9$; $p<0,001$) stress reactions.
Conclusions: The elaborated program helps to get clear represented positive actual effect of functional states' manifestations under occupational stress. The differences in the type of actual stress-management are connected with occupational specificity of medical and psychological work.

Conflict of interest: No
Keywords: Occupational stress; self-regulation; stress-management; functional state

EPP0630

Transition from child to adult mental health services: mapping needs

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Introduction: The transition pathway between child and adolescent mental health services (CAMHS) to adult mental health services (AMHS) may eventually have an impact on clinical outcome as it influences follow-up and treatment adherence[1]. Transition should be planned in advance and include a period of parallel care to assure continuity. However only the 4% of the CAMHS-AMHS transitions fulfill these features[2] and one third of young people are lost from care in the change service[1].
Objectives: To assess the socio-demographic and clinical characteristics of the CAMHS-AMHS transition population in the community mental health system in Sant Martí neighbour in Barcelona between 2018 and 2019.
Methods: We carry on a cross-sectional descriptive analysis of a 28 patient sample of adolescents who attended CAMHS and were referred to our AMHS examining socio-demographic data, follow-up, clinical features and timing of the transition.
Results: The percentage of patients that effectively made the transition was slightly higher (60,7%). Parallel care was only applied to one of the patients. Nearly half of the patients (46,4%) were diagnosed with a SMD. The most common disorders were ASD (32%) and ADHD (29%). Antidepressants (32%), followed by antipsychotics were the most frequent pharmacological tratments.
Conclusions: While a parallel model of transition is currently advised[2], in our population the transition was made mainly by a sequential model. Coordination between services and assessment of the potential barriers for transition may help soften the transition to adult care. Further research is needed to establish the best transition model between CAMHS and AMHS to optimize care continuity.

Conflict of interest: No
Keywords: child and adolescent psychiatry; community mental health; mental health transition

EPP0631

Exploring the relationship between summer holidays and mental health and quality of life amongst patients with chronic respiratory pulmonary disease

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Introduction: There are relatively limited studies exploring the relationship of summer holidays between patients with Chronic Respiratory Pulmonary Disease and their quality of life, although today's medical treatment of patients has increased their opportunities for an active lifestyle.
Objectives: This study aimed at identifying the relationship between summer holidays and the psychosomatic quality of life of patients with Chronic Respiratory Pulmonary Disease.
Methods: The total sample included 116 patients with a mean age 68.7 (SD=9.3). The questionnaire of quality of life (SF-36) and sociodemographic data were collected pre-interview. In-depth interviews, focusing on the on the patients' experiences of summer holidays were carried out in the hospital during the follow-up of patients.
Results: Multivariate analysis was applied for analyzing the data. Results show significant differences in psychosomatic health of patients who responded positively to the summer vacation experience. Summer holidays was found to directly contribute in the in increasing the quality of physical health (p=.042) and mental health (p=.019). Thus GLM analysis found strong associations between quality of psychosomatic health and Physical Role Functioning (p=.026), Emotional Role Functioning (p=.010), Social Role functioning (p=.008).
Conclusions: It could be argued that the results of this study, despite of the reasonable limitations, leads to a redefinition of views about the impact of summer holidays on the quality of psychosomatic health of patients with Chronic Respiratory Pulmonary Disease.

Conflict of interest: No
Keywords: Quality of Life; Psychosomatic Health; Summer Holidays; Chronic patients

EPP0632

Promoting autonomy and recovery: protocol for management of acute mental illness in a day hospital setting

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Introduction: Intensive treatment under partial hospitalization is established as a viable and effective modality in acute decompensation, with low rates of early and long-term readmission, and less days in full hospitalization. Compared to general outpatient treatment, a day hospital setting seems to have an advantage in symptom management. It seems to bring greater engagement with treatment, without additional burden on family members compared to inpatient settings. Risk factors risk for readmission during treatment at Day Hospital include active suicidal ideation, worsening of psychotic symptomatology (in patients referred after discharge) or worsening of functioning and socio-family relationships (in patients referred by the outpatient clinic). Day Hospital treatment seems to entail lower costs than complete hospitalization (with variable cost reduction from 20 to 37%).
Objectives: We aimed to develop a protocol for management of acutely ill patients in a day hospital setting.
Methods: Non systematic review of literature.
Results: A 2-3 month follow-up program for acutely ill patients after discharge or referred from outpatient services was defined, as well as inclusion and exclusion criteria. A pre-established schedule is to be discussed with patients and family members, including medical and nursing appointments (including physical health monitoring), administration of medication (oral or LAI), occupational therapy and psychoeducational interventions. Pre and post-intervention evaluation of health status and quality of life.
Conclusions: The developed program presents as a feasible and effective alternative to inpatient treatment of acute mental illness. Implementation will prevent some admissions, and allow an earlier discharge and autonomization with community support. Quality assurance methods are to be applied.

Conflict of interest: No
Keywords: community psychiatry; acute mental illness; DAY HOSPITAL; outpatient

EPP0633

Traditional healing for psychiatric illness: patients' view

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Introduction: The role of traditional healers in the community remains an issue of debate. They have a role that could not be neglected. Traditional medicine can be a barrier for early intervention and treatment of psychiatric disorders
Objectives: This study is a cross-sectional descriptive study that aims to evaluate the attitude of patients toward traditional healing in Khartoum teaching hospital in Sudan.
Methods: Patients who attended the outpatient clinic were asked about previous history of seeking treatment from traditional healers. A specific questionnaire was introduced to participants.
Results: From a total of 131 subjects, there were 111 (84%) of patients who reported previous history of seeking traditional treatment for psychiatric illness. No significant difference was found between the two groups in terms of psychiatric diagnosis (p = .559) or sociodemographic characteristics including age (p = .740), gender (p = .469) and educational level (p = .226). The decision of seeking traditional treatment was mostly taken by families and the patients took the decision in only 27% of cases. The majority of participants (55.9%) believe that their psychiatric symptoms are due to evil eye, and 20.7% believe that the symptoms are due to magic. The type of traditional treatment was significantly related to gender (p = .003) but not related to level of education (p = .137)
Conclusions: The vast majority of psychiatric patients have history of receiving traditional healing, and the decisions regarding treatment are taken by family in most of the cases.

Conflict of interest: No
Keywords: Traditional treatment; psychosis; mood disorder

EPP0634

Professionals' experiences with mechanical restraint: a qualitative research using focus groups on mental health staff in training.

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Introduction: Mechanical restraint (MR) is a coercive measure used for behavioral control in Psychiatry. In Spain this procedure is permitted, although it is not regulated by law. Several studies maintain that non-clinical factors (such as professionals' experiences and the influences of the context) may play a more important role in how these measures are used than the purely clinical factors.
Objectives: The aim of the present research is to understand, from a phenomenological/hermeneutic perspective, the experiences, emotions, attitudes etc. of professionals in training (nursing, clinical psychology and psychiatry), in regard to the use of MR within the public mental health network of the Comunidad de Madrid.
Methods: A qualitative phenomenological research methodology was used, involving the development of three different focus groups of professionals in training. The interviews were recorded in audio and video, and data collected was later transcribed for discussion and thematic analysis.
Results: Through data analysis based on Grounded Theory, this research will yield a conceptual model that will allow us to understand the meanings underlying the subjective experiences of professionals in regards to the use of MR. We are currently in the analysis process, but the final results will be presented at the conference. Results observed so far suggest that these measures generate emotional distress and lead professionals to be in conflict with their role as caregivers and to develop different strategies to cope with this situation.
Conclusions: Current analysis suggests that the results are similar to those observed in the literature and reveals both professional suffering and contradictions in common clinical practice.

Conflict of interest: No
Keywords: coercive measures; qualitative; grounded theory; focus groups

Mental health care - Part IV

EPP0640

Architectural design of mental health inpatient units: systematic review on clinical effectiveness and unit safety.

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Introduction: The architectural design of hospitals has proved to have an impact not only on patient safety but also on their recovery. However, most of the studies on this topic focused on the design of general medical wards and only a small number of studies have looked at the design of psychiatric units
Objectives: To review the available evidence and examine any consistent themes in architectural design that are related to better patient outcomes.
Methods: A comprehensive and systematic search was undertaken in Medline database and grey literature sources. Our study protocol was registered with PROSPERO after a scoping search was performed. Screening process involved 4 researchers divided in two teams. Discrepancies were resolved through involvement of a fifth external researcher. Quality assessment and data extraction were conducted by 2 teams of researchers.
Results: We found a total number of 1165 articles from database searches and 150 from grey literature. Eighty-six studies were included in the full text analysis which included 59 from databases and 27 from grey literature.
Conclusions: In our systematic review we have found limited number of RCTs and quasi-experimental studies on the topic. We identified several consistent themes across these studies that point to an impact of the architectural design on the outcomes of patients with mental ill health. Based on our findings, we recommend that more experimental research should be undertaken to strengthen the evidence that will inform evidence-based guidelines.

Conflict of interest: No
Keywords: psychiatric unit; architectural design; safety; patient outcomes

EPP0644

Correlation of subjective assessments of physical health and emotional state in residents of different regions of russia

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Introduction: It is known that physical health is related to emotional state. At the same time, the socio-cultural mediation between the subjective assessment of physical health and emotional state at the level of different countries as well as the level of different regions of one country requires further study.
Objectives: Identification of the relationship of subjective assessments of physical health and emotional state in residents of different regions of Russia.
Methods: Respondents were 210 men and 403 women aged 14 to 76 years (M=26.9; SD=13.7) from 6 regions of Russia. They were asked to describe as a whole (1) the state of their physical health and (2) their emotional state at the present time, by selecting in both cases one of the answer options: "excellent" "good", "average", "bad", "very bad".
Results: As the values of the Spearman correlation coefficient showed, subjective assessments of physical health and emotional state were significantly related throughout the sample ($r=0.507$; $p<0.001$), separately for men ($r=0.516$; $p<0.001$), and for women ($r=0.489$; $p<0.001$). This correlation was found for each region, but

to a different extent: Moscow (r=0.345; p<0.001), St.-Petersburg (r=0.443; p=0.003), Udmurtia (r=0.482; p<0.001), Sakha (r=0.491; p<0.001), Sverdlovsk region (r=0.632; p<0.001), Kemerovo region (r=0.347; p=0.001).
Conclusions: There was a significant correlation between subjective assessments of physical health and emotional state in both men and women. The correlation is typical for the sample as a whole, but its strength differs in each of the studied regions of Russia. The research was supported by the Russian Foundation for Basic Research, with the Grant 17-29-02506.

Conflict of interest: No
Keywords: health; emotional state; subjective assessment; sociocultural determination

EPP0645

Construct and convergent validity of king's stigma scale (ss) in portuguese mental health patients

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Introduction: Stigma's been associated with negative outcomes in patient's life and may have a negative impact on the help-seeking behaviour, on patient's self-esteem and even on treatment compliance.
Objectives: To study the psychometric qualities of the SS in Portuguese mental health patients, namely reliability, construct validity and convergent validity, using the Illness and Help-Seeking Behavior Scale (IHSBS).
Methods: 160 mental health patients with several psychiatric diagnoses followed in health centers and hospitals in the central area of Portugal (70% women; mean±SD aged 39.49±15.71 years old) filled out a questionnaire that included the SS and the IHSBS.
Results: The KMO was .861 and Bartlett's test p<.05. The principal components analysis and scree plot suggested 3/4 components. Horn's parallel analysis confirmed the 4 components approach and they were submitted to a varimax rotation. F1 is Disclosure (EV=32.02%; α=.91), F2 Discrimination (EV=9.02%; α=.87), F3 Acceptance (EV=8.24%; α=.70) and F4 Personal Growth (EV=6.59%; α=.72), all of which had high/acceptable internal consistency (EV=55.88%; α=.90). Most of items included in F1 and F2 match the ones included in the same dimension in the original scale; F4 includes exclusively items from the Positive dimension and F3 has items from all dimensions in the original scale. The 6th item didn't have acceptable loading in any of the four factors. IHSBS and SS total score correlation was .216 (p<.05) and with F2 was .257 (p<.01).
Conclusions: King's SS (27 items) is a valid and reliable instrument that can be useful to assess stigma in Portuguese mental health patients.

Conflict of interest: No
Keywords: Stigma; mental health; IHSBS

EPP0648

Neurodynamic component of mental activity in children and with different intensity of digital usage

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Introduction: The influence of digital technologies on cognitive functions of children and adolescents, including on neurodynamic characteristics of mental activity is poorly highlighted.
Objectives: The aim was to study the features of the neurodynamic component of mental activity in children and adolescents with different online activity.
Methods: The study was based on neuropsychological examination (Akhutina, 2016) and socio-psychological questionnaire and included 150 respondents.
Results: In preschool children (5-6 years old), the best neurodynamic indices were observed in children with low online activity (< 1 hour a day). Primary schoolchildren (7-10 years old) with medium online activity (1-3 hours) were less tired, performed tasks faster (p=0.057); schoolchildren with low online activity performed better graphic test (smooth line, optimal hand tone). Younger adolescents (11-13 years) showed better performance in the "medium" group of online activity (3-5 hours). Significantly more fatigue was observed in the groups with low and high online activity (p<0.05). In older adolescents (14-16 years), a clear picture of neurodynamic parameters could not be identified.
Conclusions: The best indicators of neurodynamic characteristics were observed: in preschoolers with low online activity; in primary schoolchildren – with medium online activity (performance, attention) and with low online activity (graphic skills, hand tone, straight line), in younger adolescents – with the medium online activity. For these age groups, it was possible to identify the optimal time of online activity, in the range of which digital technologies contribute to the successful development of cognitive functions. Research is supported by the Russian Science Foundation, project No. 18-18-00365.
Disclosure: Research is supported by the Russian Science Foundation, project No. 18-18-00365.

Keywords: Children and adolescents; Neurodynamic component of mental activity; digital usage

Mental health policies

EPP0653

Vicious cycle of virtuous policies: a study exploring the workload implications of policies

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Introduction: National Health Service (NHS) trusts have policies which outline best practice and should be followed by all staff to provide the best care to patients (Robertson et al., 2014). However,

having a policy that is ethically robust and follows sound clinical practice is only going to be effective if it is followed and implemented. Evidence suggests that the sheer volume of policies, their length, complexity and sometimes inaccessibility in practice means that they are not complied with (e.g. Blume, 2017). To understand this phenomenon of non-compliance with policies, Carthey et al. (2011) carried out a study in which they counted the number of policies and guidelines used across three physical health trusts. However, to our knowledge no study has explored whether this phenomenon exists within mental health trusts.
Objectives: The aim of this study is to quantify the number of policies and procedures that professionals working within mental health trusts must follow.
Methods: Using a vignette of a typical patient referred to mental health services and a list of current NHS policies within a mental health trust, mental health nurses will be asked to select the number of policies that would have needed to be read, understood and followed for the case. The time taken to find the relevant policies and read them, using an agreed universal reading speed, will be calculated.
Results: It is predicted that this phenomenon will also exist in mental health services.
Conclusions: This will have important implications for navigation and development of policies that will likely impact patient care.

Conflict of interest: No
Keywords: Policies; mental health; clinical practice; governance

EPP0655

Human rights and global mental health policy: moving beyond the moral impasse

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Introduction: The field of mental health is currently at a moral impasse. Recent developments have brought a new level of ethical scrutiny, particularly to psychiatry's role as social and legal arbiter. Most notably, the United Nations' Convention on the Rights of Persons with Disabilities (CRPD) includes an unprecedented commitment to legal capacity as an inviolable right. Alongside this, the service user movement continues to call for reform, and the rapidly growing body of research on coercion within psychiatry only further complicates its moral status.
Objectives: The aim of this presentation is to address the implications of these pressing issues. The question that the field must confront can be simply put: how can we reconcile the commitment to protecting the dignity of services users with the need to retain coercive treatment as an intervention of last resort?
Methods: These issues are evaluated from an ethical and policy-based perspective, in light of core human rights commitments and prevailing global health policy frameworks.
Results: There are few easy answers, but constructive compromise positions are available. For instance, the continuing debate surrounding the CRPD can be resolved through flexible implementation, allowing for coercive measures in select, highly regulated cases. This is not necessarily inconsistent with an otherwise unalloyed commitment to respecting service users' subjective best interests (which may value well-being over health)
Conclusions: Mental health must continue to grapple with the ethical implications of coercive practices. While the CRPD has been the source of considerable consternation, international policy directives still represent important instruments for the protection of human rights.

Conflict of interest: No
Keywords: policy; global mental health; coercion; human rights

EPP0656

Smoking in a psychiatric ward - a perspective view about a controversial question.

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Introduction: Smoking represents the primary cause of preventable death and it's considered a public health problem worldwide. People with mental illness tend to smoke 2-3 times more than the general population, and it can rise up to 5 times higher for those with schizophrenia. Therefore, many psychiatric wards are setting smoking ban laws within its facilities. However, are there any reasons to discourage those actions?
Objectives: Understanding whether it is reasonable to abolish smoking in psychiatry wards, its consequences, and strategies to diminish the use of tobacco in psychiatric patients.
Methods: We undertook a narrative literature review by performing a search on PubMed for English-written articles. The query used was "Smoking" AND "Psychiatric Hospital OR Ward".
Results: Nicotine withdrawal can cause anxiety, depressed mood, sleep disturbances and anger, among others. The last one is considered to be one of the great barriers to the implementation of smoking-free policies by hospital staff, in consequence to the fear of aggression and noncompliance in patients. However, it has been proven that quitting smoking does not exacerbate pre-existing mental illness and subsequently does not have a negative impact in mental health. Hereupon, acute hospitalizations in psychiatric wards provide a good opportunity to address tobacco use, being the perfect place to manage nicotine withdrawal.
Conclusions: Smoking cessation should be encouraged in psychiatric wards since it does not affect negatively the course of mental illness. However, these actions should be accompanied by accurate assessment of nicotine withdrawal symptomatology with counselling and medication.

Conflict of interest: No
Keywords: Smoking; psychiatric ward

EPP0660

Strategies to face stress and the perception of quality of life of brazilian public servants

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Introduction: Health is associated with the balance between work and personal life. This is a challenge in Brazil, where political and

economical difficulties can negatively impact worker's mental health.
Objectives: Assessing the perception of quality of life; identifying the stressful events and the strategies used by the public servants to face those events.
Methods: The web-form WHOQOL-BREF was used among 565 Brazilian public servants to assess their perception of quality of life. Among them, eight servants answered the Lipp's inventory of symptoms os stress for adults and took part in five therapeutic group sessions to evaluateand discuss their stress symptons and their strategies to cope with it.
Results: Among the 565 subjects, 29% were male, 56.8% were between 41 and 60 years old. The environmental domain has the lowest scores especially lack of financial resources (Mean = 2. 72; SD=0. 85). All of the eight servants who took part in the sessions were female, between 31 and more than 60 years old and indicated they were in the "resistance" phase of stress. Three different categories of stressful events were identified: difficulty of mobility; work overload; absence of financial resources and good working conditions, as well as the strategies: metacognition, resilience; tasks prioritization; defining specific goals and mental prosthetic.
Conclusions: Succesful strategies to deal with stress to prevent workers to reach the exhaustion phase of stress as well as programs that contribute for the qualification and empowerment and the development of valuable resources for facing work overload should be considered for new health policies.

Conflict of interest: No
Keywords: health; quality of life

Migration and mental health of immigrants

EPP0661

Mental health in refugees: understanding depression

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Introduction: Over the last years, millions of individuals around the world were forcibly displaced from their homes and with that Europe saw a great increase in refugees, which bring great stress on host countries health services. The high levels of trauma exposure among refugees can contribute to the usually higher frequencies of mental illness. Despite of some variations in prevalence, depression is one of most common disorders and seems to have the strongest association with quality of life.
Objectives: To review depression among refugees
Methods: PubMed search with Mesh terms "refugees" AND "depression"
Results: Pre-migration trauma and ongoing post-migration stress can concur to depression. Relatively to pre-migration events, the degree of life-threat trauma exposure (aggression, torture and starvation) is significantly associated with depression. Previous moral injuries appraisals also predict depression. Female sex, personal/familial history of mental illness and older age have also been reported as a risk-factors. Post-migration living difficulties (poor social support, worries about family back home, finances, unemployment, language and residence authorization difficulties) are significantly and positively correlated with depression. Subjective downward social mobility predicts more severe symptoms. A delayed access to mental health services after resettlement increases the risk of depression, more than 4-fold. The prevalence of depression starts to decline after prolonged residence, but remains high for many years.
Conclusions: The higher prevalence of depression in this population highlights the need for policies that promote early and long term access to mental health services. Particularly for depression, a special attention should be devoted to improve the social re-insertion of refugees.

Conflict of interest: No

EPP0663

Immigrants and psychiatric services: an italian experience

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Introduction: Following the massive migratory flows, psychiatric services have to face important clinical challenges, often culturally mediated.
Objectives: To analyse possible clinical differences, Psychiatric Services use and socio-demographic factors, between natives and migrant psychiatric patients that had access to two mental health hospitals in Lombardy (one of the Italian region with the highest rate of immigrants), in 2013.
Methods: All the data analyzed in this cross-sectional study were drawn from the regional mental health system
Results: 10.3% of the 7819 total patients were migrants. North African patients showed the highest rate of psychiatric services utilization, while Chinese patients had the lowest. Sub-Saharan Africans showed the highest rate of acute psychosis and post-traumatic stress disorder; South Americans the highest rate of mood and anxiety disorders; North Africans the greatest prevalence of personality disorders and substance use. Eating disorders were detected only among Italians and Est-Europeans, mostly in females. North Africans had the highest percentage of incarcerated subjects. Italians had the highest average duration of illness, 8.5 years, while North Africans had the lowest value (2 years). The average number of interventions and admissions under section, did not highlight significant statistical differences, even if they were higher among North Africans.
Conclusions: cultural and migration contributes to different psychiatric profile are clear and have to be taken into specific consideration to set adequate assistance and resources allocation to assist migrant patients with psychiatric issues.

Conflict of interest: No
Keywords: migration; psychiatric services; mental health of immigrants; Culture

EPP0664

Personal wellbeing, work ability, and satisfaction with life and work of psychiatrists who emigrated from croatia, after croatia entered eu, compared to their colleagues

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Introduction: After Croatia entered EU in 2013, a significant number of citizens, including a great proportion of doctors, decided to emigrate from Croatia.
Objectives: To investigate possible differences in life and work satisfaction between emigrants psychiatrists (EP), emigrants physicians of other specialties (E), and psychiatrists currently working in Croatia (C).
Methods: Personal wellbeing index (PWI), Work Ability Index (WAI), and qualitative research questions were used to conduct an anonymous online survey in 2019. Link to the survey was shared on social networks, while 138 physicians were approached directly by e-mail. Response rate : 87 % for EP group, 48 % for E group, and 28 % for C group. In total, 62 physicians, 44 of them emigrants (20 EP and 24 E), participated. The pilot study was voluntarily led.
Results: Satisfaction with standard of life, future security, life achievements, and feeling of safety are significantly higher in EP and E group than in C group. Satisfaction with personal relationships and feeling of belonging to a community are significantly higher in E than in EP. WAI score of the 3 groups placed them all in the same category "good work ability". For all emigrants, major challenges after emigration were found to be communication and social inclusion of family members.
Conclusions: Although the sample was not representative, the results of this pilot study showed high satisfaction with work and life among psychiatrists who emigrated from Croatia. Emigration of psychiatrists from Croatia in the last 6 years contributes to the European psychiatric heritage.

Conflict of interest: No
Keywords: PWI; WAI; psychiatryst; emigration

EPP0665

Somatic symptoms, social support and traumatic events in forced migration: an observational study.

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Introduction: Studies indicate that war-affected and displaced groups, compared to local non-refugee populations, suffer variable but generally higher rates of stress-related somatic symptoms. The relation between traumatic events and somatization is poorly explored.
Objectives: To assess the impact of trauma on somatic symptoms in forced migrants recently hosted in Italy.
Methods: First generation asylum seekers/refugees of age over 18 referred to Umberto I Hospital, Rome, for a routine infectivologic screening were consecutively enrolled. The following tools were administered: Somatic Symptom Scale 8 (SSS-8), Life Events Check List (LEC-5), and Stress-related Vulnerability Scale (SVS).
Results: Eighty-five subjects participated to the study (males=80 (94.1%); mean age= 28.3 SD=7.4). Fifty-eight (68%) participants reported at least one clinically significant somatic symptom and all reported at least one severe traumatic event in the LEC-5. Pearson Correlation Coefficients of SSS-8 total score with respect to LEC-5 and SVS lack of Social Support Subscale score were r=0,327 (p=0.003), r=0.529 (p=0.0001). A stepwise linear regression confirmed that LEC-5 total score (Beta standardized correlation coefficient = 0.151; p = 0.027) and SVS lack of Social Support Subscale (Beta standardized correlation coefficient = -0.309; p = 0.010) were significant predictors of SSS-8 total score.
Conclusions: High levels of somatization were associated to the number of lifetime traumatic events and to perceived lack of social support in forced migrants. It is important to correctly recognize somatic symptoms in traumatized forced migrants.

Conflict of interest: No
Keywords: Forced migration; somatic symptoms; Social support; traumatic events

EPP0666

The centre of expertise in refugees' mental health work in finland

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Introduction: Three migrant population studies conducted in Finland over this decade (Migrant Health and Wellbeing Study, Survey on work and well-being among people of foreign origin and Asylum Seekers Health and Wellbeing Survey) has shown that immigrants, especially those who come to Finland as refugees or from similar conditions, experience a higher level of psychological load than general population.
Objectives: The aim is to explain how Finland builds the mental health services for refugees.
Methods: The PALOMA project (Developing National Mental Health Policies for Refugees) was launched in 2016 to tackle this wellbeing cap in the population. One outcome of the project was PALOMA handbook. The handbook includes recommendations and tools for promoting refugees' mental health and to enhance the services. During the project the need for the regional centers of expertise on refugees mental health work was recognized. To fulfill this need the PALOMA2 project (National support system for refugee mental health work and the knowhow dissemination) started in February 2019. The tasks of the Centre are to coordinate the refugees' mental health work, build networks and organize

training. It also provides clinical guidance and consultation and develops the services by implementing best practices. The tasks are assigned to all five university hospitals. Therefore the Centre of Expertise covers the whole country.
Results: As a result of the PALOMA work the mental health work with the refugees will be systematically organized as a part of the service system.
Conclusions: The PALOMA work has systematically improved the mental health services of the refugees in Finland.

Conflict of interest: No
Keywords: mental health services; Migrant mental health

EPP0667

An assessment of mental health in internally displaced persons

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Introduction: The problem of an internal migration is extremely important for a contemporary Ukraine. Military events of last years on Eastern region territories and complex political-economic conditions in the country lead many people to leave their places of permanent residence and to move to another environment. This influences negatively on various life aspects: physical and psychological conditions, social and job activities, adjustment abilities, quality of life.
Objectives: To evaluate mental health conditions in internally displaced persons (IDPs), who sought medical care.
Methods: Clinical-psychopathological, psychodiagnostical, statistical methods were used. In the study 155 IDPs were examined.
Results: Among examined IDPs, it was found out a predominance of young persons of working ability (18-29 years old – 27.10%; 40-49 years old – 27.74%) with significant unresolved problems mostly in spheres of housing (87.09%), employment (33.55%), and professional self-realization (39.77%). In IDPs, a low level of resilience was identified in 88.24% and a moderate one – in 11.76%. In the patients, moderate levels of anxiety (58.82%), frustration (73.53%), aggressiveness (50.00%), and rigidity (64.71%) prevailed. Among IDPs, 76.74% had a stress resistance low level, 20.59% had a moderate level, and 2.94% had a high level. The most prevalent stress events found out in IDPs were: sleep disturbances, changes in eating habits, trauma or disease, changes in health conditions or relatives' death, problems with relatives of a spouse, breakup with a partner, dismissal from employment.
Conclusions: IDPs were characterized with a decreased resilience, a low stress resistance level, and this might be a significant component of targets for psychotherapeutic interventions.

Conflict of interest: No
Keywords: internally displaced persons; mental health

EPP0668

Migration tendencies of psychiatric trainees in the baltic countries

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Introduction: The Baltic region is characterized by a high emigration rate, especially among the youth. However, little is known about the migration tendencies of junior doctors training in psychiatry in the Baltic countries.
Objectives: To describe and compare the attitudes towards migration among psychiatric trainees in Estonia, Latvia and Lithuania.
Methods: A cross-sectional survey was circulated in Estonia, Latvia and Lithuania in 2013-2014 as part of the EFPT Brain Drain study. Data were analysed using SPSS.
Results: In this sample of trainees from the Baltic countries, the majority were female, general adult psychiatry trainees, aged 25 to 30. A vast majority of the respondents had 'ever' considered leaving the country. About half of Estonian and more than half of Latvian and Lithuanian trainees considered leaving the country 'now'. However, only a minority had taken 'practical steps' towards migration. Of the three Baltic countries, Estonia had the highest salary. About one third of Estonian and Lithuanian trainees were dissatisfied with their income, while half of Latvian trainees reported being very dissatisfied with it. The most important reasons for leaving the country were personal and financial. The main reasons for staying were personal.
Conclusions: The majority of surveyed psychiatric trainees in the Baltic countries had 'ever' considered leaving their country, often due to inadequate salary. These findings call for further investigation and action to support the workforce in the Baltic countries.

Conflict of interest: No
Keywords: psychiatric trainees; Baltic countries; migration

EPP0669

Psychological burden of the kashmir conflict on kashmiris living abroad: damage caused from a distance

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Introduction: On 5th August 2019, India imposed a complete communication blockade in Kashmir including telephones, mobiles, and Internet services (1). Kashmiris living across the world were unable to communicate with families back in Kashmir. We conducted an online study using the HADS (Hospital anxiety and Depression) rating scale to measure the psychological distress in Kashmiri diaspora. Re 1 : Editorial: Fear and uncertainty around Kashmir's future. Lancet 2019; 394: 542.
Objectives: To study the psychological distress in diaspora population due to communication blackout and conflict in their country of origin.
Methods: An online survey questionnaire using the HADS rating scale was circulated to consenting Kashmiri participants over

18 years of age using social networks. A total of 465 responses were anonymously received over 4 weeks.
Results: The results show very high scores for both anxiety and depressive symptoms across the whole sample. The results on the anxiety sub-scale showed 89% of the sample scoring above the cut off for "caseness" or "abnormal". The scores on the depression subscale showed that 88% of the sample fell within the abnormal range.
Conclusions: The consequences of conflict are far reaching and can cause significant psychological distress to the diaspora. Our study shows very high rates of both Anxiety and Depressive symptoms in the respondents, who were unable to contact their families due to information blackout. To the best of our knowledge, there is hardly any such study conducted before. Further research is needed to understand the full extent of such conflict situations and communication blackout on diaspora population

Conflict of interest: No
Keywords: survey; Conflict; Anxiety; Dépression

EPP0670

Psychological burden of the kashmir conflict on kashmiris living abroad: damage caused from a distance

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Conflict of interest: No
Keywords: Dépression; Diaspora; Conflict; Anxiety

EPP0671

Follow-up brain drain turkey: what changed in 5 years for young turkish psychiatrists who want to leave?

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Introduction: Workforce emigration is a highly relevant topic for medicine and in particular, psychiatry. Previous research of half a decade ago successfully explored the migration patterns of psychiatric trainees in Turkey, which is a big donor country.
Objectives: As the European environment has changed considerably in the last five years, further understanding is required to assess the patterns of migration of psychiatric trainees and early career psychiatrists (ECPs) aiming to have a clearer picture of the 'push' and 'pull' factors nowadays.
Methods: A follow-up survey has been circulated in Turkey targeting responses from adult and child and adolescent psychiatric trainees and ECPs.
Results: The vast majority of psychiatric trainees and early career psychiatrists in Turkey have 'ever' considered moving abroad, however only a few have taken 'practical steps' towards migration. A small proportion of respondents had a short-mobility experience abroad and the majority feels that it influenced their plans to move permanently. Good work-life balance, less workload, social security, opportunities to develop professionally and staff support are prominent reasons to consider leaving. Personal reasons are important for respondents to consider staying.
Conclusions: These findings from this Follow-Up Brain Drain study in Turkey give invaluable insight of 'push' factors for young Turkish psychiatrists. These data might be useful for interventions to ameliorate working and training circumstances in Turkey.

Conflict of interest: No
Keywords: migration; brain drain

Neuroimaging

EPP0674

Lateralisation of attentive brain networks in adults with attention deficit hyperactivity disorder (adhd): a tractography study

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Introduction: Attentive brain networks are anatomically supported by the three branches of a fronto-parietal connection named Superior Longitudinal Fasciculus (SLF I, II and III). Individual differences in the pattern of lateralisation of these branches have been associated with variations in the efficiency of attentive processes in the healthy population.

Objectives: We investigated whether adults with Attention Deficit Hyperactivity Disorder (ADHD) differ from healthy controls in the pattern of lateralisation of attentive brain networks, and whether this relates to attention deficits.
Methods: We compared the pattern of lateralisation of the SLF branches in 60 adult ADHD patients and 20 controls, and tested whether the degree of lateralisation of each branch was related to the number of omission errors and to reaction time variability during a Continuous Performance Task (CPT), a test measuring sustained attention.
Results: We found that only the SLF III was right-lateralised in controls whereas all the three branches of the SLF were significantly right-lateralised in ADHD patients. A greater right-lateralisation of the SLF I, a tract involved in the voluntary control of attention, corresponded to a greater number of omission errors on the CPT in ADHD patients (r=.267; p=.040).
Conclusions: This study showed for the first time that ADHD patients differ from controls in the pattern of lateralisation of the SLF branches. This suggests that a lack of the neurotypical asymmetry of attentive networks may at least partly explain poor sustained attention in ADHD.

Conflict of interest: No
Keywords: Attention Deficit Hyperactivity Disorder (ADHD); brain networks; tractography; attention

EPP0677

Voxel-based volumetric brain alterations in patients with major depression: effects of early life stress

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Introduction: It is widely documented that early life stress (ELS) has a significant impact on the course and outcome of Major Depressive Disorder (MDD), but little is known about the exact underlying neurobiology. Brain areas responsible for affect regulation play a key role in the pathophysiology and therefore chief targets in neuroimaging research.
Objectives: Our aim was to investigate morphological changes in response to ELS in MDD using a voxel based volumetric study.
Methods: After clinical evaluation, T1-weighted Magnetic Resonance (MR) images were collected in 21 healthy controls (HC) and in 39 age- and gender-matched patients with MDD. The severity of various types of ELS was measured with the Childhood Trauma Questionnaire (CTQ). Automatic voxel-based volumetric analysis was performed on the T1-weighted images using the FreeSurfer software.
Results: After controlling for demographic variables and total intracranial volume, childhood physical abuse and neglect and the number of childhood adversities were found to be responsible for the reduced volume of the right pars triangularis, while sexual abuse was associated with a volume reduction of the right pars orbitalis. Moreover, physical neglect correlated with the enlargement of the left pallidum, whereas emotional neglect, as well as total CTQ scores, were associated with the expansion of the right cranial medial frontal gyrus.
Conclusions: Neglect resulted in brain volume alterations that seem to compensate the hypofunction of the rewarding system, and a consequence of the emotional regulation efforts. Volume changes of the inferior frontal gyrus were common, and not specific to any types of trauma.

Conflict of interest: No
Keywords: Magnetic Resonance Imaging; early life stress; voxel-based morphometry; major depressive disorder

Neuroscience in psychiatry - Part I

EPP0680

The relationship between metamemory and cognitive insight in schizophrenia.

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Introduction: Individuals with schizophrenia often show cognitive and metacognitive disorders that they don't seem to be aware of, such as metamemory and cognitive insight deficits.
Objectives: Therefore, this research aimed to examine metamemory and cognitive insight abilities in this psychiatric population, as well as the relationship between them.
Methods: For this purpose, we recruited 56 Tunisian young and middle-aged adults. Amongst the participants, 17 had a diagnosis of schizophrenia (experimental group), 9 were diagnosed with a bipolar disorder (psychiatric control group), and 30 were healthy individuals (healthy control group). The three groups were paired for age, educational and socioeconomic levels. Metamemory abilities were evaluated through "offline" and "online" assessments, i.e., the Memory Multifactorial Questionnaire and the global performance predictions and judgment of confidence paradigms, respectively. The cognitive insight was measured by the Beck Cognitive Insight Scale.
Results: The results showed that metamemory knowledge, monitoring, and control processes were altered in participants with schizophrenia during offline and online assessments. Similarly, cognitive insight was impaired in this group, with a high level of self-certainty and a low level of self-reflectiveness. Such deficits seemed to be specific to schizophrenia. We also found that cognitive insight and metamemory were relatively interrelated, and a metamemory measure even contributed to the prediction of the cognitive insight index.
Conclusions: In conclusion, our research findings converged with the data reported by several international studies and allowed a better understanding of the nature of cognitive and metacognitive deficits in schizophrenia, as well as the relationship between them.

Conflict of interest: No
Keywords: Metamemory; Cognitive insight; schizophrenia; Neuropsychology

EPP0681

Vafidemstat reduces aggressiveness in three different psychiatric disorders. final data from the reimagine trial

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Introduction: The influence of epigenetic mechanisms on psychiatric conditions has been proposed, but little molecular and pharmacological evidence is available. Vafidemstat is a brain-penetrant small molecule that inhibits LSD1 and modifies transcription in the brain through epigenetic effects. In preclinical models, vafidemstat reverts aggressive behaviour and corrects the abnormal response to stress of immediate early genes in the prefrontal cortex.
Objectives: To investigate vafidemstat as a treatment for aggression in autistic spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and borderline personality disorder (BPD).
Methods: REIMAGINE is a Phase IIa open-label trial that includes three psychiatric cohorts. 30 subjects (X ADHD, X ASD, X BPD) have been recruited based on significant or persistent agitation or aggression that was disruptive to patient's daily living. Patients received 1.2 mg of vafidemstat for eight weeks.
Results: Preliminary positive results in partial cohorts have been previously released, showing the efficacy of vafidemstat in reducing aggressiveness in the three indications, assessed with the Clinical Global Impression (CGI) and Neuropsychiatric inventory (NPI) agitation-aggression (NPI-A/A) scales. Overall patient functioning has been assessed using the total NPI in addition to disease-specific scales. Here, the final data of the complete patient population will be presented, showing analysis and cohort comparisons not previously published.
Conclusions: REIMAGINE supports vafidemstat as an emerging therapeutic option to treat aggression, as well as non-aggression features of psychiatric diseases with high unmet medical need where current treatments do not exist or have unfavourable side effects, including sedation or weight gain.
Disclosure: Roger Bullock, Sonia Gutierrez, Michael Ropacki and Jordi Xaus are employees of Oryzon Genomics SA. Carlos buesa is Chief Executive Officer and stakeholder of Oryzon Genomics SA. REIMAGINE clinical trial has been sponsored by Oryzon Genomics SA.

Keywords: epigenetics; LSD1 inhibitors; clinical trial

EPP0689

Adjunctive treatment with low doze of aripipazole for medication-induced hyperprolactinemia

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Introduction: Hyperprolactinemia (HPL) is a condition associated with disturbing consequences. Among the principle sources of nontumoral hyperprolactinemia are antipsychotics, more frequently high-potency typical antipsychotics (40%–90%), but also atypical ones, through dopaminergic inhibition which increases prolactin release in the hypothalamic tuberoinfundibular tract. In the presence of symptoms, clinicians often face the dilemma whether to discontinue the suspected offending agent, reduce the dosage, switch to another medication or even add a full/partial dopamine agonist to the patient's medication.
Objectives: Taking into account the fact that finding the suitable agent for each patient is sometimes a challenging task, the problem is aggravated. Aripiprazole has a partial D2 receptor agonistic action, which results in sufficient dopaminergic tone to continue inhibition of prolactin release. It has been recommended in literature either as an adjunctive treatment in low doses or as a switch-in-therapy.
Methods: In our hospital, we have been using low-dose (5mg/day) aripiprazole as an adjunctive therapy in patients with antipsychotic-induced hyperprolactinemia. 42 subjects, 19 male and 22 females, 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 ourselves the beneficial effect of low-dose Aripiprazole in patients with antipsychotic-induced hyperprolactinemia, we consider appropriate that the literature recommendations concerning this additional use of aripiprazole should not be overlooked in clinical practice.

Conflict of interest: No
Keywords: prolactine; arippipazole; psychosis

EPP0691

A neuroscience multidisciplinary assessment of a case report of corpus callosum

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Introduction: The corpus callosum (CC) is the mainly brain interhemispheric commissural structure in placental mammals. In the human species CC reaches its maximum complexity and size relative to all brain volume [1]. The CC are mainly composed by myelinated fibres (70%) and by a minor number of unmyelinated fibres (30%), it is main cytologically composed by oligodendrocytes, astrocytes, and by a few number of neurons [2,3].Developmental disorders can regard the CC, in particular the agenesis of the corpus callosum (AgCC) is a congenital condition characterized by a complete or partial absence of fibers which connecting both hemispheres, often the AgCC are neglected and misinterpreted, not early diagnosed or undiagnosed.
Objectives: The aim of the present preliminary study was to investigate by means of multidisciplinary approach on the morphoregulatory interactions between the AgCC and the abnormalities of other brain regions and the clinical symptoms
Methods: It was used: neuropsychological assessment,RNM of brain regions;psychiatric evaluation.
Results: The patient present: frequent logical derailments, fails to complete tasks for easy distractibility, present cognitive distortions with poor ability to evaluate prices and its inadequate purchases. There is the presence of anxiety with a depression.

Conclusions: In the AgCC clinical case analysed we detected the presence of brain abnormalities (e.g. ventricles enlargement, reduced cingulate gyrus) closely related to results of the neuropsychological assessment. This interdisciplinary value suggests that a clinical Psychiatry and a neuropsychological assessment can play a not negligible role to evidence the presence of undiagnosed CC malformations and related brain abnormalities.

Conflict of interest: No
Keywords: corpus callosum; CNS malformation; morphoregulatory interactions; neuropsychological assessment

Neuroscience in psychiatry - PART II

EPP0695

The study of serotonin levels in people with mental disorders who have committed violent offences

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Introduction: The influence of biochemical processes on the regulation of aggressive behavior in humans is of scientific interest. The authors consider it important to study the level of serotonin in a cohort of mentally ill people who have committed violent offenses.
Objectives: the determination of the role of serotonin in the formation of aggressive forms of behavior
Methods: The study involved 44 men aged 18 to 55 years who were undergoing treatment in a psychiatric hospital. The selection of patients was carried out in accordance with the inclusion criteria: the commission of a serious violent crime; continuing high risk of public danger, the presence of severe behavioral disorders during the examination period. Potential public danger was assessed using the "Structured Risk Assessment of Dangerous Behavior" (SOROP) methodology. Urine serotonin levels were determined by high performance liquid chromatography.
Results: It was found that in 75.0% of patients (n = 33), the level of serotonin in the urine was below normal, its average value in the group was 37.943 mcg / day. A direct correlation was found between a decreased level of serotonin and a tendency to aggression, attacks on medical personnel or other patients, the presence of suicidal attempts in anamnesis ($p < 0.01$).
Conclusions: A decrease in the level of serotonin in urine in the majority of the examined indicates the significance of the role of this neurotransmitter in the formation of aggressive behavior and requires further scientific study. The information obtained can be used to develop effective approaches to psychopharmacotherapy in this category of patients.

Conflict of interest: No
Keywords: aggressive behavior; SEROTONIN; biological risk factors

EPP0696

The default mode network and psychopathology: a review.

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Introduction: The default mode network's (DMN) discovery was an unexpected consequence of brain-imaging studies and has become a central research theme in the study of the human brain and disease. The DMN is a distributed network of brain regions more active during resting-states than during performance of attention-demanding tasks. It reflects the brain's intrinsic activity and is relevant in self-related information processing, self-reflection and stimulus-independent thought.
Objectives: We aim to review the activity of the DMN in neuropsychiatric disorders.
Methods: Literature search from PubMed/MEDLINE.
Results: In schizophrenia and depression, the DMN is found to be hyperactivated and hyperconnected, which relates to overly intensive self-reference and impairments in attention and working memory in schizophrenia and negative rumination in depression. In ADHD, there's a maintained DMN activation and an attenuated negative/inverse relationship between cognitive control network and DMN. In substance use disorders, aberrant connectivity contributes to impaired self-awareness, negative emotions and ruminations. Additionally, the disrupted connectivity between DMN and executive control network influences stress-triggered relapse and drug-taking regardless of negative consequences. In insomnia, there's a lack of deactivation of the DMN when at rest. In Alzheimer's disease, a decreased connectivity leads to impaired memory consolidation during rest. In Parkinson's disease, there are alterations in the coupling between DMN and central executive network. In temporal lobe epilepsy, disrupted connectivity between the mesial temporal lobe and DMN contributes to cognitive and/or psychiatric impairments.
Conclusions: Research on the DMN is important to support biological models, facilitate early detection of neuropsychiatric conditions, understand treatment efficacy and develop neurobiologically-targeted novel treatments.

Conflict of interest: No
Keywords: default mode network; neuropsychiatric disorders; functional connectivity; E-POSTER PRESENTATION: PSYCHOPATHOLOGY

EPP0700

Impairments of the olfactory system and its relationship to the clinical symptoms and cognitive dysfunction in patients with schizophrenia.

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Introduction: The olfactory system is most closely associated with the frontal and temporal brain regions that are implicated in schizophrenia and most intimately related to the affective and mnemonic functions that these regions subserve. Olfactory probes may therefore be ideal tools through which to assess the structural and functional integrity of the neural substrates that underlie disease-related cognitive and emotional disturbances.
Objectives: Objective: to study the impairments of the olfactory system and its relationship to the clinical symptoms and cognitive dysfunction in patients with schizophrenia
Methods: All subjects were assessed with the olfactory n-butanol threshold and smell discrimination tests. In this study PANSS and BACS were used to assess the severity of the psychotic symptoms of patients.
Results: 80% of the studied patients have shown a decrease in the ability to smell discrimination compared to healthy ones. Patients with high PANSS scores have shown a deterioration in the ability to smell discrimination (r=-0.51), depends on disease severity, patients did more mistakes, especially, patients with hallucinations (r=-0.72). However, cognitive functions correlated with sensitivity to n-buthanol (r=0.62) more than with the ability to discrimination smells (r=0.54). Patients who coped poorly with tasks Digit Sequencing and Symbol Coding have, shown a decrease in olfactory sensitivity thresholds (r=0,62) and the ability to smell discrimination (r=0.58).
Conclusions: As such, olfactory dysfunction may be a sensitive indicator of schizophrenia. This could help to clarify underlying mechanisms of schizophrenia and facilitate identification of clinically relevant biomarkers.

Conflict of interest: No
Keywords: olfactory system; schizophrenia; n-butanol threshold; smell discrimination test

EPP0702

Immune system dysregulation, increased inflammatory cytokines and suicidal behavior: a systematic review

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Introduction: Suicidal behavior, which is frequently linked to mood disorders, is a major public health concern associated with significant disability and psychosocial impairment worldwide. Inflammatory mediators seem to play a fundamental role in the pathophysiology of both mood disorders and suicidal behavior. In particular, a specific correlation between abnormally elevated pro-inflammatory cytokines and depression severity has been identified.
Objectives: The present systematic review aimed to explore the nature of the association between increased inflammatory cytokines and suicidal behavior.
Methods: This is a systematic review of the current literature about the role of pro-inflammatory cytokines in suicidal behavior. Only articles from peer-reviewed journals were selected for inclusion in the present review.
Results: The cytokine profile of patients at risk for suicidal behavior significantly differed from that of patients who are not at suicide risk. Importantly, there may be an important imbalance between pro- and anti-inflammatory cytokines in individuals who die by suicide. Most studies reported the link between suicidal behavior and specific pro-inflammatory cytokines such as IL2, IL-6, IL-8, and TNF-α. Differences regarding the inflammatory cytokine profile emerged between subjects with active suicidal ideation and/or history of prior suicide attempts when compared to those without suicidal ideation/attempts. However, the existence of a causal association between suicidal behavior and neuronflammation needs to be further explored.
Conclusions: Based on most of the studies included in the present review, neuroinflammation plays a crucial role in the pathophysiology of suicidal behavior. Additional studies should elucidate the molecular mechanisms of the immune activation pathways underlying suicidality.

Conflict of interest: No
Keywords: Inflammation; Inflammatory cytokines; Inflammatory mediators; suicidal behavior

Obsessive-compulsive disorder

EPP0703

Autistic traits in e-poster presentation: obsessive-compulsive disorder

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Introduction: Descriptive clinical profiles of Obsessive-Compulsive Disorder (OCD) and Autism Spectrum Disorders show the existence of overlapping symptoms and subclinical manifestations ("autistic traits"). There is also data from GWAS supporting a shared genetic risk. The Autism-Spectrum Quotient (AQ) is a self-report questionnaire for measuring the degree to which an individual of normal intelligence shows autistic traits; it evaluates 5 dimensions: social skill, attention switching, attention to detail, communication and imagination.
Objectives: To study: a) the differences in autistic traits between OCD patients and a community sample; b) the pattern of correlations between AQ and OC dimensions/depressive, anxiety and stress in OCD patients.
Methods: 32 OCD patients (51.6% girls, mean age 30±12 years) and 53 individuals from a community sample (81.1% girls, mean age 27±14 years) answered the Portuguese versions of the AQ, Obsessive-Compulsive Inventory-Revised (OCI-R) and the Depression, Anxiety and Stress Scales (DASS-21). Mann-Whitney-U/Spearman correlation tests were performed using SPSS.
Results: The two groups presented significant differences in all QA dimensions, except attention switching and attention to detail ($p<.05$). In OCD patients, total QA correlated with Hoarding, Ordering and Neutralizing ($p<.05$) from OCI-R, but not with Checking, Washing and Obsessing from OCI-R; and all QA dimensions, except attention switching and imagination, showed positive correlations with DASS-21 ($p<.05$).

Conclusions: Our results support the hypothesis of a neurodesenvolvimental OCD subtype, with specific affected dimensions (hoarding, ordering and neutralizing), that coexist with social difficulties, which are independent of global cognitive performance. Since these autistic dimensions are associated with negative affect, they should constitute a focus of psychotherapeutic intervention.

Conflict of interest: No
Keywords: ASD; autistic traits; ocd; OCD subtype

EPP0704

Perfectionism dimensions in obsessive-compulsive disorder patients vs. medical students

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Introduction: Perfectionism is a personality trait characterized by setting exceedingly high standards and overly critical evaluations of one's/other's behavior. It has positive and negative dimensions, and is considered a transdiagnostic process that underlies multiple psychiatric disorders, namely Obsessive-Compulsive Disorder (OCD).
Objectives: To study the: a) differences in perfectionism between OCD patients vs. medical students; b) pattern of correlations between perfectionism dimensions and depression, anxiety and stress in OCD patients and medical students.
Methods: 32 OCD patients (51.6% girls, mean age 30±12 years) and 44 medical students (84% girls, mean age 22±3 years) answered the Portuguese versions of the HF-MPS, F-MPS and the Depression, Anxiety and Stress Scales (DASS-21). Mann-Whitney-U/Spearman correlation tests were performed using SPSS.
Results: The two groups only presented significant differences in the dimensions Doubts about Actions (DA) ($p<.01$) and Others Oriented Perfectionism (OOP) ($p<.05$). While DA was higher, OOP was lower in OCD vs. medical students. In both groups, Socially Prescribed Perfectionism, Personal Standards and DA positively correlated with DASS-21 ($p<.05$).
Conclusions: Since the relation between OCD and perfectionism is well stablished, it was surprising that the two groups (OCD vs. medical students) only differed in two of the seven evaluated dimensions. Our results support that high levels of perfectionism aren't necessarily linked with the development of mental disorder, reinforcing its potential positive dimensions; and the necessity of a naturalistic framework of personality. DA was clearly a negative dimension, not only because its levels were higher on OCD group, but also as it was correlated with negative affect in both groups.

Conflict of interest: No
Keywords: ocd; perfectionism; doubts about actions

EPP0705

Rare case of earworms: etiology and treatment

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Introduction: Stuck-song syndrome (SSS) can be more pronounced and debilitating in patients with OCD, and commonly misdiagnosed as psychosis.
Objectives: To describe a case-report of comorbid earworms/OCD
Methods: Retrospective study
Results: A 30-year-old male was currently diagnosed with involuntary, repetitive musical obsessions (reggae, pop & rock), persisting all day long in his head, since age-18. Socio-environmental-stressors increased the frequency and intensity of SSS, which varied according to his mood. The patient had little volitional control of said annoying earworms, thereby introducing avoidant compulsions as staying at home using earplugs or loosing contact with reality during profound meditation. At age 8, he had a head trauma with loss of consciousness. At age 14, he had mononucleosis (caused by Epstein-Barr virus, Cytomegalovirus) followed by Toxoplasmosis infection. He complained of chronic fatigue, mysophonia and palinacuosis. Salivary samples evidenced very low levels of morning, afternoon and evening cortisol. EEC was normal except for a higher number of beta 3 brain waves. He had no hearing loss nor tinnitus. fMRI and PET confirmed pre-frontal-cortex, left-parieto-temporal-lobe and limbic-basal-ganglia systems´ lesions. Treatment aims to improve successful coping, rather than eradicating earworms. Two successful strategies can be distinguished: engagement, e.g. singing the song aloud; and distraction, e.g. practicing mindfulness. Medication is indicated in cases of considerable distress: Venlafaxine (150-mg), Aripiprazole (15-mg) and Clonazepam (1-mg).
Conclusions: Etiologically, earworms are related to memory: auditory information functions as a strong mnemonic-device. Psychologically, earworms are a 'cognitive itch': the brain automatically itches back, resulting in a vicious loop. CBT and psychotropic drugs are evidence-based and effective treatments.

Conflict of interest: No
Keywords: Etiology & Treatment; Earworms; Stuck-song syndrome; obsessive compulsive disorder

EPP0708

For better or worse: obsessive compulsive disorder by proxy?

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Introduction: Obsessive Compulsive Disorder (OCD) is a common psychiatric entity. It poses an important burden on family members, who may inadvertently contribute to its maintenance by accommodating or even substituting the patient in the fulfilment of compulsive actions ("OCD by proxy").

Objectives: To report and debate a case of possible OCD by proxy.
Methods: The patient's clinical history was reviewed; a research was performed on PubMed® on OCD by proxy, and the resulting articles were subsequently summarized.
Results: We present the case of a 60-year old woman with a 30 years diagnosis of OCD, accompanied by obsessive ideas of contamination, compulsive cleaning and organizing rituals, with considerable functional impact. After developing some motor limitations (without apparent organic causality) and difficulties in mobility, the patient was unable to autonomously fulfil her compulsive rituals. As a consequence, her spouse was imputed with the responsibility of fullfiling the patient's compulsions, including helping her bathe several times a day, and complying with her strict cleaning and organizing rituals. The spouse presents a subdued attitude towards the patient, enabling the maintenance of this situation. These circumstances have led to severe limitations and a negative impact on the spouse's general well-being.
Conclusions: OCD by proxy constitutes a rare presentation of chronic severe OCD, associated with significant impact to the patient and family, as illustrated by our case report. Data on this subject and its conceptualization is scarce, but family and interpersonal dynamics appear to play an important etiological role, and treatment should always involve the patient's family members. Further research is necessary.

Conflict of interest: No
Keywords: ocd; OCD by proxy; OCD spectrum; Compulsion by proxy

EPP0709

Cyberchondria as an emerging trans-diagnostic digital compulsive syndrome: an updated systematic review and clinical case report

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Introduction: Cyberchondria (CYB) represents a poorly characterized syndrome involving the urge-driven tendency to excessively seek health-related information on the Internet. Intended to provide reassurance, the searching results in increased anxiety and distress, uncertainty and reinforcing CYB. CYB may represent a trans-diagnostic digital compulsive syndrome. However, the extent to which CYB contributes to the psychopathology of compulsive psychiatric disorders, such as illness anxiety disorder (hypochondriasis), obsessive-compulsive and related disorders (OCRD) or other online disorders of behavioral addiction, is not understood.
Objectives: We describe one of the first reported cases of a treatment-seeking patient with DSM-5 illness anxiety disorder and disabling CYB. We review the available peer-reviewed published knowledge on CYB.
Methods: Updated search of PubMed, PsycINFO, Cochrane Library. Search terms: "cyberchondria", "cyberchondriasis".
Results: 58 original research studies were found. No consensus definition of CYB was established. Existing studies were exclusively cross-sectional, recruited from general population samples, with no descriptions of CYB in clinical samples. Data on the epidemiology, sociodemographic and clinical characteristics and associated comorbidities were scarce. A scale has been developed to quantify CYB severity in the general population. CYB was variously found to correlate with the presence of health anxiety broadly defined, obsessive-compulsive symptoms, problematic use of the internet, and other psychological constructs. Only cognitive behavioral therapy and psychoeducation were suggested as a possible therapeutic approach.
Conclusions: Research on CYB remains in its infancy. Further studies are warranted to understand CYB in terms of definition, clinical features, measurement, relationship with hypochondriasis and other compulsive disorders, and therapeutic interventions.

Conflict of interest: No
Keywords: cyberchondria; new disorders; Internet; ocd

Old age psychiatry - Part I

EPP0714

Neuropsychiatric symptoms and carer distress: a particular focus on caregivers' factors

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Introduction: Neuropsychiatric symptoms (NPS) are common, disabling and burdensome components of dementia, putting a heavy strain on caregivers. It has been a matter of debate that caregivers' responses to NPS measures may be biased by several factors, including their emotional state, which are likely to influence the accurate identification of these symptoms.
Objectives: To investigate caregivers' factors associated with distress.
Methods: A cross-sectional study was conducted with patients aged 65+ and their informal caregivers. Caregivers were interviewed with Neuropsychiatric Inventory (NPI-12) to assess NPS and distress (NPI-D), and their sociodemographic data were recorded. The NPI-D score was dichotomized into: "no/mild distress" (range: 0-10) vs. "moderate/severe distress" (range: 11-60). A logistic regression analysis was conducted with the dichotomous NPI-D as the dependent variable, entering NPI-12 and caregivers' characteristics (gender, age, literacy, occupational and living arrangements) as covariates.
Results: Overall, 105 dyads were included. Patients scored on average 22.4±19.0 on NPI-12. Caregivers were mainly women (71.4%), with a mean age of 60.5±13.3 years, and had 8.6±4.1 years of education. They were mostly family carers (97.1%), and 61.0% lived with the patient. More than half (52.4%) scored for "moderate/severe distress". Higher distress ratings were associated with more NPS (OR=1.293; 95%CI:1.165-1.435) and higher literacy (OR=1.282; 95%CI:1.043-1.575).
Conclusions: Controlling for NPS and other caregivers' characteristics, those with more literacy experienced higher distress. They

may be better equipped to recognize NPS, even when their presentation is subtle. Such features must be accounted for when interpreting proxy-rated NPS measures. Support:FCT [PhD grant PD/BD/114555/2016]; National Funds through FCT within CINTESIS, R&D Unit (ref.UID/IC/4255/2019).

Conflict of interest: No
Keywords: Caregiver distress; Neuropsychiatric symptoms; Neuropsychiatric assessment; dementia

Old age psychiatry - Part II

EPP0720

Prevalence of mild cognitive impairment in middle aged adults with type 2 diabetes mellitus and its clinical correlates

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Introduction: Mild cognitive impairment is a clinical condition characterized by cognitive decline greater than expected for an individual's age and education level, which does not interfere notably with activities of daily life1. Prevalence in population-based epidemiological studies ranges from 3% to 19% in older adults.
To the best of our knowledge there are very few studies focusing on prevalence of MCI in middle aged adults with type 2 Diabetes Mellitus and there are also no Indian studies.
Objectives: To assess the prevalence of Mild Cognitive Impairment (MCI) in middle aged adults with type 2 Diabetes Mellitus (type 2 DM) and to identify its clinical correlates.
Methods: A total of 100 middle aged (40 - 65 years) adults with a minimum education status of high school level participated in this cross-sectional study conducted in a tertiary care hospital in India. Relevant demographic and clinical details were collected following which cognitive function was assessed with the Montreal Cognitive Assessment (MoCA).
Results: The prevalence of Mild Cognitive Impairment (MCI) in middle aged diabetics was 63%. On assessment, age (P= 0.04), comorbid hypertension (P=0.12) and lack of physical activity (P=0.046) were significantly correlated with MCI.
Conclusions: There is a high prevalence of cognitive dysfunction in middle aged patients with Diabetes Mellitus. Other risk factors such as age, hypertension and lack of physical exercise have been implicated in increasing the risk of MCI in diabetes. These findings could have an impact on management of cognitive decline in diabetic patients

Conflict of interest: No
Keywords: Mild cognitive impairment; Middle age; Diabetes Mellitus

EPP0722

Common health conditions among elderly in acute psychiatric units

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Introduction: According to World Health Organization, by 2050 over 20% of the world's population will be over 60 years old. Psychiatric disorders like depression or dementia are common conditions at an older age. Furthermore, elderly people are more likely to associate several conditions at the same time. Common health conditions among older people include diabetes, heart failure, arterial hypertension or physical comorbidities like osteoarthritis, frailty, hearing loss or visual disturbance.
Objectives: The aim of this study is to investigate the main physical comorbidities among elderly persons who were admitted into an acute psychiatric department. At the same time, evaluating the polypharmacy among this group of patients and possible drug interactions between main classes, is of interest.
Methods: This is a single centre, retrospective, cross-sectional study, evaluating 312 inpatients over the age of 65 admitted in 2017-2018 in a psychiatric department. Following variabilities were collected: demographic data, admission diagnostic, somatic conditions, treatment regimen, length of stay.
Results: As expected, dementia and depression were the most common causes of admission among elderly, although there is a significant percent of patients with schizophrenia. Frequently, these patients associate more than two somatic comorbidities and higher prevalence of polypharmacy.
Conclusions: To sum up, elderly patients from psychiatric emergency units should receive access to precise medical services. The study highlights the prevalence of somatic comorbidities among older persons, as well as the more frequent drug-drug associations. To conclude, it is vital to improve our knowledge concerning this group of population in order to expand the quality of their health care.

Conflict of interest: No
Keywords: Polypharmacy; somatic conditions; dementia; Elderly

EPP0725

The impact of frailty on the social support of elderly living in crete (Rethymno)

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Introduction: Frailty's syndrome is a state of clinical weakness that occurs mainly due to advanced age causing effects on various physiological systems of the individual.
Objectives: The purpose of the study was to record the incidence of frailty syndrome in a population of elderly living in Crete (Rethymnon), as well as to investigate the effect of frailty on social support for the elderly.
Methods: The study was cross-sectional using a questionnaire including the Simple Frail Questionnaire Screening Tool and SSQ6 Social Support Questionnaire. The sampling design included convenience samples and came from social structures in

Rethymnon. The sample size was 70 people and the study period was from April to May 2019.
Results: The largest percentage of the sample was women (58.6%). In terms of marital status, the majority reported married (57.1%) and rural (54.3%) residents. Examination of frailty showed frailty in 20% of the sample, pre-frailty symptom rate in 65.7%, and in 14.3% of the sample no symptoms were found. The social support network (SSQ1) of the sample was found at an average of 8.6 people (SD ± 3.57) and perceived satisfaction with it (SSQ2) at an average of 32.87 (SD ± 5.25).
Conclusions: The Frailty did not appear to affect older people's social support, as family (children, spouses) continue to be the primary care "mechanism" for older people in the Rethymnon Regional Unit.. However, the high rate of pre-frailty syndrome found in this study should motivate Community health services to avoid institutionalization.

Conflict of interest: No
Keywords: Aging; Elderly; frailty; Social support

EPP0726

Anxiety and quality of life among elderly person

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Introduction: It is important to look at the quality of aging and consequently the quality of life of older people. Thus, physical but especially psychological well-being should be considered as indicators of successful aging.
Objectives: Evaluate anxiety and the quality of life among elderly.
Methods: This is a cross-sectional and descriptive study of a population of 58 subjects aged 65 years or older and a consultant at a primary care center in the Sfax region. Anxiety assessment was done using the Geriatric Anxiety Scale (GAS-10) in its Arabic version and the quality of life was assessed using the SF scale. -36 translated and validated in Arabic
Results: The mean age of our sample was 74.2. The prevalence of anxiety was 36.2% in our sample. Impaired quality of life (QOL) was found in 72.4% of the elderly. The lowest scores were those of perceived health and limitation due to physical state. The QOL score was negatively correlated with age. The QOL score was significantly correlated with the type of cohabitation, as was the GAS score for anxiety. Time spent outside the home was negatively correlated with total anxiety score and positively correlated with the physical summary score, mental summary score, and QOL score. The total anxiety score was correlated with the number of chronic somatic pathologies and the number of treatments taken. The anxiety score was negatively correlated with the total score of QOL and all dimensions assessed with SF36.
Conclusions: Anxiety contributes to the alteration of the quality of lives' old persons.

Conflict of interest: No
Keywords: old age psychiatry; Anxiety; quality of life; Elderly

EPP0727

Examining the relationship between emotional intelligence and religiousness among greek orthodox older adults

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Introduction: Many researchers agree that an individual's religiousness may have a significant impact on personal attitudes and behaviors. Although emotional intelligence, that is the ability to identify and manage our own emotions as well as others emotions, has been systematically investigated, we still know little about the influence of religiousness on emotional intelligence.
Objectives: The aim of this study is to assess the relationship of religion and emotional intelligence in Greek Orthodox older adults.
Methods: Two hundred and twenty seven healthy older adults (Mage =72.23, SDage =6.57; Meducation = 7.81, SDeducation = 3.93) from two cities, an urban center in Southern Greece and a less urbanized city in Northern Greece, participated in this study voluntarily. All participants were asked to complete a demographics questionnaire, the self-reported Royal Free Interview for Spiritual and Religious Beliefs, and to complete the Wong-Law Emotional Intelligence Scale.
Results: indicated that higher religiousness/spirituality scores are associated with a more frequent use of the Others' Emotion Appraisal and Self-Emotion Appraisal, but not with other subscales such as the Use of Emotion and the Regulation of Emotion.
Conclusions: Despite numerous studies relating religion to various psycho-social variables in individuals, it has not been thoroughly explored in relation to emotional intelligence, and this preliminary study provides support for such an association. Future research should include not only larger samples of older adults, but also groups of older adults as well as younger adults suffering from different diseases.

Conflict of interest: No
Keywords: old age; emotional intelligence; religiousness; Greek Orthodox

EPP0728

Religiousness and happiness in greek older adults

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Introduction: A plethora of studies have found positive correlations between religiousness and happiness, mainly in Europe and USA. During the last decade, Greece was affected by the financial crisis and as a result it is ranked low in the recent World Happiness Report.
Objectives: This study was designed to investigate the relation between religion and happiness in healthy older adults living in Greece.
Methods: Two hundred and twenty seven healthy older adults (Mage =72.23, SDage =6.57; Meducation = 7.81, SDeducation =

3.93) from two cities, an urban center in Southern Greece and a less urbanized city in Northern Greece, participated in this study voluntarily. All participants were asked to complete a demographics questionnaire, the self-reported Royal Free Interview for Spiritual and Religious Beliefs, and to respond to a single question on life-satisfaction: how satisfied are you with your life? (number one = unhappy to ten = happy).
Results: indicated that there are positive correlations between different aspects of religiousness as measured by questions of the Royal Free Interview for Spiritual and Religious Beliefs and the single question measuring happiness
Conclusions: The findings of this study confirm previous findings of other researchers concerning adults from different European countries. Future research should include not only larger samples of older adults, but also groups of older adults as well as younger adults suffering from different diseases.

Conflict of interest: No
Keywords: Greece; old age; happiness; religiousness

EPP0729

Friendship networks and religiousness in greek older adults

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Introduction: Although there is an augmenting research interest in friendship networks in younger adults, we still know little about the relationship between religiousness and the number of friends in older adults living in Greece.
Objectives: The aim of this research is to explore whether higher religiousness/spirituality scores are associated with closer and more time-resistant friendships.
Methods: Two hundred and twenty seven healthy older adults (Mage =72.23, SDage =6.57; Meducation = 7.81, SDeducation = 3.93) from two cities, an urban center in Southern Greece and a less urbanized city in Northern Greece, participated in this study voluntarily. All participants were asked to complete a demographics questionnaire, the self-reported Royal Free Interview for Spiritual and Religious Beliefs, and they had to answer questions about the maintained relationships (the frequency of the contacts, the duration of the relationship, and the mutual perceptions of the two parts in the relationship).
Results: indicated that higher religiousness/spirituality scores are associated with closer and more time-resistant friendships as measured with the self-reports of the participants.
Conclusions: The findings of this study confirm previous findings of other researchers concerning younger adults from different European countries. Future research should include not only larger samples of older adults, but also groups of older adults as well as younger adults suffering from different diseases.

Conflict of interest: No
Keywords: friendship; networks; older adults; religiousness

EPP0730

Emotion regulation and religiousness in older age

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Introduction: Although emotion regulation is a very important ability in our social lives, as it refers to 'responding to the ongoing demands of experience with the range of emotions in a manner that is socially tolerable', we still do not know if individuals who are actively religious people have a different preferred emotion regulation strategy (reappraisal or suppression).
Objectives: This study assessed the role of religion in emotion regulation in Greek older adults.
Methods: Two hundred and twenty seven healthy older adults (Mage =72.23, SDage =6.57; Meducation = 7.81, SDeducation = 3.93) from two cities, an urban center in Southern Greece and a less urbanized city in Northern Greece, participated in this study voluntarily. All participants were asked to complete a demographics questionnaire, the self-reported Royal Free Interview for Spiritual and Religious Beliefs, and to complete the Emotion Regulation Questionnaire (ERQ).
Results: indicated that there is no relationship between the preferred emotion regulation strategy (reports of reappraisal and suppression) and the self-reports of religiousness.
Conclusions: Future research should include not only larger samples of older adults, but also groups of older adults as well as younger adults suffering from different diseases.

Conflict of interest: No
Keywords: emotion regulation; Greek Orthodox; older adult; religiousness

EPP0732

Mood disorders in parkinson's disease

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Introduction: Parkinson's Disease (PD) has a prevalence of 1% in population more than 60 years-old, being one of the most common neurodegenerative diseases. Its main pathophysiologic mechanism is a dopamine deletion in substancia nigra. PD is a movement disorder, but also manifests with non-motor symptoms, such as mood disturbances, mainly depression, anxiety and hypomania. These affect the quality of life of these patients in a significant way.
Objectives: To review the mood disorders in patients with PD, including depression, anxiety, hypomania and mania.
Methods: We conducted a research in Pubmed database with the keywords "Parkinson's disease", "mood disorders", "depression", "anxiety", "mania" and "hypomania".
Results: Depression is the most prevalent mood disorder in PD and has a negative impact in motor capacity and quality of life. It is

difficult to recognize clinically because depression and PD present with similar symptoms, such as bradykinesia and psychomotor retardation and they also have cognitive deficits. Anxiety can be comorbid with depression and they both are related to "on-off" fluctuations. Hypomania is mainly associated with dopamine replacement therapy and with deep brain stimulation (DBS). Mania and hypomania can be present in PD patients with dopaminergic dysregulation syndrome. After DBS of subthalamic nucleus, 0,9% to 4% of patients present with manic symptoms.
Conclusions: Mood disorders in patients with PD should be approached in an integrated way due to, not only its prevalence, but also because they represent a significant part of the clinical picture in PD.

Conflict of interest: No
Keywords: Hypomania; Parkinson's Disease; mood disorder; Dépression

Old age psychiatry - Part III

EPP0733

Dazed and confusing — two cases of early onset dementia presenting with neuropsychiatric symptoms

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Introduction: Early Onset Dementia (EOD) refers to cases occurring in adults before age 65. Risk factors vary according to etiology, the most common being Neurodegenerative. The onset is usually insidious. Early personality and behavioral changes may lead to Psychiatric referral, delaying definitive diagnosis.
Objectives: We aim to discuss diagnostic challenges of EOD in a Psychiatric inpatient service.
Methods: Description of two clinical cases of EOD, from the inpatient psychiatric service of CHVNG. Non systematic review of literature.
Results: Case 1: R., age 54, male, long distance driver. History of cerebrovascular disease. No previous psychiatric history. May 2018: presents to the Psychiatric Emergency Service (PES), with low mood, self-harming behaviour, suicidal ideation, and recent cognitive difficulties. Committed for a short period and medicated with antidepressants, maintaining symptoms in follow up. December: presented to PES with agressive behaviour and persecutory delusions. A diagnosis of probable Alzheimer's Dementia, mixed presentation, was established. Case 2: M., age 61, female. History of a depressive episode in 2012, treated with antidepressants, total remission; other history unremarkable. Presented to PES in July 2019, with psychomotor agitation, aggression, disinhibition, and coprolalia. Mnestic deficits of insidious onset. More recently, executive dysfunction. A diagnosis of Mixed Dementia was established.
Conclusions: These cases represent different profiles of neuropsychiatric presentation of dementia. Patients with EOD may first present to psychiatric services with early unspecific symptoms, mimicking primary psychiatric disorders, or with exuberant, disruptive behavioural symptoms. A thorough organic evaluation is essential, to rule out delirium and reversible causes of dementia, and establish the correct diagnosis and treatment.

Conflict of interest: No
Keywords: dementia; early onset dementia; Neuropsychiatric symptoms

EPP0735

Psychopharmacological treament with long-acting antipscyhotics in shizophrenic patients older than 55 years

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Introduction: Old age schizophrenic patients usually presents residual symptoms as main characteristic in this moment. Itś very important the use of a psychopharmacological tretamnet in order to improve the quality of life
Objectives: We try to observe the tolerabilty and efficay of Long-acting antipsychotics in the treatment of negative symptoms in a sample of old schizophrenic patients in a nurse care center
Methods: We collect several sociodemographics and clinical data. We employ ICG scale, Bartel scale, NSA-16 and BPRS to evaluate the evolution of the patients, in the basal moment and 6 months later
Results: The sample are 15 patients, all of them receiving Paliperidone Palmitate as main psychopharmacological treatment (mean doasge 122,7 mg /month). 9 are female and the mean age is 58,9 years.The mean duration of psychotic disoder is 38,7 years. No drop out due to side effects There is not diffenrences in BPRS scores, but we observe a ligh decresae in NSA-16 score, and a great improvement is ICG and Bartell Scalesl It was possible to reduce the dosage of oral treatments
Conclusions: The use of Paliperidone Palmitate shows a good tolerance and efficacy in the treatment of old schizophrenic patients, improving the quality of life of these groups pf patients and permiting a better integraitron in the daily life in a nurse care setting.

Conflict of interest: No

EPP0740

Reducing use of harmful anti-psychotics in care home residents with dementia; a person centred intervention within an audit project.

A. Qazi[1]* and I. Kiss[2]

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*Corresponding author.

Introduction: It is estimated that 850,000 people are living with dementia in the UK (Ref 1) and 311,730 (39%) of people with dementia over the age of 65 are living in care homes. (Ref 2) These residents are often prescribed anti-psychotic medication for behavioural and psychological symptoms of dementia (BPSD). In care homes it is often unclear whether non-pharmacological interventions have been tried before using medication. Non-pharmacological interventions can deliver better outcomes for individuals, are safer and have a positive impact on their quality of life.
Objectives: 1) To measure the number of people on anti-psychotics in care home residents with dementia. 2) To reduce the prescription of anti-psychotics in care home residents with dementia.

Methods: 303 residents with dementia across 8 care homes was collected. The home with the highest number of residents on anti-psychotics was selected to deliver the intervention. The intervention offered was care staff home training and medication reviews of people on anti-psychotics. Ani-psychotic prescriptions were reviewed post intervention.
Results: Antipsychotic prescriptions across care home settings is variable. Reduction in anti-psychotic prescriptions by 30% was acheived in the care home where the intervention was delivered.
Conclusions: 1) Staff training on managing behaviours in dementia using non-pharmacological interventions is useful in improving care in homes. 2) Reviews of patients on anti-psychotics in care homes are useful in reducing anti-psychotic prescriptions. Building strong relationships and collaborative working with home staff is vital for patient benefit, providing training to staff is a simple and effective measure that enables staff to provide person-centred care .

Conflict of interest: No
Keywords: dementia; Anti-psychotics; Care home staff training; Audit

EPP0741

Reducing use of harmful anti-psychotics in care home residents with dementia; a person centred intervention within an audit project.

A. Qazi[1]* and I. Kiss[2]

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Conclusions: 1) Staff training on managing behaviours in dementia using non-pharmacological interventions is useful in improving care in homes. 2) Reviews of patients on anti-psychotics in care homes are useful in reducing anti-psychotic prescriptions. 3) Building strong relationships and collaborative working with home staff is vital for patient benefit: providing training to staff is a simple and effective measure that enables staff to provide person-centred care.

Conflict of interest: No
Keywords: Anti-psychotics; care homes; Audit; dementia

Old age psychiatry - Part IV

EPP0743

Antipsychotic prescribing in dementia – a monitoring survey of old age psychiatrists in one scottish health region.

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Introduction: There are concerns about the safety of antipsychotics in Dementia, with only Risperidone having a (restricted) licence in the United Kingdom for use in Dementia where there are significant behavioural and psychological symptoms of dementia (BPSD).
Objectives: To survey prescribing practises of old age psychiatrists (OAPs) on antipsychotics for persons with dementia (PwD) in one Scottish health region (Fife, 365k), and to improve the documentation of the prescribing decision and ongoing monitoring for these drugs.
Methods: A monitoring form was devised for completion by the OAPs for each PwD being prescribed antipsychotics for BPSD, with sections on recommendations to other clinicians to prescribe, for commencement on antipsychotics, for monthly review, or for discontinuation of the antipsychotic. Hospital pharmacists identified PwD prescribed antipsychotics as inpatients during 6-months in 2019 to allow cross-checking.
Results: Return rate of 27% (11/40) for inpatients, with 5 outpatient returns. 62% male, 94% had moderate/severe Clinical Global Impression of dementia severity. 12% returns were recommendations to another clinician, 25% for commencement by psychiatrist, 69% were reviews but none for discontinuation. 88% PwD lacked capacity to consent to treatments, 12.5% were detained under mental health legislation and 12.5% received medications covertly. Regular prescriptions were Quetiapine (40%), Risperidone (33.3%), Olanzapine (13.3%), Aripiprazole and Haloperidol (6.7% each).
Conclusions: The decision-making and monitoring of antipsychotics for BPSD in this region falls short of recommended standards, and may partly be due to increased non-substantive locums with differing prescribing practises. Further processes for monitoring these treatments appear necessary given the potential for clinical harm and medico-legal challenge.

Conflict of interest: No
Keywords: BPSD; Prescribing; dementia; antipsychotics

EPP0744

The impact of monthly pension income on the psychosomatic health of elderly individuals

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Introduction: Over the last ten years pensions in payment have been cut quite for Greek elderly citizens. There are relatively limited studies exploring the relationship between elderly individuals' pension income and their psychosomatic health in countries with economic hardship.
Objectives: This study aimed at identifying the relationship between elderly individuals' pension income and the psychosomatic health of Greek pensioners.
Methods: Method: The sample included 506 Greek pensioners with a mean age 72.23 (SD=16.12). The participants in the study completed a) the Symptom Checklist 90-R - SCL-90), b) The SF-36 Health Survey and c) questionnaire on socio-demographic information and individuals' monthly pension income.
Results: The results identified a statistically significant effect of monthly income on the mental health of pensioners ($p = 0.027$), ie, for every euro above monthly income the quality of mental health increased by 0.028, consequently for every 100 Euro higher monthly income the quality of mental health increases by 2.8 points. In terms of physical health was observed a statistically significant effect of pensioners' monthly income on the Physical Health ($p = 0.016$), that is, for every euro above monthly income increases the quality of physical health at, 042.
Conclusions: The strengths of the current study relates to the fact that it provides an initial understanding of key issues relating to pension income of elderly, highlights this as an important phenomenon for psychosomatic health and further identifies the need for more studies to be undertaken as to gain a better and in-depth understanding of related issues.

Conflict of interest: No
Keywords: Elderly; Pension; Quality of Life; Psychosomatic Health

EPP0747

How older adults express sexually: a qualitative study

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*Corresponding author.

Introduction: This study aims to analyze how older adults express themselves sexually.
Objectives: For this purpose, a qualitative research was carried out, which analyzes their perspectives at a cross-national level.
Methods: Four hundred and ninety five older participants aged 65 to 98 years, were interviewed. Participants were of three different nationalities and lived in the community. All the interviews went through the process of verbatim transcription and subsequent content analysis.
Results: of content analysis produced nine themes: Tender and care ($k = .91$, $p < .01$); altruism and gratitude ($k = .81$, $p < .01$); attractiveness ($k = 94$, $p < .01$); positive communication ($k = .89$, $p < .01$); sexual activity ($k = .88$, $p < .01$); good health and physical condition ($k = .96$, $p < .01$); supportive relationship ($k = .84$, $p < .01$); eroticism ($k = .94$, $p < .01$); and feeling active and alive ($k = .92$, $p < .01$).
Conclusions: This study stressed different ways on expressing sexuality in old age and underlined the importance of tender and care and eroticism for older adults who are sexually active.

Conflict of interest: No
Keywords: Content analysis; older adults; qualitative study; sexual expression

EPP0748

Bullying in old age: a qualitative study

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Introduction: This study aims the perspectives of older adults on bullying.
Objectives: A qualitative research analyzed older adults' perspectives on bullying in old age.
Methods: A hundred and twelve older community-dwelling participants aged 65 to 89 years, were interviewed. All the interviews went through content analysis.
Results: Preliminary results of content analysis produced six themes for bullying older adults:Lack of sense of agency ($k = .89$, $p < .01$); gender discrimination ($k = .91$, $p < .01$); learning difficulties ($k = .92$, $p < .01$); unattractiveness ($k = 91$, $p < .01$); difficulties in social skills ($k = .90$, $p < .01$); and poor financial condition ($k = .89$, $p < .01$).
Conclusions: This study pointed out the perspectives of older adults on bullying in old age. Lack of sense agency was the most verbalized indicator of bullying in old age.

Conflict of interest: No
Keywords: Bullying; Content analysis; older adults; qualitative study

EPP0749

Sexual well-being in the perspective of older adults from portugal and romania

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Introduction: This study aims the perspectives of older adults on their sexual well-being.
Objectives: For this purpose, a qualitative research was carried out, which analyzes older adults' perspectives on indicators of sexual well-being in Portugal and Romania.
Methods: Forty seven older participants aged 65 to 91 years, were interviewed. Participants lived in the community. All the interviews went through content analysis.
Results: Preliminary results of content analysis generated 5 themes for the Romanian sample: Supportive relationship ($k = .92$, $p < .01$); positive financial situation ($k = .91$, $p < .01$); good health ($k = 94$, $p < .01$); education ($k = .88$, $p < .01$); and family support ($k = .89$, $p < .01$); and five themes for the Portuguese sample: Supportive relationship ($k = .91$, $p < .01$); demonstration of love ($k = .91$, $p < .01$); sharing joint activities ($k = 92$, $p < .01$); positive attitude and good humor ($k = .91$, $p < .01$); and open communication ($k = .99$, $p < .01$).
Conclusions: This study highlighted the perspectives of Portuguese and Romanian older adults concerning sexual well-being. For both samples, showing a supportive relationship with a partner was the more frequent theme.

Conflict of interest: No

Keywords: qualitative study; Content analysis; cross-national; older adults

Oncology and psychiatry

EPP0752

Psychological support of hospice medical staff work

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Introduction: This article is devoted to discussing the results of a comprehensive study of the hospice workers activity providing palliative care to patients on the incurable stage of the disease. The relevance of this study is connected with the need to develop objective criteria for assessing professional success and creating programs of psychological support for hospice personnel.
Objectives: Our research was focused on the current work of hospice medical staff and the factors that influence their motivation.
Methods: 42 medical workers of hospice took part in the study. The respondents were offered to fill in a set of 6 techniques aimed at job satisfaction, professional burnout, personality traits and motivational structure. Statistic elaboration was carried out with the pack SPSS, version 17.
Results: The data obtained confirm that job satisfaction of hospice employees is formed as a result of the interaction of the personal characteristics of the respondents and the organizational environment. Quick Cluster Analysis method was applied and the entire sample of respondents was split in two groups – "active, efficient" and "passive, executive". The revealed differences between the two groups (significant level $p<0.05$) associated with different "sources" of job satisfaction of the sample as a whole - focus on comfort and creative implementation or their resistance to the occurrence of professional burnout.
Conclusions: The results of the study showed the possibility of separating two "quality" different groups of hospice workers, so psychological support for their work should be carried out in accordance with this specificity.

Conflict of interest: No
Keywords: hospice; motivation; burnout; job stisfaction

EPP0754

Alcohol consumption and breast cancer – are women aware of this relationship?

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Introduction: Globally, breast cancer is the most frequently diagnosed malignancy and the leading cause of cancer death in women. Alcohol consumption is a potentially modifiable behaviour that may influence the risk of breast cancer.
Objectives: To present a non-systematic review of the literature on the relationship between alcohol consumption and its risk in development of breast cancer.
Methods: A literature search was conducted using the search engine Pubmed® and the keywords alcohol and breast cancer.
Results: Awareness of alcohol as a risk factor for breast cancer is low, as is the ability to estimate the alcohol content of commonly consumed drinks and therefore objectively assess one's own alcohol consumption level. This suggests that many women may be unaware that their level of alcohol consumption may be increasing their risk of breast cancer. This provokes questions around women's feelings of guilt and blame for making the 'right' and 'wrong' lifestyle choices and show how stigma can exist even in groups of women who have experienced cancer themselves.
Conclusions: Women's motivations, understanding and rationalisation for their own alcohol consumption are varied and reflect the varied cultural values, symbolic value and messages about alcohol represented in today's social environment. The development of an appropriate intervention that engages women with alcohol information, giving them feedback about their alcohol consumption in a breast health context is crutial. Any interventions to reduce population level consumption could have a significant influence on breast cancer rates, as well as help to manage the side-effects of treatment, and improve the overall health of survivors.

Conflict of interest: No
Keywords: breast cancer; alcohol consumption

EPP0756

The problem of anosognosia in oncology: myth or reality in psychiatric practice?

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Introduction: Undoubtedly, oriental culture has its own characteristics and traditional way of life, which affects not only the life of society, religion, but also its attitude to life. The attitude to death and acceptance of the disease also has its cultural characteristics. Long-term practice shows that people with an oriental mentality, having learned about an oncological diagnosis, refuse treatment and believe, and believe that this is a fate predetermined by God.
Objectives: The objective of this study was the identification of anosognosia in patients with oropharyngeal cancer in the context of cultural characteristics.
Methods: 72 patients with oropharyngeal cancer were examined. Of these, 83% of patients had an eastern mentality. The age of patients is from 55 to 70 years.
Results: The study revealed that 61% of patients with an oriental mentality, having learned about the oncological diagnosis, refused treatment regardless of the type of tumor process, did not accept this diagnosis, and found excuses for their condition. This was characteristic of patients in the age range from 64 to 70 years. The remaining 39% of patients, considering that they had a benign tumor, agreed only on chemo or radiation therapy, believing that this would be enough.
Conclusions: The results of this study show that the problem of anosognosia and the eastern worldview complicates the process of psychotherapy. A significant percentage of patients had feelings of anxiety, doubt, fear, depressive states and needed psychotherapy.

Thus, it is necessary to conduct specially oriented psychotherapeutic measures for this group of patients.

Conflict of interest: No
Keywords: oropharyngeal cancer; oriental mentality; psychotherapy; anosognosia

EPP0757

Illness representation as a factor of quality of life in patients with breast cancer

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Introduction: Depression is wide-spread problem in patients with oncology. Prevention of depression in oncological patients includes support of subjective quality of life (especially emotional). According to the theory of self-regulation in health and illness (Leventhal et al., 2002), illness representation that could be modified using cognitive behavioral therapy is important factor of successful coping with illness.
Objectives: The aim was to reveal components of illness representation that are related to quality of life in patients with oncology.
Methods: 27 Azerbaijan females just after surgery for breast cancer and 27 females with other (not oncological) severe illnesses filled Illness Perception Questionnaire revised (Moss-Morris et al., 2002) and Quality of Life Enjoyment and Satisfaction Questionnaire (Ritsner et.al, 2005) in Azerbaijan.
Results: Cronbach's alphas varied .67-.91 for both groups and factor structure with some culture relevant exceptions was close to original structure of questionnaires. In females with breast cancer worries about illness consequences, higher emotional reaction to illness (r=.-.60 - .47, p<.01), lower personal control and poorer understanding of illness (r=.40-.44, p<.05) were related wo worse quality of life in social sphere and emotions but not in health or leisure time activity.
Conclusions: Emotional representation of illness, understanding, illness consequences and personal control could be a target for psychological interventions for females with breast cancer preventing possible depressive symptoms. Research is supported by the Russian Foundation for Basic Research, project No. 18-00-01228-komfi.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 18-00-01228-komfi.

Keywords: quality of life; breast cancer; illness representation

EPP0758

Anxiety, depression and health anxiety in females after surgery for breast cancer: validation of scales in azerbaijan

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Introduction: Standardized assessment of psychopathological symptoms is very important across countries and illness including severe somatic illnesses with high risk of comorbid depression and anxiety.
Objectives: The aim was to validate Hospital Anxiety and Depression Scale and Illness and Treatment Self-Regulation Questionnaire in Azerbaijan females after surgery for breast cancer comparing to females with other severe somatic illnesses.
Methods: Items of Hospital Anxiety and Depression Scale (Zigmond, Snaith, 1983) and Illness and Treatment Self-Regulation Questionnaire (Kovyazina et al., 2019) were translated to Azerbaijan and back-translated, then discussed with 5 patients to reveal possible misunderstandings. 27 Azerbaijan females just after surgery for breast cancer and 27 females with other (not oncological) severe illnesses filled them and Quality of Life Enjoyment and Satisfaction Questionnaire (Ritsner et.al, 2005).
Results: Cronbach's alphas for all the scales in both samples varied .62-.93 and factor analysis supported factor validity of the scales. Females with breast cancer reported less helplessness and depression comparing to females with other severe illnesses (p<.01) as well as better quality of life in the social sphere (p<.05). Higher anxiety and depression were related to helplessness regarding treatment and poorer satisfaction with health, emotions and social sphere (r=.23-.58, p<.05).
Conclusions: Azerbaijan versions of Hospital Anxiety and Depression scale and Illness and Treatment Self-Regulation Questionnaire could be used with oncological patients for structural assessment of anxiety and depression. Research is supported by the Russian Foundation for Basic Research, project No. 18-00-01228-komfi.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 18-00-01228-komfi

Keywords: breast cancer; validation; Anxiety; Dépression

EPP0759

Psychological targets for psychotherapy with oncological patients ongoing radiation therapy

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Introduction: Emotional condition and representation of treatment are important factors of quality of life (Horne, 2002) and could influence the effectiveness and/or side effects of treatment. In Russia oncological patients ongoing radiotherapy receive no psychological consultation about it and their condition.
Objectives: The aim was to reveal psychological factors that are important for quality of life, relationship to treatment and illness in oncological patients ongoing radiotherapy.
Methods: 31 patients referred for the first time to radiotherapy treatment filled Illness Perception Questionnaire revised (Moss-Morris et al., 2002), Items of Hospital Anxiety and Depression Scale (Zigmond, Snaith, 1983) and were interviewed about their relationship to illness and treatment.
Results: All patients attributed their illness to psychological reasons (stress, emotions etc.) while 67% considered psychological reasons as major reasons for illness and felt guilty or regretted for them. 60% of patients reported sleep disturbances and ruminations about

illness. All patients had fears regarding radiotherapy and its side effects while 20.6% expected that their condition would become better with time without any intervention.
Conclusions: Results indicate need of oncological patients in psychoeducation regarding radiotherapy and its' side effects as well as need for interventions concentrating on illness attributions and in some cases – necessity of treatment. Research is supported by the Russian Foundation for Basic Research, project No. 18-00-01228-komfi.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 18-00-01228-komfi

Keywords: psychotherapy; radiotherapy; oncological patients

EPP0760

Illness representation and relationship to treatment in oncological patients

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Introduction: In line with self-regulation in health and illness theory (Leventhal et al., 2002), illness representation (especially in severe illnesses like oncology) moderates the relationship between symptoms and relationship to treatment as well as general well-being.
Objectives: The aim was to reveal aspects of illness representation in oncological patients that are most closely related to subjective relationship to treatment (health anxiety, self-efficacy or helplessness regarding treatment).
Methods: 40 oncological patients (10 males, 20-72 years old, mean age 50.49±13.75 years old, localizations included gastrointestinal tract and genitourinary system) first referred to chemotherapy filled Illness Perception Questionnaire revised (Moss-Morris et al., 2002) and Illness and Treatment Self-Regulation Questionnaire (Kovyazina et al., 2019). Disturbance of functioning was assessed in the interview as an opportunity to cope with job, home responsibilities or self-care (1-5-point Likert scale).
Results: Health anxiety associated with diagnosis of oncology was unrelated to social functioning of patients but was higher in patients with more emotional representations of illness (β=.51, p<.01, ΔR^2=24.9%). Helplessness regarding treatment was predicted by poorer functioning (β=-.42, p<.05, ΔR^2=17.2%) but also by poorer personal control and understanding of illness (β=-.34 - -.33, p<.05, ΔR^2=20.4%). Self-efficacy in treatment was related to treatment control (β=.38, p<.05, ΔR^2=13.2%)
Conclusions: Psychological interventions aimed at emotional reactions to illness could be preventative for health anxiety regarding treatment of oncological illnesses while interventions aimed at better control and understanding could be helpful for optimism versus helplessness. Research is supported by the Russian Foundation for Basic Research, project No. 18-00-01228-komfi.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 18-00-01228-komfi

Keywords: Oncology; illness representation; helplessness; self-efficacy

EPP0762

Clinical pharmacy interventions to improve medication adherence and quality of life in patients affected by mental health conditions due to cancer

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Introduction: Mental Health Conditions are the major causes for the treatment failure in cancer patients. Patients stop the therapy abruptly due to various impacts on mental health condition as a result of the diagnosis of Cancer. Pharmacists-Psychiatrists-Oncologists collaborative care can result in finding such conditions and treating for better therapy.
Objectives: The aim of our study was to co-relate cancer and mental health conditions along with the impact of Pharmacist-Psychiatrist-Oncologist collaborative care approach.
Methods: Various resources like Google Scholar, PubMed, Scopus, and other indexing databases were searched for relevant information about Cancer and associated mental health conditions. We also did a comprehensive search for the studies indicating the collaborative care approach in the treatment of various diseases. A total of 143 search results were found and only 18 were included in the final analysis.
Results: It was found that depression, anxiety, and other mental health conditions influence most of the Cancer patients which results in the discontinuation of therapy. It was also found that collaborative care approach between Pharmacists and other health care practitioners was initiated before with successful results.
Conclusions: Medication Adherence and Quality of Life are the overall treatment outcomes which get impacted directly due to cancer therapy as a result of mental health conditions. A collaborative care approach involving Pharmacist-Psychiatrist-Oncologist would be beneficial for improving the overall outcomes of oncology patient's treatment.

Conflict of interest: No
Keywords: cancer; Oncology; Psychiatry; Clinical Pharmacy

Others - Part I

EPP0763

Using brief psychiatric rating scale to measure psychiatric symptoms in patients admitted in emergency department at "Xhavit Gjata" psychiatric hospital, uhc "Mother Teresa", Tirana

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Introduction: The Brief Psychiatric Rating Scale (BPRS) is a test which takes into account both patients answers to the questions and the doctors observations, enabling the doctor to rate psychiatric symptoms. It is not always easy to assess objectively the severity of psychopathology, especially in emergency, which is why BPRS is a valuable and widely used instrument to provide quick and adequate information.
Objectives: To assess the psycopathology severity and structure of patients admitted in Psychiatric Emergency Department using BPRS
Methods: This is a descriptive study of 115 patients who were admitted in the Emergency Department of Psychiatric Hospital "Xhavit Gjata" in the time period April – August 2019. All the patients were evaluated by a psychiatrist and resident by being administered the 24-item BPRS (version 4.0) within 24 hours of their admission. The data were analyzed using SPSS-22.0
Results: In our sample the symptoms that were most frequently scored highly were hostility (78%), unusual thoughts content (76%), hallucinations (68%), bizarre behaviour (61%), self-neglect (60%), motor hyperactivity (57%), suicidality (43%), anxiety (40%). In patients with mood disorders, which made up 42% of the sample, were also found prevalent with high scores either elevated mood (36%) and grandiosity (29%) or depression (56%) and emotional withdrawal (62%).
Conclusions: BPRS is a valuable instrument which helps the clinician measure the structure and intensity of psychiatric symptoms. This is helpful in determining the diagnosis, set up efficient management and treatment plans.

Conflict of interest: No
Keywords: Brief Psychiatric Rating Scale; Psychiatric symptoms; Psychiatric Emergency Department; Inpatients

EPP0768

Thyrotoxic psychosis: when things don't match.

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Introduction: 50-years-old man, originary from Germany, living in Spain since he had 26 years old. Not known personal psychiatric record; first grade relative with alcohol use disorder. As somatic medical record he presented paroxysmal atrial fibrillation treated with bisoprolol and amiodarone. He is brought to the Emergency room with disorganized behaviour and delusional ideas of prejudice, surveillance and complot. He also presents organic symptoms: fluctuating disorientation, dysarthria, tremors, fever, heat intolerance, weight loss, swallowing pain, decreased need for sleep and an antecedent of a recent phototoxic reaction.
Objectives: To report an exceptional case of organic psychosis and to remark the need to screen somatic ethiologies for psychoses.
Methods: A lumbar puncture, EEG and brain MRI with normal results ruled out neurological causes. The blood test showed neutrophilic leucocytosis and elevated T3 with supressed TSH. Olanzapine 20 mg was started. The Endocrinology Service started treatment with prednisone 40 mg and Methimazole 25 mg was started. Bisoprolol was maintained and amiodarone was stopped. A thyroid ultrasound was performed and concluded type 2 thyroiditis diagnosis.
Results: Psychotic symptoms remitted in 1 week. Neurological and infectious causes were ruled out. Psychosis was related to a hyperthyroidism state. Amiodarone was established as the trigger of thyroxicosis.
Conclusions: 1. Thyroxicosis, though atypical, can present with psychiatric symptoms. 2. It is always required to screen somatic ethiologies for psychoses, especially when somatic features (as in the case) are present. 3. Amiodarone overuse can cause endocrine and dermatological symptoms, as well as secondary psychiatric symptoms.

Conflict of interest: No
Keywords: Thyrotoxic psychosis; Organic psychosis; Amiodarone; Thyroid hormones

EPP0769

Impact of childhood trauma on work functioning in affective disorders: a longitudinal study.

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Introduction: Studies addressing the long-term role of childhood trauma in work functioning is scarce. Suffering from anxiety and/or depressive disorders has been consistently proven to be associated with worse short- and long-term absenteeism and presenteeism outcomes among working people.
Objectives: To investigate the long-term (9 years) association between childhood trauma and work functioning in terms of absenteeism and presenteeism and the possible differential effects according to psychiatric status.
Methods: Longitudinal data (5 timepoints in 9 years) of 1649 working participants were collected from the Netherlands Study of Depression and Anxiety (NESDA). Childhood trauma was assessed with a structured interview and work functioning, in terms of absenteeism and disability at work (presenteeism), with respectively the Health and Labour Questionnaire Short Form (SF-HLQ) and the World Health Organization Disability Assessment Schedule II (WHODAS-II). Psychiatric status (Anxiety and/or Depressive Disorders) was assessed with the Composite Interview Diagnostic Instrument (CIDI).
Results: Preliminary: At baseline, childhood trauma was reported by 44.7%. Significant differences were found according to childhood trauma level on absenteeism and presenteeism with workers with childhood trauma scoring least favourably. Generalized Estimated Equations analyses demonstrated a greater risk on longer

absenteeism or presenteeism with ascending childhood trauma level. There was also a main effect of time on work functioning: across five timepoints (9 years) we could observe a significant decline of absenteeism and presenteeism regardless the effect of childhood trauma.
Conclusions: Childhood trauma is associated with significantly longer absenteeism and presenteeism across five timepoints. Further analyses of differential effects on this association according to affective disorders are expected.

Conflict of interest: No
Keywords: childhood trauma; work functioning; affective disorders; presenteeism and absenteeism

EPP0771

Social representation and differentiation of concepts “Depression”, “Melancholy” and “Sadness”

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Introduction: Social networks have enabled users to share their negative experiences. That makes Internet study of that more relevant. This is necessary for further analysis of negative emotional states for modern society, especially for youth.
Objectives: The aim is to compare the negative experiences concepts in the Internet community
Methods: 1. Analysis of 3000 open posts social network Vkontakte (vk.com) collected by request "Depression", "Sadness", "Melancholy", using the LDA method (library Scikit-learn, Python 3). 2. Collection of representations by the survey method. The respondent’s task was to define "Depression", "Sadness", "Melancholy"; describe the situation from personal experience; evaluate them on several scales (n=89, m = 19.97; sd = 4.42), 31 men and 58 women.
Results: Respondents define melancholy as a dejectedness caused by love separation/loss or homesickness. Sadness is a temporary negative experience caused by movie or book. Depression is an intense, long-term disease that requires professional help, loss of life meaning. For each concept, 5 main themes were obtained by the LDA method. Topics related to the term "Melancholy" are built around boredom, life meaninglessness and the desire for emotional experiences. Topics related to "Sadness" are characterized by time categories ("day"," time", "always") and experiences related to romantic relationships. "Depression" is characterized by themes related to the child loss, fears, search for help.
Conclusions: It was found that people tend to describe in social networks difficult experiences. The characteristic differences in the use of the terms "Depression", "Melancholy" and "Sadness" to describe their states in social networks are highlighted.

Conflict of interest: No
Keywords: Depression; Melancholy; Sadness

EPP0774

Fighting and mourning lives

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Introduction: Culturally, we associate mourning with death. However, mourning is not just about death. Mourning is defined as a process of reaction to a profound emotional loss, which occurs over time, more or less prolonged, being lived individually and alone. While most people experience a so-called "normal" mourning, some develop debilitating symptoms and persistent functional disability, fulfilling criteria for prolonged mourning. This usually require specialized intervention by Psychiatry.
Objectives: The present work aims to gather a set of theoretical conceptions on the theme of loss (concrete or symbolic death) and to take a general approach to the role of Psychiatry in the process of mourning, including when and how to refer to this specialty.
Methods: Brief literature review, based on research of scientific articles published in PubMed, using the keywords “mourning”, “pathological mourning” and “psychiatry”.
Results: Mourning is a process that contemplates several phases, is influenced by internal and external factors to the mourner, and has consequences at various levels, for its unnatural character. In Psychiatry consultations, mourners describe the process of loss, their experiences as primary caregivers, explore feelings, behaviors, thoughts and physical sensations and therapy is instituted or adjusted, if necessary.
Conclusions: The mourning process is a complex task of elaborating losses. It is a gradual process of acceptance and can be experienced as growth and/or personality adjustment. It is important to value mourning as a life-cycle phenomenon and to highlight the role of primary prevention in maintaining the mourner 's ability to generate adaptive family, social and work responses.

Conflict of interest: No
Keywords: mourning; pathological mourning; Psychiatry

EPP0775

Doping in medical school? the use of psychostimulants by medical students

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Introduction: Nonmedical use of prescription psychostimulants for cognitive enhancement is a growing trend, especially in academic environments. Given the high levels of competition, with demanding training programs, medical students might be more at risk of using psychostimulants in order to improve study, through better concentration, alertness, and memory.
Objectives: We aim to understand the real and recent impact of this problem, and what factors might modulate the choice of medical students to use stimulants without medical indication.
Methods: Narrative review of the literature based on Pubmed database research of related terms.
Results: The prevalence of psychostimulants’ use among medical students, at least once in their lifetime, ranges from 11% to up to 47,4%. According to a study, less than a third of users had been diagnosed with Attention-Deficit/Hyperactivity Disorder, and up to 89.4% indicated using psychostimulants without a prescription. The reasons for non-prescribed use was to study longer (up to 86,8%), to stay awake (65,9%), to increase concentration (59,2%), to experiment (18%), and to party (10.3%). Multiple studies found correlations between stimulant drugs use and male gender, living in

a dormitory, being in the latter years of formation, cannabis and alcohol use, and past medical history of psychiatric disorders, mainly depression. Results indicate significant positive correlations between competition, stress, and misuse.
Conclusions: Use of psychostimulants, including use without a prescription, is common among medical students. Given the risks of the use without medical indication, other stress-dealing techniques such be explored by medical schools.

Conflict of interest: No
Keywords: medical students; psychostimulants; Cognitive Enhancement

Others - Part II

EPP0776

Loss related risk factors of prolonged grief symptoms

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Introduction: Prolonged grief disorder is for the first time included in the International Classification of Diseases, 11th Revision. There is a need to establish risk factors that would help clinicians identify people at risk for prolonged grief. It is especially important to understand how the circumstances of the death of a loved one might affect the risk for prolonged grief.
Objectives: The aim of the study was to explore which factors related to the loss of a loved one were associated with prolonged grief symptoms severity.
Methods: A total of 216 bereaved adults, 186 (86.1%) women, participated in the study. The participants' average age was 39.46 years, ranging from 18 to 92. Time since the loss ranged from 6 to 72 months. The Prolonged Grief Disorder-13 questionnaire (PG-13) and questions about the circumstances related to the death of a loved one were used in the study.
Results: Regression analysis revealed that female gender, older age, less time since the loss, unexpectedness of the death, and closeness and previous conflicts with the bereaved predicted higher prolonged grief symptoms. The age of the bereaved, illness before the death, being a primary caregiver, living with the deceased, being together during the time of death, and a non-violent death did not predict the severity of prolonged grief symptoms.
Conclusions: The results of the study showed that the relationship with the deceased, demographics, unexpectedness of the death and the time since the loss are important predictors of prolonged grief.

Conflict of interest: No
Keywords: Prolonged grief; risk factors; Grief

EPP0777

Impulsivity of taxi drivers and psychological difficulties following road accidents

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Introduction: Taxi drivers' behaviour has always been problematic. Adding the fact that they are exposed to a high risk of road accidents.
Objectives: To study the impulsivity of taxi drivers in Sfax, Tunisia, their transgressions of legal driving rules, and psychiatric difficulties following a serious accident.
Methods: This is a cross-sectional descriptive and analytical study of 58 taxi drivers working in Sfax, using a sheet and two scales: DBQ (Driver Behaviour questionnaire) and IES (Impact of Events Scale).
Results: The average age of taxi drivers was 40.8 ±10.2 years, with a sex ratio of 0.98. One-tenth had a history of a serious accident, resulting in injuries (63.6%) and guilt feeling (36.4%). Most of the drivers who suffered from a serious accident (88%) developed either an acute stress disorder (50%), or a post-traumatic stress disorder (50%). The average DBQ score was 13.98 ± 8.25. Driver behaviours were statistically correlated with age ≤ 40 years ($p = 0.002$), alcohol use ($p = 0.04$), poor sleep quality ($p = 0.032$), and professional seniority ≤15 years. IES score was significantly associated with a chopped nature of sleep ($p = 0.003$).
Conclusions: Taxi drivers in Sfax, Tunisia, showed different driving behaviours related to both personal and professional conditions. Furthermore, they are exposed to many road accidents with their psychosomatic repercussions.

Conflict of interest: No
Keywords: taxi drivers; driver behaviours; driver behaviour questionnaire; impact of events scale

EPP0778

Evaluation of nursing knowledge on physical restraint practiced in psychiatry

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Introduction: Physical restraint is a commonly used measure in psychiatric hospitals. However, it remains a subject to controversy, both therapeutically and ethically.
Objectives: To evaluate the knowledge of psychiatric nurses about the medical prescription of physical restraint, its indications, as well as its contraindications.
Methods: This is a cross-sectional descriptive study of 30 nurses practicing in psychiatric departments in Hedi Chaker University Hospital Center, using a sheet containing socio-demographic data, and items concerning physical restraint.
Results: In our population, the mean age was 35.5 years ± 6.7. The sex ratio (M/F) was 1.5. The vast majority of nurses (90%) reported that they had received no training in this practice. More than one-quarter described restraint as a rarely indicated measure, while 26.6% consider it an emergency measure. In addition, 73.3% do not require a medical prescription to apply this measure. The four-fifths stated that this practice is necessarily indicated in the presence of a psychiatric disorder, while 40% indicated it as the last therapeutic

option. Restraint could not be practiced as a punitive measure according to 80% of nurses , while 86.7% thought that it should not be applied because of a lack of nursing staff. More than half (53.3%) said that restraint should be avoided in people over 65 years of age. The same percentage thought that epilepsy and some neurological conditions did not indicate a patient's confinement.
Conclusions: Nurses' knowledge of the practice of physical restraint seems insufficient. Thus, a perpetual questioning about our practices would be the first step to improve this measure.

Conflict of interest: No
Keywords: psychiatric nurses; Physical restraint; medical prescription; Nurses' knowledge

EPP0779

Health risks for professional drivers

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Introduction: Good physical and mental conditions are crucial for every professional driver. However, unfortunately, it is not always the case with all different drivers.
Objectives: To detect the factors associated with the psychosomatic disturbances in professional drivers.
Methods: It's a cross-sectional descriptive and analytical study of 58 professional drivers working in Sfax, using a sheet containing socio-demographic data, pathological history, and characteristics of the work.
Results: The sex ratio (M / F) of professional drivers was 0.98 The drivers had an average BMI of 26.17 +/- 4.06 kg / m² with an overweight rate of 35.6% and an obesity rate of 22%. More than half of the drivers had sleep disorders. Personal pathological antecedents were of 66.1%, with firstly osteoarticular pathology (79,5%), then cardiovascular (25.6%), digestive (17.9%) and endocrine diseases (15,4%). Personal antecedents were correlated with a job tenure ≥ 10 years (p = 0.048). More specifically, cardiovascular problems were associated with a number of work hours ≥10h / d (p = 0.038), while endocrine pathology with day and night work. There was also a significant relationship between professional seniority and osteoarticular disorders (p = 0.045), while digestive diseases were associated with the advanced age (p = 0.046), as well as with a professional seniority ≥ 20 years (p = 0.009).
Conclusions: Professional drivers are exposed to both organic and psychiatric repercussions of their profession, which must be detected in time by occupational physicians.

Conflict of interest: No
Keywords: Professional drivers; driver profession; psychosomatic pathologies; osteoarticular pathology

EPP0782

Level of presenteeism in health institutions: A nationwide study among nurses in Portugal

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Introduction: The problem of presenteeism has been studied worldwide, including Portugal. Several studies show that companies that promote and protect the mental health and well-being of workers are among the most sustainable and competitive. It is therefore essential to characterize the levels of presenteeism of nurses in order to develop individual and collective strategies that ensure their well-being, and the proper functioning of health organizations where they are integrated.
Objectives: Identify the behaviors of presenteeism in Portuguese nurses.
Methods: This is a quantitative, descriptive, cross-sectional and retrospective study. The data collection was done through an electronic form, Google Forms model. The form consisted of socio-demographic characterization and the evaluation of presenteeism through the Work Limitations Questionnaire (WLQ-8) and the Stanford Presenteeism Scale (SPS-6). The universe of this study included nurses working in Portuguese health institutions. Data were statistically analyzed using the SPSS (version 25.0).
Results: A total of 424 nurses participated, mostly female (86.8%), aged 40 years or over (56.6%), working in the northern part of the country (31.4%) and in public health institutions (85.8%). With regard to presenteeism, the phenomenon is more frequent in nurses working in public institutions, and with a previous condition of illness. The scores of both scales showed moderate levels of presenteeism, ie, the sample has reduced ability to concentrate and perform functions, resulting in loss of productivity.
Conclusions: The results can be a challenge for policy makers, managers, and health professionals to address presenteeism with the creation of health programs aimed at promoting mental health and well-being.

Conflict of interest: No

EPP0785

Mirth after tempest. a case report on late onset mania-like symptoms in a patient with frontotemporal dementia.

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Introduction: Frontotemporal Dementia (FTD), also called Pick's Disease, is a type of dementia which is often characterized by behavioral and personality changes, language difficulties and executive control and motor symptoms with relative preservation of other cognitive areas.
Objectives: Our aim is to report a case of frontotemporal dementia that include mania-like symptoms and discuss the differential diagnosis in which psychiatric symptomatology may overlap.
Methods: A literature and electronic review has been done on mania-like symptomatology of late onset, frontotemporal dementia and its differential diagnosis based on a case report of a 78 year-old male with alcohol use disorder and cardiovascular risk factors who was admitted to the hospital due to a maniform picture with important behavioral disturbances that started a week before. A concomitant acute kidney failure was found in the laboratory tests. A chest radiography, cerebral CT scan and cognitive and neuropsychological tests were performed.

Results: After the kidney failure resolution the maniac symptomatology persisted for several weeks. Differential diagnosis was made between frontotemporal and vascular dementia, brain injury, acute confusional state and other psychiatric diseases including late onset bipolar disorder and late onset schizophrenia-like psychosis. The patient was diagnosed of Major Neurocognitive Disorder due to Multiple Etiologies, premoninantly Frontotemporal lobar degeneration but also vascular disease and alcohol use with behavioral disturbances (psychotic symptoms and excessive jocularity).
Conclusions: Initial clinical presentation of FTD may mimic other psychiatric symptoms, which leads to highly risk of misdiagnosis and delay in an adequate management. An interdisciplinary clinical evaluation may be useful for the differential diagnosis.

Conflict of interest: No
Keywords: frontotemporal dementia; mania; FTD; personality change

EPP0786

Investigating the impact of type II diabetes participation on patients' associations in their quality of life

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Introduction: The quality of life of people with diabetes is significantly affected as it affects the physical and mental health of the sufferers. The role of the Diabetes Patients' Associations is particularly important in managing the disease, providing proper information and providing psychosocial support for people with diabetes.
Objectives: The purpose of the present study was to investigate the quality of life of Type II Diabetes Patients belonging to Patients' Associations compared to those who did not.
Methods: Purpose sampling was applied. The sample consisted of 70 individuals. The main research tool was the SF-36 questionnaire along with questions about the patient's socio-demographic data. The survey was conducted in the summer of 2018 and 70 questionnaires were completed. Statistical analysis was performed with SPSS and included descriptive statistics, comparison with U Mann-Whitney test and correlation with Spearman's rho index.
Results: 50% of the sample belonged to the Diabetes Association of Patients and the remaining 50% did not. 55.7% of the sample were male and 44.3% female. Patients belonging to Associations were found to have higher mean values in the SF-36 categories: PF (71.14 $\pm$ 24.17), RP (69.00 $\pm$ 25.23), VT (50.42 $\pm$ 12.79), SF (75.35 $\pm$ 33.13).
Conclusions: It was not statistically confirmed that patients with diabetes participating in Patients' Associations would have a comparatively better Quality of Life than those who did not. However, both the SF-36 Physical and Mental Health overall appeared to perform better, which is a positive indication of the importance of self-organization.

Conflict of interest: No
Keywords: quality of life; Patients' Associations; Self-organization; Diabetes

EPP0787

A rabbit or a duck? - neuropsychiatric symptoms in an autoimmune limbic encephalitis

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Introduction: Autoimmune Limbic encephalitis (ALE) is a rare disorder characterized by an inflammatory process mainly affecting mainly the middle temporal lobe. It often presents with acute/subacute neuropsychiatric symptoms like paranoia, sensory perceptual disturbances and personality and behavior changes. Despite the discovery of new antibodies, 7% of ALE patients remain seronegative.
Objectives: We aim to report a case of ALE presenting with psychiatric symptoms.
Methods: Case report
Results: An 18-year-old female, with no psychiatric history, was admitted in the Emergency Room and firstly evaluated by the psychiatric department due to recurrent episodes of brief olfactory and gustatory hallucinations associated with an intense sensation of fear, sometimes accompanied with impairment of awareness. Her family also reported personality changes, paranoid-like symptoms and marked anxiety with one month evolution. Her diagnosis workup, including a lumbar puncture, Brain MRI, Neuropsychological assessment and EEG revealed an attentional deficit and moderate short-term memory loss, temporal lobe seizures and a T2/FLAIR signal intensity increase in both mesial temporal regions. Despite having negative autoantibodies, the diagnosis of ALE was assumed and immunotherapy as well as antiepileptic drugs were started with a good clinical response.
Conclusions: It is recognized that the early treatment of ALE is associated with a better prognosis. As neuropsychiatric symptoms are often the first clinical manifestation, it is important that psychiatrists become aware of this disorder. In the presence of a classical clinical presentation, the absence of autoantibodies does not exclude a diagnosis of ALE.

Conflict of interest: No
Keywords: Autoimmune Limbic encephalitis; Temporal Lobe Seizures; Neuropsychiatric symptoms

Others - Part III

EPP0790

The association between continuation, discontinuation, or initiation of benzodiazepine receptor agonists and postoperative delirium: A retrospective cohort study

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Introduction: Several studies examining occurrence of delirium explained a significant increase if benzodiazepine receptor agonists

(BZDRA) were administered during the perioperative period. However, no comprehensive reports have focused influence of continuation, discontinuation, or initiation of BZDRA.
Objectives: The aim of this study was to determine the influence described above on postoperative delirium among hospitalized patients.
Methods: All consecutive patients considered for inclusion were admitted from January 2016 through December 2018 and had a preventive intervention and were operated at Kyoto Prefectural University of Medicine. We obtained patients' characteristic data, including medical history, length of stay, operative duration and medications. The patientswere divided into 4 groups, "Continued", "Discontinued", "Initiated", and "Naive", depending on whether or not BZDRA was taken on admission and postoperative period. Occurrence rate of delirium was compared using a chi-square test and then a stratified analysis of with/without risk factors including, cognitive impairment, alcohol use disorder, and history of delirium was conducted.
Results: A total of 261 patients met the eligibility criteria for study entry. 65(24.9%) developed delirium after operation. "Discontinued" had the higher occurrence rate of delirium (n=23, 51.1%) than another groups(p<.0001): "Continued"(n=1, 2.86%), "Initiated"(n=2, 11.1%), "Naive"(n=39, 23.9%). Similarly, there was a significant difference in the stratified analysis (p<.0001).
Conclusions: The high occurrence of delirium in the "Discontinued" may be due to withdrawal or insomnia as a result of discontinuation. For patients taking BZDRA, it requires careful consideration to decide whether they should continue or discontinue using BZDRA during the perioperative period.

Conflict of interest: No
Keywords: postoperative delirium; benzodiazepine receptor agonists; oral administration; discontinuation

EPP0795

Cues for different diagnostic patterns of interpersonal violence in a psychiatric sample: an observational study

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Introduction: Interpersonal violence has increased as a health concern in the psychiatry practice over the last decades. Most patients with mental illness do not present an increased risk of violence and a mental disorder is not a necessary or sufficient cause of violent behaviors. However, people with mental illness endorse more often a number of risk factors for violence that could confound this association, such as young age and male gender.
Objectives: The aim of this study was to investigate the effect of age, gender, and diagnosis on reported levels of interpersonal violence in a sample of people with severe mental illnesses.
Methods: 160 inpatients, of which 73 with psychosis, 53 with mood disorder and 34 with personality disorder were assessed for experiences of victimization and perpetration of interpersonal violence using the Karolinska Interpersonal Violence Scale interview.
Results: Violence negatively correlated with age. Females were exposed to higher degree of victimizations, whereas males were more involved in perpetration of violence in childhood. Personality disorders are associated with higher levels of interpersonal violence. An interaction effect of gender and diagnosis was also observed for expression of violence in adulthood. Mood disorder showed a victimization pattern, personality disorders a perpetration pattern and psychoses a less defined pattern.
Conclusions: Psychoses, mood disorders and personality disorders have different patterns of violent experiences when stretified by age and gender. This study offers a better understanding of how gender and age affect violent behaviors. These patterns could have pathophysiological or pathoplastic meaning addressing clinical and diagnostic trajectories interacting with other intervening risk factors.

Conflict of interest: No
Keywords: interpersonal violence; mental illness; psychosis; Mood disorders

EPP0796

«Good-enough» and «not good-enough» parenting of persons under long-term follow-up psychiatrical observation

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According the results of our previous research, among 2592 patients under long-term follow-up observation only 62 had children 0-18 y.o. 80,7% of them lived with their children and were assessed by local psychiatrists as «good enough parents with assistance of family» (Kostjuk G., 2018).
Objectives: To study parenting of persons under long-term follow-up psychiatrical observation.
Methods: Analysis of medical records; clinical interview; semi-structured interview, comprised of 75 open-ended questions regarding child's development and parent-child relationship; semi-structured interview, devoted to social risk factors.
Results: In a sample, added by 4 cases (N=66), local psychiatrists assesses parenting competency of their patients as «high» in 39,4%, «good enough with assistance of family» in 31,8%, «not good» in 28,8%. On the base of the analysis of medical records 7 groups of parents were detected: ever were dangerous for their child (N=8, in 6 cases parental rights were restricted by the court); ever neglected their child (N=5); with formal attitude towards child (N=8); with inappropriate methods of upbringing (N=6); with difficulties in upbringing (N=4); «good» and «good enough» parents (N=26); no information available (N=9). The results of interviewing

were compared between groups. «Bad» and «not good-enough» parenting was relevant to clinical factors: psychotic state, content of delusional ideas, non-compliance, deficit symptoms. «Good-enough parenting» was relevant to social support (corrected χ^2 = 6,33; p = 0,012).
Conclusions: The results should be used in elaboration of preventive services and social support of such families and principals of legal assessment of parenting competency on the basis of adequate social support.
Disclosure: The reported study was funded by RFBR and Moscow city Government according to the research project № 18-013-00921 A

Keywords: parenting; Social support; good-enough parenting; psychiatrical observation

EPP0801

Effect of rhynchophylline in xiaofang decoction on blood concentration and efficacy of quetiapine

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Introduction: Xiaofang Decoction (Qingfangling) is a traditional Chinese medicine prescription which has been used for more than 40 years in clinic and has good clinical effect.
Objectives: to monitor the concentration of rhynchophylline in the blood of patients taking Xiao Huan Tang
Methods: The determination method was established by high performance liquid chromatography and verified. Inpatients in a hospital in Xi 'an were screened according to the grouping criteria and included in the study. The patients were divided into a single medication group (only quetiapine was taken for antipsychotic drugs in the treatment process) and a combined medication group (quetiapine was given in addition to Xiao Huan Tang). The curative effect data were collected and processed respectively.
Results: (1) Uncaria rhynchophylline, isorhynchophylline, dehydrorhynchophylline and isodehydrorhynchophylline have good linearity in their respective linear ranges, the intra-batch precision is less than 5%, the inter-day precision is less than 10%, the method recovery rate is within±20%, and the pretreatment recovery rate is within 10%, which meets the standard. (2) By comparing the two groups, After 3 weeks of treatment, the curative effect of the combined medication group was significantly higher than that of the single medication group.
Conclusions: Studies have found that when Xiaofang decoction combined with quetiapine is used, the blood concentration of quetiapine increases with the same dose. The effect of Xiaofang Decoction group increased, Uncaria alkaloids played a certain role.

Conflict of interest: No
Keywords: Combined medication; Xiao Huan Tang; High performance liquid phase; Blood drug concentration

Pain

EPP0803

Assessment of the response to pain in premature infants in a different gestational period

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Introduction: Nursing of preterm infants born with extremely low body weight (ELBW) and very low body weight (VLBW) is associated with a high risk of impaired myelination of nociceptive conductors and neural migration. Children's pain response is accompanied by changes in homeostasis and metabolic changes.
Objectives: Study of behavioral and motor responses to pain in premature infants of different gestational ages due to the nutritional support quality.
Methods: Analysis of indicators of the DAN acute pain rating scale and FACS facial expressions in 104 newborns with ELBW and VLBW who were treated at the Department of Neurology of Early Age in 2016-2018.
Results: Assessment of pain response and response to routine vaccination and blood sampling for spots (phenylketonuria, hypothyroidism) was conducted. In the group of children with ELBW, the assessment of facial expressions by FACS ranged from 4 to 6 points, the level of sedation was 1-2 points, while there was a sharp decrease in glucose levels and an increase in lactate. Whereas in the group with VLBW, facial expressions varied by 6–9 points, with episodes of anxiety 5–8 points, with the involvement of the motor, autonomic systems, while the sedation level was 2-3 points. In children with VLBW, moderate hypoglycemia, and decrease in ketones and nitrogen during painful manipulations were observed.
Conclusions: Premature babies pain sensitivity has a longer latent period and depends on the level of glucose, lactate, ketones, nitrogen excretion. Adequate feeding and weight gain contribute to the physiological formation of pain reactivity according to age.

Conflict of interest: No

EPP0806

Quantitative description of the neurofeedback-related dynamics in a single case of tension-type headache

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Introduction: Development of non-drug approaches for the treatment of tension-type headache (TTH) is feasible. The case study represents a pilot investigation of the efficacy of infra-low frequency neurofeedback in TTH.
Objectives: To quantitatively evaluate the neurofeedback-related dynamics of the TTH and associated phenomena in a single case study.
Methods: A 40 y.o. male patient with TTH filled an daily electronic diary on the headache and potentially associated factors during a three-month period, that included real and, subsequently, sham infra-low frequency neurofeedback treatment. A general linear modelling was used to access the factors influencing headache.

Results: The headache duration (but not intensity) was linked with the presence of subjective feeling of visual strain (p=.008). The feeling of tiredness was related both to headache duration (p=.02) and intensity (p<.001), while feeling of tension influenced only the intensity (p=.01). Real neurofeedback was associated with persistent reduction of visual strain (p=.03) and a tendency towards a decrease in headache duration (p=.08) and feeling of tiredness (p=.07). Subsequent sham neurofeedback resulted in reduction of headache intensity (p=.03) and did not influence other components of the TTH.
Conclusions: The case study illustrates differential effects of the neurofeedback treatment and placebo in the TTH.

Conflict of interest: No
Keywords: neurofeedback; headache; case study; tension-type headache

Personality and personality disorders - Part I

EPP0809

Psychological interventions for children and adolescents with borderline personality disorder features – systematic review

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Introduction: Borderline Personality Disorder (BPD) is an increasingly recognised diagnosis in children and adolescents (C&A). Various psychological interventions have been evaluated in BPD but no firm recommendations have been made for this age group.
Objectives: To systematically review the literature on psychological interventions for BPD in children and adolescents.
Methods: In April 2019, the electronic databases Embase, Medline, Psych Info, CINAHL and CENTRAL were searched for randomised controlled trials (RCT) including patients aged below 19 who received psychological intervention for BPD. Cochrane risk assessment was used to assess quality of papers. The primary outcome was the reduction in borderline symptomatology including the self-harm and suicide. Secondary outcomes included: use of health services and reduction in affective symptoms.
Results: A total of 7 RCTs were identified, evaluating Cognitive Analytic Therapy (CAT; n=1), Dialectical Behaviour Therapy (DBT-A; n=1 + follow-up), Mentalization Based Therapy (MBT-A; n=1), Emotional Regulation Training (ERT; n=2) and Integrative Borderline Personality Disorder-oriented Adolescent Family Therapy (IBAFT; n=1). Only MBT-A was significantly better in borderline symptoms reduction compared to treatment as usual (TAU). Compared to TAU, MBT-A and DBT-A were superior in reducing self-harm frequency at the end of treatment and for DBT-A at one-year follow-up, DBT-A in reducing suicidal ideation at the end of treatment and symptoms of depression at the end of treatment and at one-year follow-up, and MBT-A in reducing symptoms of depression at the end of treatment.
Conclusions: DBT-A was associated with greater long-term reduction in self-harm and depressive symptoms. MBT-A significantly reduced borderline symptomatology, affective symptoms and suicidal ideation.

Conflict of interest: No
Keywords: children; BPD; psychological interventions

EPP0810

Psychopathy and empathy, the "reading the mind in the eyes" test in a sample of spanish inmates

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Introduction: Being callous and unemotional, though lacking empathy, is the main trait component of psychopahty. But empathy can be divided into two different processes, cognitive and emotional empathy. While cognitive empathy deals with recognizing the intentions and mental states of others; emotional empathy is about experiencing the emotions of others. Previous research has clearly showed emotional empathy impairment in psychopathic individuals. However, findings on cognitive empathy have been contradictory. Some research has found no deficit or even an enhacement in cognitive empathy, yet other studies have found deficits.
Objectives: To test the relation between cognitive empathy and psychopathy in a sample of Spanish inmates.
Methods: Two hundred inmates from the Pereiro de Aguiar Prison were tested on the "Reading the mind in the eyes" (RMET) test. They were also evaluated with two different psychopahty assessment tools: the Psychopathy Checklist – Revised (PCL-R), and the Comprehensive Assesment of Psychopathic Personality (CAPP). To explore the relationship between PCL-R / CAPP and RMET a correlation matrix was used. Following previous research the REMT stimuli were not only analyzed as a whole but also as three separate emotional valence categories (positive, neutral and negative).
Results: No correlation was found bigger than 0.2, and only one between the PCL-R facet 3 and the RMET total score was found statistically significant (p = 0.031).
Conclusions: We found no significant relation, neither deficit nor enhacement, between two different psychopathic assessment tools and cognitive empathy measured with the RMET.

Conflict of interest: No
Keywords: Psychopathy; Cognitive Empathy; Emotional Empathy; Personality

EPP0811

Psychopathy and morality, the "trolley and footbridge dilemmas" in a sample of spanish inmates

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Introduction: The Integrated Emotion System (IES) theory postulates that psychopathic individuals show moral deficits as a consequence of being callous and unemotional. Basically, as their

emotional empathy is impaired they do not feel aversion to the suffering of others, and, therefore they do not learn to automatically avoid behaviors associated with pain and fear in others. Previous research using the Psychopathy Checklist – Revised (PCL-R) has confirmed that psychopathic individuals when confronted with highly emotional moral dilemas show a weak aversive emotional response.
Objectives: To confirm the IES theory using two different tools for the assessment of psychopathy.
Methods: Two hundred inmates from the Pereiro de Aguiar Prison were tested on the Trolley, and afterwards on the Footbridge Dilemmas. The Trolley dilema was used to to discard those participants (12) whose response was too influenced by the prison environment. They were evaluated with two different tools for the assessment of psychopathy: the Psychopathy Checklist – Revised (PCL-R), and the Comprehensive Assesment of Psychopathic Personality (CAPP). To explore the relationship between PCL-R / CAPP and the Footbridge Dilemma a correlation matrix was used.
Results: For both tools the correlation matrix showed a clear trend between higher psychopathic scores and weaker aversive emotional response at the Foobridge Dilemma.
Conclusions: In our sample, we found that higher levels of psychopathy assessed with two different tools are associated with higher propensity of showing a weaker aversive emotional response, confirming the IES theory.

Conflict of interest: No
Keywords: Psychopathy; Morality; Empathy; Personality

EPP0813

EEG alpha band alteration during emotional stimulation in women with high vs low emotional dysregulation traits

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Introduction: Emotion dysregulation is a common feature of many psychiatric disorders and comprises high levels of anger, mood instability and impulsivity. It is associated to a variety of psychophysiological alterations and a general hyperreactivity to negative emotion. EEG Alpha band activity is a well-known index of cortical arousal and may reflect differences in affective processing in dysregulated individuals.
Objectives: We aimed to investigate cortical responses to emotional stimuli in a sample of 50 women selected with high and low emotional dysregulation traits. We expected the high dysregulation group to report higher cortical activation to negative emotional stimuli.
Methods: Starting from a sample of 294 female students, 50 were selected and divided in Low (LD) and High (HD) Dysregulation groups by means of the ALS-18 (Affective Lability Scale) and MAI (Multidimensional Anger Inventory). EEG alpha activity was recorded while participants were viewing 18 film clips of the following emotional categories: Erotic, Scenery, Neutral, Sadness, Compassion and Fear.
Results: of EEG Alpha band revealed a Category*Group interaction in which the HD group exhibited a flattened response to the emotional categories as compared with the LD group. In the HD group only the Scenery clips induced lower levels of activation.
Conclusions: Our findings reveal a possible neural mechanism underlying emotion dysregulation, that is an impaired ability to modulate cortical activity in response to emotional ecological material. The effect of Scenery clips is interesting because it indicates a possible relaxing effect of these stimuli mainly in people with difficulties in regulating emotion.

Conflict of interest: No
Keywords: affect; alpha band; psychophysiology; EEG

EPP0814

Emotional gaze recognition and empathy in women with high vs low borderline personality traits

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Introduction: The most prominent clinical form of extreme levels of emotion dysregulation is Borderline Personality Disorder (BPD), which includes high levels of anger, mood instability and impulsive behavior. BPD patients exhibit a dissociation between normal cognitive empathy and enhanced affective empathy, resulting in altered performance in emotional state attribution tasks.
Objectives: We studied a community sample of 50 women with high vs. low BPD traits. We expected the high dysregulation group to report higher levels of affective empathy, and an emotional bias in the performance at the Reading the Mind in the Eyes Test (RMET).
Methods: Two groups of 25 female students each – high vs low dysregulation – were selected from a sample of 294 students according to the ALS-18 (Affective Lability Scale) and MAI (Multidimentional Anger Inventory). The final sample filled out the Interpersonal Reactivity Index (IRI) to assess empathy, and the RMET was administered. RMET gaze pictures were divided into Positive, Neutral and Negative and accuracy score was recorded.
Results: The two groups did not differ in total accuracy scores at the RMET, but subjects in the HD group reported lower accuracy for the Positive category. Regarding the IRI, the HD group reported higher levels of affective empathy.
Conclusions: Our findings are consistent with BPD literature on empathy. Concerning emotional state attribution, the two groups did not differ on total score, but the HD group exhibited difficulties in recognizing Positive facial expressions. This may be related to their enhanced affective empathy which is mainly focused on negative emotions.

Conflict of interest: No
Keywords: gaze recognition; BPD; affect; Empathy

EPP0816

Pain in borderline personality disorder

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Introduction: Borderline Personality (BL) is a disorder characterized by affective dysregulation, dysfunctional self-concepts, and

difficulties in social interactive domains. It is relatively common nonsuicidal self-injury in intense emotional states.
Objectives: Our aim is to review the pain mechanisms in BL personality disorder.
Methods: A non systematic literature search was performed in pubmed, medline and uptodate, using the key words "Borderline personality" and "pain".
Results: Eleven studies were selected and analysed. In BL patients there is a positive correlation in glutamate/GABA ratio in the posterior insula. Other study found that patients with BPD are more likely to experience pain and rate their pain as more severe than patients with other personality disorders. A different group got imaging data, with evidence that inhibitory top-down modulation is increased in BL patients, and that processing of the affective-emotional pain component is altered. In another study BL patients exhibit altered pain processing that can be assigned to altered processing of nociceptive stimuli in prefrontal and limbic brain areas, which may help to mechanistically explain the clinical behaviour. Also, BL patients showed amygdala deactivation in response to painful stimulation, as well as altered connectivity between left amygdala and dorsal anterior cingulate cortex.
Conclusions: Although the recent data, pain in BL patients remains a paradox with relative absence of acute pain, and high sensitive to chronic pain. More studies are needed in other to better understand those differences.

Conflict of interest: No
Keywords: nonsuicidal self-injury; pain; Borderline Personality Disorder

EPP0817

Psychometric properties of the HEXACO-60 in a sample of portuguese adults from the general population

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Introduction: The HEXACO model of personality postulates that personality consists of six dimensions – Honesty-Humilty/H, Emotionality/E, Extraversion/X, Agreeableness/A, Conscientiousness/C and Openness/O to Experience. The most widely used instrument to assess them is HEXACO-PI-R, with its 60-item version being the most recommended for both clinical and research purposes. Our investigation group has recently developed a preliminary study with a sample of 632 Portuguese university students, which has showed acceptable psychometric properties for HEXACO-60.
Objectives: To replicate our preliminary study in a sample of adults with age over 30 years old from the Portuguese general population, assessing HEXACO-60's psychometric properties and thus increasing the instrument's reliability to broaden its target population.
Methods: A sample of 620 adults (61.5% female) between 30 and 84 years old (M=46.44) answered to the Portuguese versions of HEXACO-60 and NEO-FFI-20. A sub-sample of 40 participants completed the HEXACO-60 again after approximately six weeks.
Results: After eliminating five items (15, 19, 36, 37 and 38) due to low loadings ($\lambda<0.38$) and correlating item errors, confirmatory factor analysis presented acceptable fit for the second order model (X^2/df = 2.279; CFI = 0.705; GFI =0.830; RMSEA = 0.045). All dimensions presented acceptable internal consistency reliability (Cronbach's alphas ranging from 0.67 (H) and .72 (E)), as well as temporal stability ($r>.71$, $p<.01$). All dimensions presented moderate to strong correlations with NEO-FFI-20's dimensions.
Conclusions: Our study suggests that HEXACO-60 has acceptable fit and psychometric properties; therefore it may be useful at both clinical and research contexts concerning the role of personality in mental health.

Conflict of interest: No
Keywords: HEXACO; Personality

EPP0818

Principles of effective treatment for malignant narcissism

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Introduction: There is little relevant literature to guide the treatment of people with malignant narcissism (MN). They may come to treatment under duress from social services or correctional institutions. They occasionally come to get help for coexisting mental disorders.
Objectives: Since individual therapy seems ineffective, authors propose psycho-pharmaco-therapy within the context of a therapeutic community where an intensive holding and corrective environment is part of the foundation of treatment.
Methods: Prospective, longitudinal, descriptive case series (n=20) analysis within august 2017–2019, and literature review.
Results: Treatment will be divided in psycho-pharmaco-therapy, principles of therapeutic community with adjunctive psychotherapy including individual, modified dialectical behavioral therapy, couple and family therapy. Peer pressure breaks down resistance and promotes personal growth. The community offers a sense of belonging thereby reducing MN through corrective achievements, relationships and disillusionment. Atypical antipsychotics improve anger, hostility, irritability, impulsivity and the cognitive-perceptual abnormalities that underlie psychosis seen in personality disorders as MN. SSRI's and venlafaxine reduce anger, impulsivity, aggression and affective instability. They act like a brake modulating limbic irritability and hyperarousal as well as improving frontal lobe function and judgement. Lithium, sodium valproate and carbamazepine improve mood, stabilize affect and reduce impulsivity and aggression most probably by modulating serotonin pathways. Beta blockers and central norepinephrine blockers help reduce norepinephrine levels elevated with aggression.
Conclusions: The ability to describe and understand the development and treatment as well as the profound personal, family and social consequences of MN is within the grasp of Psychiatry and needs continued attention and study.

Conflict of interest: No
Keywords: Psycho-pharmaco-therapy; Therapeutic Community; Modified Dialectal Behavioral Therapy; Malignant Narcissism

Personality and personality disorders - Part II

EPP0824

Clinicians' stigma towards borderline personality disorder: its impact and prevention

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Introduction: Many studies have reported that people diagnosed with borderline personality disorder (BPD) are one of the most stigmatized patient groups within the mental health system. Stigmatization among mental healthcare providers is believed to present obstacles to effective caregiving.
Objectives: Presenting a short review of literature on stigma towards borderline personality disorder, its impact and prevention.
Methods: We performed a research on Pubmed database, using the following query: "borderline personality disorder" AND "stigma". We focused on data from systematic reviews, clinical trials and meta-analysis published on last 5 years, either in English or Portuguese.
Results: Professionals routinely stigmatize patients with BPD, labeling them as manipulative, attention seeking and hard to handle. Anger, frustration, inadequacy and feelings of being challenged are commonly reported by clinicians. Indeed, attitudes and behaviors towards BPD tend to be more negative, comparing with schizophrenia and affective disorders. The relative paucity of medical knowledge, research, and clinical education about BPD has created a situation in which many clinicians, lacking the tools needed to effectively treat these patients, dismiss them. Nevertheless, time-limited interventions with professionals may be beneficial for attenuating the stigma and negative beliefs about BPD.
Conclusions: Although longitudinal research shows that people with personality disorders do benefit from treatment and recovery, misconceptions about them may seriously limit clinicians' efforts. Future efforts for advocacy at the clinical level should include mandating education about BPD in medical and mental health training, and developing a comprehensive anti-stigma campaign specifically geared toward clinicians.

Conflict of interest: No
Keywords: Stigma; Anti-stigma program; Borderline Personality Disorder; Discrimination

EPP0825

Self-perception of patients with mental illnesses accompanied by gender identity disorder

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Introduction: Gender identity disorder (GID) is found in patients with schizophrenia, autistic spectrum disorders, personality disorders significantly more often, then in general population. That emphasizes necessity of differentiation between normal and abnormal transsexualism. Dissatisfaction with one's body is the most common symptom of such states. Therefore we suggest using body self-perception as the most direct way of investigating GID.
Objectives: The purpose of this study is to detect features of body self-perception in patients with mental illnesses accompanied by GID.
Methods: The sample consisted of 46 women and 17 men aged 16-29 with schizotypic disorder and personality disorders, who demonstrated GID symptoms. Body self-perception was measured by neuropsychological tests for somatognosis, M.Feldenkrais method of body measurements, projective test "Figure Pose Clothes".
Results: Two patterns of self-perception were revealed. Patients with personality disorders perceived their bodies as more content with desired sexual role, though their competence in body perception was intact. When defining sex of a person in picture they based their judgements mostly on formal features (clothes, pose), not the figure of the person. Schizotypic patients on contrary didn't modify their body perception according to gender identity. Body image played little role in self-perception. They poorly identified sex of persons in pictures, ignoring socially determinated features and stereotypes.
Conclusions: This study showed differences between GID symptoms in patients with schizotypic disorder and personality disorders. The first are due to low differentiation of sex roles and lack of reliance on social experience. The latter identify with desired gender on cognitive and perceptual, but not emotional level.

Conflict of interest: No
Keywords: personality disorder; gender identity disorder; schizotypic disorder

EPP0827

New ways in dealing with emotional dysregulation in borderline personality disorder? feasibility of a new short intervention of imagery rescripting

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Introduction: Recent evidence points to increased rates of aversive mental images related to prospective dysfunctional emotional regulation strategies such as self-injury or suicidal ideation among patients with borderline personality disorder (BPD) (Schultebraucks et al. 2019; Schaitz et al. 2018).
Objectives: We therefore implemented a two-session intervention of imagery rescripting (IR) techniques to BPD patients reporting prospective mental images related to self-harm. Feasibility in terms of treatment acceptance and safety was evaluated at pre and post-treatment as well as 1-year follow-up.
Methods: 7 women with BPD were treated with this new approach during a pilot trial. In response to possible treatment effects, borderline symptoms (BSL-95), overall clinical improvement (CGI), emotion regulation (FEEL-E and ERQ), and self-harming behavior (emotional dysregulation behavior according to BSL-95) were recorded prior to treatment (t1), post treatment (t2) and at a 1-year-follow-up (t3).
Results: No symptom exacerbation was recorded from t1 to t2, or even to t3 as indicated by a decrease in total BSL-95 score and an even mild CGI score improvement. No drop-out rates were recorded. Emotion regulation strategies (FEEL-E) were positively modulated. Moreover, a trend in reduction of emotionally dysregulated behavior as assessed by rates of self-harm (BSL-95) was observed.

Conclusions: Conclusion: Our results suggest that this short-intervention of IR techniques is save and acceptable for BPD patients. Furthermore, our approach shows promises to modulate emotion regulation and self-harming behavior in patients. However, results are limited by the small sample size, and the lack of a control group. Future research should implement a randomized-controlled trial.

Conflict of interest: No
Keywords: borderline personality disorder; imagery rescripting; emotional dysregulation; feasibility study

EPP0828

Examining the psychometric properties of neuroticism inventory-15 among older adult outpatients

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Introduction: Neuroticism, as one of the Big Five higher order personality traits, represents the tendency to experience negative emotions, leading to susceptibility to psychological distress and vulnerability to stress. Neuroticism has been well-established to be associated with depression particularly among the elderly.
Objectives: This study aimed at examining the psychometric properties of the Neuroticism Inventory (NI)-15 among older adult outpatients.
Methods: A total of 783 participants enrolled from tertiary care hospitals, average age 69.24 years (SD = 6.88), 70% female, who completed the NI, a 15-item self-reporting questionnaire with 4 response choices (1=Never like me to 4=Always like me), as well as Core symptom index (CSI) measuring anxiety, depression, somatization and the attachment scale. Rasch analysis was applied to examine the NI's construct validity. Convergent and discriminant validity was investigated CSI and attachment scale. Discriminant ability was also tested between depression and non-depression groups.
Results: Rasch analysis results revealed the item fit statistics were in an acceptable range (MNSQ = 0.7 -1.50), and suggested that the NI-15 was unidimensional, and had no local dependence. The person reliability was .77, while item reliability was .99. The NI-15 exhibited a positive correlation with anxiety, depression and somatization scores; while it had no relationship with attachment anxiety and attachment avoidance. The NI-15 score was significantly higher in the depression group than in the non-depression group.
Conclusions: NI-15 demonstrated construct validity based on the Rasch measurement model. It also revealed criterion validity with other measurements, convergent validity, and discriminant validity. It showed discriminatory ability for depression.

Conflict of interest: No
Keywords: validity; Neuroticism; Elderly; psychometric

EPP0829

The complex relationship between driving behaviour and personality traits – a mediation analysis

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Introduction: Personality is an internal factor, that is always present, independently of the particularly circumstances of the driver and the road context. Exploring the relationships between personality traits and the different driver behaviour dimensions is important to better understand who is more prone to risky driving behaviours.
Objectives: The aim of this study is to explore the role of gender and personality traits on driver behaviour in a vast sample of Portuguese drivers, focusing on the mediation effects of certain variables.
Methods: Participants answered an online survey including socio-demographic questions and the Portuguese validated version of the following questionnaires: Driver Behaviour Questionnaire (evaluates Infractions and aggressive driving/IAD, Non intentional errors/NIE, and Lapses), Impulsive Sensation Seeking Scale and NEO-FFI-20. The sample is composed of 747 participants [417 (55.8%) women; mean age=42.13±12.349 years; mean years of regular driving=20.33±11.328]. Hayes' PROCESS Macro for SPSS was used.
Results: IAD significantly correlated with age (-.239), gender (.254), Agreeableness (-.142), Extraversion (.138), Impulsivity (.259) and Sensation seeking (.301); NIE with Neuroticism (.188), Consciousness (-.188) and Impulsivity (.212); Lapses with age (-.092), gender (-.133), Neuroticism (.166), Openness to experience (.113), Conscientiousness (-.157) and Impulsivity (.227) ($p<.05$). Sensation seeking was a mediator between gender and IAD; Impulsivity was a mediator between Consciousness/ Neuroticism and NIE; even controlling the effect of gender and age, Impulsivity mediates the relationship between Neuroticism/Openness to experience/Conscientiousness and Lapses.
Conclusions: Results emphasise that personality traits should be considered when developing profiles and models of driver behaviour to better understand and prevent risky behaviours on the road.

Conflict of interest: No
Keywords: driving behaviour; Personality traits

EPP0830

The role of perfectionism self-presentation in the relationship between perfectionism and eating e-poster presentation: psychopathology

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Introduction: Perfectionism is a consistent risk-factor for eating pathology. Perfectionism self-presentation/PSP, the need to appear perfect to others, has also been associated to disordered eating attitudes and behaviours. Two decades ago, Hewitt, Flett and collaborators have already stressed the need to analyse personal

and interpersonal aspects of perfectionism when it comes to understand its role in eating pathology.
Objectives: The present study analyses if PSP is a mediator of the relationship between perfectionism and disordered eating behaviours.
Methods: 191 university students (77% girls; Mean age=20.18±2.160) completed a battery of self-report questionnaires including the Portuguese validated versions of the following questionnaires: Eating Attitudes Test-25, Reduced Composite Multidimensional Scale of Perfectionism and Perfectionism Self Presentation Scale. Hayes' Process Macro for SPSS was used.
Results: Diet and Bulimic Behaviours/BB significantly and moderately correlated with Adaptive Perfectionism and Non-adaptive Perfectionism (r@.30) and with PSP (r@.40). The mediation analyses revealed that PSP is a partial mediator of the relationship between Adaptive Perfectionism and Diet and a full mediator between Non-adaptive Perfectionism and Diet. In which respects Bulimic behaviours, the effect of both perfectionism dimensions is full mediated by PSP.
Conclusions: The evidence that both negative and "positive" perfectionism dimensions are associated to eating pathology is in line with previous research. The present study adds that the effect of this trait on eating psychopathology operates through PSP. Intervention and prevention strategies to diminish eating psychopathology should focus specifically on the the need to appear perfect and to avoid the display and disclosure of imperfection.

Conflict of interest: No
Keywords: perfectionism; eating E-POSTER PRESENTATION: PSYCHOPATHOLOGY

EPP0831

The impact of attachment styles and defense mechanisms on psychological distress in a non-clinical young adult sample: a path analysis.

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Introduction: Attachment styles and defense mechanisms are personality features closely related to risk of psychological distress in healthy populations. However, their mutual interaction in influencing psychological distress is still unclear.
Objectives: To explore the mutual interactions between denfense mechanism, attachment styles and psychological distress in a non-clinical sample.
Methods: One-thousand-one-hundred-twenty-nine University students were evaluated using the Global Severity Index of Symptoms Check List 90-Revised for psychological distress, Relationship Questionnaire for attachment styles and Defense Style Questionnaire for defense mechanisms. Following exploratory analyses, a Path Analysis was performed with psychological distress as outcome.
Results: Fearful and preoccupied attachment styles had a substantial impact on psychological distress. About 30% of their effect was mediated by Immature and Neurotic defenses, with the former having the major effect. Dismissing attachment showed no substantial effect on psychological distress. Secure Attachment and Mature Defenses had a small protective effect on psychological distress, but their inclusion in the path model did not improve overall goodness-of-fit. Attachment style and defense mechanisms accounted for nearly 25% of the variance in psychological distress.
Conclusions: The results showed that attachment styles and defense mechanisms have a substantial impact on psychological distress. The effect of attachment style is mediated by defense mechanisms. Individual differences in attachment style and defense mechanisms represent risk factors for a psychological distress in young adults.

Conflict of interest: No
Keywords: Psychological distress; Defense Mechanism; adult attachment; E-POSTER PRESENTATION: PSYCHOPATHOLOGY

Philosophy and psychiatry

EPP0832

Madness, civilization and stigma: pieces of evidence of a broken dialogue?

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Introduction: For centuries, the concept of the stigma of mental disorder penetrated society with fluctuations. Stigma has some of its roots back in Ancient Greece where stigma was a shameful mark upon a slave's body. In the Middle Ages, the causality of mental disorders was seen as a punishment from God and sufferers were burned, chained or thrown in madhouses. During the Enlightenment with Pinel and others, signs of progress were made towards a humane view and treatment of madness. As of today, we have various conceptual levels of stigma and many new major contributors to the stigma's experience that promotes both social isolation and lack of real dialogue in mental illness.
Objectives: Acknowledge and summarize distinct views of the mental disorders throughout history, its implications on the clinical approach and the public's viewpoint towards mental health.
Methods: We did a narrative review of the literature.
Results: A lot has changed in these centuries but the general public is still rather ignorant about the causes, course and treatment of several mental illnesses. Nowadays, several media and online coverage of mental disorders play a role in spreading biased or false information that widens the gap of dialogue, contribute to isolation and self-stigma.
Conclusions: Different factors play a part in the formation of mental health stigma as well as various intervention strategies exist to combat it. The tools to promote it may reside in promoting a frank dialogue between parts and looking to the apparent chaos of mental illness as an order to decipher.

Conflict of interest: No
Keywords: Stigma; historyofpsychiatry

EPP0834

On philosophical psychiatry in context of anthropology: Part I

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Introduction: Immanuel KANT summarized essential questions of philosophy (science of science) - "What can I know? What should I do? What may I hope?" in: "What is the human?" conc."homo noumenon - different to homo phaenomenon" related to physiological and pragmatic anthropology. Theological anthropology considers spiritual phenomena (parapsychology, theology) in context of physico- (Kant), bio- (Lüke), psycho-, philosophical theology [1], i.e. creation of an integrative psychiatry (interdisciplinary science) in context of a multidimensional&holistic medicine, founded by HIPPOCRATES-GALENUS-AVICENNA-HUA T'UA-PARACELSUS counteracting disastrous human situation.
Objectives: Presently will be given philosophical approaches to an integrative psychiatry (A-C).
Methods: Psychophysiological & psychopathological problems: see Part-II.
Results: CONCEPTION-RESULTS: A.-MORAL PHILOSOPHY. Ethical-frames destination acc. to KANT's human obligations to himself/psychiatrists, personnel, other humans/patients, sub-human, e.g. reduction of animal experiments, supra-human beings/-moral&scientific frames about application of theological practises (Brahmanism-Buddhism/Christianism-Mosaism/Confucianism-Taoism/Mohammedanism) are fundamental for future psychiatry. Psychopharmacological&surgical therapies in psychiatry must be in concordance with deontology-utilitarism, etc. (primum non nocere), e.g. psycho-oncological patients (radiochemotherapy). B.-EPISTEMOLOGY. Scientific-theory, metaphysics in context of an integral anthropology (IA: FISP-2008/Part-II) are essential for psychiatry. IA is related to psychosomatic (Th.von UEXKÜLL) & somatopsychic theories (Y.IKEMI). C.-AESTHETICS. Self-control of pathophysiological & psychopathological reactions by cognitive, music-therapies, also by Christian, Buddhist, Yoga practises, etc. could support mental & emotional health of patients.
Conclusions: Foundation of an International Academy for Psychiatry by network of clinics/institutes from selected countries, similar to European Acad. Neurology (EAN-2015-Berlin) by ESP/WPA&-other societies, considering A-C, could support future education, research, therapy in psychiatry, related to UNO-Agenda21 for better health-ecology-economy on global level.

Conflict of interest: No
Keywords: anthropology; integrative psychiatry; ethics; UNO-Agenda 21

EPP0835

On philosophical psychiatry in context of interdisciplinarity: Part II

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Introduction: Philosophical approaches (Part-I) are related to interdisciplinary ones (Part-II) for an integrative psychiatry (IP): psychosomatics&neurology are essential fundamentals. During Opening-Ceremony of 18th-World-Congress-Psychosomatic-Medicine (ICPM-2005-Kobe) were present their majesties Emperor and Empress of Japan, Prime&Ministers for Science-Education-others&prominent-scientists. Emperor AKIHITO honoured congress by strategical ideas, "total symptoms of mind&body, seeking ways of holistic care … it is extremely important for patients … my hope contributes … the progress of medical science and people's happiness in the entire world".
Objectives: Interdisciplinarity of IP is possible and necessary for future, but this needs support of concrete projects for destination of limits for competence of disciplines related to psychiatry.
Methods: Ref.: Michailov, Neu-et-al. [1]-a-Philosophy, b-Bioethics, c-Law a-FISP-2018-Beijing No.1348-50/1374-5; 2013-Athens, World-Congr.Philos., Abs.-Book (AB):464-5&503-4&766. 2008/10-Seoul Proc.DVD/ISBN-13, 195-202/338-339/363-365. 2003-Istanbul 279-280. Proc.World-Congr.Philos. b-IAB-2018-India AB:392&393; 2016-Edinburgh Proc93-95; 2008-Istria 290&307. c-IVR-2019-Lucerne, Progr.-Book:114-116; 2015-Washington (in-press) [2]-a-Psychiatry, b-Psychology a-WPA-2019-Lisbon WCP19-1822,-1839,-2137; 2018-Mexico-City WCP18-0584,-0654,-0643; 2011-Buenos Aires, 15CongrPsychiatry, Abstr.-Book (AB):PO1.200. EPA-2019-Warsaw Eur. Psychiatry 56S, S689; 2018-Nice 48/S1, S636&S567. b-EFPA-2019-Moscow, AB-p.1520,1530,1549; 2009 Oslo, AB:55-56. IUPsyS-2012-Cape-Town, IntJPsychol 47:407; 2008-Berlin, 43/3-4:154,248,615,799; 2004 Beijing, AB:49,587. [3]-a-Psychosomatics, b-Neurology a-ICPM-2017-Beijing, AB:ID: 648493,648895, 647749,648878. 2011-Seoul, AB:189; 2005-Kobe, J.Psychosom.Res. 58:85-86; 1981-Montreal, AB:46,130; 1979-Jerusalem, AB:216-217. b-WFN-2019-Dubai, J.Neurol.Sci. (in-press); 2016-Santiago-de-Chile, J.Neurol.Sci.357/S1, no.183,187,199,234). EAN-2015-Berlin Eur.J.Neurol.22/S1, p.281,487-490,832.
Results: Conception-Results: Inst. Ecological Medicine/IUM demonstrated possible interdisciplinary education&research in context of IP, reflected in contributions to fundamental sciences [1-3].
Conclusions: Support of projects about IP by EPA-WPA could give way for transformation of „false programmed"/Steinbuch „homo actualis"/Binswanger by society, i.e. "zoon politicon"/Aristoteles into homo sanus, humanus et spiritualis (in context of illuminiation/

Kant) for realization of UNO-Agenda21 for better health-education-ecology-economy in all countries.

Conflict of interest: No
Keywords: philosophical psychiatry; psychosomatics; interdisciplinarity; UNO-Agenda 21

Posttraumatic stress disorder

EPP0836

Child stressor events and coping strategies - analysis of a sample of institutionalized children

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Introduction: There is empirical evidence that, exposure to traumatic events during childhood and adolescence is a common situation, although it remains underdiagnosed in this population. On the other hand, coping strategies have been described as a factor with marked influence on the development and prognosis of cognitive and emotional responses associated with these situations.
Objectives: This cross-sectional study aims to identify what type of potentially traumatic events are exposed institutionalized children/adolescents and to evaluate what coping strategies children have been using to deal with these situations.
Methods: Observational, analytical and cross-sectional study. Data were collected from a sample of institutionalized children (N»17). Participants completed a checklist of potential traumatic events and the KIDCOPE questionnaire for evaluate coping strategies. Subsequently, descriptive statistics and statistical inference will be performed with the data obtained.
Results: It is expected that institutionalized children and adolescents have been exposed to more than one potential traumatic event in their lifetime, either by direct exposure or by witnessing a situation that occurred with someone else. Although these experiences have a significant impact, most do not develop a trauma-related disorder, so they are likely to be able to use appropriate coping strategies to overcome these events.
Conclusions: Exposure to potential traumatic events in childhood and adolescence appears to be a common situation with significant impact in several fields of each individual's psychosocial domain, so early detection and follow-up are essential to reduce associated functional impairment in short and long term.

Conflict of interest: No
Keywords: trauma; institucionalization; Children; Coping

EPP0840

Complex post-traumatic stress disorder and borderline personality disorder. differential diagnosis and its relevance for treatment. a case report.

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Introduction: CPTSD is characterized by PTSD symptoms plus emotional dysregulation, negative self-cognition and interpersonal hardship. Current research supports that BPD and CPTSD are distinct clinical entities and because they differ they lead to different treatment implications. Although those conditions share core symptoms people with BPD is characterized by both an ambivalent attachment style and sense of self, while CPTSD is described by an avoidant attachment style, a stable negative sense of self and follows complex trauma. It is argued that trauma disrupts the capacity for epistemic trust and hence the ability to benefit from social experience, hindering therapeutic alliance. Hance this patients usually are seen as "difficult to treat".
Objectives: We present the case of a 45-year-old female patient referred to our department due to symptoms of high basal anxiety, emotional dysregulation and impulsiveness. Since the patient tells a story of repeated sexual abuse in childhood by her father we focus on differential diagnosis between Borderline Personality Disorder (BPD) and Complex Posttraumatic Stress Disorder (CPTSD).
Methods: A case report is presented alongside a review of the relevant literature regarding CPTSD focusing on its diagnosis and treatment.
Results: Diagnostic formulation performed through both individual and family interviews revealed that our patient symtomatology is consistent with CPTSD.
Conclusions: Differential diagnosis is crucial for treatment. Taking the traumatic background into account as well as its implications for attachment, mentalization capacities and epistemic trust opens new perspectives for intervention for people that are suffering from trauma-related disorders. By identifying this condition they could be treated in a more efficient way.

Conflict of interest: No
Keywords: Complex PTSD; Borderline Personality Disorder; trauma; differential diagnosis

EPP0843

Cognitive dysfunction in patients with the mild traumatic brain injury and e-poster presentation: posttraumatic stress disorder

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Introduction: The study aim was to verify cognitive dysfunction in combatants with PTSD and mTBI
Objectives: Diagnostic verification of disease states (MTBI and PTSD) in combatants is complicated due to the typical PTSD are not specific, they can occur in patients suffering TBI. In turn, organic symptomatology, even in the absence of MTBI, begins to dominate on the background of functional-psychogenic manifestations in cases of chronic PTSD.

Methods: We have examined 120 combatants; 74 people had MTBI, PTSD - 39 people, adjustment disorders - 35 people. All patients were screened for BAT-L, CAPS-5, and a cognitive test battery.
Results: According to BAT-L, 68 people (63.2%) have at least one MTBI throughout life, 39 people (41.9%) had at least one military MTBI, and 16 (17.2%) patients did not seek medical assistance after receiving MTBI). Among war injuries mentioned in a BAT-L scale in 15 individuals (38.5%) they were caused by the explosion, in 17 people (43.6%) they were caused by other reasons (injuries, falls, etc.), in 7 people (17.9%) the mechanism of injury was combined. We have identified disorders of cognitive functioning: 59 people (86.8%) had difficulty in switching, maintaining and the amount of attention and 51 people (75.0%) had difficulty in planning, doing the scheduled tasks and solving multistage projects.
Conclusions: In the diagnostic algorithm of the verification of a disease state MTBI + PTSD is appropriate to use the Boston Assessment of Traumatic Brain Injury-Lifetime (BAT-L), Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) and a series of cognitive tests primarily aimed at the study of attention and executive function.

Conflict of interest: No
Keywords: mild traumatic brain injury; cognitive disfunction; E-POSTER PRESENTATION: POSTTRAUMATIC STRESS DISORDER

EPP0845

Personal features as predictors of maladaptive states after screen technologies influence of information-psychological pressing in the conditions of the hybrid war

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Introduction: Due to the hybrid war that has been waging against Ukraine since 2014, the massive influence on population is using of information-psychological pressing. The problem of medical-psychological consequences of the overuse of screen technologies on the mental sphere and behavior is strongly relevant.
Objectives: Identify personal characteristics for the formation of maladaptive states due to the influence of screen technologies of information-psychological pressing in the conditions of hybrid war.
Methods: 221 patients of general-somatic profile with the manifestations of psychological maladaptation were examined. The main group consisted of 112 people with high involvement in the use of information-psychological war exposure via screen technologies, the comparison group - 109 patients with the low level of using information-psychological war means. The clinical-psychological and psycho-diagnostic methods were used.
Results: Individuals who have intense addictive status regarding to seizure of watching TV and using the Internet, abuse of psycho-emotional sphere have a greater severity of pathopsychological symptoms of maladaptive states compared with those with a safe level of TV and Internet use ($p<0,01$). Mosaic combination of personal characteristics of patients of the main group forms extra punitive destructive, disorganizing profile that determines the presence of maladjustment to the loss of control of craving, increased anxiety and disorganization of behavior. Low personal resilience causes a lack of sense of personal significance and presence of a sense of loss of control over their own lives, and the state of helplessness "acquired helplessness".
Conclusions: Psychological patterns that lead to the development of maladaptive states, should be considered as targets of correction.

Conflict of interest: No
Keywords: information-psychological pressing; screen technologies; hybrid war

EPP0846

PTSD, ASD, secondary- traumatization, and death-anxiety among civilians and professionals as outcomes of on-going wars, terror attacks and military operations: an integrative view

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Introduction: Wars, terror attacks and military operations have been a part of the Israeli population's daily experience over the years. Recent examples include the Second Lebanon War (2006), the Cast Lead Operation (2008) and the Protective Edge Operation (2014).
Objectives: The main goal of this study was to review published studies on the impact of extreme negative life events related to political violence such as terror attacks and wars on the well-being and mental health of various groups of Arab and Jewish civilians in Israel. More specifically, this study examined the well-known risk factors for PTSD related to terrorism, military operations and wars in Israel, as well as symptoms of Dissociative disorder, Acute Stress Disorder (ASD), Secondary Traumatization, and Death Anxiety. The study also took into account some of the background characteristics, and internal and external resources available to the individual, which can serve as mediator variables between these negative events and the population's well-being.
Methods: All of the literature published in Israel on these topics up until May 2017 was systematically reviewed. The review included over an hundred items and studies on the impact of ongoing terror attacks and risk factors for distress, trauma and PTSD.
Results: Findings indicated that causes, risk factors, and outcomes vary widely, from the earlier and traditional studies to the more recent, modern, and sometimes integrated approaches towards these topics
Conclusions: More studies should be conducted to learn more about cultural, gender, ethnics and other differences among the potential enjury among professional and civilians.

Conflict of interest: No
Keywords: PTSD; Jewish and Arab population; Secondary traumatization; Wars and military operations

EPP0847

Intimate partner sexual violence: identification and clinical exploration among a population of women victims of domestic violence. preliminary results.

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Introduction: Intimate partner violence (IPV) and sexual violence account for the majority of violence against women worldwide. Yet research about intimate partner sexual violence (IPSV) is scarce.
Objectives: This cross-sectional descriptive study aims at identifying some clinical characteristics associated with IPSV.
Methods: Our sample is composed of 34 women, aged 39 (SD 9.9) years old, victims of IPV who have reported violence to the police, 11 without IPSV, 23 (67%) with IPSV. Questionnaires and interview evaluation were used to measure: the nature and intensity of all kind of violence, history of childhood traumatic events, trauma symptoms, anxiety, depression, and ruminations.
Results: The relationship with the abusive partner has an average of 9 (SD 7.2) years of seniority, and 35% of the included women are still in the relationship. IPSV group presented more impaired interpersonal relationships (p=0.05), and maybe greater history of emotional abuse in childhood (p= 0.07) than the IPV group. The severity of sexual violence is strongly related to the severity all forms of violence (.73 *** to. 88***), avoidance behaviors (.37*), anxiety and depression symptoms (.36*), ruminations (.39*), severity of complex trauma symptoms (.39*).
Conclusions: The presence of IPSV could be an indicator of the overall severity of violence. The sample size does not allow reliable interpretation yet. Data collection is ongoing and we will present results on a larger sample estimated at 70 subjects.

Conflict of interest: No
Keywords: Intimate partner violence; Domestic violence; SEXUAL VIOLENCE; Rape

Prevention of mental disorders - Part I

EPP0849

Effectiveness of short term awareness program to decrease public stigma toward psychiatric disorder among college students

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Introduction: Public stigma defined as negative attitudes and discriminating behaviors against mentally ill people from the population. The known impacts of stigma are isolating mentally disordered people and delaying their treatment, and that will cause a huge social and economic burden. Based on the literature reviews there is a significant deficiency in the studies of stigma in the Middle East, especially the Arab world.
Objectives: -To evaluate the effectiveness of short term awareness program to decrease public stigma toward psychiatric disorders among Arabic college students. -To estimate the attitude and beliefs of the public toward psychiatric disorder before and after the awareness program.
Methods: Sample of consented 103 Saudi university students (health and non-health college) were attended a two-hour workshop of education and contact-based intervention. A valid Arabic questionnaire was distributed among students before (T1), and immediately after (T2) the intervention.
Results: A total of 103 university students, 86% of them were between the age of 20-24, and about 74% were from non-medical colleges. The total scores of the beliefs and attitudes increased by 5% between T1 and T2($p<0.05$). The percentage changes were more prominent among 20-24 age group with middle socioeconomic status, and among who reported personal history and family history of psychiatric disorders. Also with students who did not have previous knowledge about psychiatric disorders and who did not participate in any previous anti-stigma program.
Conclusions: In this study, a resource non-intensive two-hour workshop delivered by an expert was effective in improving public attitude and beliefs towards mental illness in adults.

Conflict of interest: No
Keywords: Anti-stigma; mental health; Attitude and Believes; college students

EPP0850

Preventing medical distress among resident physicians: a multi-modal intervention.

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Introduction: Resident physicians (MIRs, in Spanish) are exposed to several causes of mental distress as they have to endure novel professional demands, get acquainted with new organizational and personal environments and may also be confronted with other psychosocial stressors.
Objectives: To present the evidence related to the life conditions and mental distress of MIRs in Catalonia and to discuss the preventive implications of a multi-modal intervention conducted at the Galatea Integral Caring Program.
Methods: We will: 1) present the main results of the longitudinal study on residents' wellbeing conducted by the Galatea Foundation (GF) in Catalonia; 2) explain the main preventive interventions developed by the GF for MIRs and their tutors; 3) describe the profile of MIRs already suffering from mental disorders in treatment at the Galatea Clinic (CG); and, 4) discuss the preventive and treatment implications of these findings.
Results: The wellbeing of residents progressively worsens during that highly demanding training period. Primary and secondary preventive programs both for them and for their tutors have been developed in recent years by the GF to address this issue. Once they develop a mental disorder, they are offered to be treated at the GC. Self-referrals to GC have progressively increased since the

program was set up in 1998 and, especially, in the last decade, when FG preventive interventions have been developed.
Conclusions: Multi-modal preventive interventions may help medical residents learn how to deal with mental distress and may contribute to improve their wellbeing both during their training period and along their professional career.

Conflict of interest: No
Keywords: resident physician; mental disorders; Prevention; treatment

EPP0851

The role of built environment and neighborhood social capital on loneliness among older adults: evidence from the sant boi aging study.

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Introduction: Alleviating loneliness have been found as a prevention strategy for mental health, particularly against depressive disorder in the elderly. In spite of the growing interest in the impact of physical built environment (BE) and neighborhood social capital (NSC) on factors related to physical and mental health in the gerontology research, data are lacking on the effect of both factors on loneliness.
Objectives: To investigate whether high NSC and useful BE could mitigate the feelings of loneliness among older adults
Methods: Data include a representative population-based sample from Sant Boi de Llobregat (a suburb of Barcelona) of 1124 adults aged 50 and over. Loneliness was assessed through three-item UCLA Loneliness Scale. BE usability was measured using COURAGE BE self-reported questionnaire. We assessed social capital through structural features -such as trust, norms, and networks- that facilitate collective action for mutual benefit, according to Coleman and Putnam. Logistic regression models were carried out.
Results: Individuals living in an area with high NSC and high individual social capital showed a lower likelihood of loneliness, whereas a useful BE was a protective factor against loneliness in areas with low NSC.
Conclusions: Interventions aiming to increase NSC could be an effective strategy to reduce the prevalence of loneliness in older people whereas improving BE could be an effective strategy in areas where NSC is lacking.

Conflict of interest: No
Keywords: Loneliness; older adults; mental health; depressive disorder

EPP0852

Mapping the delivery of community-based public mental health interventions in diverse areas of England: emerging promising practice.

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Introduction: Public Mental Health (PMH) is a UK priority and a challenge for public health practitioners globally. However, strengthening the evidence base regarding community level interventions to help prevent mental health problems from arising is a priority for practitioners.
Objectives: 1) to identify the types of community-based interventions employed in purposively selected diverse geographical areas of England to improve PMH outcomes and 2) to determine the model, target population and content of each intervention, as well as its suitability for larger scale evaluation.
Methods: A number of case study local authority areas across English regions (population size ranged from 136000 to 648200) were chosen. Community-based interventions were identified through: (i) desk-based data capture from standardised searches of publicly-available information (e.g., policy, strategy, intervention advertising), (ii) through established professional networks and service contacts such as at local authorities, and (iii) by chain-referral sampling of individuals involved in local PMH promotion.
Results: A range of innovative public mental health interventions are in place across England. These include both universal interventions and those targeted at at-risk groups. Principle domains of focus were general wellbeing (e.g. stress relief and confidence building courses, mindfulness and meditation classes, activity groups and community cafes to prevent social isolation), healthy lifestyles (e.g. walking groups), unemployment/job security (e.g. programmes delivered in partnership with local services to support local long-term unemployed) and financial health (e.g. debt advice services).
Conclusions: The number and variety of community-based PMH interventions emerging across England is very promising. The interventions with the most potential will be discussed further.

Conflict of interest: No
Keywords: Public Mental Health; Community-based interventions; Prevention of mental disorders; Promotion of mental health in the community

EPP0853

Impact of parental psychopathology in the attachment style of cluster b personality disorders

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Introduction: Disordered attachment system has been described in personality disorders (PD) and proposed as a core feature of some PD. Parental mental illness (PMI) has been associated to insecure attachment styles in offspring. However, patients' role as parents is not routinely addressed in clinical practice.
Objectives: To assess the impact of PMI in the attachment style of cluster B PD (PD-B) patients.
Methods: The sample comprised 145 PD-B outpatients (58 no PMI, 87 at least one parent with PMI) and 145 age and sex matched controls with no PMI. Attachment was assessed using Experiences in Close Relationships questionnaire and information on parental psychopathology was gathered through clinical interview. General linear models were conducted to assess differences in attachment styles across the three groups, controlled for sex and age.
Results: Significant differences were observed in attachment anxiety ($F=49.98$, $P=.000$) and avoidance ($F=14.032$, $p=.000$) among the three groups. In the post-hoc analyses with Bonferroni correction, significantly higher scores were obtained for attachment anxiety and avoidance in both PD-B groups compared to the control group ($p<.01$ in all cases). Interestingly, attachment anxiety was significantly higher in the PD-B group with PMI with respect to the PD-B group without PMI (mean difference=$.409\pm.176$, $p=.021$).
Conclusions: Anxious attachment, described as a core feature of PD-B, is significantly higher in those patients exposed to PMI. PMI may contribute to the development or severity of PD-B. Thus, attachment-focused interventions in the psychiatric care of patients that become parents might have a protective effect in the offspring, and should be considered in clinical practice.

Conflict of interest: No
Keywords: Personality disorders; parental mental illness; attachment

EPP0856

Burnout prevention practice for medical professionals

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Introduction: Medical and other professionals who directly and indirectly provide in- and out-patient care for clients and their families in conditions of limited resources gradually but necessarily experience a reduction of their professional motivation or professional burnout (PB) syndrome.
Objectives: To investigate the leading factors of PB and develop prevention practice for medical professionals (PBPmed) in order to increase the effectiveness of the National Children's Specialized Hospital "OKHMATDYT" performance in general through every worker's high efficiency.
Methods: An interventional longitudinal (06-12 months) study in the Hospital's three departments (a total of 32 – nurses, nn=16 and physicians, np=16) and three control departments (a total of 33) enrolls professionals aged 18-55 years (N=65), male (nm=11) and female (nf=54). PBPmed intervention includes PB questionnaires, group discussions, on- and off-line training and workshops right at the working place, monitoring and evaluation.
Results: The intervention group is expected to experience lower PB level at work in comparison with control, and consequently, improvement of medical, psychological and social services' quality for patients becomes higher in the intervention departments.
Conclusions: It is worth using a set of methods for the prevention of burnout of medical professionals, especially in pediatrics

Conflict of interest: No
Keywords: Burnout Syndrome; medical professionals; Prevention

EPP0858

Types of self-regulation styles in cancer patients with high and low levels of chronic stress

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Introduction: The cancer patients' ability to cope with stress depends on various psychological factors, including self-regulation skills. Constructive self-regulation helps patients to implement treatment procedures in work and life schedule and prevent stress increase. The effective stress-management for working cancer patients should take into account their typical styles of self-regulation as the stable combination of goal-setting, mental situation modeling, planning of execution actions, results evaluation.
Objectives: The research is focused on the revealing the differences of stress level in patients with different self-regulation styles. Two groups of patients with different self-regulation styles were selected before the start of radiotherapy treatment (N=33).
Methods: Chronic stress scale (Leonova, 2006); self-regulation profile questionnaire (Morosanova, 2004); structured interview aimed at information on self-regulation efficiency.
Results: Patients with two styles manifest significantly different levels of chronic stress ($t=8,28$, $p<0,001$). High stress revealed in patients with the "accentuated" self-regulation style: highly developed goal-setting and explicit planning of actions' execution, combined with lack of situation modeling and results' evaluation. Low stress is specific for patients with "balanced" self-regulation style.
Conclusions: The "accentuated" self-regulation style is typical mostly for high anxiety people (Morosanova, 2006). Thus, the results fit well with the obtained data of anxiety prevalence in the pattern of cancer patients' stress (Holland, Lewis, 2000; Parle, Jones, Maguine, 1996). The developed ability to maintain self-regulation with equally developed components could be viewed as the possible way of anxiety management and stress prevention. The research is supported by Russian Foundation for Basic Research, project 18-00-01228.

Conflict of interest: No
Keywords: self-regulation; Anxiety; cancer patients; stress

Prevention of mental disorders - Part II

EPP0859

What the silence prevention program can do about physical self-perception fluctuation among high school students?

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Introduction: Students with obesity associated with eating disorders experience disruption, mainly in their physical self-perception (PSP), such as self-esteem. This perceptual disorder plays a central role in the emergence of inappropriate attitude and eating behaviours (IAEB) among overweight students. Very few IAEB and obesity prevention programs are implemented in Canada. None of these programs evaluate PSPs with an idiographic approach to assess PSPs fluctuations.
Objectives: The objective of this study is to compare the instantaneous evolution of the PSPs between students aged 11 to 14 engaged in the Silence prevention program (EG2-Silence) compared to students engaged solely in an IAEB prevention program (EG1).
Methods: All scales of the Body Dissatisfaction Questionnaire (i.e. perceived body, desired body and body dissatisfaction) and the Physical Self-Inventory – short version (i.e. global self-esteem, perceived physical value, sports skills, physical strength, physical endurance and physical appearance) are evaluated once a week using a weekly logbook.
Results: A positive, but not significant, trend is observed in improving the time series level of the EG2-Silence for multiple PSPs (i.e., for overall self-esteem, perceived physical value, physical condition, perceived physical appearance, perceived body, desired body and body dissatisfaction). Results demonstrate a significantly greater PSP time series instability for the EG2-Silence in two of the three instability indices (i.e., standard deviation and range).
Conclusions: The Silence program increases the instability of the time series of the PSPs and has a positive trend in terms of improving the time series level of the PSPs. Future studies should take account integration of IEAB/obesity in transdisciplinary perspective.

Conflict of interest: No
Keywords: Times series; Instability; adolescent; Physical self-perception

EPP0861

Analysis of the problem of medical and psychological consequences of supernormal use of screen technologies

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Introduction: The widespread prevalence of on-screen technology dictates the need to determine the vector of their impact on the psyche and behavior of their users.
Objectives: To identify the medical-psychological consequences of the screen technologies influenceon the state of mental health of the population.
Methods: A content analysis of materials on the verification of the interrelationships between the use of TV and Internet resources and the various characteristics of the mental state of users was made by using the MEDLINE, PubMed, Cochrane Library databases.
Results: Independent stay near the TV in the early childhood causes an increase in manifestations of hyperactivity in the current period, deformation of social interaction with peers and problems in child-parent relationships, in the subsequent life of the child. Excessive use of social networks in teens leads to an increase in cases of depression and predisposition to suicidal behavior. Viewing TV more than 2 hours a day in adults is associated with an increased risk of developing 2nd type diabetes, cardiovascular disease, dyssomnia, depression and stressful state of chronic psycho-emotional stress. In addition, it causes a pathological transformation of the electrophysiological activity of the brain, which reduces the ability to critical perception of information.
Conclusions: An effective way of preventing the negative effects of using screen technologies is intellectual and physical activity, the ability to critically understand the information, the formation of skills of positive thinking, the shift of emphasis on close and family interaction, the formation of communication skills with nature and himself without additional means of information influence.

Conflict of interest: No
Keywords: screen technologies influence; medical-psychological consequences

EPP0862

Depression and clinical high risk of psychosis in youth

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Introduction: The early recognition of the schizophrenic process is one of the main lines of research. This becomes possible in the light of data collected from both retrospective and prospective studies of the schizophrenia prodrome. Depression in youth, especially with atypical features, may signify the beginning of not only affective disorders but schizophrenia.
Objectives: The structure of first depressive episode in youth was analyzed in order to find early signs of clinical high risk of schizophrenia.
Methods: 66 young in-patients (average age 19.7 years) with first depressive episode were divided into three groups: 1 - depression with attenuated psychotic symptoms (APS) (n=27; 40.9%), 2 - depression with attenuated negative symptoms (ANS) (n=21; 31.8%), 3 – pure youth depression without "schizophrenic signs" (n=18; 27.3%). The scales HDRS, SOPS and SANS were applied to assess the severity of depression, APS and ANS respectively.
Results: No significant differences in depression severity were found between three groups (HDRS = 24.6±6.9). Depressive patients with APS and ANS had a higher total score on the SOPS compared with pure depressive patients. Severity of ANS according to the SANS scale turned out to be significantly higher in patients

with both APS and ANS. Reliable correlations were revealed between the total SANS score and the negative subscale SOPS score in patients with APS and ANS (r = 0.81; p = 0.016 and r = 0.65; p = 0.008, respectively).
Conclusions: Some features of the first depressive episode in youth may serve as evidence of clinical high risk of psychosis.

Conflict of interest: No
Keywords: attenuated psychotic symptoms; attenuated negative symptoms; depression in youth; clinical high risk of psychosis

EPP0865

Psychodiagnostics of the readiness for extreme behavior in the general population

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Introduction: The spread of various forms of radicalism demands for instruments measuring readiness for extreme behavior not necessarily as a component of aggression but as a personal decision across different contexts. Subjective Readiness for Extreme Behavior Scale includes 6 items (e.g., "I could sacrifice my life", "I can go to harm other people") appraised for four different contexts: "For your beliefs, in order to defend your innocence …", "For the sake of other people, in order to help them …", "For the sake of your friends and relatives …", "To restore justice, stand up for the undeservedly offended…".
Objectives: The aim was to validate the Subjective Readiness for Extreme Behavior Scale in general population.
Methods: 219 people without mental illnesses 18-60 years old (83 males, mean age 37.58±13.92 years old) filled the Subjective Readiness for Extreme Behavior Scale, Tolerance Index (Soldatova et al., 2008), the Bass-Perry Aggression Questionnaire (Buss, Perry, 1992), Barrett Impulsivity Scale (Patten et al., 1995), Interpersonal Reactivity Index (Davis, 1983).
Results: Cronbach's alphas for four contexts were .84, .81, .79, and .85. Readiness for extreme behavior is almost unrelated to tolerance, empathy and impulsivity (the highest correlation was <.20) but was related to aggressiveness, especially anger expression and physical aggressiveness (r=.24-.47, p<.01).
Conclusions: Subjective Readiness for Extreme Behavior Scale is a reliable measure taken into account different contexts and motivation of extreme forms of behavior that are related but not reducible to aggression. Research is supported by the Russian Foundation for Basic Research, project No. 18-013-01222.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 18-013-01222.

Keywords: readiness for extreme behavior; validation; aggression

EPP0867

Interrelation between chronic stress symptoms and characteristics of self-regulation resources in cancer patients

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Introduction: Due to the widespread prevalence of cancer, implementation of various methods of therapy and the opinion of many doctors about the key role of the patient's position in the success of treatment, interest in the psychological support of patients is growing (Sehlen et al., 2003; Koviazina et al., 2017; Cherniaev et al., 2017).
Objectives: The aim of the study is to reveal the correlation between the symptoms of chronic stress and characteristics of self-regulation resources in patients with cancer. The study was held in patients with different types of cancer who received radiation therapy (N=33).
Methods: The methods included: chronic stress scale (A.Leonova), proactive coping scale (E.R.Greenglass, R.Schwarzer, S.Taubert), self-regulation profile questionnaire (V.Morosanova).
Results: The research revealed inverse correlation of manifestations of chronic stress with proactive and preventive copying resources. The inverse correlation of the search for emotional support with the age was observed (r=-0,538; p=0,002). The importance of modeling (taking into account the conditions necessary to form a program of upcoming actions) as a functional component of conscious self-regulation, which minimizes the level of chronic stress, was revealed.
Conclusions: The key role of proactive and preventive coping behavior and modeling as a component of conscious self-regulation in overcoming signs of chronic stress is shown. The study may become the basis for the development of a program of psychological support for people with cancer (Zinchenko, Pervichko, Tkhostov, 2014). The research is supported by Russian Foundation for Basic Research, project 18-00-01228.

Conflict of interest: No
Keywords: stress; proactive coping; self-regulation; cancer patients

EPP0868

Perceptual training reduces enlarged temporal binding window.

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Introduction: Existing literature indicates that schizophrenia and schizotypal personality disorder (SPD) are characterized by atypically wide temporal binding window (TBW). Moreover, it has been shown that atypically wide TBW is one of the main contributing factors towards the development of schizophrenia and SPD. Perceptual training, simultaneous judgement task training individuals to discriminate between the sensory modalities, has been claimed to reduce the width of the TBW in turn reducing symptoms of schizophrenia and SPD. However, its effectiveness has only been tested in general population by the researchers that developed it.
Objectives: Thus, to validate the proposed effectiveness of the perceptual training the current study explored whether the width of the TBW is reduced by perceptual training in individuals with high number of schizophrenic traits.
Methods: The width of the TBW, measured by the flash-beep illusion task, was compared before and after perceptual training in individuals with high number of schizophrenic traits.
Results: showed that the width of the TBW was reduced significantly after the perceptual training, t(24) = 2.846, p = .005, d = 0.57 (medium to large effect size).
Conclusions: These findings have strong clinical significance, suggesting possible treatment approaches of disorders such as schizophrenia and SPD. However, before the above can be claimed with

confidence further studies should explore whether the effect of perceptual training generalizes beyond the confides of the time window of multisensory integration. Namely, whether perceptual training generalises to cognitive processes related to TBW and schizophrenia i.e. sense of agency and whether the symptoms experienced by schizophrenics is reduced.

Conflict of interest: No
Keywords: Temporal Binding Window; schizophrenia; Perceptual Training

Promotion of mental health - Part I

EPP0869

Psychosemantic features of "object of labour" in physicians with deferent level of burnout

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Introduction: Mental health of physicians whose work is stressful due to high cost of professional errors and risk of emotional burnout is a persistent theme for psychological research (Maslach, 1981). This study is focused on semantic features of professionals' treatment of a person as their 'subject of labour', which function as a "discriminator" of professionals with different level of burnout.
Objectives: The main objective of the study was to analyze the semantic appraisals of a professionally valuable object that would allow us to identify professionals with different level of burnout.
Methods: 64 physicians of maternity hospitals took part in the study. We supposed that physicians with different level of burnout would variously describe the main object of their work, which is specified in our study with the words "Man" and "Patient". The respondents filled in two forms "Integral job satisfaction" and "Professional burnout", and two psychosemantic methods – "Unfinished sentences" and 14-scale semantic differential. Statistic elaboration was carried out with the pack SPSS, version 17.
Results: The procedure of cluster analysis allowed to identify two groups of physicians with different level of burnout (Mann-Whitney test, $p<0.05$). The results confirm the difference between these groups by describing the features of meaningful professional object of their work.
Conclusions: The data obtained reveal the following semantic characteristics of the authors' texts, "the emotional tone rating", "share the semantic match of descriptions of "Man" and "Patient", "the abstractness/concreteness of the descriptions" that allow to define professionals with different level of professional well-being.

Conflict of interest: No
Keywords: psychosemantic; physicians; burnout; well-being

EPP0870

Hypoxic lesions of the central nervous system (CNS) as a factor in the development of mental health disorders in premature babies

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Introduction: Creating conditions for adequate mental development of children born with extremely low body weight (ELBW) and very low body weight (VLBW) is traditionally associated with the organization and the type of feeding due to their high vulnerability and severity at birth condition.
Objectives: Study of nutritional support complex as a part of mental health disorders prevention in premature babies with low and ELBW with hypoxic damage to the central nervous system of varying severity.
Methods: Prospective development monitoring and analysis of clinical and laboratory examination indicators of 254 premature infants up to one year of corrected age treated at the Department of Early Neurology in 2016-2018.
Results: Due to varying severity degrees of neurological symptoms manifestation, correction of caloric intake was necessary for each child, due to individual characteristics. Rate of increase was depended on compliance with a dose and diet; invasive procedures reduction; full sleep; alignment of sleep shift and wakefulness. In the ELBW children group the optimal increase was 20-22 g / kg / day, avoiding complications in the gastrointestinal tract function, in the group VLBW of severely severe neuropathy averaged 16 -18 g / kg / day during the first three months of life. In the groups of ELBW and VLBW the required increase did not differ and was at the level of 20-25 g / kg / day.
Conclusions: Physiological increase in body weight in accordance with the gestational period was proved to be directly proportional to the favorable somatic, neurological and mental forecasts in children.

Conflict of interest: No

EPP0871

Social media and its benefits to build mental health awareness in Indonesia

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Introduction: Social media has become one of the fastest-growing communication media in Indonesia. Its use for various purposes has been found to be very useful.
Objectives: To know the usefulness of my social media contents in delivering mental health information
Methods: We gather information from the public using surveymonkeycom started on May 1st, 2017 until September 30th, 2017. We asked them to fill the survey form about their activity in social media and their opinion about my mental health awareness information.
Results: 395 respondents conducted the survey. 94.9% (respondents) checked their social media accounts every day. Half of respondentsare18-29 years old range. 47.09% of respondents using social media every day to access health contents on the internet. Most of the respondents (47.8%) accessed my Facebook (5K friends and 12,887 followers) and 47.55% accessed my Twitter (35K followers). Our survey used self-assessment that used point (mentioned as a star from range 1 to 10, 1: least benefit, 10: very strong benefit). My Facebook account seemed to be the most popular social media that attracted people to get information about mental health, followed by my blog in Kompasiana Citizen Journalism and my Youtube channel (34K subscribers). Respondents founded my

contents in social media to be useful with the points of 8.3 and add some knowledge to them with 8.5 points.
Conclusions: Facebook, Twitter, and YouTube channel were still to be the most social media that respondents thought to be informative to spread the awareness of psychosomatic issues and mental health

Conflict of interest: No
Keywords: social media; promotion; mental health; psychosomatic

EPP0874

A randomized controlled trial of mindfulness-based stress reduction (MBSR) in health workers

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Introduction: Occupational stress is highly prevalent among healthcare workers and entails great costs for workers, employers, and patients. The evidence suggests that work-related stress may increase the prevalence of negative outcomes in patients, including lower service satisfaction, and a higher rate of medical errors. One intervention that has shown effectiveness in the management of factors related to occupational stress is the Mindfulness-Based Stress Reduction program (MBSR).
Objectives: To test the effectiveness of a Mindfulness-Based Stress Reduction (MBSR) program in reducing psychological distress in Chilean healthcare workers.
Methods: A three-arm parallel-design RCT was conducted. We randomized 105 eligible participants (hospital health worker in direct contact with patients) into three groups: 1) MBSR, 2) standard stress management course (i.e. active control), and 3) waiting list (i.e. passive control). Participants in the MBSR group participated in a 20-hour 8-week MBSR program. Active controls participated in a 20-hour 8-week psychoeducational course. Measures of psychological distress, burnout, perceived stress, job satisfaction, number of sick leaves in previous three months, mindfulness skills and job satisfaction were measured at baseline, following the intervention and at 6 months.
Results: Treatment effect analyzes showed that at the end of the intervention, MBSR had a statistically significant effect on psychological distress, perceived stress, job satisfaction and mindfulness skills, versus active control. However, the significance of these effects declines at month 6.
Conclusions: MBSR is an effective treatment to reduce psychological distress and perceived stress and increase job satisfaction in health workers in contact with patients, compared to psychoeducation and passive condition. However, the effects decay over time.

Conflict of interest: No
Keywords: Mindfulness; RCT; Burnout; Psychological distress

EPP0876

Teenagers today: the point about self-esteem

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Introduction: The concept of self and self-esteem have received considerable attention in the psychological literature, considering that literally thousands of educational and clinical studies have been conducted on these constructs. Particularly in a delicate age such as preadolescence and adolescence, it's fundamental investigating the psychological dimensions at the basis of self-esteem.
Objectives: Investigate the level of self-esteem in groups of italian guys aged 11 to 19 years of different schools,trough a multidimensional analyze.
Methods: TMA was administered to 137 preadolescents and adolescents aged 11 to 19 years (94 males and 43 females). TMA test (Multidimensional Self-Esteem Test) allows a precise measurement of self-esteem in developmental age, in its multiple dimensions. The TMA evaluates all the six areas in which the general self-esteem is typically divided: interpersonal area, school area, emotional area, family area, body area, area of mastery over the environment.
Results: Whole sample obtained scores below the first standard deviation in the school scale, with no difference according to gender and age group, divided into three age groups: 11-13, 14-16, 17-19 years.In addition, group between the ages of 11 and 13 have received low scores on the emotional scale, group between the ages of 14 and 16 have obtained low scores on the competence scale, while boys between 17 and 19 have lower scores in body size
Conclusions: Having a good level of self-esteem is of central importance in preadolescence and adolescence, as it allows the child, if with difficulties, doubts or uncertainties, to face the challenges of growth, to build a positive self-image

Conflict of interest: No
Keywords: self-esteem; adolescence; interpersonal area; emotional area

EPP0878

Art therapy in museums for mental health recovery: pilot study

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Introduction: Mental health recovery is a multidimensional phenomenon which requires of a participatory transformative experiential approach. This is the pilot study of the non-randomized trial RecuperArte (Ethics approval: 0385-N-19, Clinicaltrials.gov: NCT03985904) to demonstrate the effectiveness of art therapy (NIC 4330) in museums in mental health recovery.
Objectives: Change from baseline global functioning, personal resilience and social support at 3 months.
Methods: Design: Prospective longitudinal non-randomized intervention without comparison. Settings: The Mental Health Rehabilitation Unit of the Andalusian Health Service (Spain) in collaboration with the Association of family members and people with mental disease (AFENES) and the Carmen Thyssen Museum Participants: Inclusion criteria: adults, ICD-10 F20-29 diagnosis or F with psychotic history and written consent. Exclusion criteria: Score in GAF <50. Statistical analysis: The results were analyzed using the Student's t-test. The sample size was n = 8.

Results: Out of the 8 participants, 6 were men and 2 women, the mean age was 44.75 years (SD 11.10663) and the most common ICD-10 diagnosis was F20-29 (71.43%). All participants were single, predominantly resided with their family of origin (62.5%) and were pensioners (87.5%). Participants GAF ranged 71-100 and remained stable at follow-up except for one participant who dropped-out scoring 41-50. The mean of differences was 0.1266664 in personal resilience and 5 in perceived social support.
Conclusions: The limited sample size did not provide statistically significant data but served as a proof of concept for the trial which will cover a larger population n = 127 and will have a comparison group.

Conflict of interest: No
Keywords: community participation; mental health recovery; art therapy

Promotion of mental health - Part II

EPP0879

Wellness ambassadors project

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Introduction: Studies conducted in Qatar and the region showed that mental health literacy is poor and stigma thwarts seeking care [1, 2]. We have started a student-led initiative called the Wellness Ambassadors project to promote mental health awareness amongst high-school students in Qatar.
Objectives: To improve mental health literacy and reduce stigma amongst high-school students, using 4 evidence-based interventions; education, social contact, communication and peer services [3], led by selected student Ambassadors.
Methods: Wellness Ambassadors will be selected from interested high-school students from three schools after a rigorous selection process. Ambassadors will receive a brief training on mental wellness, illness and bullying and will have ongoing supervision with school counselors and project team. All students will be asked to participate in a survey that assesses their baseline and final knowledge, behaviors and attitudes towards mental health. Ambassadors will be asked to engage their peers by: 1. Holding daily talks with peers about mental health. 2. Posting weekly on their social media accounts about mental health and stigma. 3. Facilitating monthly group discussions and seminars. 4. Participating in semiannual joint Ambassadors' meeting and group campaigns. 5. Contributing to the annual Wellness Ambassadors conference.
Results: The project will be evaluated at the end of the academic year by comparing baseline and final surveys. Attendance and general enthusiasm of the students will also be assessed.
Conclusions: Wellness Ambassadors project aims to improve mental health literacy and reduce stigma among adolescents using evidence-based interventions. This is the first and only project of its kind in the Middle East.

Conflict of interest: No
Keywords: mental health awareness; Stigma; school based projects; child and adolescent mental health

EPP0883

Stress coping strategies of physically disabled adolescents: problem-solving imperfection

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Introduction: In addition to traditional challenges of a juvenile period, children with physical disabilities have to manage the stressors of everyday life in the process of their development.
Objectives: The goal of the present research is to study developmental peculiarities of general stress coping strategies in adolescents who have physical barriers in their health and development.
Methods: The research covered 51 adolescents with physical disabilities aged 11-14 who study at a specialized school. They were compared to 52 subjects of the same age from a traditional school using the Russian version of Amirkhan's coping strategy indicator (Amirkhan, 1990) detecting general strategies of stress coping.
Results: The research revealed that a dominant strategy of stress coping in both groups was problem-solving. Avoidance strategy was at the last place as chosen by both groups. Nevertheless, manifestation of problem-solving strategy was credibly lower in the group of physically disabled adolescents than in the control group ($p<0.05$). With disabled adolescents, this index did not validly differ from the index of social support seeking strategy ($p<0.05$). Stress coping strategies of physically disabled adolescents differ in lack of differentiation, tendency to mix the cues for deliberate problem-solving and seeking for social support.
Conclusions: The received data may be taken into account when making educational and preventive programs for physically disabled children in schools and rehabilitation centers.

Conflict of interest: No
Keywords: physically disabled; stress; Coping; adolescents

EPP0884

Mental health literacy and stigma: the important mediating role of stereotypes.

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Introduction: Several studies demonstrated a relationship between mental health literacy (MHL) and stigmatization. However, although MHL of the general population has continuously improved, especially with regard to the public's causal explanations for mental problems, stigmatization of persons with mental disorders and 'wish for social distance' (WsD) has hardly changed; and biological models of mental disorders were even thought to increase WsD.

Objectives: To disentangle the interrelations between the different aspects of MHL and stigmatization, particularly the role of stereotypes.
Methods: WsD, correct labelling, causal explanations (biogenetics, psychosocial stress and constitution) and stereotypes (dangerous and needy) were assessed cross-sectional using established German questionnaires with two unlabeled vignettes (schizophrenia and depression) in a random-selection representative community sample (N=1526, aged 16–40 years). Structural equation modelling was conducted with WsD as outcome, and type of vignette, correct labelling, causal explanations and stereotypes as latent variables.
Results: The type of vignette but not correct labelling had a main direct effect on WsD, with WsD being higher for the schizophrenia vignette. Of the causal explanations, only psychosocial stress was directly negatively related to WsD, although this effect was also mediated by a lesser perception of dangerousness and by a higher as needy. the negative effects of biogenetic and constitutional causal explanations were mediated by assumed dangerousness, and assumed dangerousness and neediness, resp.. Thereby, the schizophrenia vignette was also directly related to a more pronounced dangerous stereotype.
Conclusions: Our results indicate that public campaigns promoting MHL and inclusion should focus on effects on stereotypes to avoid unwanted negative effects.

Conflict of interest: No
Keywords: stigma; stereotypes; mental health literacy; community

EPP0886

Situation and resources of mental health in marginal communities of the state of chiapas (Mexico) during 2018.

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Introduction: The World Health Organization (WHO) recognizes both significant burden of mental illness and lack of mental health services in poor regions around the world, where 76-85% of patients with severe mental diseases do not receive treatment. Since 2012 the NGO Compañeros en Salud (CES) has been working in marginalized communities in the Sierra and Fraylesca areas of Chiapas, where there are 0,57 psychiatrists per 100,000 inhabitants.
Objectives: The objective of this work is to describe the clinical assistance for mental health given by CES in Chiapas during the year 2018.
Methods: Data was collected by members of the mental health team of patients who had their last consultation between January 1st and December 31st 2018.
Results: 502 patients with mental health problems (female:male 3:1), mostly between 19-34 years old) were seen in 11 clinics. Total consultations were 1238, and depressive syndrome was the main reason for consultation (48%).
Conclusions: CES provides mental health care through its rural interns (medical doctors during their mandatory social service year) who are supervised and trained by rotating specialists such as psychologists and psychiatrists, the latter provide support by assessing patients and tailoring treatment plans with them. Case prevalence continues to increase as CES improves the population screening and expands its medical care; therefore, the CES mental health program plays a critical role both in Chiapas and in Mexico. The effort thus continues towards a model of community mental health services in a rural context with limited resources that are safe, effective, evidence based, and culturally sensitive.

Conflict of interest: No
Keywords: NGO; mental health; global

Psychoneuroimmunology

EPP0896

Alopecia areata, from the brain to the skin – a case report

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Introduction: Sharing a connection that comes from embryology, it is long known that the skin and the central nervous system are tightly linked. Alopecia areata can be defined as an inflammatory condition that causes patches on the scalp and is influenced by psychoneuroimmunological factors.
Objectives: Our aim is to demonstrate the importance of treating psychological factors as a way to control the profound repercussions of the disease.
Methods: In this poster we describe a case of a 33 year old female with obsessive compulsive disorder and severe alopecia areata. We will also conduct a search in PUBMED database and select case report and literature review about this topic.
Results: We report a case in wich initially the dermatological treatment was ineffective, as it can be seen in picture 1(back left view) and 2 (back right view), with the exclusion of other organic conditions. This led to the referral to a psychiatric evaluation were an obsessive compulsive disorder diagnosis was made and treatment began, initially with a SSRI and later with the addition of a tricyclic antidepressant. The following conjoint psychiatric, psychological and dermatological approach greatly reduced the loss of hair, and improved hair growth, as soon as the baseline obsessive compulsive disorder started to be controlled. The most recent investigation clearly identifies psychiatric disorders as a source of low grade chronic inflammation.
Conclusions: The effective control of psychological factors, often subjective and overshadowed, are determinant in the understanding and management of alopecia areata.

Conflict of interest: No
Keywords: obsessive compulsive disorder; alopecia areata

Psychopathology

EPP0899

Autism and psychosis: An historic perspective from blueler to the theory of mind

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Introduction: One of the first psychiatrist to introduce the concept of autism was Eugen Bleuler. He described it as a phenomenon of a patient's getting lost in its subjective inner life impairing the ability to communicate with others. He later included "autism" as one of the symptoms seen in schizophrenic patients. Nowadays, even though Autism Spectrum Disorder and Schizophrenia are separate entities, both are characterized by deficits in social cognition and global functioning. The interest in the Theory of Mind grew tremendously in the last few years and may hold the key to establish bridges between these two entities.
Objectives: Our main objectives are to acknowledge the role of several theories, descriptions and concepts of autism and psychosis in this last century. Our work also aims to address the possible links of these two concepts with an emphasis on the Theory of Mind.
Methods: We did a narrative literature review of the literature.
Results: Although Bleuler's description of schizophrenia incorporated more than just autism, the concept itself was crucial to his description of the schizophrenic's lack of contact with the shared reality. Later, the concept of "autism" suffered several changes and became further separated from Schizophrenia and psychosis. Soon, these disorders may share overlaps with the help of the Theory of Mind.
Conclusions: These concepts did not remain stable in the last century. Although further research in this field is needed, the Theory of Mind may shed a light on multiple aspects such as social interaction in people suffering from autism and psychosis.

Conflict of interest: No
Keywords: Autism; psychosis; History; E-POSTER PRESENTATION: PSYCHOPATHOLOGY

EPP0900

Primary psychopathy and vicarious sadism traits can predict internet trolling behaviour among young italian gamers.

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Introduction: Internet trolls are users who post with the intention of annoying someone or disrupting an online environment. People engaging in trolling behaviour have distinctive personality traits and motivations.
Objectives: In this study, we aimed identify predictors of trolling behaviour amidst antisocial and narcissistic personality traits.
Methods: We recruited through posting 533 young volunteers (mean age=22.68 years; SD=3.2) who participated in Italian online groups focused on popular videogames. Participants completed online self-report questionnaires, i.e., Global Assessment of Internet Trolling (GAIT), Levenson Self-Report Psychopathy (LRSP), Varieties of Sadistic Tendencies (VAST), and Short Dark Triad Scale (SD3). We used linear regression to identify models predicting trolling behaviour.
Results: Compared to females, males scored significantly higher on the GAIT, total LRSP, primary and secondary psychopathy subscales, VAST indirect and direct sadism, and SD3 Machiavellianism and psychopathy factors. In the entire group, GAIT Total scores correlated directly with psychopathy, as measured through the LRSP (R^2=0.259). In both GAIT<2.25 (R^2=0.490) and GAIT>2.25 (R^2=0.397) subgroups we found a positive correlation between SD3 Direct Sadism and SD3 Psychopathy. Linear regression showed that in the whole sample, male gender, and higher scores on LRSP primary psychopathy, vicarious sadism, and SD3 psychopathy can predict higher GATE scores.
Conclusions: Dark triad dimensions and Levenson psychopathy dimensions correlate with scores on the GAIT, pointing to trolling being kindled by psychopathy, narcissism, sadism, and Machiavellianism. Internet trolling is an emerging and potentially noxious behaviour for online relationships. Male gender, vicarious sadism, and primary psychopathy can predict it in young Italian gamers.

Conflict of interest: No
Keywords: Internet gaming; Trolling; Psychopathic traits; Sadism

EPP0902

Culture-bound syndromes: A case series and review of recent work

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Introduction: Culture-bound syndromes (CBS) have been described as recurrent locality-specific patterns of aberrant behaviour and troubling experience. CBS occur throughout the world but, in Western countries, they are described most often in immigrants from low-to-middle income countries.
Objectives: Our goal was to describe the CBS found among attendees of our outpatient clinics. We also did a narrative review of the literature on the clinical features and therapeutic approaches to selected CBS.
Methods: Case series: We conducted a retrospective case series focusing on immigrant patients diagnosed with a CBS (DSM-IV-TR) who attended our outpatient clinics. Review: We scoured the PubMed and Google Scholar databases for relevant articles (2009-2019) using the following search terms: culture-bound syndrome and (koro OR dhat OR ekbom OR delusional parasitosis OR hikikomori OR amok).
Results: Case series: Seven patients (women=4). (A) Koro (N=1): quetiapine and supportive psychotherapy; showed poor treatment adherence. (B) Ekbom (N=6): risperidone (n=5) was most commonly prescribed, followed by quetiapine (n=1). Two patients received antidepressants. Brain imaging showed that 3/7 patients had brain atrophy. Most of them were migrants from Africa. Review: Syndromes with a cultural emphasis on fertility and procreation (Koro/DHAT) were the most commonly described CBS, followed by Ekbom. There is current controversy about whether these syndromes can be categorized as delusional. The literature emphasized that successful treatment needs to take psychosocial context into account.
Conclusions: Prognosis for CBS is guarded, probably because adherence is quite poor. Pharmacological and non-pharmacological

interventions are best combined. Liaison between Psychiatry and other medical specialties is essential for the good prognosis.

Conflict of interest: No
Keywords: psychosis; Culture-bound syndromes; Koro; Ekbom

EPP0904

Illness behaviour, personality and psychological distress – serial mediation study in a clinical sample

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Introduction: Illness behavior (IB) can have dramatic impact on the extent to which symptoms interfere with usual life routines, chronicity, attainment of appropriate care and treatment adherence (Schomerus et al. 2013). It is influenced by biological, social and psychological factors, such as personality traits and emotional regulation and states.
Objectives: To investigate if perseverative negative thinking and psychological distress (depression, anxiety and stress) are mediators of the relationship between personality traits (Neuroticism and Extroversion) and IB.
Methods: A clinical sample composed of 462 outpatients (78.1% women; mean age=44.49±15.588), recruited in various medical specialties (Neurology, Cardiology, Oncology, Gastroenterology, Rheumatology, Internal medicine, Pneumology), completed the Illness and Help-Seeking Behavior Scale (IHSBS-11; Proença et al. 2020) and other validated questionnaires: Eysenck Personality Inventory (EPI-12), Depression Anxiety and Stress Scale (DASS) and the Perseverative Thinking Questionnaire (PTQ-15).
Results: IB significantly (all p<.001) and moderately correlated with the psychological variables: .400 for neuroticism; -.324 for extroversion; .367 for Cognitive Interference and Unproductivit (CIU) and >.400 for Depression/Anxiety/Stress. All serial multiple mediation models showed a significant indirect effect of CIU and psychological distress, as mediators, in the relationship between neuroticism/extroversion and IB. However, the relationship between CIU and IB was of lower magnitude, as well as that of extroversion and psychological distress.
Conclusions: Neuroticism and (low) extroversion directly and indirectly (via CIU and psychological distress) influence IB. This study reinforces that the effects of personality traits and emotional states should be taken into account in the doctor-patient communication and relationship.

Conflict of interest: No
Keywords Illness behaviour; Personality; Psychological distress

EPP0906

Personal and contextual components of resilience mediate childhood adversity's effect on psychotic-like experiences.

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Introduction: Psychotic-like experiences index an increased risk for subsequent psychotic disorders. Childhood adversities are a well-established risk factors for psychotic-like experiences, however different contextual and personal factors may differentially mediate their effect on psychotic-like experiences, including different aspects of resilience.
Objectives: In this study we propose a two-dimension model of resilience. Our aim is to address separately the mediational role of personal and contextual resilience factors between childhood adversity and PLE in a community sample.
Methods: Five hundred University students completed an on-line questionnaire including the Resilience Scale for Adults, the 16-item version of the Prodromal Questionnaire and the Risky Family Questionnaire. Mediation was assessed using Structural Equation Modelling with bootstrapping estimation of indirect effect.
Results: Direct effect of Personal and Contextual resilience on Psychotic-like experiences were respectively -0.69 [-0.97, -0.41] (p<0.001) and -0.19 [-0.58, 0.20] (ns); indirect effects through personal and contextual resilience were respectively 0.03 [0.01, 0.04] (p<0.001) and 0.02 [-0.02, 0.06] (ns). Personal resilience mediated 27.4% of the total effect of childhood adversity on psychotic-like experiences.
Conclusions: Personal resilience, but not contextual resilience, mediated the effect of Childhood Adversity on Psychotic-like experiences. Poor personal resilience may represent an individual risk factor that transmits the effect of childhood adversity on psychotic-like experiences, and could represent a central aspect of individualized prevention and treatment strategies.

Conflict of interest: No
Keywords childhood adversity; Resilience; Psychotic-like experience

EPP0907

Basic symptoms in the early detection of psychosis: new findings

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Introduction: Contrary to the ultra-high risk (UHR) criteria for the prediction of imminent psychosis, basic symptoms (BS) criteria, i. e., cognitive-perceptive basic symptoms (COPER) and cognitive disturbances (COGDIS), aim at detecting psychosis as early as possible within the course of the developing disorder.
Objectives: To present recent findings on the prevalence, clinical significance and psychosis-predictive value of BS criteria in different samples and age groups as well as on the relationship between BS and other relevant symptoms.
Methods: A review of recent literature on BS.
Results: Only 1.08% of a representative community sample (N=2'683; age 16-40 years) reported COGDIS and symptomatic UHR criteria. CHR criteria were significantly related to non-psychotic axis-I disorders and functional impairments. Besides a

family history of mental disorders, specific predictors of BS were younger age, those of UHR symptoms traumatic events and lifetime substance misuse. In a community sample of 8-40-year-olds, an age threshold of 15/16 years best related UHR symptoms to cognitive maturation, slightly higher age thresholds for BS related these to brain maturation. In clinical samples, a meta-analysis revealed pooled conversion rates in COGDIS-defined samples of up to 54.9% within 4 years, with conversion rates beyond 2 years being higher than those of UHR samples. Furthermore, criteria-relevant cognitive BS were found to play a mediating role between schizotypy and related UHR dimensions, and were closely related to positive symptoms.
Conclusions: Current findings support etiological models of psychosis that regard UHR symptoms as the result of inadequate explanatory models and BS as direct expressions of neurobiological aberrations, thus exacerbating psychopathology.

Conflict of interest: No
Keywords basic symptoms; prevention; etiology; psychoses

Psychopharmacology and pharmacoeconomics - Part I

EPP0911

Predicting response to olanzapine using the optima1 dataset

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Introduction: Olanzapine is an established treatment for bipolar depression. Some authors also recommend olanzapine for melancholic depression. The growing observational OptiMA1 dataset permits the exploration and development of predictive models.
Objectives: Exploration and testing of statistical prediction models as well as a priori bipolar and melancholic models of Olanzapine response.
Methods: 375 participants with depression or anxiety disorders were recruited from outpatient mental health settings in Japan and New Zealand. Depressive symptom severity was measured using an online 30-item self-reported scale, included within a web-based system, Psynary, used by participants. Exploratory analysis was conducted using binary logistic regression models composed of: i. atheoretically selected, ii. bipolar, and iii. melancholic independent variables in three OpTIMA1-derived datasets with contrasting sample selection criteria and dependent variable definition of remission or response.
Results: Binary logistic regression analysis produced bipolar models outperforming melancholic models in the first two analyses: remitters on olanzapine vs. remitters on other medication (n=159); remitters on olanzapine vs. non-remitters on olanzapine (n=56) respectively. No meaningful melancholic model could be computed for the third analysis: olanzapine responders vs. olanzapine non-responders (n=51) with response defined as a 20% symptom reduction within 2 weeks. The second and third analysis produced strong predictive bipolar models with similar predictive power to the ideal statistical models.
Conclusions: Measures of bipolarity accounted for around half of the variance in response to olanzapine. In contrast, melancholic features of depression explained little of the variance. These predictive models might be useful for predicting olanzapine response within the ecosystem used in this study.
Disclosure: Dr Lee Andrew Kissane & Dr Richard Tranter are co-founders of Psynary.

Keywords olanzapine; response prediction; melancholic; Bipolar

EPP0914

Cabergoline: the paliperidone “antidote”

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Introduction: Sexual dysfunction is common in psychiatric patients and has been reported in more than 60% of patients with schizophrenia. Studies indicate that the adverse effects of antipsychotics, in particular sexual dysfunction, are more bothersome than the symptoms itself. There are specific pharmacological interventions that may be helpful in reducing the deterioration of sexual function due to the use of antipsychotics, such as cabergoline.
Objectives: Using as a starting point a clinical case, the authors performed a literature review on the subject in order to clarify the usefulness of cabergoline in reducing the side effects of antipsychotics, in particular paliperidone, and the associated risks with taking it.
Methods: The analysis of the patient’s clinical process and a brief review of the literature, based on the research of scientific articles, in several databases, using as keywords the terms “paliperidone”, “cabergoline” and “psychiatry”.
Results: A 25-year-old male patient, healthcare professional, diagnosed with psychosis, poor insight into illness, under outpatient compulsive treatment, medicated with Paliperidone 525 mg 3 monthly long acting injection. About 6 months ago, due to complaints of decreased libido, started on his own initiative, taking cabergoline twice a week, because he heard about this drug at a Congress. Despite warnings about the possibility of decompensation of his illness, the patient continues to take the drug.
Conclusions: Sexual dysfunction is one of the factors responsible for patients’ non-adherence to treatment. This case report reinforces the importance of valuing patients’ sexual complaints due to the use of antipsychotics and warns of the challenge of treating healthcare professionals.

Conflict of interest: No
Keywords paliperidone; cabergoline; Psychiatry

EPP0915

Hiccups, an uncommon side effect of antidepressants? a case report.

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Introduction: Hiccups are repetitive and involuntary contractions of the diaphragm and intercostal muscles. Acute hiccups normally

last between 4 and 60 minutes, and sometimes can be stopped by physical manoeuvres. Persistent hiccups can continue for days and months, and lead to important stress and discomfort.

Persistent hiccups can be caused by several organic conditions, including causes that affect the central nervous system or the peripheral nervous system, but also toxic metabolic and pharmacologic causes as part of a myoclonic syndrome.

Objectives: To illustrate the clinical features of this symptom and to investigate the possible relation with antidepressant treatments.

Methods: We present a case-report and literature research of the topic.

Results: We present a clinical case of a 58-year-old male patient, who started presenting persistent hiccups for 5 months while starting taking venlafaxine as a treatment for a depressive disorder. Several blood tests and thorax and neck computerized tomographies were performed to dismiss the more frequent causes. With the progressive switch from venlafaxine to mirtazapine, the patient stopped having hiccups.

In a recent systematic review, drug-induced myoclonus was reported in relation to selective serotonin-reuptake inhibitors (SSRI) (n=44) and tricyclic antidepressants (n=55), but not to serotonine-norepinephrine reuptake inhibitors (SNRI) (n=1).

Conclusions: When assessing the etiology of hiccups and myoclonus, psychopharmacological agents must be taken into account. Although it is a very strange condition, SNRI can present this side effect. In this situation, switching the treatment should be considered.

Conflict of interest: No

Keywords antidepressant; hiccup; pharmacology; side effect

EPP0919

The efficacy of clonidine in the pharmacological management of alcohol withdrawal syndrome

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Introduction: Alcohol dependence and harmful use represent the most prevalent addictive disorder worldwide. Alcohol withdrawal syndrome is considered a life-threatening condition by inducing severe physiological imbalances. Pharmacological management of alcohol withdrawal syndrome is very complex and challenging, often involving a long duration in getting remission.

Objectives: Our study aimed to analyze the efficacy of clonidine (an α2-agonist) for improving alcohol withdrawal syndrome quantified by the mean change of CIWA-Ar scores.

Methods: A prospective case-control open study was done in patients who were addmited in Eduard Pamfil Psychiatric Clinic with an diagnosis of alcohol withdrawal syndrome. CIWA-Ar for Alcohol Withdrawal scale was twice administered, at the begining of treatment and 5 days later. Several statistical analyses were performed depending on the studied variables.

Results: Of 30 patients with alcohol withdrawal syndrome not complicated with delirium state, 11 (36.7%) benefited from clonidine treatment. Blood pressure and other physiological signs were periodically monitored. Although, at the beginning of the treatment, there were no differences between the mean CIWA-Ar scores ($t = 0.352$, $p = 0.599$), at 5 days later the difference became significant in favor of those treated with clonidine ($t = 3.147$, $p = 0.004$).

Conclusions: Clonidine may provide additional benefit in managing alcohol withdrawal by offering a different mechanism of action for targeting withdrawal symptoms.

Conflict of interest: No

Keywords alcohol withdrawal; clonidine

EPP0920

Personalized approach to therapy with antidepressants and antipsychotics.

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Introduction: At the moment, the most relevant is a personalized approach to the therapy of mental disorders. The method of pharmacogenetic tests to assess the effectiveness and safety of psychotropic therapy is widely used.

Objectives: To study the use of pharmacogenetic test in clinical practice for the selection of effective and safe psychotropic therapy.

Methods: The developed algorithm is based on the PharmGKB database information on the effect of genetic polymorphisms on the efficacy and safety of drugs. Only associations with evidence level 2B and above and confirmed in the European population were taken into account. The peculiarity of the test is to take into account the cumulative contribution of several associated genetic markers. High-density Illumina biochips were used as a genotyping method. The pharmacogenetic test was tested on patients of the Mental Hospital №1 named after N. A. Alexeev, Moscow, Russia

Results: The developed test was tested on 25 patients with various mental disorders. This paper presents the results for the following SNP gene ANKK1, DRD2 rs1800497, htr2c gene rs1414334, MC4R gene rs489693, CYP2D6 gene rs3892097, CYP2C19 gene *1, *17, *2, *3, *4, indicating the efficacy and safety of drugs. After correction of therapy, depending on the test results, remission was achieved in all cases. Catamnesis for more than 6 months.

Conclusions: The use of pharmacogenetic test allows you to accurately predict the reaction of the body to treatment with psychotropic drugs and significantly reduce the time for the selection of optimal therapy.

Conflict of interest: No

Keywords schizophrenia; personalized psychiatry; pharmacogenetics; drug safety

EPP0921

Prescription attitudes towards the use of long-acting injectable antipsychotics in a first-episode psychosis

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Introduction: The prevalence of non-adherence to antipsychotic medication is high, with values above 50%. Psychiatrists have often been shown to underestimate low adherence, and this finding, along with the belief that injectables should be reserved for non-adherent patients, may contribute to underutilization of Long-acting injectable antipsychotics (LAI) in the first-episode psychosis (FEP). On the other hand , the current guidelines are not unanimous regarding the use of LAI prescription in FEP.
Objectives: Our study aims to assess the prescription attitudes towards the use of LAI antipsychotics in FEP, taking into account several clinical and sociodemographic variables. The study will also evaluate any significant discrepancies between psychiatry trainees and psychiatry consultants.
Methods: For this purpose, we did a literature review on this topic, and we created an anonymous questionnaire. In the first part of this questionnaire, data about psychiatric training, years of clinical practice and the average number of patients with FEP treated per year were collected. In the second part, several statements associated to negative and positive attitude towards LAI were presented in a Likert scale. In the third part, many clinical and sociodemographic variables known to influence the prescription of LAI in "non FEP" patients were also assessed. We distributed the questionnaire in a Psychiatric hospital(Hospital Magalhães Lemos, Porto, Portugal), where are currently working eighteen psychiatrist consultants and twenty- five psychiatry trainees.
Results: Data are currently being processed and analyzed
Conclusions: Despite good clinical evidence, LAI are only seldom prescribed to patients with FEP. This study intends to further clarify the reasons for this scenario.

Conflict of interest: No
Keywords long-acting injectable antipsychotics; first-episode psychosis

EPP0922

A rare case of sustained neutropenia secondary to typical antipsychotics in monotherapy

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Introduction: Antipsychotics have been reported to cause agranulocytosis and neutropenia. Although there is the greatest risk of agranulocytosis with clozapine from all antipsychotics, these may be blamed for neutropenia very rarely, namely haloperidol and flupentixol.
Objectives: To discuss a case of neutropenia secondary to typical antipsychotics administration in monotherapy.
Methods: The clinical data were obtained from the patient and the hospital clinical reports. For the review, we conducted a research in pubmed with the keywords "neutropenia and (typical antipsychotics OR flupentixol OR haloperidol)" and in bibliography of psychopharmacology.
Results: MFV is a 68-year-old woman diagnosed with schizophrenia, stable with intramuscular flupentixol 20 mg administered monthly since more than ten years. She had chronic neutropenia since she started this medication, without infectious complications. In 2013 routine blood analysis revealed $0.6*10^9$/uL (microlitre) neutrophils (lower than usual). Flupentixol was switched to monthly intramuscular haloperidol 25 mg. Myelogram and bone marrow biopsy showed no significant alterations that could explain neutropenia and neutrophil count (NC) returned to normal ($2{,}52*10^9$/uL) until 2016, when NC was $1{,}1 *10^9$/uL. Medication, analytical and clinical vigilance were maintained. Since then, the lowest NC was in 2018 ($0.9 *10^9$/uL). In 2019 NC was $1{,}0 *10^9$/uL. MFV remains clinically stable, with no reported complications.
Conclusions: This is a rare case of sustained neutropenia secondary to typical antipsychotics, with no infectious complications. We conclude that it is important to investigate blood count during routine controls in patients who use antipsychotic treatment other than clozapine, so that this rare side effect is not missed.

Conflict of interest: No
Keywords Typical antipsychotics; Haloperidol; Flupentixol; neutropenia

Psychopharmacology and pharmacoeconomics - Part II

EPP0924

Disulfiram-induced seizures: a case report

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Introduction: Disulfiram is an aldehyde dehydrogenase inhibitor that is useful in maintaining abstinence from alcohol in patients of alcohol dependence syndrome. Disulfiram metabolism is complex and although generally safe, documented adverse effects include encephalopathy, convulsion, cranial and peripheral neuropathy, irreversible injury to the basal ganglia with permanent neurological deficits, and drug-induced psychosis. Many case-studies on disulfiram have been reported, and only one study reported disulfiram causing seizures with convulsions.
Objectives: To report a rare case of disulfiram-induced seizures in a patient of alcohol dependence syndrome
Methods: Non-systematic review from Pubmed-database
Results: A 47-year-old-male patient dependent on alcohol for almost 10 years with history of chronic hepatic disease was hospitalized for alcohol detoxification. He was admitted with an average of alcohol consumption of 3 lt per day, with symptoms of abstinence. He was detoxified in the hospital for alcohol dependence and was instituted with disulfiram 250 mg at tenth day of hospitalization. On the same day it was observed one episode of generalised tonic-clonic seizures. It was administrated 10mg of intramuscular diazepam and the patient was transferred to the emergency department where a second episode was observed. There was past history of multiple drugs use. No abnormalities were found on physical

examination and neurological examination. Disulfiram was discontinued and increased benzodiazepine dose, then there was no further history of seizures. Aditional investigations were all within normal limits.
Conclusions: In addition to the physical symptoms associated with concomitant use of alcohol, disulfiram may lead to adverse reactions, including seizures, which are rare but needs to be considered.

Conflict of interest: No
Keywords Alcohol dependence syndrome; disulfiram; seizures

EPP0925

Lithium intoxication and syndrome of irreversilble lithium-effectuaed neurotoxicity: a case report

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Introduction: Lithium is widely used in the treatment of psychiatric disorders. It has a narrow therapeutic window, requiring frequent monitoring. Toxicity may be present even when the concentrations are within the therapeutic range. Syndrome of Irreversilble Lithium-Effectuaed Neurotoxicity (SILENT) is characterized by neurological symptoms induced by lithium toxicity persisting for at least two months after discontinuation.
Objectives: To describe and discuss a clinical case of a patient with lithium intoxication and SILENT.
Methods: Case report and non-systematic review.
Results: We describe the case of a 52-year-old female with bipolar disorder, treated with lithium 800mg daily for more than 10 years. Admitted to internal medicine department following sepsis with starting point from infectious colitis, complicated by aspiration pneumonitis and delirium. Lithium poisoning was suspected, despite serum levels being at therapeutic levels. She presented acute kidney injury (AKI), nephrogenic diabetes insipidus with hydroelectrolytic disorders, hypercalcemia with increased parathormone and subclinic hypertiroidism. Discontinuation leaded to clinical improvement. However, delirium persisted even after resolution of infection, AKI and hydroelectrolytic disorders. Therefore lithium neurotoxicity was considered. Investigation was performed to exclude other causes of delirium, including brain computed tomography and electroencephalogram, without significant changes. At discharge she had clinical improvement of delirium, but maintained cognitive deficits. Two months after discharge, she remained with noticeable cognitive impairment, making diagnosis of SILENT.
Conclusions: This case reminds us that lithium toxicity can occur, despite concentrations within therapeutic range, with persistent neurologic sequelae even after its cessation. Therefore, regular monitoring of lithium levels as well as renal, cardiac and thyroid function is required.

Conflict of interest: No
Keywords lithium; neurotoxicity; Intoxication; SILENT

EPP0926

Hazards of polypharmacy: doing more by prescribing less

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Introduction: Trend towards prescribing multi-class drugs combinations is steadily increasing. Hazards of polypharmacy comprise undesirable pharmacokinetic and pharmacodynamic interactions, sporadicly resulting into iatrogenic damage to the patient. There is, besides, a deficient knowledge of pharmacological processes present among many professionals on the field. To create awareness of how multi drug combinations change individual properties of a single drug, we present current case rapport.
Objectives: To provide pharmacological insights in drug-drug interactions
Methods: A case rapport of a subject with loperamide intoxication due to drug-drug interactions
Results: A 32 y.o. patient with borderline personality disorder and PTSS is using 6 psychotropic drugs (olanzapine 25mg.2dd2, oxazepam 10mg.2dd0.5, sertraline 50mg 1dd1, temazepam 10mg 1dd1, trazodon 150mg/day and valproate 500 mg 2dd1), some of which caused diarrhoea, wherefore loperamide 8 mg/day was prescribed (CYP3A4 substrate). Sertraline increases AUC of loperamide with factor 2.5 and effectuates its transition across BBB through moderate pgp inhibition, an event that does not occur under normal physiological conditions. As loperamide possesses properties of an opioid agonist, it exercises morfine like effects in the brain, including euphoric feeling, sedation and subsequent withdrawal syndrome, when stopped.
Conclusions: Drug combinations can change properties of individual drugs; some antidepressants, like sertraline, affect permeability of BBB; latter leads to substantial change in pd-effects of pgp-substrates through the central mechanism of action; clinicians should not use multiple drugs to treat one condition; prescribing of multiple drugs should be done by highly trained professionals.

Conflict of interest: No
Keywords Side Effects; pharmacology; Polypharmacy; Drug - drug interactions

EPP0927

Genotyping as a step towards personalized approach in psychiatry: treating a therapy resistant patient

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Introduction: Amount of first-line antidepressants (AD) with different pharmacodynamic properties is constantly increasing. Recent meta-analyses, however, have shown no difference in effectiveness between them. The conclusion are based though on comparison of average differences rather than assessing interindividual variability. Genotyping offers an unique opportunity to choose individually the most appropriate drug for patients with depressive disorder.
Objectives: Discussion on genotyping and its implication for the choice of the most effective AD-medication
Methods: Case rapport of a poor responding patient with depression who has been successfully treated for her symptoms after an appropriate AD-switch made based on the results of genotyping.

Results: A 50 y.o. female with moderate depression received subsequently treatment with citalopram 20 mg 1dd1, sertraline 50 mg 1dd1 (both were stopped due to unsustainable side effects) and fluoxetine (stopped due lack of effectiveness). Genotyping showed a poor rate of metabolism in CYP2D6 and intermediate metabolism in CYP3A4, 2C19 and 1A2 iso-enzymes. Therefore, we chose for a low dose of Venlafaxine, where the parent compound is even active as its metabolite. Depressive symptoms resolved within four weeks of treatment without side effects.
Conclusions: Between individual differences in treatment response depend on multiple patient- and drug- related factors. An average treatment effect, used by the most studies, is unsuitable to explain inter-individual differences, mainly in 30% of non- and poor responding subjects. Tools of individualized medicine are therefore urgently needed. As the prevalence of CYP polymorphisms is high (10%), genotyping can be actively used to choose the right AD and in de optimal dose.

Conflict of interest: No
Keywords personalized medicine; Polymorphisms; cytochrome P450; Therapy resistance

EPP0931

Use of methylphenidate and the incidence of intentional self-harm or suicide attempts in individuals with mental illnesses

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Introduction: Methylphenidate treatment decreases suicidal ideation and behaviour in patients with ADHD, but research in the effect of methylphenidate on self-destructive behaviour in patients with other mental illnesses is missing.
Objectives: To elucidate the effectiveness of methylphenidate on incidents of self-harm and suicide-attempts in patients with different mental illnesses.
Methods: Via linkage of the Danish nationwide health registers, we identified all patients initiating methylphenidate from 1996 to 2013 with schizophrenia, bipolar disorder, ADHD, personality disorder, or none of the above-mentioned diagnoses. We used a mirror-image model to test whether redemption of a methylphenidate prescription was associated with a reduction in incidents of intentional self-harm or suicide-attempts.
Results: A total of 615 patients with schizophrenia, 464 patients with bipolar disorder, 16072 patients with ADHD, 2651 patients with personality disorder, and 32065 patients with none of the diagnoses redeemed prescriptions for methylphenidate. Initiation of methylphenidate was not associated with a significant change in incidents of self-harm or suicide-attempts for patients with schizophrenia(+5 events,p=0.63) or bipolar disorder(-10 events,p=0.07). A significant decrease in incidents of self-harm or suicide-attempts were found for patients with ADHD(-96 events,p<0.01), personality disorder(-41 events,p<0.01), and patients with none of the diagnoses (-40 events,p<0.01). No change in incidents of self-harm or suicide-attempts were found after termination of methylphenidate.
Conclusions: This nationwide study, which, to our knowledge, is the first to investigate the effectiveness of methylphenidate on self-harm or suicide-attempts in patients with other mental illnesses than ADHD, indicates that methylphenidate might reduce self-destructive behaviour in patients with other mental illnesses than ADHD as well.

Conflict of interest: No
Keywords Methylphenidate; Suicidal ideation; Self-harm; mental illness

EPP0933

Do we really know how to stop? an update on antidepressant discontinuation.

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Introduction: The progressive use of antidepressants is a worldwide phenomenon. In Portugal alone, its use has doubled within the last two years. However, less is known regarding the discontinuation of these drugs. In recent years there has been a growing number of online forums addressing the issue of antidepressants withdrawal, suggesting that this topic is being poorly recognized by the medical community.
Objectives: Literature review regarding antidepressant discontinuation and withdrawal.
Methods: Online search on Pubmed and review of literature regarding antidepressant discontinuation and withdrawal.
Results: All major classes of antidepressants are associated with a wide variety of withdrawal symptoms on cessation, a syndrome known as "discontinuation syndrome". Several recent studies and systematic reviews report withdrawal symptoms lasting several months. However, fewer data exists regarding on how or when to discontinue antidepressants. Guidelines recommend short tapers, of between 2 weeks and 4 weeks, down to therapeutic minimum doses before complete cessation. Studies have shown that these tapers show minimal benefits over abrupt discontinuation, and are often not tolerated by patients. Also, withdrawal symptoms can be misclassified as recurrence of the underlying disorder, leading to long-term unnecessary medication. Recent data shows that tapering over a period of months and down to doses much lower than minimum therapeutic doses have shown greater success in reducing withdrawal symptoms.
Conclusions: Recent data on discontinuation syndrome raises concerns for the substantial number of antidepressant users who will experience withdrawal for a longer duration than current guidelines and, by extension, many prescribers recognise. Efforts should be made to address this issue.

Conflict of interest: No
Keywords discontinuation; withdrawal; tapering; Antidepressants

EPP0934

Cost-effectiveness of the predict test: results and lessons learned from a european multinational depression trial

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Introduction: Long delays are common between the initiation of antidepressant therapy and the identification of an effective treatment regimen. The P1vital® PReDicT Test was developed as a digital tool to provide an early indication of response or non-response to antidepressant medication, helping reduce time to recovery.
Objectives: The PReDicT randomised-controlled trial (H2020) has been conducted (2016-2019) in five European countries (DE,ES,F, NL,UK) to assess the tests' clinical and cost-effectiveness in primary depression care.
Methods: This economic evaluation compares the value of the PReDicT Test with Treatment-As-Usual (TaU) over 24 weeks. Resource use data were obtained using the multi-lingual online patient self-report HEQ instrument. Costs were calculated at trial and country levels. Between group differences in costs and outcomes using quality-adjusted life years (QALYs) based on the EQ-5D-5L, alternatively CALYs based on capability well-being measured by the OxCAP-MH (UK and D) were assessed using a regression-based approach adjusted for missing data, country specifics and sensitivity analyses.
Results: Baseline mean age was 39 years, QIDS score 16, 38% were males. From the 913 (DE:130,ES:164,F:76,NL:54,UK:489) patients randomised, full 24-week follow-up data were available for 534 patients. Both groups significantly improved on the EQ5D-5L (PReDicT:+0.14, TaU:+0.15) and the OxCAP-MH (PReDicT:+7.57, TaU: +8.03). Further analyses are ongoing. Final outcome, cost and cost-effectiveness results will be presented at the conference.
Conclusions: Preliminary results suggest that main economic benefits are likely to fall on the employment sector and highlight the importance of conducting and considering economic value assessments from a broad societal perspective including potential intersectoral costs and benefits.

Conflict of interest: No
Keywords pharmacoeconomics; Dépression; mental health; Economic evaluation

Psychophysiology

EPP0940

Levels of anxiety and sleep effectiveness in a sample of university students with high and low academic performance: a pilot study

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Introduction: For decades there has been concern about determining which variables influence academic achievement (Carreto, Jaime, Ariza, Rosas and Torreblanca, 2014).
Objectives: To explore the levels of anxiety and sleep effectiveness in a sample of university students with high and low academic performance.
Methods: It is an exploratory study of time series (7 days of repeated measures). The final sample was composed of university students (n = 12), in two specific groups: six subjects with low academic performance and six with high academic performance. The AMAS – C. Adult Manifest Anxiety Scale (Reynolds, Richmond and Lowe, 2007) and the Watchware Software Actigraph version 1.9.4.0.0 were used as instruments. During the course of a week the participants had to carry the actigraph unit, of which they were instructed for their care. Once the time passed, the actigraph was removed and the self-report measure was taken.
Results: The values of the Man-Wihtney U and Wilcoxon W test statistics, the asymptotic significance and the adjusted significance, determined that there are no significant differences between the groups for the variables studied. Similarly, the automated multiple linear regression model suggests that the "anxiety" and "sleep effectiveness" variables do not predict the "academic performance" variable in university students.
Conclusions: From the results, it can be shown that since academic performance is a multimodal variable, influenced by several factors, it cannot be explained by one. Thus, it was found that, in this case, anxiety and sleep effectiveness as variables did not predict academic performance.

Conflict of interest: No
Keywords University students; sleep; Anxiety; Academic performance

EPP0943

Features of attention in adolescents functioning in the mediamultitasking mode

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Introduction: Adaptation to the modern world of complexity, diversity and digitalization makes it necessary to work in multitasking mode. Therefore, the study of the phenomenon of multitasking and such a higher mental function as attention in the young generation becomes relevant.
Objectives: The aim was to study the characteristics of attention and multitasking mode in adolescents.
Methods: The study included cognitive tests (the Dots test, the Schulte test), extraction of auditory evoked potentials from the EEG and a quasi-experimental scheme for digital multitasking. Sample included 20 adolescents 15-17 years old from Moscow.
Results: All respondents consider themselves to be mediamultitaskers. Most often they combine audio and video content as a background while performing everyday tasks, including learning. They showed good results in cognitive tests. The fewer errors in the dots test, measuring executive functions, were committed, the higher the index of work warming-up (concentration of attention) of the Schulte test (r=0.73, p=0.02) was. A greater number of errors in the dots test was linked with lower psychological stability of the Schulte test, (r=-0.72, p=0.02), less manifested potential amplitude P300 and lower latency (r=0.86, p=0.02).

Conclusions: Adolescents operating in the mediamultitasking mode in everyday life, show mostly good results in cognitive tests. Higher executive function abilities in mediamultitaskers is associated with better concentration, lower latency P300 and lower attention sustainability, which can contribute to the switching between different tasks. The further study is supposed to test the results on a more representative sample. Research is supported by the Russian Foundation for Basic Research, project No. 19-29-14181.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 19-29-14181.

Keywords mediamultitasking; EEG; adolescents; attention

Psychosurgery & stimulation methods (ECT, TMS, VNS, DBS)

EPP0944

Manic disorders following deep brain stimulation in parkinson's disease

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Introduction: Deep brain stimulation (DBS) of the sub-thalamic nucleus (STN) is the gold-standard in the surgical management of drug refractory Parkinson's Disease (PD). However, near 10% of patients can present psychiatric symptoms after DBS. A wide spectrum of behavioural changes has been reported with acute hypomania/mania occurring in about 0,9-4% of cases. Despite of the growing evidence, the underlying causes of DBS-induced manic disorders (MD) are still unclear.
Objectives: To review the MD following DBS
Methods: PubMed search with key terms "deep brain stimulation" AND "manic disorders"
Results: DBS-induced MD are associated with ventral-medial placement of the electrodes, unipolarity and higher stimulation voltages (>3 V). The dorsal/dorsolateral stimulation of STN results in higher improvement, but electrode misplacement and the small size of STN may lead to current diffusion to adjacent non-motor structures belonging to the limbic and associative cortico-subcortical loops (involved in decisional and emotional processes). Localized edema and/or microlesions can also have a role. Episodes of acute mania with hipersexuality, impulsivity and money spending and manic psychosis have been reported. Male sex, early onset of PD, personal/family history of bipolar disorder and history of medication-induced mania may be risk factors. Despite of their impact, the symptoms tend to be self-limited, but may require interventions such as modifications of DBS settings or electrodes placement, pharmacological treatment and inpatient management.
Conclusions: The possibility of MD in the course of DBS emphasise the need for pre and immediate post-operative psychiatric evaluation (higher risk of adverse outcomes). Evidence-based recommendations are scarse. Additional studies about DBS are stil lacking.

Conflict of interest: No
Keywords deep brain stimulation; parkinson's disease; mania; hypomania

EPP0951

Complication of hyperventilation during electroconvulsive therapy: pneumoperitoneum and pneumomediastinum secondary to barotrauma.

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Introduction: Hyperventilation prior to electrical stimulation during the application of electroconvulsive therapy (ECT) is an extended practice. It is known that the hypocapnia lowers the seizure threshold and improve the seizure quality. Hyperventilation can be performed in different ways, the most common being non-invasive mechanical ventilation (NIMV). Pneumoperitoneum secondary to barotrauma is a known complication of invasive mechanical ventilation but very rare in NIMV. Treatment depends on the clinical impact but, in general, can be managed through conservative treatment.
Objectives: We present the case of a patient with this complication secondary to hyperventilation during an ECT session.
Methods: A 75-year-old female patient with a long history of Major Depressive Disorder undergoing maintenance treatment with electroconvulsive therapy (ECT) at Bellvitge University Hospital since 2015 attended the emergency department with abdominal pain and diarrhea ten days after her last ECT session.
Results: Abdominal computed tomography (CT) showed gastric wall pneumatosis and left retro-pneumoperitoneum that associated secondary pneumomediastinum. The study was completed by performing a CT with endovenous contrast that did not show any perforation points. Given the history of hyperventilation during the application of ECT and the absence of perforations in the explorations performed, the findings were attributed to barotrauma. A new CT was performed one week later, showing a complete resolution of the findings described. The ECT sessions were restarted without incidents.
Conclusions: As far as we know, this is the first time that pneumoperitoneum and pneumomediastinum are reported as a complication of hyperventilation performed in the context of the application of ECT.

Conflict of interest: No
Keywords major depressive disorder; ECT; Electroconvulsive Therapy

EPP0954

ECT: still effective. recovery rates and reasons for non-response

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Introduction: Electroconvulsive therapy (ECT) is a highly effective treatment for depression. However a proportion of patients will not complete or respond to treatment. The reasons for non-response are poorly understood.

Objectives: To determine the response rate to treatment with ECT and reasons for non-response.
Methods: ECT records of 109 patients treated with ECT for depression in Sussex over a 2 year period were reviewed. Clinical Global Impression (CGI) was recorded before each treatment along with the number of treatments to reach treatment response, defined as a CGI score of 1 or 2. For those not reaching CGI 1 or 2 a review of case notes was undertaken to determine the reason for this.
Results: 80.7% (n=88) of patients reached a CGI 1 or 2. Mean time to response was 6 treatments (range 2 to 17). 19.3% (n=21) of patients did not achieve a CGI 1 or 2. Of these 23.8% had a sufficient response that the prescribing team decided to stop treatment (CGI 3), 23.8% withdrew consent, 9.5% stopped treatment due to unrelated medical complications. 42.9% were true non-responders, making up 8.3% of the total sample.
Conclusions: ECT shows an excellent rate of treatment response. In those not achieving a full response, in more than half of patients this was down to a need to discontinue early or because sufficient improvement was made to proceed with pharmacotherapy alone. ECT was ineffective for only 8.3% of the full cohort; further research into factors associated with these genuine non-responders will require data from a larger cohort.

Conflict of interest: No
Keywords ECT; Neuromodulation; Dépression

EPP0955

rTMS in clinical practice

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Introduction: rTMS could have good results in a variety of neuropsychiatric disorders such as anxiety, obsessive compulsive disorder, auditory hallucinations migraine, post-stroke rehabilitation. It also provides a neuroprotective mechanism which may enhance cognitive function.
Objectives: We review clinical psychiatric cases from Cyprus rTMS which includes treatment resistant depression, treatment resistant schizophrenia,OCD,anxiety,migraines with anxiety,addictions.
Methods: A Case series which includes We present a 52 year old lady with a history of recurrent depressive disorder, with the current episode lasting over two years. She had a history of recurrent depressive disorder since she was 17 years old. Her current presentation was with decreased sleep, decreased appetite, lack of concentration, lack of energy, low mood and anhedonia as she could not enjoy anything in her life anymore.
Results: A patient with treatment depression who previously had a total of 8 sessions of ECT and didn't respond responded fully to rtms. A treatment resistant schizophrenia patient with auditory hallucinations fully responded to rtms and went to full remission.
Conclusions: Our cases suggests that rTMS can be an effective treatment option in treatment resistant depression even in patients that they have been previously tried on ECT and did not recover or sufficiently responded. Also, the recommendation could be that rTMS could be used as a first line treatment in patients with depression as it presents with less side effects as if its to be compared to medications or ECT and its an effective and safe treatment above all. Also it can be useful in treatment resistant schizophrenia and other neuropsychiatric disorders

Conflict of interest: No
Keywords rTMS; Treatment Resistant Schizophrenia; treatment resistant depression

EPP0956

Safety of electroconvulsive therapy in depressed patients with unrepaired abdominal aortic aneurysm: an update.

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Introduction: To date, it remains unclear whether electroconvulsive therapy (ECT) is a safe procedure in depressed patients with comorbid abdominal aorta aneurysm. Generally ECT is considered as a safe and highly effective treatment option. However, ECT is potentially incriminating to the cardiovascular system due to a transient rise in blood pressure and heart rate during seizure. Fatal cardiovascular complications have been described in literature.
Objectives: To investigate the safety of ECT in depressed adults with unrepaired abdominal aorta aneurysm.
Methods: We describe the case of a patient who presented a treatment resistant depression complicated by an abdominal aorta aneurysm, followed by a literature review on the application of ECT.
Results: In 1952, Kalinowsky et al. stated in their report that: “aneurysm of the aorta is an absolute contraindication to ECT”. Since the introduction of ECT in 1938, there have only been fifteen reported cases of depressed patients who underwent ECT before or in absence of surgical treatment of abdominal aortic aneurysm. Most cases demonstrated ECT as an effective and safe procedure for patients suffering from an unrepaired abdominal aortic aneurysm with coexisting psychiatric disorders. A recent Dutch study though, reported a fatal aortic rupture after ECT. In our study, a 79-year-old patient improved after eight sessions of ECT. Post-ECT there was an abdominal aortic expansion of 0,15cm.
Conclusions: The published data suggest that the risk for aortic aneurysm rupture during ECT is low, under the condition that this intervention is strictly monitored and appropriate cardiac medications are applied.

Conflict of interest: No
Keywords ECT; abdominal aortic aneurysm; Dépression

EPP0957

Electroconvulsive therapy: is there an association between electroencephalographic quality and clinical response?

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Introduction: Evidence in literature suggests a positive correlation between clinical response to electroconvulsive therapy (ECT) and electroencephalographic (EEG) quality. Several authors have identified elements from the EEG that could be associated to greater ECT efficacy. Still, we lack a practical scale to monitor EEG response in daily clinical practice.
Objectives: (1) to design a simple scale, easy to administer, using the EEG parameters with greater evidence in literature; (2) to prove the correlation between this scale and clinical response in a real sample of patients.
Methods: The design of the scale was based on a bibliographical review and a consensus between the authors. Two raters analyzed the EEG registers (sessions 2 to 6, 275 treatments) from 55 patients from 3 different hospitals. Raters were blinded to subject ID and ECT treatment number and, afterwards, EEG scores were correlated with the scores obtained in MADRS (Montgomery-Asberg Depression Rating Scale), which had been administered at baseline and at the end of the ECT course.
Results: None of the EEG parameters contemplated in the scale were statistically significant in predicting change in MADRS. However, models contemplating loss of EEG quality (rather than the ones that only considered mean quality) tended to predict more of the variance in MADRS change.
Conclusions: The lack of statistical significance is likely to be attributed to methodological limitations (insufficient sample, failure to control for other confounding variables...), but it could also be due to an excessive simplification of the scale. The validation of the scale should be examined in a larger sample.

Conflict of interest: No
Keywords Dépression; Electroencephalogram; Clinical scale; Electroconvulsive Therapy

Psychotherapy - Part I

EPP0960

Evidence- based psychotherapeutic interventions for young people with mental disorders: a systematic review

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Introduction: Young People (YP) with mental disorders have the highest rates of long-term morbidity and mortality. Mental disorders increase markably in young adulthood: 75% of mental disorders emerge before the age of 25 years but less than half of YP receive appropriate treatment. Recognizing this public health concern, the European Cooperation in Science and Technology (COST) funded the "European Network of Individualized Psychotherapy Treatment of Young People with Mental Disorders" (TREATme).
Objectives: To conduct systematic literature reviews elucidating the efficacy of psychotherapeutic interventions for YP diagnosed with mental disorders
Methods: Systematic reviews on treatment outcomes for psychotherapeutic interventions targeting specific disorders were performed as part of a larger study. Search strings were created for each disorder group and used in Pubmed and PsychInfo databases following PRISMA guidelines. Inclusion and exclusion criteria were created following the PICOS model. Identified papers were rated by two independent raters per disorder and the final selection made after consensus was reached.
Results: Searches identified 14,021 studies on 9 different mental disorders, duplicates removed n=9980. A total of 332 ASD studies identified,15 clinical trials chosen from full text selection criteria, ADHD 497 studies, selected n=14, Substance misuse of 2136 studies, 185 were selected, CD 1381, 27 selected, Table 1. The preliminary results from 4 systematic reviews will be presented and discussed.

	Studies identified from Searches			
Mental Disorder	Database PsychInfo, Pubmed	Abstracts	Full paper	Therapeutic modules
Autism	332	83	15	CBT n=9, Miscellaneous n=6
ADHD	497	180	14	CBT n =4, Mindfulness n=2, FT n=2, Miscellaneous n= 6
Substance Use Disorders	2136	735	185	MI n=35, CBT n =26, FT n=53, MET n=8, Miscellaneous n= 63
Conduct Disorders	1381	402	27	CBTn=5 MDTn=6 FT n=6 Miscellaneous n=10

Conclusions: The findings inform which psychotherapeutic interventions have strongest evidence on being effective for these mental disorders in YP.

Conflict of interest: No
Keywords young people; mental disorders; psychotherapy; Systematic Review

EPP0961

The beatotherapy approach to the study of negative emotions

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Introduction: The beatotherapy is a modern psychotherapeutic area, developed on the basis of Russian clinical psychology and humanistic psychotherapy by doctor of the psychological sciences, professor A.S. Spivakovskaya. The aim of the beatotherapy is to create the conditions under which a person can consciously change himself and his life and reach a state of happiness. One of the areas of the beatotherapy is the self-observation of negative emotions.
Objectives: In this context, two experimental studies have been carried out of 1) the influence of a negative emotional state on the perception of one's life in normal conditions and in depressions; 2) the study of negative emotions experienced by adults whose parents were alcohol addicts.
Methods: The sample: experimental group (n=50) consisted of mentally healthy adults who did not suffer from addictions but whose parents were alcohol addicts and 50 controls. We used: guilt questionnaires; a lot of qualitative methods (analysis of TAT, phenomenological analysis of interviews).
Results: The results showed that normally negative emotions of the moment lead to the actualization of mostly negative memories. Whereas a negative depressive affect in depression does not allow the emotions of the present moment to affect the perception of one's life. It was shown that adults whose parents were alcohol addicts usually feel negative emotions (guilt, shame, fear). These emotions are recognized during psychotherapy, replaced by experiencing the happiness of the present moment and forgiving their parents.
Conclusions: Based on our research results, we suggest that it is it is very important to work with negative emotions in psychotherapy.

Conflict of interest: No
Keywords psychotherapy; negative emotions; happiness

EPP0962

Building capacity in the delivery of structured psychotherapy using the ECHO model

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Introduction: Project ECHO, originating at the University of New Mexico, uses multi-point videoconferencing to connect primary and community care providers with a team of specialists in an online community of practice. Weekly sessions are comprised of brief didactic presentations alongside anonymous case-based learning. In 2018, CAMH launched ECHO Ontario Psychotherapy to increase access to evidence-based psychotherapies in Ontario, Canada. The 20-session pilot cycle was focused on teaching foundational skills in the delivery of Dialectical Behaviour Therapy (DBT) and Cognitive Behaviour Therapy (CBT).
Objectives: The primary objective of the program was to increase access to evidence-based psychotherapeutic interventions.
Methods: Multiple choice knowledge tests and self-efficacy questionnaires were administered pre- and post- the DBT and CBT modules. Program participants also completed the Counselling Self-Estimate Inventory (COSE) at three time points: prior to the start of the ECHO cycle, between the DBT and CBT modules, and at the end of the cycle.
Results: from the 10-session module on DBT demonstrated a significant increase (13.8%) in participant knowledge, as well as a significant increase (28.9%) in participant self-efficacy related to their ability to deliver DBT. The 10-session CBT module demonstrated a more modest improvement in knowledge (4.3%), and a significant change in self-efficacy (15.1%) related to their ability to deliver CBT. Significant improvements in self-efficacy were also observed using the Counselling Self-Estimate Inventory.
Conclusions: ECHO Ontario Psychotherapy addresses geographic disparities in access to mental health care by building knowledge mobilization networks that enhance provider capacity in the delivery of evidence-based psychotherapy.

Conflict of interest: No
Keywords psychotherapy; CBT; DBT

EPP0963

Family perfectionism: the impact on the treatment and rehabilitation of adolescents with affective disorders

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Introduction: Hospitalization of a teenager in a psychiatric clinic, within the framework of the family-oriented care model, implies the need for participation in rehabilitation not only of the child, but also of his relatives. Nevertheless, there are features of the family system that, at various stages of hospitalization, reduce the effectiveness of joint work between families and specialists.
Objectives: 1) to study the features of the family system, family communication in the families of adolescents with affective disorders 2) to study the parameter of perfectionism as a supposed predictor of lack of readiness for change and an indicator of communicative disorders in the family
Methods: MPS-F; Perfectionism Questionnaire, FAST, Family Emotional Communications, COPE, SOZU-22, SCL–90–R, CDI, PQ-R, expert assessment of family compliance The study involved 50 families of adolescents (12-18 years old) with affective disorders hospitalized in a psychiatric hospital and participating in family therapy.
Results: At the level of the trend, a connection was found between a high perfectionism indicator and a lack of affection for treatment, insufficient acceptance of the disease, as well as a high degree of severity of dysfunctional family patterns.
Conclusions: The applied value of the study is defined as 1) help in identifying dysfunctional patterns of family interaction associated with an increased severity of symptoms of affective disorders; 2) highlighting perfectionism as a separate target for family psychological work 3) the allocation of important factors affecting the family's commitment to treatment: tight family boundaries, communicative dysfunctions, violation of the hierarchy in the family system

Conflict of interest: No
Keywords perfectionism; treatment adherence; family-oriented help

EPP0964

Concept and efficacy of a dilemma-focused intervention for people with depression

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Introduction: A constructivist view of the cognitive system contemplates the possibility of meaning conflicts or dilemmas involving self-identity. Patients' contradictions between verbal discourse and actual behaviors (e.g., agreeing with the therapist to carry on an action and then not doing it), or between behaviors (e.g., to dismiss a romantic partner and then initiating sex with her or him) are seen as manifestations of an internal conflict or dilemma. These internal conflicts, which can be detected using the Repertory Grid technique, are found to be common in patients of different conditions but especially for those with a diagnosis of depression (67% of the cases; Feixas et al, 2014).
Objectives: To study the efficacy of a dilemma-focused intervention (DFI; Feixas & Compañ, 2016) tackle these conflicts in the therapy process rather than counteracting negative thoughts, as in cognitive-behavioural therapy (CBT).
Methods: An RCT was conducted combining group and individual therapy formats. 128 patients participated in eight sessions of group CBT and were then randomised to eight sessions of either individual CBT or DFT.
Results: No differences were found between treatment conditions neither at the end of therapy or at follow up (Feixas et al, 2016; 2018). Depressive symptoms decreased in a significant way and with a big effect size (d = 1.37 for the 106 completers).
Conclusions: Psychotherapy can have a significant impact on depressive symptoms no matter whether using traditional CBT techniques or assisting patients in identifying their internal conflicts and finding a way to resolve them (DFI).

Conflict of interest: No
Keywords cognitive conflict; Cognitive therapy; RCT; personal construct theory

Psychotherapy - Part I

EPP0971

Impulsivity and cognitive distortions in different clinical phenotypes of gambling disorder: profiles and longitudinal prediction of treatment outcomes

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Introduction: Impulsivity and cognitive distortions are hallmarks of gambling disorder (GD) but it remains unclear how they contribute to clinical phenotypes.
Objectives: This study aimed to (1)compare impulsive traits and gambling-related distortions in strategic versus non-strategic gamblers and online versus offline gamblers; (2)examine the longitudinal association between impulsivity/cognitive distortions and treatment retention and relapse.
Methods: Participants seeking treatment for GD (n=245) were assessed for gambling modality (clinical interview), impulsive traits (Urgency, Premeditation, Perseverance and Sensation Seeking [UPPS] scale) and cognitive distortions (Gambling Related Cognitions Scale) at treatment onset, and for retention and relapse (as indicated by the clinical team) at the end of treatment. Treatment consisted of 12-week standardized cognitive behavioral therapy, conducted in a public specialized clinic within a general public hospital.
Results: Strategic gamblers had higher lack of perseverance and gambling-related expectancies and illusion of control than non-strategic gamblers, and online gamblers had generally higher distortions but similar impulsivity to offline gamblers. Lack of perseverance predicted treatment dropout, whereas negative urgency and distortions of inability to stop gambling and interpretative bias predicted number of relapses during treatment.
Conclusions: Individuals with online and strategic GD phenotypes have heightened gambling related biases associated with premature treatment cessation and relapse. Findings suggest that these GD phenotypes may need tailored treatment approaches to reduce specific distortions and impulsive facets.

Conflict of interest: No
Keywords cognitive distortions; treatment outcomes; gambling disorder; Impulsivity

EPP0972

Integrative psychotherapy model of anxiety disorders

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Introduction: At the present time in Ukraine the special priority has the problem of somatoform disorders. A prevalence of clinical somatization neurotic disturbances and necessity of differential diagnostics with somatic diseases were the precondition for studying this area.

At the same time, in Ukraine the diagnosis "Vegetative-vascular dystonia" which is ciphered G 90.8, according to ICD-10 instead of "Somatoform disoders" F40.0-F48 is used.
Objectives: It leads unreasonable treatment significant contingents of neurotic patients in neurological departments.
Methods: The 60 agoraphobia patients and 40 panic disorder (PD) patients were examined. The emotional disturbances of all these patients were investigated with the clinic and pathopsychological methods. The high level of anxiety was shown. Pathopsychologically the high level of personality anxiety and low level of neurotism and depression were indentified.

Results: The system of psychotherapy correction was established, with high efficacy in 68% cases. On that ground has been developed complex differential system of medical- psychological and psychotherapy correction of agoraphobia, PD and somatoform disorders with the - 80% high efficasy.
Conclusions: Our experience showed the necessity of the integrative models of psychotherapy provided, parted on stage. On the first stage – sedative-adapting the receptions of cognitive and suggestive psychotherapy are used. There is groupe therapy on second-main-stage. On the third stagetupesupportive elements of the autogenic training mastered.

Conflict of interest: No
Keywords Emotional disturbances; agoraphobia; panic disorder; psychotherapy correction.

EPP0974

A single day workshop for patients with eating disorders: experiencing 8 different psychotherapeutic approaches and improving user engagement in care

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Introduction: Eating disorders (ED) are the second leading cause of premature death among people aged 15-24. These disorders are still under-diagnosed and under-managed. There are many barriers in access to care: lack of understanding of the disorders, poor knowledge of risk factors, lack of referrals from general health care to specialized centers, delay in access these centers, as well as their limited capacity (1,2)
Objectives: The CMME's specialized Center for the assessment of ED offers a single day workshop devoted to the experiential discovery of a multitude of specific psychotherapies relevant in the context of ED. Eight treatment approaches are presented: Motivational Interviewing, Psychoeducation and Cognitive Remediation Therapy, Family-based therapy,, Psychodynamic approaches, CBT/ACT/MBCT, art therapy and relaxation techniques. This innovative programme aims to initiate and facilitate engagement in psychotherapeutic care.
Methods: Self-evaluation of the effectiveness and acceptability of this dedicated psychotherapy day, carried out at the end of the pilot phase (128 participants).
Results: The initial results of the evaluation show that it improves the understanding of the usefulness of psychotherapies among people suffering from ED (92 %), of the appropriateness of being treated for their disorder (66 %) and reassures them when considering to engage in psychotherapy in addition to medical care to treat their disorder (97 %).
Conclusions: In order to maintain the user engagement in care, a user support programme (6 months), including face-to-face psychotherapy sessions, followed by an access to targeted digital content, and a telephone psychotherapeutic follow-up, will complement the participation in the single day workshop.

Conflict of interest: No
Keywords Psychotherapies; eating disorders; Anorexia nervosa; bulimia

EPP0976

Application of a two-session imagery rescripting program to reduce test-anxiety: results from a pilot study

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Introduction: Adverse mental images play a crucial role in anxiety disorders. Recent studies have shown promising first evidence for the effectiveness of imagery rescripting techniques in reducing test anxiety symptoms.
Objectives: We tailored a two-session program of Imagery Rescripting (IR) techniques to reduce test-anxiety. First application to students was conducted and feasibility in terms of treatment acceptance and safety was evaluated.
Methods: Six women and three men (n=9) were treated with this new approach. During two sessions they were guided to create new mental images related to the experience of coping with test-anxiety. Test-anxiety (PAF), Depression (BDI-90), Life satisfaction (FLZ), general (WIRKALL) and study specific self-efficacy (WIRKSTUD) were recorded prior to the treatment (t1) and post treatment (t2). At t2 the satisfaction of the participants with the procedure using the ZUF-8, VEV and BFTB was also recorded. A 3-months-follow-up will take place three months after the last session.
Results: We did not record any symptom exacerbation from t1 to t2 as indicated by mild score improvement in BDI, WIRKSTUD and WIRKALL. Only in PAF there was a slight, but not significant, increase of the values. In ZUF-8, VEV and BFTB there was continuously high to medium acceptance and satisfaction of the subjects with the Imagery Rescripting procedure. Also no drop-out-rates were recorded.
Conclusions: Conclusion: Data from our feasibility study suggest that this short-term intervention is save and acceptable for students with test-anxiety. However, the study is limited by the small sample size and lack of a control group.

Conflict of interest: No
Keywords: test anxiety; imagery rescripting; short-intervention; feasibility study

Quality management

EPP0978

The role and tasks of the family psychologist in the work of the polyprofessional team of the children's psychiatric clinic

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Introduction: This work is devoted to the study of the specifics of the work of a family psychologist in a children's psychiatric clinic.
Objectives: 1) the allocation of the most difficult moments in the work of a family psychologist in child Psychiatry and the search for possible solutions; 2) analysis of the ideas of the polyprofile team of specialists of the children's psychiatric hospital about the work of a family psychologist
Methods: At the first stage, each of the family psychologists prepared a list of 15 questions, reflecting the main substantive and organizational difficulties encountered in the work. Then the family psychologists themselves answered most popular questions, as well as the main categories of the Center's employees: psychiatrists, diagnostic psychologists, nurses, educators, and the administration. All employees took part in the study.
Results: 1) different categories of employees have very different ideas about what tasks family psychologists solve and what is the importance of the participation of the whole family of the child in the rehabilitation process 2) with the existing system of medical care organization, a family psychologist also plays an important role in integrating information from various specialists working with a child 3) through a family psychologist, the parents of the child get the opportunity to participate in the treatment and rehabilitation of the child
Conclusions: The existing system of assistance to children with mental illness needs a general reorientation to providing family-oriented assistance, which will include all specialists working with the child

Conflict of interest: No
Keywords: family-oriented care; family psychotherapy

EPP0981

Transdiagnostic assessment of clinical outcomes in the comprehensive psychiatric care unit: do changes in service delivery model always mean improvement?

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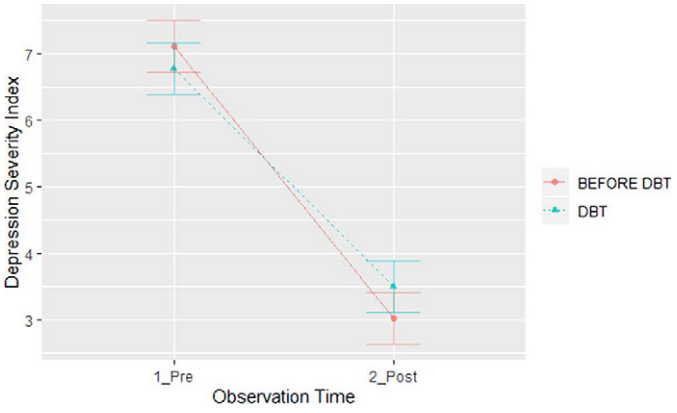
Introduction: Comprehensive psychiatric care (CPC) services serve heterogeneous groups of patients, which makes it difficult to properly monitor their treatment trajectories and to plan service delivery accordingly. In 2017, the program delivery model has been changed towards DBT-informed group therapy in order to address the substantial impact of personality disorders/traits on CPC inpatient unit.
Objectives: The goal of this study was to evaluate the impact of the program change on multiple clinical outcomes based on a standardized assessment tool.
Methods: Resident Assessment Instrument – Mental Health (RAI-MH). Descriptive statistics. Repeated-measures ANOVA.
Results: Data for 329 patients (154 prior and 175 post program change took place, 54% and 41% females, respectively) were analysed. There were no statistically significant differences in sociodemographic and clinical characteristics between the two cohorts at baseline. Patients in both cohorts achieved substantial improvement over the course of their treatment. There was a meaningful, but not statistically



significant reduction in the magnitude of effect in the post-transition cohort, e.g. one of the tested outcomes, the depression severity index reduced in the pre-transition cohort by 4.08±5.11 points and only by 3.27±4.98 points in the post-transition cohort (p=0.15).
Conclusions: The change in service delivery model did not result in either significant changes in clientele or treatment outcomes profiles. While the overall positive effect of treatment remained, its magnitude has reduced since the changes took place.

Conflict of interest: No
Keywords: Quality Improvement; Resident Assessment Instrument; Clinical outcomes; Transdiagnostic Evaluation

Rehabilitation and psychoeducation - Part I

EPP0983

The impact of psychiatric day hospital's treatment on patients' quality of life

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Introduction: According to the model based on individualized treatment plan, our Psychiatric Day Hospital (PDH) admit patients with different range of psychiatric diagnosis. The therapeutic activities are developed by psychiatrists, an occupational therapist and two nurses. They include metacognitive training, psychoeducation sessions, social skills training, daily life activities training, cognitive stimulation, anxiety modulation, recreational activities, movement/relaxation sessions and family meetings. The aim of PDH is to rehabilitate patients both socially and individually and to empower them.
Objectives: Our purpose is to evaluate the impact of PDH treatment on patients' quality of life.
Methods: Each patient fills the quality of life scale WHOQOL-BREF at the beginning and end of treatment. We compared the scores of the four scale domains at these two moments and analysed the results according to psychiatric diagnosis, treatment duration and type of discharge (programmed versus drop-out).
Results: We have screened 27 patients - 11 with schizophrenia, 4 with psychosis not otherwise specified, 6 with personality disorders, 2 with depressive disorder, 2 with bipolar disorder, one with

delusional disorder and one with social anxiety disorder. We have registered 4 drop-outs. Until now, 8 patients completed the treatment. Two patients didn't fill the scale at the end of treatment. We observed that there was improvement in at least one domain. We expect to increase the number of patients who complete the treatment in order to evaluate the impact of treatment on patients' quality of life.
Conclusions: According to our study, PDH's treatment seems to contribute to overall improvement on patients' quality of life.

Conflict of interest: No
Keywords: Rehabilitation; Quality of Life; Psychiatry Day Hospital

EPP0987

Is psycho-social rehabilitation effective in reducing readmission of patients with schizophrenia? A review

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Introduction: A nationwide research in 2017 showed Schizophrenia is the leading cause of rehospitalization in the USA and drives the Government to allocate a huge budget on that. Identifying and addressing the risk factors can lower the readmission rate, and save money, time and workloads in a significant way. The impact of psychosocial rehabilitation in this regard including lifestyle education, cognitive group treatment, functional support, insight and emotion regulation, promoting physical activity/exercise, modifying personal and environmental contextual factors, cultural adaptability, using smartphone apps is still disputable.
Objectives: We tried to establish the link between psycho-social rehabilitation and effective schizophrenia management in terms of reducing readmission and social functionality.
Methods: Pubmed database was searched with the keywords "Psychosoical Rehabilitation", "Readmission Reduction" and "Schizophrenia". Among them 5 studies were selected based on highest level of internal validity to review.
Results: Reviewed studies could not bring a solid conclusion to answer the question and were confounded by multiple variables. Some risk factors were pointed out being associated with readmissions in Schizophrenic patients, such as previous episodes of involuntary admissions, longer involuntary admission days, shorter total admission days, alcohol and drug abuse, psychosocial stressors like marital disharmony, homeless status, financial hardship etc. Other medical and psychiatric comorbidities compounded the situation as well.
Conclusions: Further focused longitudinal studies are warranted with larger sample size, proper control group, less confounding variables and less lead time bias to delineate the association between psychosocial rehabilitation and readmission rate in schizophrenia.

Conflict of interest: No
Keywords: Psychosocial Rehabilitation; Readmission Reduction; Schizophrenia

EPP0988

Cognitive excercises for semantic differentiation: Co.Di.S. - a new proposal for the treatment of psychotic spectrum

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Introduction: Impairment of verbal fluency (semantic category) could contribute to prediction of transition to psychosis and is considered possible biomarker for psychosis. These considerations suggest semantic-focused intervention may be relevant in psychosis treatment.
Objectives: To a standard cognitive remediation treatment (Cogpack®: 16 sessions, twice weekly, 60-minute session duration), we added a specific protocol of Cognitive Excercises for Semantic Differentiation "Co.Di.S.".
Methods: Ten patients (two women) with Schizophrenia Spectrum Disorder (age mean: 34.2; education: 12.3), clinically stable for at least 3 months, were enrolled. At baseline (T0) and after the treatment end (T1) the assessment consisted of the following tests: for basic cognition, MATRICS, Rey Audiory Verbal Learning Test, Babcock Test, Cognitive Estimation Test, and Verbal Fluency-Semantic Category; for social cognition, MSCEIT and Faux Pas; for functioning: Life Skills Profile (LSP), Disability Scale, Drug Attitude Inventory-30, Toronto Alexithymia Scale, Empowerment Scale (SESM), Social Interaction Self-Statement Test and The Self-Exteem Rating Scale.
Results: We found significant ($p<0.05$) improvements in verbal learning and memory overall; clustering in HVLT test (MATRICS) and in Babcock Test (better use of semantic advantage); Category Fluency; ability of understanding and managing social data; LSP – Self-care, Antisocial and Withdrawal areas; social anxiety (SISST).
Conclusions: We observed cognitive, metacognitive and social improvements, followed side by side with a greater ability to manage their own symptoms and therefore an empowerment increase. This recovery-oriented and hierarchic-integrated approach, based on semantic cognitive remediation, might be useful to reach better improvements also in following other rehabilitation programs.

Conflict of interest: No
Keywords: Psychosys; Cognition; rehabilitation; Semantic

EPP0990

Use of return-to-work readiness-scale in patients undergoing psychiatric assessment of work ability

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Introduction: A thorough assessment of work ability in psychiatric patients on sick leave is essential for planning return-to-work (RTW) strategies. However, assessing functional capacity and

predicting successful RTW are challenging among patients with prolonged mental disorders.
Objectives: The aim of the study was to explore the use of Return-to-Work Readiness-Scale (RTW-RQ) in patients undergoing psychiatric assessment of work ability.
Methods: The baseline sample consisted of patients undergoing thorough assessment of work ability in Helsinki University Hospital Psychiatric outpatient unit for evaluation of function and capacity during 2011-2 (N=156) and a one-year follow-up sample (N=140) of the patients. RTW-RQ with a visual analogue scale with scores 0-10 was used to assess subjective self-perception of functional capabilities to RTW.
Results: At one-year follow-up 38 patients (24%) had returned to competitive work and 90 (58%) were considered able to work including those currently unemployed. The mean RTW-RQ score was 4.8 (SD=3.9) for those with RTW, 1.9 (2.7) for those with no RTW, 3.4 (3.5) for those with work ability, and 1.2 (2.1) for those with no work ability. RTW-RQ predicted RTW (OR 1.32; 95%CI 1.16-1.51) and work ability (OR 1.33; 95%CI 1.13-1.56) at one-year follow-up in binary logistic regression analysis adjusted for age and gender. Of the background factors, only employment status was associated with RTW; whereas age, gender, education or diagnosis were not.
Conclusions: RTW-RQ is a useful tool in evaluation of work ability, and planning rehabilitation and RTW interventions among patients with mental disorders.

Conflict of interest: No
Keywords: return-to-work; assessment of work ability; functional capacity; Return-to-work Readiness-Scale

EPP0991

Will cognitive rehabilitation reduce therapy avoidance in veterans with traumatic brain injury and PTSD symptoms? A series of 6 cases

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Introduction: A certain percentage of veterans with traumatic brain injury (TBI) and comorbid posttraumatic stress disorder (PTSD) avoid talking about the traumatic experience with a mental health specialist. This may contribute to the chronicity and worsening symptoms over time. Therefore, the search for treatment strategies conducive to establishing a therapeutic alliance and greater patient involvement in treatment is relevant.
Objectives: To draw attention to cognitive rehabilitation as a possible way to promote further involvement of veterans with TBI in psychological counseling regarding PTSD symptoms.
Methods: We present a case series of 6 veterans with remote TBI (≥3 years) enrolled in complex medical rehabilitation from August to September 2019. All patients received neuropsychological and PTSD symptoms assessment and were proposed to enroll in a rehabilitation program consisting of cognitive rehabilitation and trauma-focused psychological counseling after identifying a mild cognitive impairment and PTSD symptoms.
Results: All 6 veterans refused to enroll in psychological counseling but agreed to undergo a course of cognitive rehabilitation because of cognitive impairment negative impact on the quality of life. During the course of the cognitive rehabilitation or immediately after its completion, 5 veterans changed their minds and expressed a desire to begin psychological counseling and discuss the traumatic experience disturbing them.
Conclusions: Our findings suggest that engaging veterans with TBI and comorbid PTSD in cognitive rehabilitation prior to trauma-focused psychological counseling may reduce therapy avoidance, promote the establishment of a therapeutic alliance and involvement in discussing the traumatic experience. Further research is needed.

Conflict of interest: No
Keywords: Posttraumatic stress disorder; comorbidity; cognitive rehabilitation; traumatic brain injury

EPP0994

Psychological organization of diagnosis's report and its meaning for optimization of treatment and rehabilitation provided to patients with autoimmune diseases of CNS

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Introduction: Contemporary medicine develops actively. In the same time, humanitarian aspects of medicine are discovered as well. Today when diagnosis is reported, it is usually done in the technical way inefficient for treatment.
Objectives: Our objective was to analyze psychological perception of the report given by the doctor to mothers about the fact that the child is suffering recurrent autoimmune disease of CNS.
Methods: Qualitative person-centered research involved 6 mothers of children aged between 9 and 14 who suffered from an autoimmune disease of CNS (mostly cerebellum abnormalities) for a long time (5–8 years). Methods: 1) in-depth interview aimed at understanding mother's perception of child's disease and subjective interpretations of the collocation "autoimmune disease"; 2) modified completion test with the sentences constructed especially for this study.
Results: Analysis demonstrated that perception of disease consists of medical and psychological elements. The psychological element involved when mother is reported about disease influences both perception of the disease in general and perception of treatment and rehabilitation. The way the diagnosis is reported appears to be an intermediate object. Understanding of this object shapes communication in the mother–child dyad and influences the dynamics of treatment.
Conclusions: Symbolic design of the treatment (i.e. description of disease and diagnosis, explanation of its reasons and prognosis) requires to take into consideration psychological meaning of the explanations. It would help to use them in the organization of treatment and actualization of psychological resources as well as collaboration healthcare personnel.

Conflict of interest: No
Keywords: autoimmune diseases of CNS; rehabilitation

EPP0995

Neuropsychological disorders and cognitive rehabilitation: the results of a year of treatment

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Introduction: The Neuropsychological rehabilitation is a form of therapy that derives from the conception of the brain as a plastic organ: factors of the environment can alter the organization of the brain through the mechanism of plasticity. Neuropsychological rehabilitation is aimed at patients with brain injuries or those suffering from neurodegenerative diseases. The therapy aims to promote the recovery of impaired cognitive functions or compensation for deficits through appropriate strategies, or to expand cognitive processes.
Objectives: To compare the neuropsychological profiles of subjects with different diagnoses, before and after cognitive treatment at 12 months distance.
Methods: Neuropsychological profile of 10 patients was evaluated before and after cognitive treatment 12 months later. Patients between the ages of 7 and 65 have different diagnoses (2 ADHD, 4 intellectual disabilities, 1 aphasia, 3 attentive impairment not otherwise specified). A neuropsychological battery was administered based on the specific characteristics of individual patients, which assessed the attentional, executive, memory, linguistic and spatial functions.
Results: there have been improvements in the area of attentional, memory and executive functions, also found within WISC-IV with a significant increase in weighted scores in cases of intellectual disability. Improvements in the area of selective, focused and divided attention have been found in cases of attentional deficits. The patient with communication impairment has registered an improvement in the recovery path of oral expression and linguistic understanding
Conclusions: The effectiveness of cognitive treatments is better if the treatments are constant and long lasting.

Conflict of interest: No
Keywords: Neuropsychology; Intellectual disability; cognitive rehabilitation; ADHD

Rehabilitation and psychoeducation - Part II

EPP0997

Full citizenship as target for psychiatric recovery: what can we learn from patient partners' discussions?

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Introduction: Full citizenship is an intervention philosophy gaining momentum in psychiatric rehabilitation. Nevertheless, it is a little problematized concept, at least from the services users' perspective.
Objectives: Putting into light the effective normativities surrounding the use of full citizenship as a concept orienting rehabilitation services, based on discussions about the concept by mental health services users and what it actually conveys and represents for them.
Methods: A study of ethnographic inspiration was conducted, including 4 focus group discussions around citizenship with 7 participants, all services users, at a Montreal's participatory research program.
Results: Discussions about the concept of citizenship shows it is never a purely descriptive term, but always a normative one, which conveys a social project and related demands. Moreover, the objective of being recognized as full citizens implies for service users the acknowledgment of their experiential knowledge by established, medical, institutions. They are thus brought to modulate their discourse on the criteria of those institutions, striving for scientificalness, but without specific reflections or critical tools about power differences therein. Medical discourse also appears as the paramount way to put words on life experiences of exclusion and hardship, conveying the disease discourse that mental health vocabularies and orientations tried to change.
Conclusions: Clinicians and service providers must become equipped to address these issues, not only by giving a pre-developed vocabulary for naming harmful experiences, but by helping to develop critical analysis tools with the service users they work with – that is, if empowerment is truly what is at stake.

Conflict of interest: No
Keywords: Citizenship; Recovery; rehabilitation; mental health services

EPP0998

The role of trauma representation in rehabilitation after sport trauma: relationship to helplessness and health anxiety

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Introduction: Effectiveness of rehabilitation after sport trauma depends on psychological reactions to it (Ivarsson et al. 2017, Weiss, 2003). Less is known regarding what specific trauma representations predict helplessness, anxiety, passivity or confidence in rehabilitation.
Objectives: The aim was to reveal the relationships between sport trauma representation and rehabilitation-related experience (helplessness, well-being etc.).
Methods: 61 athletes (15-25 years old, 31 males) and 39 football and hockey players (16-17 years old, males) recovering after sport trauma filled Illness Perception Questionnaire (Moss-Morris et al., 2002) that was slightly reformulated to the situation of sport trauma, Illness and Treatment Self-Regulation Questionnaire (Kovyazina et al., 2019) and Satisfaction with Life Scale (Diener et al., 1985).
Results: According to hierarchical regressions, health anxiety, helplessness in rehabilitation were lower (β=-.26 - -.21, $p<.05$, ΔR^2=4.3%-6.7%) in football and hockey players than in athletes. Health anxiety was predicted by higher emotional representations (β=.60, $p<.01$) and poorer understanding of trauma (β=-.25, $p<.05$,

ΔR^2=36.7%). Helplessness was associated to emotional representations (β=.32, p<.05), beliefs in cyclicity of trauma (β=.24, p<.05) and lower personal control (β=-.22, p<.05, ΔR^2=28.5%). Satisfaction with life was predicted by lower emotional representations and less severe subjective consequences of trauma (β=-.33 - -.27, p<.05, ΔR^2=28.0%).
Conclusions: Emotional representations of trauma are related to uncertainty, helplessness and anxiety in rehabilitation demanding for their appropriate assessment and managing in sportsmen recovering after trauma. Research is supported by the Russian Science Foundation, project No. 19-78-10134.
Disclosure: Research is supported by the Russian Science Foundation, project No. 19-78-10134.

Keywords: rehabilitation; sport trauma; trauma representation

EPP0999

Cluster model of treatment engagement in psychiatric inpatients

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Introduction: Patients usually have difficulties in decision making about psychiatric help so they need specific rehabilitation interventions.
Objectives: Inpatient clusters identification in regard of psychiatric treatment engagement.
Methods: Treatment Motivation Assessment Questionnaire (TMAQ) (Sorokin et al., 2017) and Medication Compliance Scale (MCS) (Lutova et al., 2009) to reveal treatment engagement in 91 inpatients with severe mental disorders from V.M. Bekhterev Center. Also used: BPRS (Overall & Gorham, 1962), SANS (Andreasen, 1982), GAF (Salvi et al., 2005), ISMI (Ritsher et al., 2003), PDD (Link et al., 1991). Statistics: k-mean cluster analysis of TMAQ and MCS data, factor and dispersion analysis, size effect (Cohen's d), p≤0,05.
Results: Patients of the 1st cluster (C1) showed intense negative symptoms (SE=-0,68 & -1,0). As compared with C3 they were more socially maladjusted (SE=-0,66) and less resisted to stigmatization (SE=1,1). C2 patients as compared with C3 were prone to discriminate mentally ill persons (SE=-1,8). No differences in sociodemography, nosology, positive symptomatology, illness duration, hospitalizations, pharmacotherapy but significant differences in treatment motivation structure and behavior during medication were found between groups. C1 patients were «avoiding treatment». They hadn't total derangement of treatment motivation structure but tend to minimal compliance scores. The highest motivation intensity and medium score of attitude to medication characterized C3 patients as "active participants in treatment". C2 patients were «passive recipients» of treatment because of their moderate motivation intensity but the most positive medication attitude (SE=0,87 & 1,83).
Conclusions: Treatment engagement depends on mostly not quantitative but qualitative indicators of patients' therapeutic motivation.

Conflict of interest: No
Keywords: psychiatric therapeutic process; Motivation; treatment adherence and compliance; patient engagement

EPP1001

Subjective reasons of stroke and relationship to rehabilitation in after-stroke patients

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Introduction: Motivation for rehabilitation in after-stroke patients is determined by their anxiety and depression that, by their turn, are predicted by such psychological factors as feeling of helplessness, self-efficacious and anxious in rehabilitation. According to self-regulation in health and illness theory (Leventhal et al., 2002), attribution of illness reasons could affect patients' relationship to rehabilitation and could be changed by cognitive behavioral therapy.
Objectives: The aim was to reveal relationship between subjective reasons of stroke and relationship to rehabilitation (helplessness, health anxiety, self-efficacy) in after-stroke patients.
Methods: 50 after-stroke patients (35 men, 18-79 years old) with paresis not having prominent cognitive dysfunctions filled MOCA, appraised their satisfaction with treatment and were interviewed using Illness Perception Questionnaire revised (part of illness reasons, Moss-Morris et al., 2002), Illness and Treatment Self-Regulation Questionnaire (Kovyazina et al., 2019).
Results: After adjusting for MOCA scores, stress and anxiety as subjective reasons of the stroke were related to higher helplessness (r=.35, p<.05) and lower self-efficacy (r=-.29, p<.05). Belief that diet or other characteristics of food were related to stroke was associated to higher helplessness (r=.24-.25, p<.05) as well as beliefs in own behavior, attitudes or family problems (r=.40-.61).
Conclusions: Results indicate that in neurological patients helplessness regarding rehabilitation is related to personal and family, non-controlled internal (stress, anxiety) or external (food) attributions of illness. These attributions could be a target for psychological interventions for these patients. Research is supported by the Russian Foundation for Basic Research, project No. 17-29-02169.
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Keywords: subjective reasons; rehabilitation; after-stroke patients

EPP1004

Psychoeducation in the structure of therapy for computer-related dependence disorders

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Introduction: In recent years situation in Ukraine has been characterized by continuously increasing demands and psychological stress of the population. Various mass psychogenic factors are leading to human maladaptation in conditions of social crisis and spread of addictive behavior.

Objectives: Aim of our work was to develop system of comprehensive therapy for computer-related dependence signs.
Methods: Comprehensive survey of 117 patients with computer-related dependence signs and adaptation disorders was performed by AUDIT-like tests in order to develop system of complex therapy for computer dependence.
Results: In clinical picture of computer dependence were noted: obsessive surfing in the computer network (45.8 ± 1.6% of the examined persons), computer games (22.3 ± 1.2%), virtual communication (5, 8 ± 0.4%), gambling online (14.1 ± 1.1%), enthusiasm for porn sites (1.2 ± 0.1%). There were predominance of depressive symptoms (72.9 ± 2.1% of the examined patients), anxiety (69.4 ± 1.9%) and asthenia (84.7 ± 2.2%), hypersethesia with impaired affect (52.7 ± 1.8%), mixed states (55.3 ± 1.8%) among the clinical manifestations of adaptation disorders. All the examined people received pharmacotherapy with the use of antidepressants - selective serotonin or melatonin reuptake inhibitors and anxiolytic agents. Psychotherapy complex included the use of personality-oriented psychotherapy, existential psychotherapy, art therapy (drawing techniques). Psychoeducational work included use of information modules, motivational trainings, formation of communicative skills, problem-oriented discussions and learning skills of “mastering”.
Conclusions: The patients of the main group receiving complex therapy had reduction in computer dependence, while the patients of the control group had computer dependence with permanent loss of situational control.

Conflict of interest: No
Keywords: adaptation disorders; computer dependence; psychoeducation; psychotherapy

EPP1005

The role of the psychiatrist in early rehabilitation in children after severe brain injury

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Introduction: In CRIEPST in early recovery of mental activity a multidisciplinary team includes a psychiatrist.
Objectives: The rehabilitation tasks of the psychiatrist (neuropsychiatrist) include diagnosis of the disorders and their drugs correction.
Methods: According to the structure of the Institute, it is accepted that these tasks are performed in the departments of intensive therapy, neurosurgeryand rehabilitation. The neuropsychiatrist determine: 1) the level of consciousness, 2) disorders in functions - emotional, personal, motivational, cognitive and motor, 3) psychotic symptoms.
Results: The psychiatrist identifies the main specialized syndrome and compares it with the general clinical picture of the course of the disease, determining the significance of the syndrome of recovery in the dynamics of the general condition, the degree of its influence on the severity of the course of the disease, and the effectiveness of rehabilitation measures. Accounted for: 1) of the developing child's organism and mental development; 2) pathogenesis processes. The psychiatrist recommends drug therapy for correction: 1) of mental recovery, 2) of psychotic disorders. At present after sTBI most drugs are prescribed on the "off-label" principle. The drugs are recommended taking into account the pharmacological effect depending on the disorders of the neurotransmitters: affecting the metabolism of glutamate, GABA, dopamine, choline (acetylcholine), serotonin. Neuromodulating effecthave: 1) antiparkinson; 2) muscle relaxants; 3) anti-Dementia; 4) antidepressants; 5) antipsychotics; 6) hypnotics; 7) anticonvulsants; 8) other neurotropic drugs.
Conclusions: A differentiated approach to diagnosis and medical treatment in children after sTBI with regard to the level of lesion, pathogenesis mechanisms resulting from the trauma itself and reactive processes in response to trauma, taking into account the mental development and recovery increases the chances of more effective rehabilitation, recovery mental functions with minimal defects.

Conflict of interest: No
Keywords: rehabilitation of children; severe traumatic brain injury; mental recovery; recovery of consciousness

Research methodology

EPP1006

Cultural and linguistic validation into literary arabic of stigma scale

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Introduction: The internalization of public stigma by persons with serious mental illnesses may lead to self-stigma, which harms self-esteem, self-efficacy, and empowerment. Corrigan developed a scale that assesses the degree of stigma of mental illness among the general public.
Objectives: This study set out to conduct a translation and cultural validation of the sigma scale into literary Arabic
Methods: Following the translation methodology recommended by Mapi-research institute, the sigma scale was translated in a standardized way consisting of forward translation, quality control, backward translation and a pilot testing including clinicians’ review and a pre-test among 20 medical students in the medical university of Sousse, aged between 19 and 24 years and chosen randomly .
Results: A preliminary version was obtained and was submitted to a validation procedure. No difficulties of compatibility between the cultural backgrounds were identified.No difficulties of compatibility between the cultural backgrounds were identified. A pretest in 20 volunteers demonstrated clarity and understandability across social classes, but also suggested minor changes in the vocabulary

and the grammatical and syntactical construction. Twenty clinicians were solicited. They considered the literary Arabic style difficult and not prone to affect all the population. Critics concerned the 2, 9, 11, 12 and the 26 item. They highlighted some semantic discordance, and some ambiguity in the wording Modifications were made after consulting with an Arabic professor.
Conclusions: The stigma scale is a standardized instrument with acceptable psychometric properties comparable to previous versions, which can be used to assess stigma in Tunisian-speaking populations.

Conflict of interest: No
Keywords: linguistic validation; stigma scale; mental illness; literary Arabic

EPP1007

Validation in literary arabic of the stigma scale among a population of young tunisians

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Introduction: In recent years, the study of the stigma related to psychiatric disorders has seen a significant relevance due to the evidence about its negative impact on patient's health, on their disability, self-esteem and their personal and social development opportunities. Corrigan developed a scale that assesses the degree of stigma of mental illness among the general public, taking into account the degree of empowerment, Recovery assessment and self-determination, from three sub-scales (ES, RAS and SDS).
Objectives: The present study investigated the reliability and the construct validity of an literary arabic version of the Stigma Scale
Methods: The questionnaire was translated using the standard translation/back-translation method. The validation of the construct was conducted on 231 students, randomly selected from six faculties equitably distributed. We explored the factorial structure of the scale by an exploratory factor analysis. Internal consistency reliability was assessed by Cronbach's alpha coefficients.
Results: The factor analysis of the ES subscale allowed the elimination of a single dimension which explains 81.4% of the total variance. In the RAS sub-scale, the results indicate that 5 dimensions stand for 76.1% of the total variance. Within the SDS subscale, the results imply that 5 dimensions stand for 80.6% of the variance The internal consistency of the scale, as measured by the cronbach alpha coefficient, was acceptable for the total scale. This indicator was respectively 0.83, .0.68 and 0.75 for the sub-scale ES, RAS and SDS.
Conclusions: The translated scale appears to have acceptable psychometric properties and provides additional scale support, as well as cross-cultural validity.

Conflict of interest: No
Keywords: stigma scale; factor analysis.; validation; arabic version

EPP1008

The challenges of studying nutrition in psychiatry: an autoethnography

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Introduction: We set out to study the role of micronutrient adjunctive therapy in the treatment of psychiatric disorders. We encountered multiple obstacles which appear to be greater for micronutrients than pharmaceutics.
Objectives: We wanted to describe our obstacles and how we surmounted some of them.
Methods: We used autoethnography to describe our process of attempting to study micronutrients and nutrition in psychiatric disorders.
Results: Micronutrients require larger number of capsules to achieve an adequate dosage than pharmaceuticals. With one micronutrient, Empower Plus, 16 capsules per day are required. With fish oil, three capsules are minimum, and more are better. Patients are less likely to take so many capsules than they are to take one pharmaceutical pill. Micronutrients work slower than pharmaceuticals and patients are more likely to abandon them before they reach maximum efficacy. We describe our IRB oversight of our randomized, controlled trial for bipolar disorder. Adverse events that supported trial closure included a patient with a broken tooth on a rock in a baked potato at a fast food restaurant, a patient with 120 pack-years of smoking who was diagnosed with lung cancer, a patient who slipped and fell and broke a rib, a patient who developed retinopathy on lamotrigine, all of which threatened to close down the trial. No psychiatrist in our health system permitted their patients to join the trial for fear that vitamins would cause them to deteriorate.
Conclusions: A bias exists in contemporary medicine against nutritional therapies and micronutrients that deserves discussion and exploration.

Conflict of interest: No
Keywords: Side Effects; Nutrition; Micronutrients; Bias

EPP1009

Illness and help-seeking behaviour scale – validation in a clinical sample

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Introduction: The help-seeking behavior is a planned illness behaviour, involving interpersonal interaction with a selected health-care professional due to a perceived disturbance (physical and/or emotional). The Illness and Help-Seeking Behavior Scale (IHSBS-15; Macedo et al. 2016; Cruz et al. 2019; Macedo et al. 2020) is a recently developed self-report questionnaire, that presented good psychometric properties in population based samples.

Objectives: To investigate the psychometric properties of the IHSBS in a clinical sample: construct validity, internal consistency and convergent-divergent validity.
Methods: A clinical sample composed of 462 outpatients (78.1% women; mean age=44.49±15.588), recruited in various medical specialties (Neurology, Cardiology, Oncology, Gastroenterology, Rheumatology, Internal medicine, Pneumology), completed the IHSBS-15 and other validated questionnaires: Eysenk Personality Inventory-12, Optimism-Pessimism-2 and Health Perception.
Results: Confirmatory Factor Analysis revealed that the model composed of four-factors and 15 items found in a population-based sample present a poor fit. After removing four items, the second-order model presented an acceptable fit (X^2/df=3.1706; CFI=.9017; TLI=.8614,GFI=..9526, RMSEA=.0686; p[RMSEA≤.01]=.0686). The Cronbach alphas were acceptable considering the number of items: .707 for IHSBS-11 and @.65 for the four factors. IHSBS-11 Total score and Illness Behavior dimensional score significantly, directly and moderately correlated with neuroticism and pessimism and indirectly with extroversion, optimism and physical/mental health perception; Adherence with optimism and pessimism.
Conclusions: The IHSBS-11 is a reliable and valid version to evaluate these psychological medicine constructs in clinical samples. It will be used in an ongoing research project on the relationship between illness behaviour, personality and psychological distress.

Conflict of interest: No
Keywords: Illness; Help-Seeking Behaviour; scale validation

EPP1010

(Pharmaco)economic evaluations for mental health related services: the pecunia project

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Introduction: Mental health disorders affect large proportions of the general public resulting in serious cost consequences even beyond the health care sector.
Objectives: The PECUNIA project aims to establish standardised costing and outcome assessment measures for optimised healthcare provision in the EU for multi-sectoral, multi-national and multi-person (pharmaco)economic evaluations using selected mental health disorders as illustrative examples.
Methods: The PECUNIA consortium coordinated by the Medical University of Vienna brings together ten partners from six countries (DE, NL, UK, AT, ES, HU). The project focuses on the harmonised Identification, Definition, Measurement and Valuation of service costs in multiple sectors (health care, social care, criminal justice, education, productivity, patient, family). Reviews and identification of mental health related services were carried out in all PECUNIA countries as basis for developing the new harmonized costing concept and tools.
Results: We identified many taxonomical and conceptual discrepancies which currently hinder harmonized costing efforts and comparability in economic evaluations across countries and sectors. The 'PECUNIA care atom', a new multi-sectoral costing concept has been developed and forms the basis of further international coding, resource use measurement and reference unit costs development for services and interventions.
Conclusions: The PECUNIA tools will lead to better understanding of the variations in costs and outcomes of mental health services/interventions within and across countries, and improve the feasibility, quality, comparability and transferability of (pharmaco)economic evaluations and HTAs in Europe. They also allow the harmonized measurement of broader economic and societal impacts of mental health services. The PECUNIA project has received funding from the EU's Horizon 2020 research and innovation programme under grant agreement No 779292.

Conflict of interest: No
Keywords: mental health; Economic evaluation; methodology; resource use measurement

EPP1012

Reactivity intensity polarity and stability scale (RIPoST): cultural and linguistic validation into literary arabic

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Introduction: Affect regulation difficulties plays a role in many psychiatric conditions, including anxiety and mood disorders. That's why; E. Hantouche developed the Reactivity Intensity Polarity and Stability scale (RIPoST) to evaluate the different dimensions of emotions. RIPoST was originally edited in French. Arabic translation isn't available to our knowledge.
Objectives: to conduct a translation and a cultural validation of the RIPost scale into literary Arabic.
Methods: Following the translation methodology recommended by Mapi-research institute, the RIPoST scale was translated in a standardized way consisting of forward translation, quality control, backward translation and a pilot testing including clinicians' review and a pre-test among 18 depressed patients, chosen randomly in our outpatient clinic. Two bilingual translators were recruited along with French and Arabic professors.
Results: A preliminary version was obtained and was submitted to a validation procedure. No difficulties of compatibility between the cultural backgrounds were identified. A pretest with 18 volunteers demonstrated clarity and understandability across social classes,

but also suggested minor changes in the vocabulary and the grammatical and syntactical construction. Twenty clinicians were solicited. They considered the literary Arabic style difficult and not prone to affect all the population. Critics concerned the 1, 2, 8, 9, 13, 21, 26, 28, 29, 36, 39, 40, 47, 48, 58 and the 59 item. They highlighted some semantic discordance, some ambiguity in the wording and some lack of pertinence. Modifications were made after consulting with an Arabic professor.
Conclusions: Translation of the RIPoST scale into Arabic was made according to international recommendations to make this tool available for our patients in their native language. A statistical validation is yet to consolidate this version.

Conflict of interest: No
Keywords: RIPoST; linguistic validation; literary Arabic

EPP1013

Phenomenological position in clinical-psychological research and its elaboration in the perspective of cultural-historical psychology

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Introduction: Under the influence of positivistic methodology and evidence-based medicine, clinical-psychological studies tend to ignore exploration of patient's inner experience and mechanisms that shape this experience — both in academic projects and psychodiagnostics.
Objectives: Our objective was to analyze the phenomenological data demonstrated in the regular tests, pathopsychological experimental research of Levin's type (Zeigarnik B.V.), clinical-psychological conversations, projective diagnostics. Clinical psychological research regardless of its methods involves inner experience of the patient, dynamics of the self-awareness as well as mechanisms of development and functioning of mental disorders. Despite of that, such data are rarely considered and reflected.
Methods: We argue that phenomenological data and phenomenological position should be considered in every psychodiagnostical method.
Results: For the exploration of mechanisms responsible for development and functioning of mental disorders, phenomenological position is an essential one, because these mechanisms can be understood only from the inner perspective of the patient's psycho. This methodology was developed to grasp cultural-historical nature of psychological experience (Bakhtin M.M., Vygotsky L.S.), i.e. not to stop at understanding of inner mechanisms, but to apprehend the social and cultural mechanisms of deviant development — an attempt to understand psychological phenomena through the lens of previous social interactions.
Conclusions: Such psychological diagnostics is of therapeutic importance. If we understand the social-cultural mechanisms participating in the development of mental disorders, it helps not only to understand the disorder, but also to make the therapy more productive. Elaboration of such psychodiagnostical methodology might stimulate deeper development of contemporary clinical psychology and rehabilitational medicine in general.

Conflict of interest: No
Keywords: psychological diagnostics; cultural-historical psychology; phenomenological position

EPP1014

Internal consistency and correlation of two scales for measuring mental health stigma-discrimination among colombian students of medicine

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Introduction: Both Mental Health Knowledge Schedule (MAKS) and Mental Illness: Clinicians´ Attitudes (MICA) are tools for exploring stigma-discrimination related to mental disorders. Spanish translation is now available; however, it is unknown their internal consistency.
Objectives: To explore the internal consistency and correlation between of the MAKS and MICA in students of medicine at Santa Marta, Colombia.
Methods: A psychometric study was designed. A sample of 507 students, aged between 18 and 39 years (M=21.0; DE=2.9), 56.5% were females, 65.3% studied in a private university, and 50.1% were taken basic medicine courses. Participants completed the MAKS and MICA which are 12- and 16-item scale, respectively. Both scales offer Likert type options of answer from strongly agree to strongly disagree. Internal consistency (Cronbach alpha and McDonald omega) and correlation between MAKS and MICA were computed.
Results: The MAKS showed scores between 22 and 58 (M=45.1; SD=4.4), Cronbach alpha of 0.62 and McDonald omega of 0.77. And the MICA presented scores between 22 and 56 (M=38.2; SD=5.8), Cronbach alpha of 0.51 and McDonald omega of 0.33. The Spearman correlation between both scales was r_s=0.20.
Conclusions: MAKS presents acceptable internal consistency; however, MICA shows a poor performance. MAKS and MICA scores reach a low correlation between then. It is recommended to use MAKS to measure stigma-discrimination related to mental disorders among student of medicine in Santa Marta, Colombia. MICA items need a strong review.

Conflict of interest: No
Keywords: Social prejudice; Medicine students; mental disorders; Validation studies

EPP1015

Cultural adaptation and refinement of the barriers to access to mental evaluation (BACE) for colombian psychiatric outpatients

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Introduction: The Barriers to Access to Care Evaluation (BACE) is a tool of 30 items designed for measuring related to stigma-discrimination (12 items), attitudinal (10 items), and instrumental

barriers (8 items). Nevertheless, to use scales is always necessary cultural adaptation and sometime an additional refinement.
Objectives: To make a cultural adaptation and refinement of BACE in psychiatric outpatients at Santa Marta, Colombia.
Methods: A psychometric study was carried out which participated 260 adult outpatients aged between 18 and 83 years old (M=47.6, SD=14.0); 57.3% were women. Major depressive disorder (36.9%), bipolar disorder (16.5%), generalized anxiety disorder (15.8%), sleep disorder (12.3%), and schizophrenia (5.0%) were the more common diagnoses. Each item of Spanish version of the BACE provides four response options to stop, delay or defame professional consultation (never, sometimes, many times and always, rated from zero to three). Exploratory and confirmatory factor analysis were performed for choosing the items with best performance. Cronbach alpha was computed for each dimension.
Results: Twenty items showed the best performance (BACE-20): 8 items for stigma-discrimination (3, 8, 9, 12, 17, 19, 21 and 26, Cronbach alpha of 0.92), 8 items for attitudinal (2, 4, 7, 10, 18, 20, 23 and 25, Cronbach alpha of 0.79), and 4 items for instrumental barriers (11, 16, 27 and 30, Cronbach alpha of 0.65). Indexes of goodness of fit were: chi squared=358.9; df=167, p<0.001, RMSEA=0.083 (CI90% 0,071-0.095), CFI=0.888, TLI=0.873, and SRMR=0.066.
Conclusions: The BACE-20 presents better psychometric performance acceptable dimensional structure and high internal consistency. Further researches are needed.

Conflict of interest: No
Keywords: Validation studies; Social prejudice; mental disorders; Outpatients

Schizophrenia and other psychotic disorders - Part I

EPP1017

Dissociative symptoms in schizophrenia: link with childhood trauma

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Introduction: A well-known link exists between childhood trauma and schizophrenia development in adulthood. Dissociation has been shown to mediate between trauma and psychosis in several studies. A recent meta-analysis demonstrated a relevant and significant relationship between childhood trauma and dissociation in schizophrenia spectrum patients.
Objectives: Analyse relationship between childhood trauma and dissociative symptoms in schizophrenia
Methods: Retrospective study including adult patients diagnosed with schizophrenia spectrum disorders. Childhood trauma was assessed with the Childhood Trauma Questionnaire (CTQ-SF), which includes 28 items measuring history and intensity of 5 types of trauma (physical, emotional and sexual abuse, physical and emotional neglect). Dissociative symptoms were assessed with the Dissociative Experiences Scale (DES-II), which includes 28 items measuring the occurrence and frequency of several dissociative experiences.
Results: Forty-five patients (55.5% men, mean age: 41.1) were included. 77.8% had experienced childhood trauma (48.9% emotional abuse, 28.9% physical abuse, 40.0% sexual abuse, 55.6% emotional neglect, 46.7% physical neglect). Dissociation showed significant and moderate correlation with number of traumatic experiences (r=0.559, p=0.000) and intensity of trauma in the event of emotional abuse (r=0.616, p=0.000), sexual abuse (r=0.582, p=0.000), emotional neglect (r=0.489, p=0.001) and physical neglect (r=0.471, p=0.001).
Conclusions: Childhood trauma is highly prevalent in schizophrenia spectrum patients and correlated with dissociative symptoms. We argue in favour of systematic inquiry of childhood traumatic history and dissociative symptoms in such patients.

Conflict of interest: No
Keywords: schizophrenia; dissociation; childhood trauma; psychosis

Schizophrenia and other psychotic disorders - Part II

EPP1027

Vocational status among patients with first episode schizophrenia spectrum psychosis: standard treatment vs early intervention

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Introduction: The persons with first episode psychosis (FEP) during the early course of the illness often experience different obstacles to return or get involved in a working environment. Nevertheless, employment provides an important social role in the person's life and improves self-esteem and well-being.
Objectives: We aimed to explore whether the Latvian Early Intervention Program (LAT-EIP) has more success in supporting young patients in regard to remaining in the workplace or obtaining a new work position compared to standard treatment.
Methods: All consecutive patients admitted (2016-2019) in Daugavpils Psychoneurological Hospital acute ward with schizophrenia spectrum FEP, were offered to participate in the study. The inclusion criteria were met by 112 patients: control group n=77, intervention group n=35. The control group received standard treatment (ST-group), the intervention group received early intervention (IT-group, LAT-EIP, established in 2018). Patients were followed up for 6 months. The information was gained by face-to-face interviews with patients, via telephone and with patients' permission cross checked with medical files.
Results: There were no significance differences between the 2 groups in age, gender, duration of untreated illness (DUI), duration of untreated psychosis (DUP). There were no significant differences in vocational status between the groups when entering standard or intervention treatment. After 6 months of ST or IT, 30,0 % of ST patients were employed compare to 62.07 % in the IT group, p=0.005.

Conclusions: The LAT-EIP showed promising results in improved employment status over standard treatment in short term.

Conflict of interest: No
Keywords: First Episode Psychosis; schizophrenia; Early intervention; Employement

EPP1028

Latvian early intervention program (LAT-EIP)- first results of treatment efficacy in psychopathological symptoms among patients with first episode psychosis

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Introduction: There have been wide discussions during the last years about early intervention efficacy over standard treatment in different domains of the early course of psychotic disorders.
Objectives: The first Latvian early intervention program (LAT-EIP) was established in 2018. Now, in 2019 we aimed to explore the remission status of the first treated patients.
Methods: All consecutive patients with first-time schizophrenia spectrum psychosis (FEP) after being discharged from acute psychosis ward, were offered to participate in LAT-EIP. The assessments of psychopatology included: Scale of the Assessment of Positive Symptoms (SAPS), Scale of the Assessment of Negative Symptoms (SANS). Full remission is defined as a stable remission of both negative and positive symptoms (evaluated as 2 point or less in the SAPS and SANS global items).
Results: From all consecutive patients with first time schizophrenia spectrum psychosis, 35 patients met the inclusion criteria, 2 refused to enroll in LAT-EIP, 33 started the LAT-EIP, 4 were drop-outs, 2 were excluded because of rehospitalization during the first 6 months, 27 finished the program. The median age was 29 years (IQR=24-32.5). At the end of the program, 65.3% of FEP reached full remission. The SAPS and SANS has significantly changed during intervention treatment with effect size of d=0.68 (p=0.004) for SAPS, and d=0.52 (p=0.003) for SANS.
Conclusions: The Latvian Early intervention program showed high patient interest to be involved in early intervention treatment and there are promising results for treatment efficacy both in positive and negative symptoms.

Conflict of interest: No
Keywords: Early intervention; schizophrenia; positive and negative symptoms; First Episode Psychosis

EPP1033

Short-term reliability and validity of retrospective childhood trauma reports in schizophrenia spectrum psychosis

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Introduction: Among the environmental factors recognized to convey an increased risk for psychosis, childhood trauma (CT) holds a prominent position. CT is a generic term encompassing experiences of sexual, physical and emotional abuse, and neglect during childhood and adolescence. Due to the fact that CT in adult patients with psychosis has been mainly assessed through retrospective reports, concerns have been raised about the reliability and validity of these data.
Objectives: We sought to explore the short-term reliability of retrospective CT reports in a group of patients with schizophrenia-spectrum psychosis (SSP).
Methods: We assessed 63 SSP patients on two different early adversity self-report measures to establish concurrent validity by confirming the similarity of CT ratings; and on two separate occasions (T_1: inpatient status; T_2: outpatient status, three months after initial testing) to establish test-retest reliability by confirming the temporal stability of abuse and neglect reporting. Early adversity was measured with the Childhood Experience of Care and Abuse Questionnaire (CECA.Q), and the Parental Bonding Instrument (PBI).
Results: High concurrent validity was detected between CECA.Q antipathy scales and PBI care and protection scales; and between CECA.Q neglect scales and PBI care scales. High test-retest reliability was confirmed for all CECA.Q and PBI scales.
Conclusions: Our findings indicate that retrospective CT reports are a reasonably reliable and valid means of assessing early experiences of abuse and neglect in SSP patients. However, additional provisions are required for corroborating these reports through other sources and removing the effect of confounding variables, such as caveats of autobiographical memory, desirability bias and psychopathology.

Conflict of interest: No
Keywords: schizophrenia; childhood trauma; retrospective reports; reliability

EPP1034

Maternal antipathy and neglect moderate personalizing bias in schizophrenia spectrum psychosis

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Introduction: Childhood trauma (CT) has been recognized as a risk factor for psychosis. Among the pathways implicated in the CT-psychosis association, attributional biases (ABs) hold a prominent position. ABs disrupt reality testing, thus laying a conducive ground for the emergence of paranoid symptoms. Paranoid patients have been theorized to externalize the causality of negative life events (externalizing bias; EB), mainly by blaming other people (personalizing bias; PB), in an attempt to maintain their self-esteem.
Objectives: We sought to investigate the presence and intercorrelations of CT and ABs in a group of patients with schizophrenia-spectrum psychosis (SSP).
Methods: We compared 63 SSP inpatients to a healthy control group (HC) on measures of CT and attributional style. CT was assessed with the Childhood Experience of Care and Abuse Questionnaire (CECA.Q), and attributional style with the Internal, Personal and Situational Attributions Questionnaire (IPSAQ).

Results: SSP inpatients displayed higher levels of CT (χ^2 (1, N = 124) = 34.5, p < .001) and PB (U = 1309, p = .002) than HCs. EB was not detected in the SSP group. Within the SSP group, PB was negatively correlated to the severity of maternal antipathy (r_s = - 0.380, p = .002) and neglect (r_s = - 0.300, p = .017).
Conclusions: SSP inpatients do not favor external attributions for negative events. However, when they do externalize causality for negative events, they tend to personalize the blame. If PB serves the purpose of preserving an intact self-image in paranoid patients, negative maternal rearing behaviors appear to reduce this defensive capacity.

Conflict of interest: No
Keywords: schizophrenia; childhood trauma; externalizing bias; personalizing bias

EPP1036

Predictors of a poor response to antipsychotic therapy in outpatients with the first episode of schizophrenia spectrum disorders

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Introduction: The outcome of schizophrenia is characterized with a minimal response to antipsychotics in approximately 30% of patients with first-episode (FE) psychosis.
Objectives: To assess the incidence of poor response to treatment and its predictors in outpatients with FE schizophrenia spectrum disorders (SSD).
Methods: Medical records of the outpatients with SSD (n=330; ICD-10) seeking treatment in 2017 in 3 day inpatients departments in St. Petersburg, Russia, were examined. 22.1% (n=73) of patients met the criteria for the FE and made up the study group (mean age 24.8±6.5; 67.1% male). Examined patients were diagnosed with schizophrenia (F20;54.8%), schizotypal disorder (F21;34.2%), schizoaffective disorder (F25;6.8%), and acute polymorphic psychotic disorder (F23;4.1%).
Results: 83.6% of the patients (n=61) did not have a full therapeutic response to the first prescribed antipsychotic. 49.3% of patients (n=36) had not reached symptomatic remission during the observation period (3 months). Side effects of the therapy were revealed in 39.7% patients, and 13.7% patients disrupted the treatment regimen (low compliance). We found no relationship between therapy response and first or second generation antipsychotics. Patients with poor treatment response were more likely to break the treatment regime (r=0.3; p=0.011; CI95% 0.08-0.50). Patients with a comorbid diagnosis of encephalopathy of various etiologies by a neurologist were found to have less often a good response to antipsychotic therapy (r=0.36; p=0.002; CI95% 0.14-0.54).
Conclusions: Up to 49% of outpatients with FE SSD are characterized by poor response to antipsychotic therapy. Factors predicting a poor response to therapy may include comorbid brain damage and low adherence to therapy.

Conflict of interest: No
Keywords: schizophrenia spectrum disorders; antipsychotic therapy; Outpatients; First episode

Schizophrenia and other psychotic disorders - Part III

EPP1039

Drawing: a tool of phenomenology at schizophrenia

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Introduction: The objective manifestations of mental life are the matter of psychopathology, however, these methods can not be used for the subjective phenomena of mental life. Here we can use phenomenology, the objective study of subjective experience, first described by Jaspers. Jaspers thought that most of the mental events, with which we deal in psychiatry, are open to empathic understanding, but that others are not, particularly some of the manifestations of schizophrenia which are completely alien to normal experience.
Objectives: Description of a case report of a patient with schizophrenia using patients' weekly drawings to evaluate the delusions and the efficacy of treatment through his drawings,during his inpatient hospitalization.
Methods: Present a case report of a patient with schizophrenia and the patients drawings with a description of the psychopathology at that time. Discussion of the value of drawing as a tool to understand better a patient's delusions.
Results: The authors present a case report of a male patient, 43-years-old, with a diagnosis of paranoid schizophrenia since he was 21, who draws often. During the hospitalization he was motivated to paint on a weekly basis, so we could evaluate the clinical evolution of his delusions. During that time the drawings were able to express his delusions better than words.
Conclusions: In some psychiatric disorders with disordered thinking, drawings could help clinical evaluation, and creativity may be the answer, as we could see our patient evolution clearly throughout his drawings.

Conflict of interest: No
Keywords: schizophrenia; art; drawing

EPP1040

Cardiometabolic risk prediction algorithms and their suitability for young people suffering psychosis: a systematic review

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Introduction: Risk prediction algorithms are routinely used in clinical practice to intervene in the incidence and prevalence of cardiometabolic disorders. Young people with psychosis are at particularly high risk, but much of this risk may be uncaptured by pre-existing algorithms.

Objectives: To identify and compare cardiometabolic risk prediction algorithms developed for the general/psychiatric populations and assess their suitability for young people with psychosis.
Methods: A systematic literature search was performed following PRISMA guidelines. Studies that reported the development and/or validation of risk prediction algorithms for cardiometabolic disorders in the general or psychiatric populations were included. A narrative synthesis was employed to compare and contrast risk algorithms and assess their suitability for young people with psychosis.
Results: 57 studies were included in the narrative synthesis. One was derived from a sample of psychiatric patients. Two considered psychiatric predictors such as antipsychotic medication or diagnosis of severe mental illness. Mean age across studies was 48.97 (SD 5.31) with roughly even sex distribution. In all studies, algorithms weighted age much more significantly than any other risk factor.
Conclusions: Many cardiometabolic prediction algorithms have been developed. Most have not been adapted for clinical use. From those that have, only three incorporated psychiatric risk factors. However, even these studies are likely unsuitable for young people with psychosis due to the overbearing weighting of age. The significant cardiometabolic risk shouldered by young people with psychosis is therefore likely to be underestimated in all currently existing risk algorithms.

Conflict of interest: No
Keywords: risk; psychosis; cardiovascular

EPP1045

Successful combined administration of two atypical long acting injectable antipsychotics in young adults with schizophrenia: two case reports

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Introduction: Schizophrenia is commonly associated with non-adherence to medication, limited response to treatment and impairments in functioning. The above serve as barriers to potential positive outcomes.
Objectives: Assessing the effectiveness of the concurrent administration of two atypical long acting injectable antipsychotics (LAIs) in two young adults diagnosed with schizophrenia and discussing the reasoning behind choosing this as an appropriate pharmacological treatment.
Methods: K. is a 20 year old female with a 2 year history of schizophrenia. Her adequate response to the combination of LAI aripiprazole 400mg once per month and paliperidone 9mg/daily, led to replacing paliperidone with LAI paliperidone palmitate 150mg once per month, in order to reduce the potential danger of non-adherence and regain better functioning. P. is a 24 year male, diagnosed with schizophrenia at the age of 21, with multiple involuntary admissions to psychiatric wards. P. had low adherence to medication and severe psychotic symptoms persisted despite trying multiple drug combinations. He was initiated on LAI risperidone 50mg every two weeks and LAI aripiprazole 400mg once per month.
Results: In the following 3 months, psychotic symptoms in both cases substantially subsided and general functioning improved. No adverse effects were reported.
Conclusions: Combining two atypical LAIs might be an effective approach in overcoming treatment barriers in schizophrenia.

Conflict of interest: No
Keywords: schizophrenia; LAIs

EPP1046

Difference of proteomes of patients with paranoid and simple schizophrenia

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Introduction: Schizophrenia represents a heterogeneous group of mental disorders with unknown pathophysiological mechanisms, and these are the causes of difficulties in the prediction of responses to treatment and outcomes for the patients with these disorders. The proteomics approach enables to specify distinct minor proteins which can help to decipher molecular mechanisms involved in mental disorders.
Objectives: Proteomic analysis of serum in patients with paranoid and simple schizophrenia.
Methods: We used serum of 24 healthy donors, 18 patients with paranoid schizophrenia and 12 patients with simple schizophrenia. Samples preparation included: serum purification from major proteins via affinity chromatography, 1D-PAGE proteins separation, in-gel tryptic hydrolysis, LC-MS/MS mass-spectrometry (Orbitrap Q-exacutive HF mass spectrometer, Agilent Technologies). Identification of proteins was carried out using Mascot software Ver. 2.1 («Matrix Science», USA).
Results: Proteins uniquely met only in sera from patients with simple schizophrenia are involved mostly in biological processes, such as structural constituent of cytoskeleton, transcription regulator activity, DNA binding, Immune response, regulation of nucleic acid metabolism. The proteins met in paranoid schizophrenia are mostly involved in the Ion transporter activity, Immune response, protein metabolism and transport.
Conclusions: Identified proteins can be included in sensitive and specific panel for the differential diagnosis of schizophrenia and evaluating subsequent response to treatment. Acknowledgments. – Mass spectrometric analysis was carried out using the equipment of “Human Proteome” Core Facility of the Institute of Biomedical Chemistry Moscow which is supported by Ministry of Education and Science of the Russian Federation (unique project ID RFMEFI62117X0017). Support by Grant of RSF № 18-15-00053

Conflict of interest: No
Keywords: schizophrenia; proteomics; biomarker

EPP1047

Prognosis for the development of metabolic syndrome in patients with schizophrenia receiving antipsychotic therapy

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Introduction: Metabolic syndrome is a private undesirable phenomenon that occurs when taking atypical antipsychotic drugs, and its study is one of the priorities of modern science.
Objectives: Determine the effect of constitutional morphological type (body type) on the development of metabolic syndrome in patients with schizophrenia
Methods: We examined 150 patients with schizophrenia receiving basic therapy with antipsychotics at the clinics of the Research Institute of Mental Health. The study was supported by a grant from the Russian Science Foundation 18-15-00011. All patients went an anthropometric examination: the Rees-Eysenk index has been calculated. IDF criteria were used to establish the metabolic syndrome diagnosis.
Results: The relationship between the Rees-Eysenk index and the presence of a concomitant metabolic syndrome was determined. We used the ROC analysis. The area under the curve is 0.707, the confidence interval is 95% (0.621; 0.793), which means that the trait under study has sufficient predictive power. To determine the separation points, the Iodine index (Se + Sp-1) was used. The Rees-Eysenk index in which it is maximum turned out to be equal to 100.5. In case the Rees-Eysenk index is less than 100,5, the higher possibility of the development of the metabolic syndrome in patients with schizophrenia receiving antipsychotic therapy can be predicted. This indicates the influence of the bone component on fat deposition and the formation of metabolic disorders.
Conclusions: Determination of the Rees-Eysenk index allows to prescribe antipsychotic therapy according to allow the body type as a prognostic factor in the development of the metabolic syndrome.

Conflict of interest: No
Keywords: schizophrenia; metabolic syndrome; psychopharmacotherapy

EPP1048

Suicidal behaviour in patients with schizophrenia in combination with metabolic syndrome

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Introduction: Current studies show clinical and social aspects of suicides among patients with schizophrenia while ignoring treatment-induced factors.
Objectives: Establishing connection between suicidal behavior, level of hopelessness and presence of metabolic syndrome (MS) in patients with schizophrenia.
Methods: Reported study was funded by RSF: 18-15-00011 and RFBR: 20-013-00159. 150 patients with schizophrenia receiving antipsychotic therapy for 6 weeks were divided into groups: with and without MS. MS was verified with use of IDF criteria. Groups were compared according to the frequency of parasuicides and the features of PANSS and BHS. Statistical processing was performed by median, confidence interval, reliability level ($p<0.05$).
Results: In group with MS age was 38 [34; 57] years, without MS was 31.5 [27; 36] years, p=0.000002. Duration of antipsychotic therapy in patients with MS was 3 [2; 10] years, in without MS - 2 [0.55; 6.25] years, p = 0.0112. In group with MS negative symptoms were more prevailed: 27 [23; 31] points, than in group without MS: 25 [21; 28]. Among patients without MS with parasuicide were 41.1%, with MS - 26.3%, p=0.00105. Average scores in accordance with BHS in group with MS were 5 [4; 7] and in group without MS - 5 [3; 7], (p=0.71).
Conclusions: Patients with MS had older age, duration of therapy and greater prevalence of negative symptoms than patients without MS. Frequency of parasuicides among patients with MS was lower. Level of hopelessness was same in both groups. MS in patients with schizophrenia does not increase suicidal risk and hopelessness.

Conflict of interest: No
Keywords: schizophrenia; hopelessness; metabolic syndrome; Suicidal Risk

Schizophrenia and other psychotic disorders - Part IV

EPP1053

Relationship between aberrant salience and social cognition in patients with schizophrenia

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Introduction: Aberrant salience could explain the origin of the delusion, but could also be implicated in the deficit of the social functioning of schizophrenic patients.
Objectives: The aims of our study are underline correlation between social cognition and aberrant salience in schizophrenia patients and define the role of salience in social functioning.
Methods: 42 schizophrenia patients were recruited and assessed with BPRS. The salience was assessed with Aberrant Salience Inventory (ASI). Social Cognition was assessed with Facial Emotion Identification Test (FEIT).
Results: Total ASI score is correlated negatively with recognition of positive and neutral emotions. ASI factor "increase in meaning" negatively correlated with the recognition of positive and neutral emotions. ASI factor "heightened cognition" correlated with a recognition of positive and neutral emotions and with total FEIT

Duration of illness	7.71(7.97)
BPRS total score	56.83(9.9)
Mean daily antipsychotic dosage (olanzapine equivalent)	18.8 (2.4)
Feelings of increased significance	5.23(1.55)
Sense sharpening	2.76(1.39)
Impending understanding	3.28(1.31)
Heightened emotionality	3.69(1.71)
Heightened cognition	2.85(1.47)
Aberrant Salience Inventory total score	17.83(5.97)
Positive Emotion Recognition	19.21(2.58)
Negative Emotion Recognition	17.42(5.54)
Emotion Recognition total score	36.64(6.74)

	FEIT total score	FEIT positive emotions score	FEIT negative emotions score
Feelings of increased significance	-.132	-.349*	.002
Sense sharpening	-.128	-.232	-.048
Impending understanding	-.175	-.359	-.045
Heightened emotionality	-.216	-.118	-.207
Heightened cognition	-.395*	-.473**	-.258
ASI total score	-.264	-.375*	-.145

	Mean time response FEIT tot	Mean time response (sad, fear, anger, disgust)	Mean time response (happy, surprise, neutral)
Feelings of increased significance	-.222	-.120	-.333
Sense sharpening	-.452	-.238	-.738**
Impending understanding	-.216	-.096	-.372
Heightened emotionality	-.211	-.044	-.488*
Heightened cognition	-.134	.005	-.376
ASI total score	-.269	-.106	-.505*

*=p<.05; **=p<.001

score. ASI factors "impending understanding" and "heightened emotionality", and the ASI total score correlated negatively with the time of recognition of positive and neutral emotions. A negative emotional valence was attributed to 70% of misrecognized positive emotion expressions, while a positive emotional valence was attributed to 45% of misrecognized negative emotions. The misclassification of positive emotions, unlike the misclassification of negative emotions, was statistically significant.

Conclusions: Aberrant Salience might be involved in recognition of emotions and a salience impairment could leading the patients to a misattribution. Patients use a lower amount of time to decide the attribution of emotions, especially positive emotions. Morover the positive emotions are attributed as negative ones. All this elements might lead to a worst social functioning.

Conflict of interest: No

Keywords: salience; schizophrenia; Social Cognition; emotion

EPP1057

Effects of socialMIND® on depression, negative and positive symptoms

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Introduction: Recent studies support the efficacy of Mindfulness Based Interventions (MBIs) reducing negative symptoms (Sabe et at., 2019), but report no significant effects on positive symptoms (Shieh et al, 2018). A recent meta-analysis found a strong beneficial effect of MBIs in reducing depressive symptoms among people with severe mental illness (Goldberg et al, 2018), supporting the consideration of MBIs as a convenient therapy for psychotic disorders.

Objectives: To determine the effects of a MBI (SocialMIND®) on depression, negative and positive symptoms.

Methods: A parallel-group, controlled (SocialMIND® versus psychoeducational multicomponent intervention [PMI]), clinical trial has been implemented. The participants received 16 weeks of group therapy. Depression, positive and negative symptoms were measured with the Calgary Depression Scale for Schizophrenia (CDSS) and the Positive and Negative Syndrome Scale (PANSS).

Results: 23 participants were included. There were no differences in general psychopathology, positive or negative symptoms. However, we found a significant decrease in negative symptom scores when analyzing both groups together (PMI and SocialMIND®) (t(23)=-2.53, p=0.019). There were no significant intergroup differences in depressive symptoms (t(22)=2.09, p=0.057, d=0.8). However, the 95% confidence interval in the PMI group [-5.4, 0.67] compared with SocialMIND®'s [-0.91, 1.99] shows a tendency of a better performance of PMI in reducing depressive symptoms.

Conclusions: Both interventions reduced negative symptons, These results are in line with the findings of a greater effect of Mindfulness-Based Cognitive Therapy (group therapy) over Acceptance and Commitment Therapy (individual therapy) on negative symptoms (Louise et al., 2018), suggesting a group intervention in itself might be effective in reducing negative symptoms.

Conflict of interest: No

Keywords: SocialMIND®; schizophrenia spectrum disorders; Dépression

EPP1058

Psychosis and metabolic syndrome

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Introduction: Metabolic syndrome has been frequented associated to psychosis, although it is not clear if it's related to both unhealthy life style and antipsychotic medication or if it's previous risk factor.
Objectives: Our objective is to review the correlation between Metabolic Syndrome and Psychosis
Methods: A non systematic literature search was performed in pubmed, medline, Cocrahne and uptodate, using the key words "Metabolic Syndrome" and "psychosis".
Results: Metabolic Syndrome has been clearly associated to second generation antipsychotics mostly clozapine, olanzapine, quetiapine, risperidone by several studies. Despite of that, there have been conducted studies in first psychotic episode that found metabolic alterations, like high insulin resistance and alterations in sphingolipids previous to the introduction of medication. A study found high glucose tolerance when compared to controls. Other study found that first psychosis episode patients have high levels of inflammatory cytokines, like ferritine, plasminogen activator inhibitor-1 (PAI-1), IL 6. In other study the authors concluded that low levels of high-density lipoprotein (HDL) and abdominal perimeter were the best predictors for the developed of metabolic syndrome. There are some studies that report good results in treatment of obesity in schizophrenia patients with topiramate, melatonin and ocytocin.
Conclusions: Metabolic syndrome in psychotic patients is a complex area. Alterations in first psychotic episode leads us to re-think metabolic alterations as part of the disease. It is reinforced the importance of prevention and healthy life style. More studies are necessary to better characterize these alterations.

Conflict of interest: No
Keywords: dislipidemia; schizophrenia; psychosis; metabolic syndrome

Schizophrenia and other psychotic disorders - Part IX

EPP1060

Attentional biases to emotional information in schizophrenia: a systematic review.

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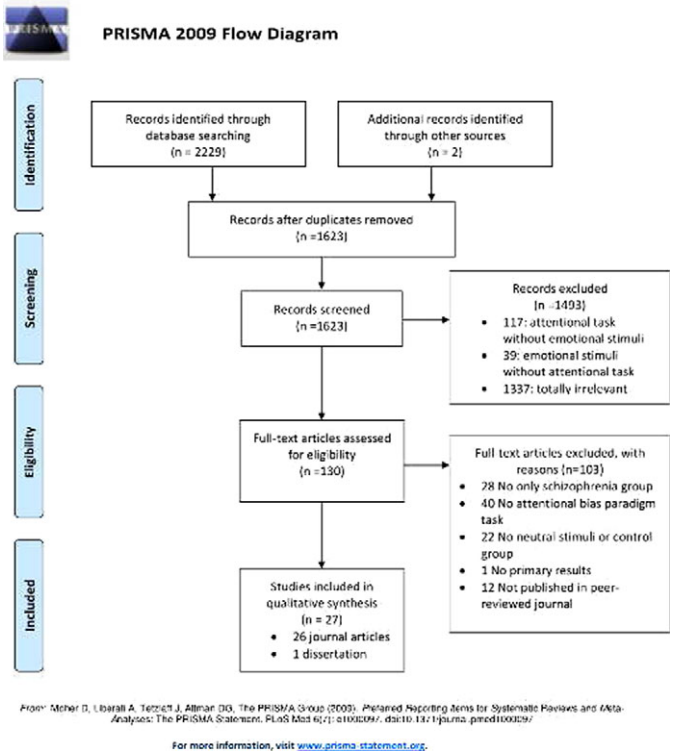
Introduction: Schizophrenia is a prevalent and disabling disorder that shows a high psychopathological heterogeneity, however, the underlying psychological mechanisms that result in different clinical expressions are not clear yet. An attentional bias is a tendency for the information processing system to favour emotionally relevant material. Cognitive theories argue that attentional biases may have a causal and maintaining role in the psychopathology. Thus, a good method to assess the psychological mechanisms underlying psychosis is determining whether the attentional processing is modulated by emotionally relevant information.
Objectives: Review the evidence about attentional biases to emotional information in schizophrenia.



Methods: We performed a systematic review following PRISMA guidelines (PROSPERO ID-CRD42019130098). We selected studies comparing participants with schizophrenia with, at least, one control group. We included articles using an experimental attentional bias paradigm related to emotional information (i.e., dot-probe task, emotional stroop trask, emotional spatial cueing task, continuous performance task, visual search studies, eye-tracking paradigm).
Results: The evidence for attentional bias in schizophrenia is variable and heterogeneous, depending on the experimental task used, the emotional stimuli displayed, or the clinical profile of the sample. Eighteen out of 27 studies found an effect of emotion in attention (mainly a bias toward sad or threatening information), but 9 out of 27 studies did not find any difference compared to the control group. See Figure 1 (flowchart).
Conclusions: The review highlights the need for a standardized configuration of the experimental tasks, considering psychopathology and clinical subtypes. Research in emotional may identify specific cognitive mechanisms underlying psychosis and may improve cognitive interventions.

Conflict of interest: No
Keywords: Cognition; emotion; attention; emotional processing

EPP1061

Folie à deux: a case report

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Introduction: Folie à deux (FAD) or shared psychotic disorder is a fascinating and rare mental disorder characterized by the transfer of delusional beliefs from an individual (the primary), who already suffers from a psychotic disorder, to another person/persons (the secondary) in the context of a close relationship and relative social isolation.
Objectives: Through a case report, we aim to provide an overview of FAD historical concept, etiology, clinical presentation and treatment.
Methods: We present a clinical case and a qualitative review about FAD, using PubMed database.
Results: Clinical case of a couple who shared prejudice and persecutory delusions related to family members and a neighbour. The husband, who suffers from chronic delusional disorder, is the primary and his wife, with intellectual disability, is the secondary. They were living isolated, in a complicated sanitary situation and bad social functioning. They failed the ambulatory appointments, so were both hospitalized in separated wards. The secondary shows improvement with the separation and antipsychotic treatment. The treatment of the primary was difficult due to his previous mental condition but he became stabilized with medication. Due to social and logistical issues, they were forced to be in the same ward and the symptoms reappeared in the secondary.
Conclusions: There is few data on FAD pathophysiology and mechanisms. Controlled studies are needed in order to understand its specific implications and define a proper treatment strategy. Separation must be considered the main treatment. Psychiatrists should obtain a better knowledge of FAD to allow early identification of risk situations and to improve their assessments.

Conflict of interest: No
Keywords: shared psychosis; induced psychotic disorder; shared paranoid disorder; folie à deux

EPP1065

Adverse effects and pharmacological combination of clozapine in patients of medium and long-stay psychiatric inpatient unit

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Introduction: Clozapine is an atypical antipsychotic, considered the only effective treatment for resistant schizophrenia (approximately 30% of cases). However, its use is associated with serious side effects such as agranulocytosis, seizures, myocarditis or metabolic syndrome, resulting in dramatic underutilization.
Objectives: Here we describe some side effects of clozapine in patients from a medium and long-stay Psychiatric inpatient Unit, treated with clozapine by medical indication. Other treatments are assessed at the same time.
Methods: The sample consists of 52 patients (71.2% male), and diagnosis of paranoid schizophrenia is the most prevalent (67.3%). The average dose of clozapine is 404.26mg/day (sd 168.30) and most of them are smokers (57.7%). Timing of data collection is random, in coincidence with the occurrence of serious side effects, when they occur. Statistical study is performed with SPSS.
Results: 76.92% of patients suffer from at least one of the studied side effects: sialorrhea (26.9%), constipation (19.2%), seizures (11.5%), neutropenia (9.6%) and eosinophilia (1.9%). No patient is in monotherapy, and the most common co-treatment is another antipsychotic, specifically 48.5% has other(s) atypical and 34.6% typical antipsychotic(s). They are followed in frequency by mood stabilizers (19.2%), benzodiazepines (5.4%), biperiden (3.8%) and other psychotropic drugs (5.8%).
Conclusions: The frequency of the most serious side effects is low, in contrast to the benefit we might expect from such effective treatment for resistant squizophrenia. Simple dynamics of systematic monitoring of severe side effects, as well as other less serious but more commons, would result in a wider use of this antipsychotic and a greater patient comfort.

Conflict of interest: No
Keywords: clozapine; resistant schizophrenia; adverse effects; antipsychotic

EPP1068

Igg-dependent hydrolysis of myelin basic protein in schizophrenia

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Introduction: Antibodies endowed with enzymatic properties (abzymes) were detected in schizophrenia. One such autoantibody targets is myelin basic protein (MBP) – the main protein of myelin in CNS.
Objectives: The primary aim of this study was to examine the proteolytic activity of MBP-hydrolyzing IgG in patients with schizophrenia.
Methods: Polyclonal IgGs was purified by affinity chromatography on protein G-Sepharose from serum of 75 patients with schizophrenia. Strict criteria were testing to assign detected catalytic activity to the antibodies: electrophoretic homogeneity of Abs, pH shock analysis. Proteolytic activity of IgGs was determined by electrophoresis in 12,5% the SDS-PAGE.
Results: IgG of patients with schizophrenia hydrolyze the MBP. The degree of MBP hydrolysis by IgG in schizophrenia patients was 0.747 [0.00; 1.76] mg OBM / mg IgG / h which is 5 times higher than that in healthy individuals - 0.00 [0.00; 0.37] mg OBM / mg IgG / h. This activity is significantly reduced in remission of 0.656 [0.279; 0.873] mg OBM / mg IgG / h. An increase of disease duration was accompanied by an increase in the activity of MBP-hydrolyzing IgG ($p = 0.037$) with maximum in patients group with disease duration more than 13 years (1.53 [1.0; 4.35] mg OBM / mg IgG / h).
Conclusions: It can be assumed that the increase in the activity of MBP-hydrolyzing antibodies is due to the activation of humoral immunity in acute schizophrenia. The study was supported by Grant of RSF № 18-15-00053, 2018-2020
Disclosure: The study was supported by Grant of RSF № 18-15-00053, 2018-2020

Keywords: MBP; IgG; schizophrenia; abzymes

Schizophrenia and other psychotic disorders - Part V

EPP1070

Brief psychotic disorder on the road to fatima - case report and review of the literature

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Introduction: Brief psychotic disorder is an infrequent illness characterized by the sudden onset of psychotic behaviour that lasts less than one month. It is an heterogenous disease that can be associated or not with a precipitating factor.
Objectives: Present the case of a patient with brief psychotic disorder and summarize the most important concepts about this illness.
Methods: The information for this case report was obtained through evaluation of the patient from admission to discharge. We also read the electronic process of the patient for clarification. The review was made by taking into account essential information about this illness.
Results: A 41-year-old woman, with no psychiatric history, was hospitalized due to behaviour changes with three days of evolution, during a pilgrimage to Fatima. The patient presented with a mystical delusion. She saw and heard Our Lady of Fatima and started to believe she was a saint and had powers. Before reaching Fatima she became agitated and was brought to the hospital. The pilgrimage consisted of walking during night and sleeping during the day. However, the patient was unable to sleep, so before the symptoms started, she hadn't slept for two days. Her symptoms disappeared very quickly and she was discharged after being hospitalized for three days, with a normal mental state examination. She was diagnosed with brief psychotic disorder, probably induced by sleep deprivation.
Conclusions: This case report is an interesting and curious example of brief psychotic disorder with a florid symptomatology, probably induced by sleep deprivation, that subsided completely in a couple of days.

Conflict of interest: No
Keywords: brief psychotic disorder; mystical delusion; psychosis

EPP1071

Connection between the constitutional-morphological markers and the risk of antipsychotic-induced akathisia in patients with schizophrenia

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Introduction: Atypical antipsychotics did not solve the problem of akathisia. There are studies showing the influence of individual anthropometric indicators on its risk but not indicating a holistic approach to anthropological paradigm regarding antipsychotic-induced akathisia.
Objectives: To assess risk of akathisia in patients with schizophrenia depending on affiliation with constitutional morphological and somatic sex maturation types.
Methods: 250 patients with schizophrenia were examined with the use of Barnes Akathisia Rating Scale and anthropometric examination according to method of V.V. Bunaka. The identification of body types and somatic sex maturation types was carried out by calculating Rees-Eysenk and Tanner indices. Akathisia was revealed in 92 (36.8%) patients. Statistical processing was performed using the odds ratio (OR) assessment. Reliability level: $p < 0.05$. Acknowledgments: The reported study was funded by RFBR, project number 19-315-90010.
Results: The following risks of akathisia were identified for different body types: asthenic - OR = 1.13 (95% CI: 0.65-195; p = 0.661), mesosthenic - OR = 1.26 (95% CI: 0.75-2.12; p = 0.368) and hypersthenic - OR = 0.48 (95% CI: 0.21-1.07; p = 0.073). The risks of akathisia with various somatic sex maturation types were as follows: andromorphic - (OR = 1.73; 95% CI: 1.02-2.94; p = 0.039), mesomorphic - OR = 0.64 (95% CI: 0, 37-1.1; p = 0.112), gynecomorphic - OR = 0.84 (95% CI: 0.46-1.54; p = 0.581).
Conclusions: The presence of andromorphic of somatic sex maturation doubled risk of akathisia by almost 2 times, which can be a prognostic marker.

Conflict of interest: No
Keywords: schizophrenia; akathisia; constitution

EPP1072

Epidemiology of delusional disorder in an emergency department: sociodemographic and clinical correlates

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Introduction: Delusional disorder has been considered an uncommon mental illness with an estimated prevalence of 24 to 30 cases and an annual incidence of 0.7 to 3 cases per 100.000 population.
Objectives: Our aim was to empirically estimate prevalence and incidence of delusional disorder in an emergency department and to describe main sociodemographic and clinical features.
Methods: We carried out a case-register study including patients with delusional disorder attending our emergency department, which covers mental health services within a well-defined catchment area (nearly 450.000 inhabitants) in Sabadell (Barcelona, Spain), during a two-year period (2016-2018). Patients were clinically diagnosed with delusional disorder. In a second step, a retrospective assessment of diagnostic criteria (DSM-5) was undertaken by using entries on the HCIS software. Measures of prevalence and incidence were estimated in our psychiatric population.
Results: Forty-four patients were included: 35 first-diagnosed and 9 multi episode. Estimated prevalence and incidence: 10 and 4 cases per 100.000 people. The female-to-male ratio was 1.2:1 and the average age was 61.41 (SD:15.52). The most common type was

persecutory (n=25; 56.8%), followed by jealous (n=7; 15.91%). Referrals after discharge: 28 patients (63.6%) admitted to acute psychiatric unit, 7 (15.91%) to day hospital, 5 (11.36%) attended outpatient appointments, 3 (6.8%) admitted to a psychogeriatric unit and 1 (2.27%) received home hospital care.
Conclusions: Incidence and characteristics of delusional disorder in our emergency department are similar to international cohorts in psychiatric populations. The estimation of the prevalence and incidence of delusional disorder in emergency settings would be helpful for mental health service planning.
Disclosure: A Gonzalez-Rodriguez has received honoraria and/or travel cost compensation from Janssen Pharmaceuticals and Lundbeck-Otsuka.

Keywords: Delusional disorder; psychosis; Emergency department; epidemiology

EPP1073

Decreased serum levels of α-synuclein in patients with schizophrenia and their unaffected siblings

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Introduction: The dysregulation of striatal dopamine has a considerable role in etiopathogenesis of schizophrenia. It seems to be the final common pathway underlying positive psychotic symptoms. α-synuclein, a protein encoded by the SNCA gene, is highly expressed in presynaptic terminals in the striatum. The main role of α-synuclein is regulation of dopamine neurotransmission steps such as synthesis, vesicular storage, transportation and release from the presynaptic terminal.
Objectives: To evlauate serum levels of α-synuclein and correlations between schizophrenia patients, their unaffected siblings and healthy control groups.
Methods: The patients' group composed of 62 subjects with acute schizophrenia. 56 unaffected healthy siblings and 56 healthy controls were also included in the study. The study period was 6 months. All participants were between 18-60 years and did not have any chronic diseases.
Results: Serum α-synuclein levels were 27,65 (12,61-46,09) in patient group, 24,62 (15,60-57,87) in siblings group and 45,58 (11,25-108,36) in healthy controls, respectively. A statistically significant difference was found in serum levels of α-synuclein among study groups (p<0,001).
Conclusions: This is the first study that evaluates serum levels of α-synuclein in unaffected siblings of schizophrenia patients. Although α-synuclein has a major role in pathogenesis of Parkinson's disease with the accumulation of intracellular aggregates as a result of, this molecule, with different biochemical mechanisms, may also be one of the underlying causes of schizophrenia ethiopathogenesis, and decreased serum levels of this protein in siblings may suggest that it may be a biomarker for discriminating individuals with the risk of progression of this disease in the future.

Conflict of interest: No
Keywords: α-synuclein; schizophrenia; siblings; biomarker

EPP1074

A significant correlation of NPTX2 serum levels between patients with schizophrenia and healthy controls.

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Introduction: Neuronal pentraxin 2 (NPTX2) is a member of family of pentraxins and regulates neurochemical imbalance, especially glutamatergic pathway. It is placed on excitatory synapses in both presynaptic and postsynaptic terminals to aggregate neuronal αamino-3-hydroxy-5-methyl-4-isoxazolepropionic acid receptors (AMPA receptors). Changes in AMPA receptors in schizophrenia are contradictory and it is also depend on their subunits.
Objectives: We investigated the correlation between serum levels of NPTX2 in patients with schizophrenia and healthy controls.
Methods: We included 94 patients with schizophrenia from the inpatient clinic who were diagnosed according to DSM-V. There are 30 patients who were diagnosed for the first time as drug-naive patient in the schizophrenia group. 83 healthy controls were incorporated in the study.
Results: We found that serum NPTX2 concentrations of schizophrenia patients were higher than healthy controls (p<0,001). Serum NPTX2 levels of drug-naive patients were not statistically different from other patients (p=0.821).
Conclusions: The expression of NPTX2 was investigated in Alzheimer's disease, anxiety, Parkinson disease and depression. There is a study that indicates down-regulation of NPTX2 gene in schizophrenia. In contrast, although there are some limitations in our study, decreased level of NPTX2 was found in peripheral tissue. Additionally, NPTX2 has a role in host immunity and acute inflamation and it can be a pro-inflamatuar biomarker. Future studies should see whether NPTX2 serum levels we found is casual in schizophrenia.

Conflict of interest: No
Keywords: biomarkers; NPTX2; schizophrenia; Inflammation

EPP1075

A systematic review of the biological basis of therapeutic response in delusional disorder: a role for dopamine, serotonin and brain imaging

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Introduction: Functional imaging studies have generated evidence implicating dopaminergic dysfunction in the pathophysiology of schizophrenia. Although blockade of the dopamine D2 receptor is the main mechanism of antipsychotic action, treatment response variability calls for an examination of other biological systems in psychotic syndromes.
Objectives: The aim of this work was to systematically review reports on the biological basis of treatment response in delusional disorder.
Methods: A systematic review was performed based on computerized searches of PubMed and Scopus databases (from 2000 to September 2019) in keeping with PRISMA directives. Search terms: [treat* OR therap* AND (delusional disorder)]. We included all studies whose objective was to explore biological mechanisms of treatment response in delusional disorder (ICD/DSM).
Results: A total of 3641 records were retrieved (PubMed: 1731, Scopus: 1907, other sources: 3). After screening and selection processes, 11 studies of delusional disorders that tested one or more biological mechanisms of treatment response were reviewed. Three hypotheses of response were explored: (A) Dopaminergic dysfunction (n=4) [ziprasidone-induced worsening of psychotic symptoms via chronic blockade of dopamine receptor 2 (DRD2) (n=1); DRD2, Ser311Cys, DRD3, Ser9Gly, and TH VNTR polymorphisms (n=1); DRD2 partial agonism (n=1); dysfunction of the dopamine transporter (n=1)].) (B) Serotonergic dysfunction (n=4) [efficacy of 5-HT1A or 5-HT2A blockers (mirtazapine/paroxetine)] (C) Brain imaging (n=8) [cortical brain atrophy leading to poor response (n=2); hypoperfusion of temporal and parietal lobes that normalizes after treatment (n=6].
Conclusions: The available literature suggests that dopaminergic and serotonergic neurotransmission and whole brain dysfunction are implicated in the biology of treatment response in delusional disorder.

Conflict of interest: No
Keywords: Delusional disorder; SEROTONIN; Brain imaging; Dopamine

EPP1077

Validation of the arabic version of the BACS (the brief assessment of cognition in schizophrenia) among a sample of lebanese patients with schizophrenia

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Introduction: The assessment of cognitive disorders in schizophrenia is becoming a part of clinical and research practice by using batteries that differ widely in their content. The Brief Assessment of Cognition in Schizophrenia (BACS), validated in English and other languages, was developed to cover the main cognitive deficits of schizophrenia and to be administered briefly and easily.
Objectives: To test the reliability and validity of the Arabic version of the BACS in a sample of Lebanese patients with schizophrenia.
Methods: A sample of 54 stable patients with schizophrenia received the Arabic version of the BACS (version A) in a first session, and a standard battery in a second session. All patients completed each of the subtests of the BACS.
Results: The mean duration of completion for the BACS Arabic version was 23.70 ± 5.02 min. A principal components analysis demonstrated that a one-factor solution best fits our dataset (68.29% of the variance). A high reliability analysis of the BACS was found (Cronbach alpha = 0.906). The correlation analysis between the BACS global score and the standard battery global score showed a significant result ($r=0.91$, $p < 0.001$). The correlation analysis between the BACS sub-scores and the standard battery sub-scores showed significant results for verbal memory, working memory, verbal fluency, attention and speed of information processing and executive functions and for motor speed ($p < 0.05$).
Conclusions: These preliminary results showed that the Arabic version of the BACS is a useful tool for assessing cognition in patients with schizophrenia and could be used in clinical practice in Lebanon.

Conflict of interest: No
Keywords: Cognition; BACS; schizophrenia; assessment

EPP1078

Schizophrenia and self-castration: a case report

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Introduction: Emasculation or self-castration is a rare act, observed during certain psychiatric pathologies, such as disorders of the spectrum of schizophrenia.
Objectives: To illustrate, through the case of a schizophrenic patient, the main factors incriminated in this autolytic gesture among these patients.
Methods: We present the clinical case of a schizophrenic patient who has been hospitalized in our department twice for a relapse of his schizophrenia. This is 42 year old Mr A, of a rural origin, without a profession, single, whose father was died 28 years ago.
Results: The patient was readmitted in April 2019 because he cut his penis during a psychotic anxiety. On admission, the patient who seemed hallucinated and very anxious, presented a delusion of reference and persecution with hallucinatory audiovisual mechanism, a syndrome of mental automatism, delusions of guilt, ruin, worthlessness and incurability, depersonalization and subtotal insomnia. The evolution under treatment was fluctuating despite the therapeutic combination of Haloperidol Decanoate and Olanzapine.
Conclusions: There are multiple factors that could motivate emasculation among schizophrenic patients, such as rural environment, caucasian, single status, severe childhood deprivation, low self-

esteem, and feelings of devaluation and exaggerated shame. Furthermore, excessive guilt for sexual acts or desires, delusions of persecution, and especially of reference, depersonalization and history of similar acts, may represent indicators of autocastration in these patients. Their management is often a multidisciplinary responsibility, between primary care physicians, urologists, and psychiatrists.

Conflict of interest: No
Keywords: Emasculation; self-castration; genital self-mutilation; schizophrenia

EPP1079

Analysis of the total costs of anti-psychotic medication prescribing in primary care in england highlights large impact of recent generic medication price increases

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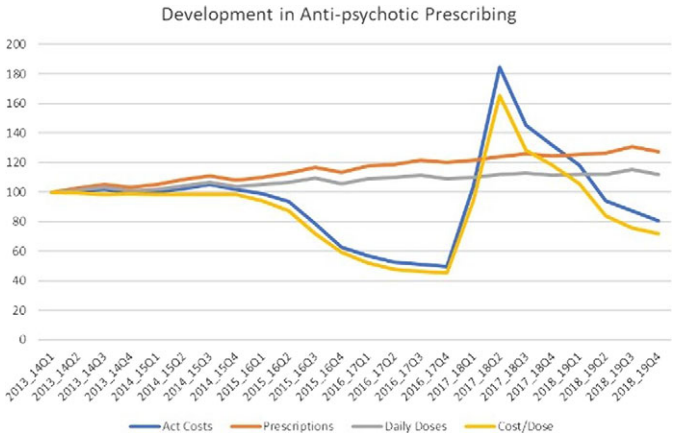
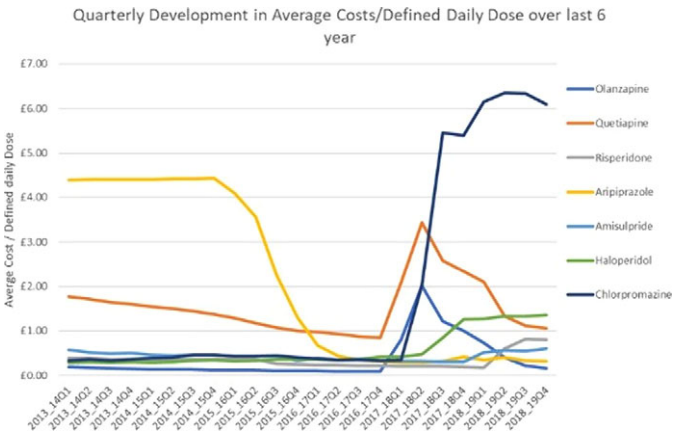
Introduction: Oral anti-psychotic medication prescribed in primary care is a major treatment in mental illness. Since 2014 most 2nd generation anti-psychotics agents have been available through generic prescription. In 2017_18 certain generic mediations were subject to substantial price increases.
Objectives: Quantify impact of changes in unit costs in primary care for main anti-psychotic medications on overall resources used and see whether this adverse situation was continuing.
Methods: Monthly prescribing in primary care was consolidated by converting quantity amounts to total defined daily doses (DDD) using the factors published by WHO/ATC.
Results: In 2018_19,10 million prescriptions containing 136 million DDD at costs of £110 million average £0.81/DDD were issued in primary care. The unforeseen price rises in 2017_18 caused a sharp increase in overall prices and had not reduced to the expected levels by 3rd quarter of 2019 as shown in Figure 1. Trend in average unit price in Figure 2 shows the unexpected price increases, now being reduced in Quetiapine and Olanzapine. However price increases in Chlorpromazine, Haloperidol, Amisulpride and Risperidone continue. If lowest average quarterly unit price of each medication in last 3 years are taken as benchmarks, the total costs difference between actual unit costs and the total volume prescribed multiplied by benchmark was £180 million in 3 years, 80% above the expected costs. This the equivalent to around £100/year/patient a significant sum.
Conclusions: While the growth generic medication brings substantial cost advantages it also brings significant risks in supply and cost forecasting, and these rapid changes can put pressure on clinical behaviour and so patient outcomes.





Conflict of interest: No
Keywords: Anti-psychotic medication; Medication costs; Generic Medication

EPP1080

Statistical model relates amount of anti-psychotic medication prescribing per population at GP practice level in england to the local epidemiology and medication selection.

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Introduction: Anti-psychotic medication prescribed in primary care is a major treatment in mental illness, and there is significant variation across the country in use / population due to epidemiology and local services.
Objectives: Examine variation in anti-psychotic medication / population at GP Practice level and link to prescribing behaviour, local practice epidemiology and demographics.
Methods: Monthly prescribing in primary care 2018_19 converted to defined daily doses (DDD). Data for GP practice with >2000 patient including latitude (north/south), urban/rural (population density), social deprivation, age and sex mix, size, % other co-morbidities was added. Anti-psychotics prescribed including use of different agents, doses, costs and administration

methods was added. The statistical model linked factors with high p scores, to overall level of anti-psychotic prescribing as DDD/population/day.
Results: AP DDD has grown by 15% in the last 5 years. Wide variation in DDD/population with 90% of GP practices falling between 0.25% DDD/head/day and 1.25% DDD/head/day. The regression model captures 45% of variation and quantifies impact of local factors such as location, age, size and specific prescribing selections. Increased prescribing comes from higher social disadvantage, population density (urban), and comorbidities e.g.COPD, while higher % %younger and %older populations, northerliness and BME ethnicity reduce prescribing. Local prescribing selection shows increased DDD/population are linked with higher %injectable, %liquid, doses/prescription and %older agents while practices using higher % newer agents and spending more/dose used less DDD/population.
Conclusions: The increasing levels of anti-psychotic prescribing are driven by social changes and comorbidities, however prescribing choices are available that can influence this growth.

Conflict of interest: No
Keywords: Anti-psychotic medication; schizophrenia; epidemiology; Family Practice

Schizophrenia and other psychotic disorders - Part VI

EPP1088

Cognitive control and adaptive responding in schizophrenia and attention deficit hyperactivity disorder (ADHD): a transdiagnostic study.

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Introduction: Cognitive control and performance monitoring deficits play a critical role in the psychopathological manifestations of mental disorders. They are considered as one of five key domains in the Research Domain Criteria, which conceptualizes psychiatric illnesses across diagnostic boundaries. Nonetheless, few studies examined these deficits across diagnoses.
Objectives: Adopting a transdiagnostic approach, we examined post-error slowing (PES), a measure of cognitive control and adaptive behavior in schizophrenia (Sz) and ADHD as compared to Healthy Controls (HCs).
Methods: Participants: Adults (18-65years) with DSM-IV diagnosis of schizophrenia (n=95) or ADHD (n=57), and HCs (n=54). Pictures from the International Affective Picture System were used as stimuli, and shown every 1400msec for 800msec in Go/NoGo trials. ANCOVA was used to test post-error slowing, as dependent variable. Grouping (Sz/ADHD/HC) was the independent variable.
Results: ANCOVA analyses from this ongoing study indicate a significant ($p<0.05$) difference in PES among the three study groups regardless of the stimuli's emotional valence. Each of the pair-wise group contrasts was significant for all emotional valences. As compared to HCs, schizophrenia patients manifested a significantly increased PES, while ADHD patients had decreased PES.
Conclusions: Patients with schizophrenia and ADHD show a distinctive profile of maladaptive post-error adjustment.Our results indicate that, even though impairments in cognitive control and performance monitoring are manifested transdiagnostically, the maladaptive responses are different in the two diagnostic categories. Whereas schizophrenia patients exhibit increased behavioral withdrawal and inhibition after an error, ADHD patients show decreased inhibition and fail to make the adjustment that HC subjects implement. Funding:Hungarian Brain Research program, #2017-1.2.1-NKP-2017-0002 ÚNKP- "New National Excellence Program"

Conflict of interest: No
Keywords: schizophrenia; ADHD; post-error slowing; transdiagnostic

EPP1089

Analysis of Akt/GSK3/mTORC1 signalling profiles in peripheral blood cells from drug-naïve first-episode-of-psychosis patients

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Introduction: Schizophrenia is a chronic psychiatric disease characterized by changes in many genes interacting with a host of exogenous factors. An ongoing research goal is focused on biomarkers for categorization and prediction of disease progression and antipsychotic drug responses. In addition to classical biomarkers, studies approaching schizophrenia at the systems biology level have highlighted the role of signalling pathways. A central signalling pathway associated with schizophrenia is the Akt/GSK3/mTORC1 pathway. However, despite genetic and biological validation in chronic schizophrenia patient panels and preclinical animal models, whether Akt/GSK3/mTORC1 signalling is deregulated at an early clinical stage as in drug-naïve schizophrenia patients at the time of diagnosis is unknown.
Objectives: In the present report, we have conducted a pilot study investigating Akt/GSK3/mTORC1 pathway activity in peripheral blood mononuclear cells (PBMCs) of patients with first psychotic episode (FEP).
Methods: Thirty patients were recruited using standard criteria, blood samples were obtained and PBMCs were isolated. Blood samples from healthy volunteers were processed in parallel. PBMCs protein extracts were prepared and processed for western blotting with antibodies against phosphorylated Akt, GSK3 and S6.
Results: Our results indicate dysregulation of Akt, GSK3 and mTORC1 signalling activities in PBMCs from FEP patients compared to healthy controls, mostly evident at the level of mTORC1 and ribosomal S6K, as phospho-S6 is significantly decreased in FEP patients ($p<0.05$, Mann-Whitney test).
Conclusions: These preliminary findings corroborate post-mortem studies showing decreased mTORC1 activity in chronic schizophrenia patients and further suggest that peripheral mTORC1 signalling is decreased in drug-naïve FEP patients.

Conflict of interest: No
Keywords: First Episode Psychosis; signaling pathways; dysregulation of Akt; GSK3 and mTORC1 signalling activities; biomarkers

EPP1090

Adipokine levels in first episode patients before and after antipsychotic treatment

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Introduction: Adipokines play an important role in inflammation and metabolic function. Patients with psychosis are more be prone than the general population to develop metabolic, disorders even prior to any antipsychotic treatment.
Objectives: To measure leptin, resistin and adiponectin levels in First Episode Patients before and six weeks after antipsychotic medication.
Methods: Serum levels of adiponectin, resistin and leptin were measured by enzyme linked immunosorbent assay (ELISA) before and six weeks after the initiation of olanzapine or risperidoneIn addition, clinical psychopathology was assessed using Positive and Negative Syndrome Scale (PANSS) before and after treatment. BMI was also calculated in the days of blood sample collection.
Results: Serum levels of leptin were significantly decreased six weeks after the initiation of antipsychotic treatment ($p < 0.0001$) while there was substantial variation in adiponectin and resistin levels in patients after treatment. Interestingly, larger decreases in leptin levels were observed for risperidone-treated versus olanzapine-treated patients ($p=0.0272$), presumably reflecting a marginal but statistically significant increase of BMI in olanzapine-treated vs risperidone-treated patients ($p=0.0370$). Spearman correlation analysis indicated correlation of changes in leptin levels after treatment with changes in the PANSS negative scale ($rs= 0.4098$; $p=0.0467$), while resistin changes after treatment correlated with changes in PANSS positive scale ($rs=-0.3253$; $p=0.0405$).
Conclusions: Leptin levels significantly decrease after six weeks of antipsychotic treatment with olanzapine or risperidone. This finding may be of importance, since low leptin levels have been correlated with the development of insulin resistance and hyperlipidaemia.

Conflict of interest: No
Keywords: Leptin; Resistin; Adiponectin; First Episode Psychosis

EPP1091

Does the metabolic syndrome affect the effectiveness of antipsychotic therapy for different durations of schizophrenia?

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Introduction: Metabolic syndrome is one of the most common adverse events of antipsychotic therapy in patients with schizophrenia. This begs the question: can this syndrome affect the effectiveness of antipsychotic therapy?
Objectives: We tried to evaluate the influence of metabolic syndrome on the effectiveness of antipsychotic therapy in patients with schizophrenia depending on the duration of the disorder.
Methods: 86 patients with schizophrenia were examined and divided in two groups. The first group included 50 patients (58.1%) with schizophrenia duration less 5 years. In the second group were 36 patients (41.9%) with 5-10 years of disorder duration. Both groups patients received haloperidol or risperidone. Diagnostic of metabolic syndrome was carried out according to the criteria of the IDF. Antipsychotic therapy effectiveness estimated with CGI with interval of 6 weeks. Statistical analysis was conducted using Fisher's exact test. Reliability level corresponded to $p<0.05$. This work was supported by the Russian Science Foundation, grant # 18-15-00011.
Results: There were 9 patients with metabolic syndrome in the first group (18.0%), and 6 (16.7%) in the second. Comparison of the antipsychotic therapy effectiveness assessed with the CGI in both groups in patients with and without metabolic syndrome revealed no statistically significant differences ($p=0,608$).
Conclusions: The metabolic syndrome was considered in this study as a potential clinical factor that worsens the general prognosis, especially with a long course of the disorder. It was revealed that it did not affect the effectiveness of antipsychotic therapy.

Conflict of interest: No
Keywords: schizophrenia; metabolic syndrome; atypical antipsychotics; antipsychotic therapy effectiveness

EPP1092

Options of neurocognitive deficits among patients with schizophrenia, who have anti-relapse anti-psychotic therapy

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Introduction: Schizophrenia often characterized by persistent neurocognitive deficits.
Objectives: We tried to find options of neurocognitive deficits among patients with schizophrenia, who have anti-relapse and anti-psychotic therapy.
Methods: 50 patients with schizophrenia were observed who have anti-relapse anti-psychotic therapy. They were examined with the battery tests to quantify of cognitive functions. Statistical processing was carried out with the k-means clustering, and the Kruskal-Wallis one-way analysis of variance. Reliability level corresponded to

p<0.05. The reported study was funded by RFBR according to the research project № 18-315-20019.
Results: On the strength of cluster analysis 3 types of cognitive disturbances were found. The first type had 36% of patients (n=18) who predominantly have been registered pronounced lexical system, verbal associative productivity, attention and also working memory and performing function disturbances with relatively less lesion of vision, verbal memory and coordination. The second type had 30% of patients (n=15). In difference with first type, they had more pronounced attention, visual memory, performing function and coordination disturbances. The lack of verbal associative productivity and lexical system, against of moderate level of working memory disturbances were less than in first group. The third type had 34% of patients (n=17). It was shown with manifest lexical system decreasing on the background of less lesion of attention, working, visual and verbal memory, verbal associative productivity, performing function disturbances with almost secure coordination.
Conclusions: Neurocognitive deficits of patients with schizophrenia, who have anti-relapse antipsychotic therapy has three types of symptoms combination both for manifestations and for sickness severity.

Conflict of interest: No
Keywords: schizophrenia; psychosis; neurocognitive deficits; antipsychotic treatment

Schizophrenia and other psychotic disorders - Part VII

EPP1094

Psychoeducation in the complex treatment of patients with schizophrenia

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Introduction: Important role in the rehabilitation of patients with schizophrenia is played psychoeducation, that in recent years has been actively implemented in the system of rehabilitation measures in Ukraine.
Objectives: The aim of our work was to develop optimal approaches to use of psychoeducation in the rehabilitation of patients with schizophrenia. 159 patients of both sexes with diagnosed paranoid form of schizophrenia and 66 members of their families were examined.
Methods: During the study psychodiagnostic and clinical-psychopathological methods were used.
Results: Fifth-stage psychoeducational program for patients with schizophrenia and their relatives was developed on the basis principle of differentiated approach and principle of partnership between medical staff and patient. The psychoeducational program included comprehensive usage of information training, training for forming attachment to therapy and interpersonal interaction, training for improving compliance, cognitive-behavioral psychotherapy, problem-oriented discussions. There were qualitative reduction of psychopathological symptoms, normalization of emotional state, severe positive dynamics of level of social functioning, the transition of the maladaptive types of attitude towards the illness into adaptive types, awareness of their role and responsibility for effectiveness of treatment, the feeling of support of relatives, which determines high level of perception of life quality on background of usage of antipsychotic drugs in combination with psychoeducational program.
Conclusions: We observerd a positive dynamics of family functioning - the prevalence of an adequate attitude of relatives towards the illness, coupled with a high level of indicators of the family support scale on the background of the implementation of the psychoeducational program in the families of patients of the main group.

Conflict of interest: No
Keywords: quality of life; schizophrenia; psychoeducation; social functioning

EPP1100

Salvation by self-mutilation: the consequences of the delusional content in a first-psychotic episode.

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Introduction: Approximately 11% of patients with schizophrenia injure themselves at some point between the beginning of their psychosis and their first psychiatric consultation. Also, a recent systematic review concluded that acute psychosis, in particular first-episode schizophrenia, appears to be the main cause of major self-mutilation.
Objectives: To present a rare case of self-mutilation as a first-episode psychosis expression. To discuss the importance of the delusional content and the in the clinical picture.
Methods: The data was collected through patient and family interviews, as well as from his medical record. We searched Pubmed using MeSH terms: psychotic disorders OR schizophrenia and self mutilation for a literature review.
Results: A twenty-three years old male, without known psychiatric history, presented in the Emergency Department with finger traumatic self-amputation, acting under the influence of imperative auditory hallucinations pressing him to proceed “I would die if I hadn’t cut, the Devil’s voice told me that” (sic). He didn’t intend to die, he was instead looking for salvation. Organic aetiology investigation was addressed with no relevant findings. Drug tests were negative. With risperidone 3mg bid, all sensory hallucinations remitted after four days in the ward, and he was discharged at day twelve with partial insight and residual grandiose and mystical delusions.
Conclusions: Psychotic symptoms started five years earlier, but his poor social background, and family acceptance of some bizarre behaviors may have delayed contact with psychiatry. This traumatic experience may have been avoided, as earlier intervention in psychosis may reduce the chance of self-mutilation since adequate antipsychotic treatment appears to be protective.

Conflict of interest: No
Keywords: imperative hallucination; self-mutilation; first-psychotic episode; schizophrenia

EPP1102

Does insight in schizophrenia change its outcome?

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Introduction: Schizophrenia affects 1% of world population and is responsible for several functioning and social repercussions to those who manifest it. Impairment of insight is a primal feature of schizophrenia, however it is a complex term to define. Insight is based on the following fundamental components: acknowledgement of the disease, understanding of its effects and attitude towards it.
Objectives: Clarify and emphasize the importance of insight concerning the development, treatment adherence and subsequent quality of life in patients with schizophrenia.
Methods: It was carried out a narrative literature review by performing a search on PubMed for English-written articles. The query used was "Insight" AND "Schizophrenia".
Results: Regarding positive symptoms, lack of insight is linked to aggressiveness and productive symptoms, such as delusions and psychomotor agitation. Although there appears to be an association between insight and these manifestations, it is not exclusive to all stages of the illness. Concerning negative symptoms, the connection is not as strong as with the other aspects of schizophrenia. Nevertheless, it's possible to relate lack of insight and negative symptoms to poor treatment adherence. As for neurocognitive dysfunction present in schizophrenia, impairment of insight can lead to greater deficits especially in executive function and working memory. Patients with poor insight are less likely to accept potential treatment, leading to a worst prognosis.
Conclusions: In conclusion, insight represents an important role in the development and treatment response in schizophrenia. Hereupon, further research should focus on the improvement of this feature, in order to facilitate the management of this disease.

Conflict of interest: No
Keywords: schizophrenia; insight

Schizophrenia and other psychotic disorders - Part VIII

EPP1104

Dispositional mindfulness, attributional bias and functioning in a sample of people with schizophrenia spectrum disorders

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Introduction: Mindfulness-based interventions (MBIs) are showing promising results for people with Schizophrenia Spectrum Disorders (Goldberg et al., 2018). Social cognition is now a research focus as people with psychosis tend to perform worse than controls in socio-cognitive tasks (Green et al., 2015). A core component of social cognition is attributional style and people with psychosis tend to perceive more intentionality and hostility in other people's behaviors in negative and ambiguous situations than control groups (Savla et al., 2012).
Objectives: To explore the relationships between dispositional mindfulness, attributional bias and functioning in a sample of people with SSD.
Methods: Assessment included the Mindful Attention and Awareness Scale (MAAS), the Ambiguous Intentions Hostility Questionnaire (AIHQ) and the Personal and Social Performance scale (PSP).
Results: 53 participants completed assessment. Higher dispositional mindfulness was linked to both lower intentionality bias (r=-,380, p=,012) and lower AIHQ total scores (r=-,301, p=,05). Furthermore, higher PSP total scores were correlated with lower hostility bias (r=-,344, p=,02) and lower anger bias (r=-,312, p=,037). None of the measures collected were linked to positive or negative symptoms.
Conclusions: The associations found between higher dispositional mindfulness and lower attributional biases support the use of MBIs which target social cognition in people with psychosis. Moreover, the possible link between personal and social functioning and lower attributional biases warrant further research. Given the role of social cognition in SSD as a predictor and mediator of social functioning (Galderisi et al., 2018), future research lines should help clarify the relationship between dispositional mindfulness and social cognition.

Conflict of interest: No
Keywords: schizophrenia spectrum disorders; Mindulness; Social Cognition

EPP1105

Cognitive insight in schizophrenia spectrum disorder (SDD) patients after socialMIND® intervention.

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Introduction: Insight disruption is a core characteristic of Schizophrenia Spectrum Disorder (SSD) (Moritz et al., 2017). Beck introduced the concept of "cognitive insight" as the capacity of the patient to distance oneself from and to reevaluate misguided beliefs and interpretations (Beck et al., 2004). This insight can be measured by the Beck Cognitive Insight Scale (BCIS). Mindfulness is defined as paying attention to the present moment, on purpose and non-judgmentally (Kabat-Zinn, 1994). Mindfulness meditation promotes an open orientation to one's mental events so Mindfulness Based Interventions (MBIs) might improve psychotic patients' cognitive insight.
Objectives: To test if a mindfulness-based intervention (SocialMIND®) for patients with first-episode psychosis increases cognitive insight.
Methods: A parallel-group, randomized, controlled (SocialMIND® versus psychoeducational multicomponent intervention [PMI]), clinical trial has been implemented. 23 participants received 16 weeks of group therapy. Cognitive insight was measured with the BCIS.
Results: There were significant differences in BCIS scores in the Self-certainty subscale between PMI (M1=9,09, SD=3,83, M2=9.55, S.D2=3.24,) and SocialMIND® (M1=6,46, SD1=2,44, M2=5.38, SD2=2.66) after 16 weeks of treatment (t(22)=-2.2, p=0.04, d=0.88).
Conclusions: This result is congruent with the theorical background of each intervention. PMI focuses on providing educational information about psychosis. This expert information might lead to the sensation of a better understanding of the pathology and may increase the sensation of certainty. Meanwhile, SocialMIND® approaches the psychotic experience and the way the patient's mind is working from an experiential and individual point of view. This might lead to a greater awareness of mental processes, reducing the certainty about mind contents.

Conflict of interest: No
Keywords: Mindfulness; Cognitive insight; Psychoeducational Multicomponent Intervention; Schizophrenia Spectrum Disorder

EPP1110

Self-assessment negative symptoms scale validation in lithuania

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Introduction: Schizophrenia is a major health-care problem, but despite the importance of this issue, there were no validated tools for negative symptoms evaluation in Lithuania. Dolfus et al created a self-rated negative symptom scale (SNS) in concordance with the NIMH-MATRICS consensus statement on negative symptoms showing great psychometric properties. Therefore, we decided to validate this scale in Lithuania.
Objectives: To validate the SNS in Lithuania and to evaluate the severity of negative symptoms of patients diagnosed with schizophrenia in Kaunas Clinics.
Methods: We performed a double translation of SNS from French to Lithuanian then distributed the SNS, brief psychiatric rating scale (BPRS), mini international neuropsychiatric interview (MINI) to stable, non-psychotic patients diagnosed with schizophrenia according to ICD 10 in in-patient and out-patient settings. We measured internal consistency, convergent validity and discriminant validity comparing the results from SNS scale with negative and positive symptom scores from BPRS. We also performed principal component analysis, the factor retained had an eigenvalue >0,8.
Results: We evaluated 51 patients. Cronbach's coefficient (α = 0,8) showed good internal consistency. Factor analysis extracted one factor that accounted for 55,3 % of the variance. SNS score significantly correlated with negative subscores of BPRS (r = 0,87, p <0,001) and did not correlate with positive symptom subscores showing good convergent and discriminant validity. Mean score of SNS was 19,3 (SD = 9,2) with 54,8 % of patients scoring more than 20.
Conclusions: SNS is a valuable tool for negative symptoms evaluation showing great psychometric properties. Most of the evaluated patients had severe negative symptoms.

Conflict of interest: No
Keywords: Diagnostics; schizophrenia; negative symptoms; Cognitive Skills

EPP1111

Subjective impressions of stable patients with paranoid schizophrenia after adding to antipsychotic treatment anticholinesterase agent.

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Introduction: Discrepancy between objective data and subjective experience is rather often in patients with schizophrenia. Especially it concerns the situation when the treatment target is the negative domain of symptoms. In the previous study of ipidacrine – non-selective anticholinergic agent, in patients with schizophrenia and prominent cognitive deterioration, we've seen significant positive changes in Positive and negative symptoms scale (PANSS) scores, assessing emotions (Morozova et al, 2008).
Objectives: Subjective response of stable patients with paranoid schizophrenia after adding ipidacrine to basic antipsychotic treatment.
Methods: 26 patients (ICD10-F 20.0) were included into the 8 weeks open-labeled study of low dose (20 mg daily) of ipidacrine daily, added to basic antipsychotic treatment (males – 50%), PANSS at the beginning 75,8 (SD -12,4). The instruments of assessment: PANSS, Brief Assessment of cognition in Schizophrenia (BACS), self-report of patients.
Results: 21 completed the protocol. There were significant changes in PANSS negative score and BACS T-score and no changes in

positive score. There was no correlation between improvement in negative and BACS score. Patients reported the following: “better understand humor”, ”could start to visit dentist”, “ easier to communicate, not so constrained” , “more alert”, “feel more comfort inside”, “better time-planning, less mess in my life”, “my mind is not foggy anymore”, “my thinking goes smoothly”, “ can plan and fulfill plans”, “can remember, what I ate on breakfast”, “ don’t forget to take my medication anymore”.
Conclusions: The patients feel the effects of low dose of ipidacrine as integrally improvement of wellbeing, due changes in individually important field of psychic.

Conflict of interest: No
Keywords: schizophrenia; negative symptoms; add-on treatment; ipidacrine

EPP1112

The impact of residual psychotic symptoms on social functioning and ability to independent living of patients with paranoid schizophrenia in remission

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Introduction: It is assumed that social functioning of patients with schizophrenia is mainly affected by negative symptoms and cognitive impairment. However not acute but residual psychotic symptoms, observed in substantional part of stable patients with paranoid schizophrenia, can specifically influence their wellbeing and functioning.
Objectives: The aim of the study was to assess the effect of residual psychotic symptoms (RPS) on the social functioning and ability to independent living of stable patients with paranoid schizophrenia, measured with different methods.
Methods: 193 stable patients (ICD-10-F20.0) were tested with Positive and Negative Symptoms Scale (PANSS), Breif Assessment of Cognition in Schizophrenia (BACS), Global Assessment of Functioning (GAF), Personal and Social Performance Scale (PSP), Scale of Autonomy (SA).
Results: In 103 patients, RPS were presented, in 90 patients- not (control group). The indices of GAF scale in RPS group showed worse functioning ($p = 0.001$). On the contrary, the indices of PSP scale demonstrated the tendency to better function in PRS group ($p = 0.057$). BACS was equal in both groups. Significant differences in favour of RPS group was found for the item of SA, which assesses the patient’s ability to build relationships with people who can provide support “Ability to build a social network” ($p = 0.04$).
Conclusions: PRS influence the patient’s social functioning and ability to independent living in contradictive ways: such patients have lower skill to use their adaptive capabilities but better personal and social functioning. PRS does not interfere much with patient’s ability to independent living, especially ability to form a supportive social environment around them.

Conflict of interest: No
Keywords: independent living; schizophrenia; residual psychotic symptoms; social functioning

EPP1113

Verbal abstract reasoning in late-onset schizophrenia patients.

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Introduction: Studies have shown that verbal abstract reasoning (VAR) is deteriorated in midle-age onset schizophrenia (AOS). However, studies included late-onset schizophrenia (LOS) are limited.
Objectives: We examined VAR in LOS patients compared to healthy controls.
Methods: There were two groups: 14 LOS patients (mean age 60±9, 13 females) and 11 healthy controls (mean age 58.4±10, 7 females). WAIS Similarities Subtest and proverb interpretation test were used to examine VAR. Proverb interpretation test included 9 proverbs in Russian. The scoring included 1 to 7 points scale, where 1 point matched correct interpretation and 7 points matched the absence of interpretation. To determine differences between groups The Mann-Whitney U test was applied.
Results: No significant differences were found between LOS and controls on Similarities Subtest ($U=48$, $p=.12$) and proverb interpretation test ($U=41.5$, $p=.06$). Mean scores on proverb interpretation were 24±12 for LOS and 16.3±6 for controls. Mean scores on Similarities Subtest were 17±3.2 and 19±2.5 for LOS and controls respectively. Noteworthy, bizarre answers, typical for AOS patients’ performance on VAR tests, were very rare in the LOS group.
Conclusions: Despite the absence of significant differences, the LOS group performed slightly worse than controls. Domains of VAR are differently impaired in LOS. Possibly, proverb interpretation is a more complex task than Similarities Subtest and requires higher level of executive functions, verbal memory and other mental capacities to complete it. Further studies with a bigger sample size and including AOS group, are required.

Conflict of interest: No
Keywords: Verbal Abstract Reasoning; Late-onset schizophrenia

EPP1114

Antipsychotic-induced hyperprolactinemia: effects on psychopathological symptoms of schizophrenia exacerbation

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Introduction: Hyperprolactinemia is one of the frequently occurring side effects of many antipsychotics (Gorobets L. N., 2008; Sernyak M. J. et al., 2005). For psychiatry essential in this context

is the information about the possible negative impact of hyperprolactinemia on psychotic symptoms (Kinon B. J. et al., 2003).
Objectives: Impact of antipsychotic induced hyperprolactinemia on psychopathological symptoms in exacerbation of paranoid schizophrenia.
Methods: The sudy group comprised the 34 patients (17 males, mean age 45, SD 11) were, hospitalized due to acute episode of paranoid schizophrenia. Patients reseaved one of the following antipsychotics: risperidon (14 patients), paliperidon (2 patients), haloperidol (12 patients) and zuclopentixol (6 patients). Patients were tested with Positive and Negative Symptoms Scale (PANSS) after not less then 21 days of treatment (between 21 and 28 days from the beginning of treatment). At the same day the blood samples for assessing the level of prolactin in plasma were taken.
Results: Analysis of the effect of hyperprolactinemia on psychopathological symptoms showed that in patients with prolactin levels 2 or more times higher than normal (more than 60 ng/ml), the indicators of «Hostility» (P7) and «Lack of judgment and insight» (G12) on the PANSS scale were significantly higher ($p<0.01$), though other psychotic symptoms were of the same severity for patients with high and close to normal prolactin level.
Conclusions: Hyperprolactinemia had a negative impact on the severity of some psychotic symptoms, mostly concerned signs of exitment, which indicates the possible role of this side effect in the prolongation of psychosis.

Conflict of interest: No
Keywords: schizophrenia exacerbation; Side Effects; Hyperprolactinemia; antipsychotic treatment

Schizophrenia and other psychotic disorders - Part X

EPP1118

Profiling antipsychotic mediated methylation pattern in schizophrenia patients

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Introduction: Schizophrenia is a chronic neuropsychiatric disease with a lifetime incidence rate of 1.41% in India. Antipsychotics are a major treatment option for alleviating psychotic symptoms. In-vitro studies have shown that antipsychotic drugs can alter the global methylation level. Therefore, we assume that the epigenetic patterns observed in the etiopathogenesis of schizophrenia are marred with antipsychotic drugs.
Objectives: In this study, schizophrenic patients under antipsychotic treatment were compared against drug naïve patients to identify the methylation signatures of antipsychotic drug.
Methods: We performed whole-genome methylome analysis of DNA from peripheral mononuclear cells using the Infinium Human Methylation EPIC BeadChip array platform (drug naive=8, under-treatment=16). Data analysis was performed using variuos packages in R environment.
Results: LIMMA analysis identified a total of 78 differentially methylated probes (adj.p.value<0.01) out of which 12 probes were transcription factor binding sites, 39 belonged to DNase hypersensitivity region, 8 were from Fantom enhancer region,14 were promoter associated. Top 5 hypermethylated sites were assigned to the following genes RP11-160E2.13, RP11-430C7, Y RNA, LRRN2, RP11-250B2. Most of these genes codes for long noncoding RNAs. DLX6-AS1, TMEM200B, DAGLB, FAM83H, LSM5 were the genes associated with top 5 hypomethylated sites. Pathway analysis by KEGG showed complement and coagulation cascade, supporting the hypothetical role of immune system modulation in schizophrenia and mTor signalling pathway, which is linked to antipsychotic treatment effects.
Conclusions: Comparison between drug treated and drug naive schizophrenia patients show enrichment of complement associated signatures that support the probable role of immune system modulation in schizophrenia and immunosuppressive effect of antipsychotic drugs.

Conflict of interest: No
Keywords: methylation; schizophrenia; antipsychotics

EPP1119

SGAS (aripiprazole) after FGAs (zuclopenthixol, haloperidol, flupentixol): case series and literature review.

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Introduction: All antipsychotic medications attenuate the symptoms of psychosis by interacting with dopamine D2 receptors and reducing dopamine-mediated neurotransmission. However, long-term antipsychotic treatment can produce neuroadaptations that are thought to lead to dopamine supersensitivity. In patients with schizophrenia, this dopamine supersensitivity could compromise treatment efficacy, promote relapse to psychosis and trigger movement disorders [1].
Objectives: The aim of this report is to explain the relapse of a psychosis during the switch between FGAs (haloperidol, zuclopenthixol and fluopenthixol) to SGAs (aripiprazole).
Methods: Tree inpatients presenting with paranoid schizophrenia were assessed with the SCID-P for Axis I diagnosis, the positive and negative sympoms scale (PANNS) for the positive and negative symptoms in acute psychosis. We conducted a systematic literature review with the principal scientific databases (PubMed, Embase, PsychInfo) using the key terms "supersensitivity psychosis" and "schizophrenia".
Results: All the patients were diagnosed with paranoid schizophrenia and all the patients present a relapse in psychosis during the switching. We report the differece in the tree case report.
Conclusions: To our knowledge in the literature there are no studies that the relapse of a psychosis during the switch between FGAs to SGAs. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.
Reference(s) [1] Servonnet A, et al., 2019.

Conflict of interest: No
Keywords: paranoid schizophrenia; supersensitivity psychosis; FGAs; SGAs

EPP1122

Salivary cortisol response to the psychosocial stress in patients with first episode psychosis

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Introduction: Findings on the salivary cortisol response to psychosocial stress in patients with first episode of psychosis (FEP) are inconsistent.
Objectives: To assess the difference in the salivary cortisol response to the psychosocial stress between the patients with FEP and the control population.
Methods: We performed a cross-sectional analysis of the baseline measurement of the prospective cohort study performed from year 2015 to year 2018 at two Croatian psychiatric hospitals, on a consecutive sample of 53 patients diagnosed with FEP and 63 healthy controls (HC). Primary outcome was the difference in the changes of salivary cortisol concentration during the stress test. Secondary outcome was differences in the baseline levels of salivary cortisol between patients with FEP and HC. Our tertiary exploratory outcomes were the correlations of salivary cortisol levels with the results of assessment tests, The Positive and Negative Syndrome Scale for Schizophrenia (PANSS), Rosenberg Self-Esteem Scale (SES) and The International Personality Item Pool (IPIP).
Results: Patients with FEP had statistically significantly higher baseline salivary cortisol measures compared to HC, but their salivary cortisol showed significantly less increase during the stress test compared to HC.
Conclusions: Our results suggest that patients with FEP show greater vulnerability to psychosocial stress and respond differently to stressful stimuli compared to HC, indicated by the increased baseline salivary cortisol and blunted cortisol response. This work was funded by the grant of the Croatian Science Foundation No UIP-2014-09- 1245 "Biomarkers in schizophrenia – integration of complementary methods in longitudinal follow up of first episode psychosis patients".

Conflict of interest: No
Keywords: First Episode Psychosis; Salivary Cortisol; Psychosocial Stress; schizophrenia

EPP1125

Psychosis proneness in patients with schizophrenia and bipolar disorder: can ASI identify any difference?

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Introduction: First-Rank Symptoms (FRS) can be found in patients with diagnosis of SSPD (Schizophrenia Spectrum and other Psychotic Disorders) as well as in Bipolar Disorders (BD). A dopaminergic dysregulation, through the alteration of salience, can determine a vulnerability to the development of acclaimed psychotic symptoms.
Objectives: The aim of this study is to investigate differences in mean ASI scores between patients with SSPD and BD.
Methods: 74 patients (41 females mean age 44,14±14,323) were subjected to ASI scale, while other psychometric scales (PANSS, MADRS, MRS, HAM-A and AMDP) were compiled by referring physician. Mean ASI score were compared according to diagnosis of SSPD or BD, to the presence of current FRS and of antipsychotic therapy. Data have been anonymized and compared using Student T-test.
Results: 47,3% of patients were affected by SSPD and 52,7% by BD. The comparison between mean ASI scores in patients with diagnosis of SSPD or of BD were not statistically significant (14,91±7,318 and 14,62±5,280 respectively; p=0,834). Statistically significant differences in mean ASI scores emerged subdividing patients according to the presence or absence of current FRS (17,96±6,372 and 13,02±5,564 respectively, t=3,326, p=0,001) and to the assumption or not of antipsychotic therapy (15,91±6,420 and 11,17±4,260 respectively, t=3,592, p=0,001)
Conclusions: Psychosis susceptibility as a trait characteristic does not correlate with different nosographic cathegories: SSPD and BD. Contrary alteration of salience is associated with current FRS and antipsychotic therapy. ASI can be considered as a tool for the evaluation of an indipendent feature related to psychotic dimension.

Conflict of interest: No
Keywords: psychosis; schizophrenia; Bipolar disorder; salience

Schizophrenia and other psychotic disorders - Part XI

EPP1128

Cardiac safety with cariprazine treatment

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Introduction: Long-term treatment with antipsychotic agents is indicated for all patients with schizophrenia. Antipsychotic drugs can be of great benefit for a range of symptoms, but treatment is associated with unpleasant side effects. Prolongation of the QT interval among other cardiac safety aspects is a concern for clinicians managing psychiatric drug regimens, as it can lead to serious conditions or even result in death.
Objectives: The objective of this analysis is to evaluate the effects of cariprazine on cardiac safety parameters in comparison to placebo.
Methods: Data from eight schizophrenia studies (including 4 short-term 6-week, 1 long-term 26-week, 2 long-term 48-week and 1 long-term up to 92-week studies), were analyzed. Heart rate, QT interval changes, adverse events and discontinuation rates due

to cardiac parameters were examined. Data was analyzed for placebo and cariprazine groups. Safety parameters were summarized using descriptive statistics.
Results: A slight increase from baseline in ventricular heart rate (~2bpm) was observed with cariprazine treatment, which was comparable to placebo treatment (~1bpm). QT prolongation was observed in ~1% of cariprazine patients vs ~1% of placebo patients. The percentage of patients with TEAEs associated with changes on ECG was ~2% in both groups. Discontinuation due to cardiac TEAEs was low: 0.3% with cariprazine vs. 0.1% with placebo treatments.
Conclusions: Change in cardiac safety parameters was comparable for cariprazine and placebo treatments. Cariprazine did not significantly increase QT.
Disclosure: I am employee of Gedeon Richter Plc.

Keywords: schizophrenia; cardiac safety; QT prolongation

EPP1133

Different treatment outcomes in schizophrenia – a twin case presentation in bulgaria

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Introduction: Schizophrenia is a complex psychiatric disorder- its pathogenesis remains unclear, symptomatology as well as treatment outcomes vary among patients.
Objectives: To report different treatment outcomes with different treatment approaches between two female monozygotic twins suffering from schizophrenia.
Methods: Patients were clinically observed after diagnosis for five years, approximately twice per year. Their functionality level was evaluated based on daily activities.
Results: Both twins were diagnosed with paranoid schizophrenia during university (twin A at the age of 23, one year earlier than Twin B). Although twin A experienced a less severe premorbid disorder manifestation than her sister, she was hospitalized and treated with haloperidol, discontinued her education and minimized her social contacts, whereas twin B was treated in an outpatient setting with aripiprazole per os, was stabilized in 3 months' time, continued her studies and had a stable relationship. Twin A had a relapse 13 months after the diagnosis, experienced a second 3-month hospitalization and was discharged with amisulprid 600mg/day, refusing long-acting injectable treatment. After her sister's relapse, twin B decided to start long-acting aripiprazole to reduce the risk of another episode and protect her own functionality. Twin A had 3 more episodes in the following 3 years and is currently on clozapine, 75% disabled and without social contacts. Twin B has successfully graduated university, is married with a 5-month child and is still under long-acting injectable aripiprazole.
Conclusions: Different treatment approaches may lead to different treatment outcomes in early onset schizophrenia, even when patients share the same genome and environment.

Conflict of interest: No
Keywords: schizophrenia; twins; antipsychotics

EPP1134

Schizophrenia and anti-toxoplasmosis antibody carriership

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Introduction: Recent investigations have demonstrated both congenital and acquired forms of toxoplasmosis lead to changes in behavior and psychomotor skills, similar to those seen in schizophrenia.
Objectives: To seek a possible relationship between the infection with T. gondii and the severity of schizophrenia.
Methods: We examined 108 patients with schizophrenia and 108 control subjects. An immunoenzyme method (ELISA) was used to investigate a potential presence of anti-toxoplasmosis IgG and IgM. Patients with schizophrenia were additionally examined via Positive and Negative Syndrome Scale (PANSS).
Results: The analyze revealed a statistically significant higher frequency of carriership of anti-toxoplasmosis IgG in the patients with schizophrenia, as compared with the controls, p=0.01. The presence of high levels of anti-toxoplasmosis IgG antibodies was found in 69.23% of patients with schizophrenia and in 56.10% of mentally healthy subjects. The difference in concentrations of anti-toxoplasmosis IgG in both groups was not statistically reliable ($p > 0.05$).
Conclusions: Our investigation of positive and negative syndromes did not reveal statistically significant differences between the patients with schizophrenia IgG carriers those with negative serological test results. A statistically reliable difference was found by comparing the results from evaluation of the symptoms of disorganization ($p = 0.01$). Sex, age and education did not influence the ability to carry anti-toxoplasmosis antibodies in patients with.

Conflict of interest: No
Keywords: schizophrenia; anti-toxoplasmosis antibody carriership

EPP1137

Coronary artery calcification in patients with schizophrenia

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Introduction: Cardiovascular disease (CVD) is a major cause of reduced life expectancy in patients with schizophrenia as compared to the general population. Early prediction of CVD might improve cardiovascular prognosis in these patients. Coronary artery calcification (CAC) is a predictor of cardiac mortality. However, the degree of CAC in patients with schizophrenia has not yet been investigated in a screening setting.

Objectives: The aim of the present study was to investigate the degree of CAC in patients with schizophrenia compared to the general population.
Methods: In a clinical cross-sectional study, a total of 200 patients diagnosed with schizophrenia more than 10 years before baseline and 86 patients diagnosed with schizophrenia within 2 years before baseline underwent cardiac computed tomography (CT). Age and gender matched psychiatrically healthy controls were recruited for patients newly diagnosed with schizophrenia. The degree of CAC was quantified by the use of the Agatston Score and compared to controls and norms based on the general population. All patients were recruited from the North Denmark Region and had a minimum age of 18 years and an ICD-10 diagnosis of F20 (schizophrenia) or F25 (schizo-affective disorder). Information on cardiovascular risk factors, illness history, social and psychiatric conditions were obtained at baseline.
Results: Data is currently undergoing statistical analysis and results will be presented at the European Congress of Psychiatry 2020.
Conclusions: Will be based on results and presented at the European Congress of Psychiatry 2020

Conflict of interest: No
Keywords: cardiovascular disease; coronary calcification; schizophrenia; mortality

EPP1138

Micro structural and metabolic disturbances in corpus callosum in schizophrenia patients.

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Introduction: Endogenous psychoses are a pressing problem of modern medicine and biology.
Objectives: The aim of the study was to analyze the microstructural and metabolic features of the corpus callosum (CC) in recently onset schizophrenia.
Methods: The study was carried out in 13 men with juvenile endogenous paroxysmal psychosis (disease standing ≤ 5 years after first manifestation) aged 17-27 years (median 22.0±3.1 years). Control group consisted of 15 mentally healthy young men (18-28 years). Studies by MRI and 1H-MRS were carried out on Achieva 3T MRI scanner (Phillips). The spectroscopic voxel (2×1×1 mm) was placed in the CC knee region. The PRESS sequence was used (TR/TE=1500/40 msec).
Results: In patients, increased ADC (p=0.02) and RD (p=0.008), decreased FA (p=0.008) and NAA (p=0.03) were found in the CC knee, No intergroup differences by PD, Cho, Cr, Glx were found in this area. Also, no statistically significant intergroup differences were observed for the DTI and MRS characteristics of the CC splenium.
Conclusions: Comparison of our DT-MRI and 1H-MRS data showed that the increase of RD in patients with early schizophrenia did not conform to active demyelination, which was proven by the normal level of Cho, while axon damage, shown by low level of NAA, did not lead to PD reduction. The decrease of NAA level detected in our study indicated axonal damage in the CC knee of patients with the early stage of schizophrenia. The increase of RD in the presence of normal Cho level seemed to indicate disorders in the axon cytoskeleton damage, but not active demyelination.

Conflict of interest: No
Keywords: MRS; schizophrenia; corpus callosum; DTI

Schizophrenia and other psychotic disorders - Part XII

EPP1140

Semicarbazide-sensitive amine oxidase in pathogenetic mechanisms of first episode of schizophrenia.

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Introduction: Serum semicarbazide-sensitive amine oxidase (SSAO) is considered to be enzyme that is involved in oxidation both xenobiotics and drugs and endogenous substances.
Objectives: Pathophysiological role of SSAO is still unclear. Aim was to estimate SSAO activity in first-episode drug-naïve schizophrenic (FES) patients.
Methods: There were investigated 26 FES patients (21 patients, F20; 5 patients, F20.3). Controls – 15 volunteers. Activity of serum SSAO was estimated by method of McEwen and Cohen in modification of Balakleevski.
Results: Severity of disorder before treatment according to PANSS score was75.5. Before treatment, patients with FES were characterized by significantly decreased of SSAO activity (by 29%; $p< 0.001$) in blood serum as compared to controls. Regression analysis showed significant correlation between activity of SSAO and index of disease severity PANSS ($p< 0.0109$).
Conclusions: SSAO may convert a number of endogenous amines - methylamine and aminoacetone, into highly toxic compounds, formaldehyde, methylglyoxal and acrolein. Increase in production of these toxic compounds during nervous exhaustion may have negative effects. We hypothesize that concentration of toxic metabolites is increased in FES patients, which promotes increase in endogenous intoxication. Accumulation of toxic metabolites may trigger a compensatory mechanism of allosteric inhibition, which results in inhibition of SSAO activity and decrease in production of toxic metabolites. Our study on SSAO activity in FES patients is the first in literature. Present and our earlier studies point out on profound metabolic disturbances in FES patients (Uzbekov M et al., 2013, 2015, 2018).

Conflict of interest: No
Keywords: semicarbazide sessitive amine oxidase; first episode of schizoprenia; allosteric inhibition

EPP1143

Neurophysiological mechanisms of temporal binding window and its role in related cognitive processes and schizophrenia spectrum disorders.

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Introduction: Enlarged TBW, driven by occipital alpha cycle, is claimed to deteriorate related cognitive processes i.e. time perception and sense of agency (SoA) and is believed to be contributing factor of schizophrenia spectrum disorders.
Objectives: Current project investigated the relationship between occipital alpha cycle, TBW, schizophrenic traits and time perception (study 1), and SoA (study 2). Thereafter, will test causal influence of occipital alpha cycle on TBW and SoA (study 3). Finally, whether perceptual training can be used to reduce the TBW and whether this extends to other experiences such as SoA (study 4), and ultimately help reduce the symptoms of schizophrenia will be explored (study 5).
Methods: Correlated occipital alpha cycle, schizophrenic traits, TBW and time perception (study 1) and SoA (study 2). TBW and sense of agency will be compared before and after occipital alpha cycle modulation by tACS (study 3). Occipital alpha cycle, TBW and sense of agency will be compared before and after perceptual training in schizophrenics (study 4) with experienced symptoms compared before and 3 months after perceptual training (study 5).
Results: Study 1 showed significant positive correlation only between the occipital alpha cycle and TBW. Study 2 revealed significant positive correlation between TBW and SoA and TBW and schizophrenic traits.
Conclusions: Given the above it is expected that decreasing duration of occipital alpha cycle will decrease the width of the TBW and SoA. Based on previous literature it is also predicted that perceptual training will reduce the width of TBW and SoA as well as the symptoms of schizophrenia.

Conflict of interest: No
Keywords: Temporal Binding Window; Occipital Alpha Cycle; Perceptual Training; schizophrenia

EPP1144

People with schizophrenia spectrum disorders improve emotion recognition after a mindfulness-based social cognition training (socialMIND®)

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Introduction: People with Schizophrenia Spectrum Disorders (SSDs) suffer significant social cognitive impairments (Paker, Foley, Walker & Dark, 2013). Social cognitive trainings are emerging interventions aiming to target these impairments and improve functional outcomes (Green et al., 2015). Social Cognition and Interaction Training (SCIT) (Taylor et al., 2016) and Training of Affect Recognition (TAR) both improve social cognition (Vaskinn et al., 2019). SocialMIND® is the first mindfulness-based social cognition training tailormade for people with psychosis (Mediavilla et al., 2019a).
Objectives: To explore the changes in emotion recognition after SocialMIND® in a sample of people with SSD.
Methods: SocialMIND® is delivered over 9 months, the first two including 8 weekly sessions. 46 patients were included: 25 subjects completed a feasibility trial while 21 subjects are currently enrolled in a Randomized Controlled Trial (Mediavilla et al., 2019b). Assessment included the RMET.
Results: 46 participants completed weekly sessions and assessment. Participants displayed a significant improvement of 3,85 in RMET scores (p=0,012, d=0,42).
Conclusions: SocialMIND® is one of the first social cognition trainings for SSD to show an improvement in emotion recognition. Similar pre- to post-intervention results have also been achieved by SCIT (Gordon et al., 2018; Voutilainen, Kouhia, Roberts & Oksanen, 2016) and TAR (Sachs et al., 2012). However, different methodological issues render comparisons impractical as results have been inconsistent (Roberts et al., 2014). Given the role of social cognition in schizophrenia (Galderisi et al., 2018), future research lines should delve deeper into the key active ingredients and action mechanisms of social cognition trainings for people with psychosis.

Conflict of interest: No
Keywords: SocialMIND®; schizophrenia spectrum disorders; Mindfulness-based social cognition training

EPP1145

People with schizophrenia spectrum disorders improve attributional bias after a mindfulness-based social cognition training (socialMIND®)

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Introduction: Mindfulness-based interventions are showing promising results for people with Schizophrenia Spectrum Disorders (SSD) (Goldberg et al., 2018), though their action mechanisms are yet to be clarified. Social cognition has drawn a great deal of attention in recent decades as people with psychosis tend to perform worse than healthy controls in socio-cognitive tasks (Green et al., 2015). A core component of social cognition is attributional style and people with psychosis tend to perceive more intentionality and hostility in other people's behaviors in negative and ambiguous situations than controls (Savla et al., 2012).

Objectives: To explore the changes in hostility bias after SocialMIND® in a sample of people with SSD.
Methods: SocialMIND® is a mindfulness-based social cognition training delivered over 9 months, the first two including 8 weekly sessions. 46 patients were included: 25 subjects completed a feasibility trial (Mediavilla et al., 2019a) while 21 subjects are currently enrolled in a Randomized Controlled Trial (Mediavilla et al., 2019b). Assessment included the Ambiguous Intentions Hostility Questionnaire (AIHQ).
Results: 46 participants completed weekly sessions and assessment. Participants showed a significant improvement in hostility bias as measured by the AIHQ (p=0,018, d=0,38).
Conclusions: SocialMIND® is among the few social cognition trainings to achieve an improvement in hostility bias in people with psychosis (Roberts et al., 2014). Given the role of social cognition in SSD as predictor and mediator of social functioning (Galderisi et al., 2018), future research lines should delve deeper into the action mechanisms and key active ingredients of social cognition trainings for people with psychosis.

Conflict of interest: No
Keywords: Mindfulness-based social cognition training; SocialMIND®; schizophrenia spectrum disorders

EPP1148

Effects of transcranial direct current stimulation on facial and hand motor performance in individuals at risk for psychotic onset: a pilot study

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Introduction: Individuals at risk for psychotic onset present facial and hand motor abnormalities, which have been reported to be risk factors and predictors of psychotic onset. Aberrant cerebellum may play a pivotal role in explaining the existence of motor abnormalities in at-risk individuals. Transcranial direct current stimulation (tDCS) on cerebellum is promising for improving motor function and further contributing to early intervention to defer or even prevent psychotic onset in the at-risk population.
Objectives: This study was to examine if tDCS on cerebellum improved facial and hand motor function in individuals at risk for psychotic onset.
Methods: Six right-handed at-risk individuals were randomly assigned to receive real 2mA tDCS (n=3) or sham tDCS (n=3) for 8 sessions (twice per week, 20 minutes per session). An anode was placed on cerebellum (1–2 cm below the inion); a cathode was placed on the right deltoid in at-risk individuals. Motion analysis was used to measure normalized movement time (nMT), reflecting movement speed, and the normalized number of movement units (nNMU), reflecting movement smoothness, for the right face and the right hand of participants.
Results: Both groups were matched at pretest. At posttest, tDCS showed medium-to-large effect size d on nMT (face: 0.73; hand: 0.63) and nNMU (face: 0.74; hand: 0.45).
Conclusions: The pilot data show a high potential of tDCS on cerebellum to improve facial and hand motor function in at-risk individuals, which is beneficial to early prevention of psychotic onset. Future research with a larger sample size is warranted.

Conflict of interest: No
Keywords: transcranial direct current stimulation; Cerebellum; motor; risk for psychotic onset

EPP1149

Patient, investigator, nurse, carer questionnaire (PINC-Q): exploring the impact of paliperidone palmitate 3-monthly administration in the maintenance treatment of schizophrenia from four key stakeholders

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Introduction: The efficacy and safety of long-acting antipsychotic treatments in schizophrenia, including 3-monthly paliperidone-palmitate (PP3M), has been investigated in clinical trials using various rating scales, however the every-day impact on patients and their carers remains to be identified.
Objectives: To understand the pragmatic implications of PP3M from the perspective of four key stakeholders: patient, carer, nurse and psychiatrist, and to understand the level of alignment across each of these.
Methods: PINC-Q is a multi-country, cross-sectional, retrospective, non-interventional study comprising of a questionnaire for adult patients (> 18 years) with schizophrenia (ICD-10) receiving PP3M, and their carer, physician and nurse. The questions were developed together with all four stakeholders, with similar content across the groups. Data are summarized for patients, physicians, nurses, and carers separately, the degree of inter-stakeholder alignment is examined using Cohen's (weighted) Kappa for categorical, and Lin's CCC for continuous data.
Results: 224 patients (of 228 enrolled) were evaluable from 7 EU countries (mean [SD] PP3M duration, 12.8 months [3.72] after a mean [SD] pre-treatment with paliperidone palmitate 1-monthly of 23.9 [21.28] months). For most patients (88.4%) responses were received from at least three different stakeholders. The main reason for switch to PP3M for each stakeholder was "to live life as normally as possible" (over 60%). Over 79% within each stakeholder group responded that PP3M helped the patients, with improvements reported in decreasing stigma/need for carer support and increasing useful activities.
Conclusions: The study revealed pragmatic implications of PP3M treatment from the prespective of all four stakeholders.
Disclosure: This study was sponsored by Janssen. M Lahaye, C Marsella, K Pungor, C Verrijcken, A Wooller are employees of

Janssen. J Attal, K Leopold, S Pappa, P Sanchez, G Steegen, A Vita were investigators in the PINC-Q study.

Keywords: paliperidone palmitate; schizophrenia; carer; patient experience

Sexual medicine and mental health

EPP1152

Parental thinking and knowledge about sex education: a tunisian study

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Introduction: For parents, giving a child sex education (SE) is not easy. The process may meet resistances.
Objectives: To determine Tunisian parents' opinion on SE
Methods: Cross-sectional study conducted in September 2019 and put online via a link through the Google Forms service in groups intended for parents in Facebook. A self-questionnaire was developed for the study.
Results: The survey included 233 mothers and 14 fathers. Parents' average age was 37 years (± 5.6). Two hundred and twenty-nine (92.7%) were for SE. Parents against SE were fear to encourage early sexual relations (4%, n=10). A quarter (n=58) have heard about SE in our country. Mothers (n=225), fathers (n=193), teachers (n=173) and physicians (n=113) would be the best to speak about it. For 215 participants (87%), SE would help to combat sexual assault, for 205 (83%), to combat virtual sexual harassment and for 118 (47.8%) to accept differences. For parents, children aged by 5.2 years (± 2.5) were able to understand the privacy of body parts. One hundred and eleven (44.9%) have spoken with child about private parts, 75 (30.4%) about "how to make babies" and 58 (23.5%) about male-female relationships only when child asked questions. One hundred and three parents took the initiative to talk about adolescent body changes with 12-13 year olds' teenagers (41.7%). One hundred and thirty-nine parents (56.3%) judged that children received sufficient SE.
Conclusions: Parents are among the main actors in children' SE. Even if they seem to master the subject, continuous information is still necessary to overcome some misunderstandings.

Conflict of interest: No
Keywords: child; adolescent; sex education; parents

EPP1158

What are physicians' barriers to and reasons for assessing their patients' sexual orientation at an austrian university hospital?

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Introduction: Even though many health disparities exist between lesbian, gay, and bisexual individuals as compared to heterosexual individuals, physicians rarely ask about a patient's sexual orientation.
Objectives: The current study examined physicians' attitudes towards homosexuality and assessed physicians' barriers to and reasons for asking patients about their sexual orientation at an Austrian university hospital.
Methods: Physicians (N = 135; 51.9% women, 48.1% men) completed a questionnaire that assessed whether physicians included questions about their patients' sexual orientation during everyday patient-physician conversations. Physicians were asked about their barriers to and reasons for asking patients such questions. The Negativity toward Sexual Minorities scale from the Male Role Norms Inventory – Short Form was used to assess attitudes towards homosexuality.
Results: Only 37.1% of female physicians and 27.7% of male physicians included questions about their patients' sexual orientation in everyday clinical practice. The most important barrier, that also predicted female physicians' low frequency of assessing their patients' sexual orientation, was the belief that sexual orientation was irrelevant for healthcare. Discomfort or negative attitudes towards homosexuality were low and did not play a role in the frequency of physicians' everyday assessment of patients' sexual orientation. Physicians mostly stated concerns for their patients' sexual health as reasons for assessing sexual orientation. Only few named concerns for their patients' mental health.
Conclusions: Medical education or training programs need to include more thorough education with regard to sexual orientation, minority stress and health disparities. It is important that physicians recognize the relevance of assessing their patients' sexual orientation.

Conflict of interest: No
Keywords: Patient-physician conversations; Assessing sexual orientation; Physician; Hospital

EPP1162

Features of sexual identity in people with transsexualism: the gender differences

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Introduction: The study of sexual identity is an important task in determining the "targets" for providing personalized psychological assistance to people with transsexualism.
Objectives: This study aims to identify the gender characteristics of sexual identity in people with transsexualism. The study involved 18 women and 16 men with transsexualism aged 16 to 24 years.
Methods: The clinical, psychological and sexological methods were used. Psychological assessment has been conducted using clinical-and-psychological interview, "Draw a man" – Machover Test, Luscher Color Test, Dembo-Rubinstein Method of Self-esteem Measurement, "Coding-test" (Starovich, 1991), "Masculinity and femininity test" (Bessonova, 1994), "Color test of relationships" (Tkachenko, Vvedensky, Dvoryanchikov,1998).

Results: Women with transsexualism are characterized by: pronounced male gender-role identity (90%); masculine gender-role behavior in dealing with men and mixed-in dealing with women (86%); positive emotional coloring of the self-image (83%); differentiation of sexual preferences by sex (84%); constancy of sexual relations and high satisfaction with sexual life (61%); low social adaptation and fear of being rejected by society (54%). Men with transsexualism are characterized by: female gender-role identity and feminine gender-role behavior with both men and women (93%); positive emotional coloring of the self-image (72%); emotional and cognitive interiorization of the female sexual role (55%); insufficient differentiation of sexual preferences by sex (88%); representation of androgynous traits in the image of the ideal partner (88%), and representation of feminine traits in the image of a real partner (78%); low satisfaction (69%); fear of being rejected by society (69%).
Conclusions: Identified gender differences allow individualized psychological support to people with transsexualism.

Conflict of interest: No
Keywords: Transsexualism; sexual identity; Gender-role; Sexual life

EPP1163

Prescribing options for sexual offenders

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Introduction: The pharmacological treatment of sexual offenders – and of those predisposing to these behaviors – aims to inhibit or reduce sexual arousal and recidivism. Pharmacological approaches are not widely used for all patients and are often selected for paraphilias or specific patterns of sexual arousal.
Objectives: We aim to present the most common pharmacological treatment options used in clinical pratice for sexual offenders.
Methods: A selective literature review was conducted using the PubMed and ResearchGate databases, using the following key words "sexual offenders", "pharmacological intervention", "pharmacological treatment", "paraphilia treatment".
Results: Hormonal agents (antiandrogens) target a reduction in testosterone and sexual drive. Research shows that antiandrogens treatment presents lower rates of detected sexual recidivism and decreased sexual arousal in response to offense specific stimuli. Both side effects and negative/punitive connotations of these drugs make them reserved for paraphilic and high risk patients. SSRI are mostly used in cases where there is marked sexual rumination or preoccupation, a compulsive aspect to the sexual behavior or an association with low mood. Their efficacy is the result of a reduction in the intensity of sexual rumination/urges, enhancement of mood, decreased impulsivity, lessening of libido, sexual anhedonia or a combination of these. Although commonly causing loss of libido and erectile difficulties, the antipshychotics' impact is inconsistent and unreliable. Research doesn't provide the evidence for using mood stabilizers, anxiolytics or naltrexone.
Conclusions: Due to the lack of studies and the evanescing interest in studying perpetrators, current evidence is far more supporting than robust making the need for guidelines a pressing matter.

Conflict of interest: No
Keywords: paraphilic treatment; sexual offenders; PHARMACOLOGICAL TREATMENT

Sleep disorders & stress

EPP1166

Sleep disturbances and mood outcomes in patients with treatment-refractory major depressive disorder (MDD) receiving transcranial magnetic stimulation (TMS): a retrospective study

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Introduction: Sleep disturbances are comorbid in approximately 90% of patients with major depressive disorder (MDD). Sleep disturbances not only increase the severity of depression but also portends a poorer prognosis and increased risk of suicide in these patients. Residual sleep related disturbances can persist despite optimal antidepressant treatment in up to 20-60% of patients with depression.
Objectives: 1) To understand the impact of TMS on baseline sleep disturbance and its correlation with overall mood outcomes in treatment-refractory MDD patients..
Methods: We analyzed the sleep outcomes in patients with treatment-refractory MDD with > 3 failed antidepressant trials, who underwent TMS at our center. We utilized PHQ-9 scale, GAD-7 scale, Insomnia Severity Index (ISI) and Epworth Sleepiness Score (ESS) to assess the severity of depression, anxiety, insomnia and hypersomnia symptoms at baseline, during, and after TMS treatment.
Results: Preliminary results (N=5) include treatment-refractory MDD (2 males, 3 females; mean age=49.4 years) who received an average of 33.8 TMS treatments. TMS treatments was tolerated overall well without any significant adverse effects. Although reductions in anxiety symptoms and sleep difficulties were reported, a significant difference in mood was found when pre to post-TMS PHQ-9 scores were compared; $t(4) = 10.262$, $p < 0.001$. These results suggest that TMS contributed to significant improvement in depressive symptoms.
Conclusions: TMS can prove to be an effective treatment modality for management of comorbid sleep disturbances in patients with treatment refractory MDD. Further prospective studies using objective tools such as actigraphy and EEG based sleep measures can be utilized to substantiate the subjective findings.

Conflict of interest: No
Keywords: major depressive disorder; Sleep Disturbance; Hypersomnolence; İnsomnia

EPP1170

Prevalence and potential determinants of insomnia disorder in the general population of qatar

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Introduction: Insomnia is common, adversely impacts physical and mental health, functional ability and hence impacts global

public health. The prevalence of insomnia and its impact on mental health in Qatar's non-clinical population is relatively unknown.
Objectives: We aimed to estimate the prevalence of Insomnia Disorder in the household population of Qatar and explore its link to depressive and anxiety symptoms.
Methods: We hypothesized that insomnia would be prevalent and strongly associated with depressive and anxiety symptoms in the Qatari population. We used probability-based sampling to select a Qatar household population sample (N= 1,611). Face-to-face household interviews were conducted with consenting adults living in Qatar. We used the Espie (2014) Sleep Condition Indicator and DSM-5 criteria to estimate the prevalence of insomnia. Depressive and anxiety symptoms were ascertained using the PHQ-9 and GAD-2 and markers of autoimmune disease resorded. Univariate, bivariate, and multivariate statistics were used in analysis.
Results: The prevalence of insomnia was 5.5% (95%CI: 4.3-6.7) and was higher in females (6.3%) than males (4.6%), (P = 0.216). Insomnia was strongly associated with depressive (OR=5.4, P<0.01) and anxiety symptoms (OR=3.0, P<0.05). Having one or more autoimmune diseases were strongly associated with insomnia (OR=3.9, P<0.001). Insomnia was positively associated with younger age (P<0.01) and negatively associated with higher (post-secondary) education (OR=0.4, P<0.05). Evidence of strong association between religious affiliation and insomnia was found (OR=25.0, P<0.01), which requires further exploration in future studies.
Conclusions: These findings highlight the potential impact of insomnia on mental health in the otherwise healthy population of Qatar.

Conflict of interest: No
Keywords: İnsomnia; stress; Anxiety; Dépression

EPP1172

Use of electronic devices in evenings and nights predict worse subjective quality and higher sleepiness after control for anxiety, depression and sleep-related beliefs

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Introduction: Use of electronic devices in the evenings and nights is wide-spread especially in adolescents and youth (Soldatova et al., 2017) that could be related to poorer sleep quality and sleepiness due to sleep hygiene disturbances, higher psychophysiological arousal or more ruminations before sleep (Perlis et al., 2011).
Objectives: The aim was to study relationships between the use of electronic devices and sleep-related complaints in people without diagnosed sleep disturbances after adjusting for other behavioral and psychological factors of sleep disorders.
Methods: 103 adults with at least 85% of sleep efficiency filled Insomnia Severity Index, Behavioral Factors of Sleep Disorders Scale, Hospital Anxiety and Depression Scale Dysfunctional Beliefs about Sleep Scale, the Epworth Sleepiness Scale, Glasgow Content of Thoughts Inventory, Checklist of Subjective Reasons of Sleep Disturbances.
Results: The use of devices in the evenings and at nights was associated with a worse subjective quality of sleep, its lower duration and efficiency, greater sleepiness and a feeling of "lack of sleep" (r=0,21-0,39, p<0,05). The relationship between the use of devices, shorter duration of sleep (β=-0,21, p<0,05, ΔR^2=4,0%) and feeling of "lack of sleep" (β=0,24, p<0,05, ΔR^2=4,6%) didn't depend on any psychological or other behavioral factors of sleep disorders.
Conclusions: The use of electronic devices in the evenings and at nights predicted shorter sleep duration, worse sleep efficiency, a feeling of "lack of sleep" after adjusting for other behavioral and psychological factors. Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.

Keywords: sleep; Electronic devices; sleep complaints; Anxiety

EPP1173

Anxiety and beliefs about sleep disturbances as moderators of subjective appraisals of objective sleep in patients with insomnia and sleep apnea syndrome

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Introduction: Possible explanation for well-known mismatch between the objective and subjective quality of sleep is that subjective sleep appraisals are the result of a personal decisions and generalization. According to theory of self-regulation in health and illness (Leventhal et al., 2002), in patients with sleep disorders subjective appraisals could be moderated by emotional condition and beliefs about sleep disturbances.
Objectives: The aim was to study psychological factors of subjective sleep appraisals at a particular night and in general in patients with insomnia and obstructive sleep apnea.
Methods: 46 patients with sleep apnea syndrome and 93 patients with chronic insomnia underwent a neurological examination, filled out a Sleep Quality Checklist, a Screening for Sleep Apnea, an Epworth Sleepiness Scale, a Hospital Anxiety and Depression Scale, a Checklist for Subkective Reasons of Sleep Disorders. Polysomnography was recorded for 1 night.
Results: A general appraisal of sleep in both groups is associated with the duration of falling asleep and the latent period of delta sleep, while a specific appraisal of sleep quality is associated with the duration of delta sleep, REM sleep and the number of sleep cycles. Anxiety and beliefs about sleep sensitivity were associated with the worst assessment of sleep in the case of longer delta-sleep (β=-.21 - -0,14, p<0,05, ΔR^2=2,0%-4.1%, p<0,05).
Conclusions: In both patients with insomnia and sleep apnea anxiety and beliefs about sleep sensitivity but not depression moderate the relationship between delta-sleep and subjective sleep. Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.

Keywords: sleep apnea syndrome; sleep; İnsomnia

EPP1174

Concentration on sleep, wakefullness and sleep hygiene improves sleep in professional sportsmen

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Introduction: Sleep in sportsmen is important for their achievement but is highly affected by stress. In good sleepers, concentration on wakefulness improvement and sleep hygiene could be more effective than concentration on sleep improving (Rasskazova, Leonov, 2019).
Objectives: The aim was to compare interventions concentrating attention on sleep, wakefulness or sleep hygiene in professional sportsmen.
Methods: 59 athletes - wrestlers and boxers (49 males, 10 females) 17-27 years old were interviewed about their sleep-wake cycle, filled Insomnia Severity Index, Dysfunctional Beliefs About Sleep Scale (Morin, 1993), Hospital Anxiety and Depression Scale (Zigmond, Snaith, 1983). During the next three weeks they practiced three randomized interventions: improvement of sleep, wakefulness and sleep hygiene. For 2 days before and 2 days at the end of each intervention they appraised every evening their day (using 0-10 Likert scale) and every morning filled Sleep Diary (Morin, 1993). 20 sportsmen (33.9%) reported sleep problems.
Results: Sportsmen appraised all three interventions as effectively improving their sleep ($t=4.92$-5.18, $p<.01$, Cohen's $d=.64$-$.67$). Sportsmen reporting sleep problems reported that it was easier for them to concentrate on sleep improvement and it was more difficult to concentrate on sleep hygiene ($F=5.13$, $p<.01$, $eta=.40$).
Conclusions: In line with previous finding on good sleepers, results support that in sportsmen any strategy could be effective but for sportsmen with sleep complaints it is easier to concentrate on sleep than on sleep-related behavior. Research is supported by the Russian Foundation for Basic Research, project No. 18-013-01211.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 18-013-01211.

Keywords: sleep; wakefulness; sleep hygiene; sleep improvement

EPP1175

Perampanel in chronic insomnia. A case control study of 33 patients

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Introduction: Perampanel is an antiepileptic also effective on the structure of sleep. We describe the first study that evaluates perampanel in patients with chronic insomnia.
Objectives: Insomnia is one of the most frequent reasons for consultation in the Sleep Units.
Methods: Observational retrospective case-control study of 33 patients with chronic insomnia. All patients attended from November 2017 to November 2018. All patients with more than 4 previous treatments tested, during more than 4 years. 6 months of following.
Results: 33 patients with chronic insomnia, 20 women (60%). Average age 53.48 years, average time of evolution: 11.25 years. At least 4 treatments previously tested in all patients. Main etiology: depression 13 cases (40%). After the combination of perampanel 2-4 mg (100%) with antidepressants (17 cases, 51.5%) or anxiolytics (12 cases, 36.36%) along 3 months: the ISI scale improves by 6 points on average (+/- 2.1 standard deviation DE, $p<0.02$), and Pittsburgh scales improves in 4 points (+/- 1.7 SD, $p<0.04$). In controls, the improvement of the ISI scale was 2.2 poins (+/-0.8 SD, $p<0.06$), on the Pittsburgh scale was 1.6 points (+/- 0.5 SD, $p<0.01$). The main adverse effect was irritability in 3 patients. The treatment was abandoned by 4 patients (12.12%), 2 due to lack of efficacy (6%).
Conclusions: The combination of perampanel with an antidepressant, or an anxiolytic, significantly improves the quality of sleep measured by ISI and Pittsburgh scales in patients with chronic insomnia. A clinical trial compared with placebo would be necessary to corroborate these results.

Conflict of interest: No
Keywords: Perampanel; chronic insomnia

Suicidology and suicide prevention - Part I

EPP1176

Characteristics of suicidal behaviour in a tunisian sample

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Introduction: Suicide is a major public health problem. Some factors are associated with a higher risk of suicidal behaviour. These factors have an important warning value. Their detection would allow intervention in people with suicidal crisis and probably suicide prevention.
Objectives: to examine the epidemiological and clinical profile of suicide attempters who consulted in the emergency departments in the governorate of Sousse.
Methods: This is a cross-sectional descriptive study conducted with suicide attempters aged 16 and above living in the governorate of Sousse who were admitted in the emergency room or the intensive care unit over a one year period from November 2016 to November 2017. Socio-demographic data was collected by a pre-established form.
Results: Our study was conducted amongst 154 patients, the majority were female (76.6%) with a sex ratio of 0.3. The average age was 26.13 ± 10.16 years old. Intoxication was the most common (97.4%) method of suicide attempt. The other means were successively self-immolation (1.6%), defenestration (0.6%) and phlebotomy (0.6%). During the evaluation period, there were three peaks of

suicide attempt numbers corresponding to the months of December-November (14.3%), the month of July (10.4%) and the month of March (9.7%). Only 64 (41.6%) suicidal patients accepted care and attended appointments at our outpatient psychiatric clinic.
Conclusions: Our study revealed that suicide attempters were mostly young females and the most commonly used method was intoxication. The reluctance to pursue therapy rises questioning about the reasons and the possible actions to undertake to improve patients care.

Conflict of interest: No
Keywords: suicide behaviour; suicide attempt; clinical profile; epidemiological profile

EPP1177

Evaluation of impulsivity in suicidal patients: prevalence and associated factors

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Introduction: Suicidal behaviour is a major public health problem. Several factors have been associated with it, among which impulsivity that seems to increase the risk of suicide attempts according to some studies.
Objectives: To determine the prevalence of impulsivity along with the factors associated to it, in suicidal patients.
Methods: This is a cross-sectional descriptive study conducted among patients aged 16 and above, living in Sousse, who attempted suicide and were admitted in the emergency department, between November 2016 and July 2017. A standardized assessment was performed using the Beck Depression Inventory (BDI) scale, Hamilton Anxiety Scale, Beck's hopelessness Scale (BHS) and Barratt Impulsiveness Scale (BIS-11).
Results: Our study was conducted among 31 suicidal patients. The average age was 26,0 ± 9.8 years old. The sex ratio was 0,4. In our population, 7 (22,6%) had a family history of suicidal behaviour, 18 (58,1%) had active suicidal thoughts before acting out and 16 (51,6%) have made at least two suicide attempts. Among our patients, 27 (87,1%) had a BDI score superior to 16 corresponding to severe depression and the prevalence of impulsivity was 100% with a mean Barratt score at 85,03 ± 13,58. The mean score was 29,58 ± 6,76 in the motor impulsiveness, 22.96 ± 4,03 in the cognitive impulsiveness and 32,48 ± 4,82 in the non-planning impulsiveness.
Conclusions: Our study revealed that the majority of the suicide attempts were concomitant with depression and associated to impulsivity. This should encourage a systematic evaluation of the risk of acting out in depressed and impulsive subjects.

Conflict of interest: No
Keywords: Impulsivity; Barratt impulsiveness scale; suicide attempt; Suicide

EPP1178

Decreased il-1 serum levels in drug-free suicide attempters

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Introduction: Potential involvement of immune mechanisms in the etio-pathogenesis of suicidal behaviour has been postulated. Hypotheses regarding an immune-cytokine basis have been advanced with controversial findings regarding predominance of type-1 or type-2 cytokines.
Objectives: The aim of this study was to assess serum levels of IL-1, IL-4, and IFN-γ in drug-free suicide attempters and to determine potential associations between cytokine levels and clinical parameters and psychopathology.
Methods: IL-1, IL-4 and IFN-γ serum levels were measured with ELISA techniques for 31 drug-free suicide attempters and 31 healthy controls matched for age, sex and body mass index. Current symptoms were assessed with Beck Depression inventory, Beck Hopelessness scale, Hamilton Anxiety Rating Scale and Barratt impulsivity scale.
Results: Suicide attempters exhibited significantly lower IL-1 serum levels than controls ($p<0.006$). There was no significant difference between patients and controls regarding IFN-γ and IL-4 levels.
Conclusions: IL-1 level was significantly decreased in the blood samples of patients with suicidal behaviour and these cytokines may help distinguish suicidal from non-suicidal patients.

Conflict of interest: No
Keywords: suicidal behaviour; cytokines; Il-1

EPP1185

Association between cannabis use and high suicide risk in colombian high school adolescents

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Introduction: Worldwide, the prevalence of cannabis use rises up, particularly in adolescents. The cannabis use overlaps with cigarrete smoking and other illicit drug use as well as depressive symptoms and suicide risk. However, in the Colombian context little is known about the relationship between the use of cannabis and risk of suicide.
Objectives: To evaluate the association between cannabis use and high suicide risk in high school adolescents from Santa Marta, Colombia.
Methods: Cross-sectional study with a probabilistic sample of adolescents between 13 and 17 years of age, high school students

from official and private schools. The life-time use of cannabis was investigated and the suicide risk was quantified with the suicide ideation scale of the Center for Epidemiological Studies on Depression. Scores greater than eight were categorized as high suicide risk. The crude and adjusted odd ratios (OR) were estimated.
Results: A total of 1,462 students participated. The mean for age was 14.4 years (SD=0.8); 60.3% were women. The life-time prevalence of cannabis use was 11.6% (95%CI 10.0-13.2) and 13.3% of the students reported high suicide risk (95%CI 11.6-15.0). The cannabis consumption was associated with high suicide risk, adjusted for other variables (OR=1.88, 95%CI 1.23-2.88).
Conclusions: Cannabis use is associated with high suicide risk in high school adolescents from Santa Marta, Colombia. It is needed to study others variables could mediate the association.

Conflict of interest: No
Keywords: Marijuana smoking; Suicide; adolescent; Cross-sectional studies

Suicidology and suicide prevention - Part II

EPP1186

Study of the suicidal phenomenon in pregnant women

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Introduction: Ideation and suicidal behavior in pregnant women are sparsely studied phenomena. Although the literature describes low suicide rates, suicidal ideation is not uncommon. Suicidal ideation prevalence rates found range from 3 to 33% (Gentile, 2011), with some studies describing even higher rates than those of the general population.
Objectives: As part of Woman Mental Health and Addiction on Pregnancy (WOMAP) project we aim to delve into this problem by describing suicidal ideation and behavior in a cohort of 1389 pregnant women.
Methods: Women were evaluated using the AC-OK screener for behavioral problems. Those who responded positively to questions 9 (During the past year: Have you experienced thoughts of harming yourself or others?) or 10 (Have you ever thought that life is not worth living, or planned or attempted suicide?) were assessed in depth using the Paykel Suicide Scale for the last 30days.
Results: 5.61% of the women answered positively at least one of the AC-OK Scale suicide questions. The following results were obtained in the Paykel scale: 1.4% made a suicide attempt, 8% presented planification, 22.7% suicidal thoughts, 29.5% suicidal ideation, and 29.5% expressed vital hopelessness.
Conclusions: Prevalence data obtained in our sample are aligned with those found in studies describing lower rates. Despite of that, Ideation and suicidal planning are still present in pregnant women, and due to their possible severe consequences, deserve greater attention in order to identify and address this problem, helping to improve these women symptoms and therefore their experience during the perinatal period.

Conflict of interest: No
Keywords: Suicide; Pregnancy; suicide risk

EPP1187

Reviewing the role of personality pathology in the suicidal process in adolescence

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Introduction: Reviews on adult population have indicated a prominent role for personality pathology as both a vulnerability and facilitating factor for suicidality. No such an overview of the role of personality pathology emerging patterns in adolescent suicidal population has been reached.
Objectives: This work presents a review of research papers considering the role of personality pathology emerging patterns for suicidal ideation and conducts in adolescence with two main objectives: a) verify the role of personality pathology in suicidality; b) verify the specific pathological personality emerging patterns and associated features in suicidality.
Methods: 213 Studies that investigated personality disorders or trait diagnoses as risk factors for adolescents' suicidal ideation/behavior were originally selected. Case report, reviews and meta-analysis were excluded as well as studies not distinguishing adult form adolescent population and that did not report any systematic measure for suicidality. Finally, 73 articles were considered for this review in accord with PRISMA guidelines.
Results: Both cross-sectional and longitudinal studies confirm a significant predictive incremental role of personality pathology (any disorder or number of disorders or the sum of criteria regardless of the specific disorders) for the deployment of the suicidal process in clinical as well as community samples. Furthermore, alongside the established role of Borderline Personality Disorder, several studies point to the relevance of Narcissistic, Hystrionic and antisocial traits.
Conclusions: Further research is needed in order to achieve a more focused understanding of which features of the afore-mentioned personality disorders are closely linked to the evolution from suicidal ideation to actual conducts.

Conflict of interest: No
Keywords: Suicide; Personality traits; Borderline Personality Disorder; adolescence

EPP1193

Nosological affiliation of children with suicidal behaviour, treated at the center for mental health of children and adolescents n.a. g.e. sukhareva in 2010-2018

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Introduction: Today, suicide remains to be the second most common cause of death for young people aged 15-29. The number of children and adolescents entering the Center with with suicidal manifestations in the period 2014-2018 increased from 262 up to 1042.
Objectives: To analyze data on the suicidal behavior of children and adolescents in 2010-2018
Methods: analysis of the data from medical records of 3860 patients of 4-17 years old who had different suicidal manifestations
Results: 3860 people were hospitalized with suicidal manifestations in the period of 2010-2018 (11% of all admitted). 1381 (4%) of them - after attempting suicide, others with suicidal thoughts or statements. 2587 people (67%) were hospitalized for the first time, 734 (19%) were re-hospitalized. In 539 (14%) patients, a repeated suicide attempt was observed within a year after hospitalization. Most often these children suffered from the following disorders (ICD-10): F90-F98–1358(37%), F32–937(25%), F20-F29 – 609 (15%), F06-F07–473 people(12%); F70-F71–235(5%); F43–127 (3%), F50–65(2%).
Conclusions: This group is dominated by affective and behavioral disorders within personality and behavior disorders, affective pathology, and schizophrenia spectrum disorders. The presence of organic brain damage, burdened heredity and belonging to the socially disadvantaged part of the population make the prognosis heavier. It is necessary to include family therapy. It is necessary to develop a unified strategy for the prevention of suicidal behavior of children at all levels, including the state, the school, and the family.

Conflict of interest: No
Keywords: Suicide prevention; children and adolescents suicidal behavior

EPP1194

Suicide prevention in the treatment of mood disorders

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Introduction: Mood disorders are frequent and carry a high risk of suicide, up to 35% higher than in the general population. Suicide is the leading cause of death amounting to 9% af all deaths < age 25. It is imperative to identify the single factors, which can be targeted for prevention of suicide to guide the most cost effective prevention of suicide, suicidal ideation and/or behaviour.
Objectives: Describe the current evidence of suicide preventions and treatment of patients with Mood Disorders.
Methods: Pubmed and Cochrane Library databases were the sources of this review (N=8250 articles) from the last 2 decades.
Results: Prevention of suicide in University and Education Institutions were analyzed in in 8 RCTs - there is insufficient evidence to support widespread implementation of any prophylactic settings for primary or secondary components of prevention.Up to 50% of suicide patients had received failed treatment. Generally we lack of studies from low and medium income countries, Recurrent depression in children and adolescents-little evidence that antidepressant medication reduce chance of recurrent depression. There is lack of appropriate studies and evidence, unclear whether psychological therapy is effective. More trials are needed. Bipolar and unipolar mood disorder: in one meta-analysis of 9 RCT's in 825 patients treated with lithium showed effective prevention on unipolar disease.
Conclusions: This study documented an overall lack of strict scientific evidence for almost all subgroups of prevention. We lack the inclusion of national registries as a research tools to create reliable epidemiological data of outcomes.Suicide prevention requires both work at individual and community level

Conflict of interest: No
Keywords: suicide prevention mental health

EPP1195

Suicide impulse and repeated attempts in patients with ideation or suicidal attempt after an intensive intervention

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Introduction: Currently, suicide is a serious public health problem due to its elevated prevalence, and the lack of adequate preventive strategies implementation. Nowadays, there is intense work on the search of suicide predictors.
Objectives: To evaluate the suicidal impulse (SI) score (item 9 of the Beck Depression Inventory) and the percentage of repeated attempts (RA) in a sample of patients with ideation or suicidal attempt (SA), who are followed up in an intensive intervention program (IIP).
Methods: Implemented in the city of Ourense, the IIP is an assistance and preventive program for suicidal behavior. The sample is made up of patients included in the IIP due to SA or ideation. The following variables were registered during the 12-month follow-up: socio-demographic and clinical, RA and the Beck Depression Inventory (baseline, 6 months and 12 months).
Results: Of the 448 patients included in the program, 319 were due to SA and 129 to ideation. RA during the program was 29 (9%) and 6 (4.65%) respectively. SI changed from a 100% of the patients with clear plans to commit suicide at the beginning of the program, to 50%, in the SA group, and 66.67%, in the ideation group, with no plans to commit suicide after a 12-month follow-up.
Conclusions: The IIP shows strong effectiveness in patients with ideation or suicidal attempts. The percentage of RA is reduced parallel to the SI punctuation reduction during the intervention period.

Conflict of interest: No
Keywords: risk factors; Suicidal impulse; Prevention of suicidal attempts; repeated attempts

EPP1196

Risk of suicide attempt following hospital discharge; a systematic review of the literature

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Introduction: Suicide risks among psychiatric patients appear to be especially high soon after hospitalization. Given the importance of such outcomes, and the lack of recent reviews of post-discharge suicide attempt risks, we evaluated reported findings on the risk of suicide and attempts following psychiatric hospitalization
Objectives: We aimed to evaluate recent findings from research on the risk of both suicides and attempts following psychiatric hospitalization.
Methods: With systematic, computerized searching, we identified 48 studies (1964–2017) involving 1,700,785 subjects. Follow-up was limited to ≥12 months after discharge from psychiatric hospitalization to avoid inflation of annualized rates due to shorter exposure times.
Results: The overall observed pooled, annualized rate of completed suicide was 241 (confidence interval, 238–243) per 100,000 person-exposure years in 41 studies, and for attempts, 722 (698–746) in 13 studies. In six studies (64,848 subjects) reporting on both suicides and attempts, the ratio of annualized rates for attempts/completed suicides was 8.79 (6.63–12.0). Among all 48 studies, cumulative distribution of suicidal events included 26.4% (25.9–26.9) within the initial month, 40.8% (40.2–41.4) within 3 months, and 73.2% (72.7–73.7) within 12 months of discharge.
Conclusions: Among patients recently discharged from psychiatric hospitalization, rates of suicide deaths and attempts were far higher than in the general population or even in unselected clinical samples of comparable patients, with a strong inverse association with time post-discharge. Improved monitoring and care of patients discharged from psychiatric hospitalization are needed, ideally with detailed planning and implementation of aftercare prior to discharge.

Conflict of interest: No
Keywords: Suicide; post discharge; Suicide prevention; suicide attempt

Suicidology and suicide prevention - Part III

EPP1199

Disentangling the role of ex-cluster B in suicidal adolescents: an empirical study

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Introduction: It is proven by now that personality disorder represents a risk factor for suicidality. Specifically, personality disorders more frequently associated with suicidal behaviors are those of ex-cluster B. Moreover, the presence of cluster B personality disorders in people with suicidal behavior is more likely as younger is the age of onset of suicidal behavior.
Objectives: To understand the role of different emerging personality traits of the former Cluster B disorders at different stages of the suicidal process.
Methods: The sample is constituted of 100 subjects assessed as at risk for suicidality referred to the Mood Disorder Unit of Bambino Gesù Children's Hospital. All adolescents were administered with the Columbia Suicide Severity Scale (CSRSS)and SCID II. Analysis of variance has been conducted to differentiate the ex-Cluster B's Personality pathology dimensions (number of criteria presents) between subjects with only NSSI/ideas of death – suicidal ideation - low lethal suicide attempts and high lethal suicide attempts.
Results: As expected Borderline personality dimensions significantly differ between ideators and low lethality attempters, while narcissistic disorder dimensions allow to distinguish ideators from the highly lethal attempters. As regards the dimensions of histrionic personality disorder, no significant difference between the groups emerges from the post-hoc comparisons.
Conclusions: Even in adolescent samples it is critical to consider the contribution of emerging personality pathological traits to suicidal risk and to specifically regard not only BPD but also NPD traits, which are correlated with the high lethality attempts.

Conflict of interest: No
Keywords: adolescence; Suicidal Risk; personality pathology; clinical sample

EPP1204

The relationship between child sexual abuse and suicidal behaviour in adulthood

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Introduction: Child abuse and suicide among the young population is a serious and a prevalent problem. Many studies have demonstrated that people with adverse childhood experiences, such as child sexual abuse (CSA), are more likely to develop suicidal behaviour. The pathophysiology of this association is not well understood; however, it is undeniable that suicidal behaviour in individuals with a history of CSA is a significant social and medical problem that warrants further investigation.
Objectives: This study aimed to assess the relationship between CSA and suicidal behaviour.
Methods: It is a case-control study that was conducted among patients, aged 16 yearsold and above,having made a suicide attempt in the health region of Sousse during a two-year periodbetween November 2016 to july 2019.Socio-demographic characteristics and risk factors are collected using a pre-established form. We used the Adverse Childhood Experience International Questionnaire (ACE-IQ) to study adverse childhood experiences.
Results: A total of 74 suicide attempters were recruited. The median age was 22 (18.00-31.25) and the sex ratio was 0.29. The prevalence of CSA was 28.4%. CSA was significantly associated with the total number of suicide attempts ($p = 0.041$) and recidivism of suicideattempts ($p = 0.05$).
Conclusions: Our results indicate that there is a significant association between CSA and suicidal behaviour. Some preventive measures for decreasing the prevalence of CSA and suicidality may

include education as well as increased access to mental health services.

Conflict of interest: No
Keywords: relationship; Child abuse; Suicide; suicidal behaviour.

EPP1207

Survey of probability data of occurrence of care to people suicide at an academic psychiatric service in rio de janeiro city

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Introduction: INTRODUCTION: Description of a survey of the probability of a suicide attempt occurring in an inpatient service of academic characteristics focused on Psychiatry and drug addiction in the city of Rio de Janeiro.
Objectives: GOAL: To determine the possible demand for resources to provide mental health services to patients with severe suicidal behavior aiming at the necessary equipment to attend this population.
Methods: METHOD: Using as a basis the system of implementation of mental health care: identify the patient, raise their needs and available resources, break resistances, advocate and treat, the survey was conducted in this institution, which showed from January 01, 2019 to 01 As of September 2019, 137 patients were hospitalized with a serious suicide attempt. According to the survey of the prevalence of suicidal behavior in the Brazilian population over the course of life, which highlights that out of 100 patients, 17 had suicidal thoughts, 5 planned, 3 attempted suicide and 1 was treated in the Emergency Room, it was possible to do a projection of the probable candidates for hospitalization in the institution, in a total of 3425 patients: 2329 patients with suicidal ideation, 685 with planning and 411 actually attempting suicide.
Results: RESULT: The work achieved the proposed objective.
Conclusions: CONCLUSION: This survey highlighted the need to create a specific suicide treatment and prevention program, which we will present in two other papers.

Conflict of interest: No
Keywords: psychiatric; prevencion; suicide

EPP1208

Suicide risk – is bad sleep a telltale sign?

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Introduction: Suicide is a major health problem worldwide. The identification of modifiable risk factors is paramount for reducing its prevalence. Emerging studies have shown that sleep disturbances may confer an elevated risk for suicidal ideation, suicide attempts, and death by suicide. It is possible that this association can be explained by factors independent of sleep. Another hypothesis is that being awake at night, when not biologically disposed to, may be the mediator or an additional risk factor as well.
Objectives: To explore the association between sleep disturbance and suicidality and the possible validity of sleep disturbance as a transdiagnostic risk factor for suicide.
Methods: An extensive search on Pubmed was conducted, using the keywords "sleep disturbance", "insomnia" or "nocturnal wakefulness", each associated with "suicide" or "suicidality". Abstracts with available full text were considered.
Results: Overall, sleep disturbance is associated with an increased risk for suicidality. Possible hypotheses explaining this association have been proposed, including nocturnal hypofrontality with compromise in cognitive function, and nocturnal decrease in mood.
Conclusions: Studies point towards sleep disturbance being a transdiagnostic risk factor for suicidality, which means that screening and treating these problems may be an important preventive measure. Further studies are needed to better understand the relationship between sleep and suicidality, exploring the mechanisms of this association and possible confounding factors.

Conflict of interest: No
Keywords: sleep; Suicidality

EPP1209

Impact of netflix's 'thirteen reasons why' on suicidality: a systematic review

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Introduction: Online streaming series 'Thirteen reasons why' (13RW) depicts the suicide of an adolescent who, prior to death, records thirteen audiotapes blaming several people for her decision. Following the show's release in March 2017, 13RW raised concerns about the glamorized portrayal of the main character's suicide and led some people to fear a global contagion of self-harm behaviors.
Objectives: To provide a review of original studies analyzing the role of 13RW as an influencing factor for suicide.
Methods: Articles were identified through a systematic search of MEDLINE, SCOPUS and Web of Science, and a manual search of reference lists. Key words were '("thirteen reasons why" OR "13 reasons why") AND (suicide OR suicidal OR suicidality)'. As the heterogeneity of articles did not permit a formal meta-analysis, a qualitative synthesis is presented.
Results: 15 published articles were identified from an initial search of 64 studies. Positive effects of watching 13RW included a reduction in suicide stigma and a greater likelihood to discuss mental health concerns and seek for help. On the other hand, most studies reported negative outcomes including significant increases in (1) the rate of suicide deaths in adolescents; (2) the number of pediatric admissions for suicidal reasons; and (3) the prevalence and severity of depressive symptoms, suicidal ideation and self-harm behaviors in vulnerable viewers.
Conclusions: Due to methodological limitations, no causal relation can be established; however, results are highly suggestive of so. Prevention measures are required to alert of the risk and should be particularly addressed to susceptible subjects.

Conflict of interest: No
Keywords: Thirteen reasons why; self-harm behavior; Suicide; adolescents

Suicidology and suicide prevention - Part IV

EPP1211

Structuring of specialized treatment applied to people with suicide attempt in an academic psychiatric service in rio de janeiro city

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Introduction: INTRODUCTION: Description of a specialized treatment program for people attempting suicide in an academic health service focused on Psychiatry and drug addiction in the city of Rio de Janeiro.
Objectives: GOAL: Describe actions developed to treat suicidal behavior.
Methods: METHOD: Based on a survey of the prevalence of suicidal behavior in the Brazilian population over a lifetime, reaching a total of 12.000 cases per year of the Brazilian population, this academic service of Psychiatry and drug addiction established the following actions for hospitalized patients: 24-hour surveillance, reduced access to methods of committing suicide (forks and knives removal, shoelaces and ropes removal), strengthening of the GVV (Life Valuation Group), strengthening of the Cognitive Behavior Therapy application groups, conducting group dynamics, lectures, art therapy and physical activities.
Results: Result: There was a decrease in the number of patients who committed suicide in this period.
Conclusions: CONCLUSION: Of 370 patients admitted to this service from January 1st, 2019 to September 1st, 2019, 137 had suicidal behavior and only 2 died. Of these two cases, one abandoned treatment and the other occurred during the treatment period.

Conflict of interest: No

EPP1212

Key patterns of suicide development in adolescents with borderline mental disorders

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Introduction: The investigation of modifiable suicide risk factors is one of the most significant studies for understanding targets and possibilities of therapy of suicidal behaviour. The relevant way of treatment is a combination of psychopharmacology and psychotherapy, which takes into account heterogeneity of suicidality, and provides the differentiated approaches.
Objectives: to develop algorithms of crisis therapy for adolescents with borderline mental disorders (BMD) based on the specificity of their pre-suicide state.
Methods: 122 adolescents with BMD were included in the study. The boys and girls aged 14-17 with suicidal ideation, tendencies, or committed a suicide attempt. Motives and personal sense of suicidal behaviour, suicidal dynamics and specificity of crisis thinking were revealed. Correlation of the variables was studied during the multiple correspondence analysis.
Results: 3 key patterns of suicide development (related to depression, stress, and emerging personality disorders) have been revealed. Each pattern was associated with different duration of pre-suicide state and emotional and cognitive subject of crisis, what determined the intention of recovery measures.
Conclusions: The results will allow to provide reasonable differentiated measures for treatment and recovery of suicidal behaviour.

Conflict of interest: No
Keywords: borderline mental disorders; Suicide; adolescents

EPP1214

Autism spectrum disorders in adults and suicidal behaviours: a review.

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Introduction: Autism spectrum disorders (ASD) are common neurodevelopmental disorders characterized by persistent deficits in social communication and social interaction and restricted, repetitive patterns of behavior, interest, and activities.Several large-scale studies found that individuals with ASD comprised 7.3–15% of suicidal populations, a substantial subgroup.
Objectives: The aims of this study are: to examine the prevalence of suicidality(ideation, attempts and complete suicide) among adults with ASD, related demographic and clinical characteristics, and associated risk and protective factors.
Methods: A literature search was performed using Pubmed and Cochrane Library databases. An initial search was performed using the following terms: “autism” and “suicide” or “suicidal”. This search yielded a list of 136 articles. We selected 35 articles according to our aims.
Results: The only large-scale epidemiologic study of suicide attempts in ASD reported that 3.9% of the ASD group made a suicide attempt after an average of 3.6 years after enrollment, whereas only 0.7% of controls made an attempt after an average of 6 years. In samples of emerging adults and adults, suicidal ideation in ASD was reported to be between 31–50%. ASC diagnosis is an independent risk marker for suicide attempts,others risk factors included: camouflaging, unmet support needs,non-suicidal self-injury, unemployment, and mental health problems. There are a lack of studies about protective factors in this clinical population.
Conclusions: Considering elevated rates of suicide in ASD adults compared with their peers,this is an obvious area for further research to try to recognize protective factors and implement preventive programs.

Conflict of interest: No
Keywords: risk factors; autism spectrum disorders; Suicide

EPP1215

Suicidal risk in a first episode of psychosis

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Introduction: Depressive symptoms and suicidal behavior are common among patients that suffer a first-episode psychosis.
Objectives: Presenting a short review of the suicidal risk in a first psychotic episode.
Methods: Search on Pubmed database with combination of the following keywords were used: "first psychotic episode", "suicide" “depression”. We focused on data from systematic reviews and meta-analysis published between 2015 and 2019 in English, Spanish and Portuguese. The articles were selected by the author according to their relevance.
Results: Depression symptoms are common in first psychotic episode and show prevalence from 17% to 83%. These symptoms are related with suicidal behavior. The first 12 months after the first episode are a period of highest risk for completed suicide. However, this risk may extend up to 5 years. Suicide is an important cause of premature death in patients with psychotic disorders. The prevalence of death by suicide is from 2 to 5%. The rate of attempted suicide ranges between 10% and 50%. A multitude of factors are associated with suicidal behavior such as previous suicide attempt, sexual abuse, polysubstance use, lower baseline functioning, longer time in treatment, recent negative events, older patients, higher positive and negative psychotic symptoms scores, family history of mental disorder.
Conclusions: Suicidal risk is higher in the first years after first-episode psychosis. In order to improve prognosis, optimal clinical management is key. Identifying factors associated with depressive symptoms and suicidal behavior will allow the development of preventive and treatment interventions.

Conflict of interest: No
Keywords: Suicidal Risk; psychosis; First episode; Dépression

EPP1216

Clinical-psychopathologic mechanisms of formation of suicidal behavior in dementia

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Introduction: Suicidal behavior (SB) is one of the main problem of the public health. Along with a cognitive deficiency, nonadaptive forms of behavior, including SB, are registered in more than 50% of patients with dementia.
Objectives: To study clinical-pathopsychological SB mechanisms in dementia resulted from Alzheimer's disease (AD), vascular disease (VD), mixed disease (MD). 105 patients were examined, including 36 with AD, 39 with VD, 30 with MD.
Methods: Clinical-amamnestic, psychopathological (MMSE, HDRS) and mathematical statistical methods.
Results: Influence of cognitive deficiency and additional symptoms of dementia on the formation of various SB forms was studied. Additional depressive symptoms contributed to formation of SB ideational forms in AD and MD (r = 0.500; r = 0.316). Additional hallucinatory (r = 0.897) and mixed symptoms (r = 0.495) affected the external SB behavior component in MD. A mild dementia was connected with the SB ideational component (r = 0.482 in AD; r = 0.645 in VD; r = 0.316 in MD), a moderate dementia was connected with external SB behavior forms (r = 0.507 in AD; r = 0.707 in VD; r = 0.447 in MD). In dementia due to AD, SB is formed on depressive and cognitive mechanisms (38.89% and 47.22%, respectively); due to VD on psychotic and cognitive mechanisms (35.90% and 41.03%, respectively); in MD all SB mechanisms (cognitive, affective and psychotic) were realized (33.33%, 36.67% and 30.00%, respectively).
Conclusions: Mechanisms of SB formation should be taken into account to develop a program of medical and social rehabilitation for persons with SB in dementia.

Conflict of interest: No
Keywords: dementia; suicidal behavior; mechanisms of formation

EPP1217

Models for the level of suicides among the population of the russian federation

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Introduction: The article [1] presents regression models of the relationship between the main indicators of mental health of the Russian population with medical, demographic and socio-economic factors based on statistical data in the period 1992-2014.
Objectives: This paper develops a technique [1], which allows to obtain estimates of the impact of these factors on the suicide rate of the Russian population in the period 1992-2017.
Methods: Correlation and regression analysis was used to assess the relationship between the suicide rate and the above factors.
Results: Significant jumps in the variation of the suicide rate were observed in the periods associated with the unfavorable social and economic situation in Russia: 1992 – 1993 (changes +22.9%) and 1998 (+10.2%) For example, the model linking the rate of suicide (Su) indicator of life expectancy of population (Le) and population in millions (Po): Su = 99,408 – 2,941*Ey + 0,892*Po. This model was obtained with high reliability R^2 = 0.959 (i.e., explaining 95.9% variation in the suicide rate). Indicators Le and Po are the integral medical and demographic characteristics closely related to the quality of life of society.
Conclusions: Models have been developed that link the level of suicides of the population Russia to indicators of quality of life. References [1] Mitikhin, V., Yastrebov, V., Mitikhina, I., Solokhina, T. (2018). Models of the influence of socio-economic factors on the indicators of mental health among the population of the Russian Federation. International Journal of Culture and Mental Health, v. 11, issue 1, p. 10-16. doi.org/10.1080/17542863.2017.1394655

Conflict of interest: No
Keywords: Suicide; Model; population; indicator

EPP1218

Alzheimer disease: prevalence and risk factors of suicide

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Introduction: Alzheimer's disease (AD) is a chronic neurodegenerative disease and the most frequent cause of dementia. The relationship between suicide risk and AD is controversial, with some authors suggesting that AD is a potential predictor for suicide behaviour and others assert that AD, because of the cognitive compromise, confers a lower risk of suicidal behaviour.
Objectives: We aimed to review the current literature on the prevalence and risk factors for suicide in patients with Alzheimer´s Disease.
Methods: A search in The Medline database through the PubMed engine was conducted to identify relevant English-written articles published in the last 5 years. The key-words used were: "Alzheimer's disease", "dementia", "suicide", "suicidal ideation". The search yielded 116 results; titles and abstracts were reviewed and selected, of this, 14 met our inclusion criteria.
Results: Prevalence rates of suicide in AD show considerable variation. Some reports show a less than 1% prevalence, but others show a range as high as 11%. Despite some controversial, recent studies have found an association between dementia and suicide in AD. Risk factors noted in these reports are: recent diagnosis of dementia, early age of disease onset, disease awareness, late onset of cognitive decline, male gender, high educational level depressed mood, and physical health problems.
Conclusions: Differences at suicide prevalence rates in AD patients could be attributed to different clinical characteristics and stage of AD among studies. Early recognition of the risk factors when assessing suicide risk can contribute to a reduction of deaths by suicide in AD patients.

Conflict of interest: No
Keywords: dementia; Prevention; Alzheimer; Suicide

EPP1219

The motivational interview for suicidality

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Introduction: Suicide is the outcome of a process starting with the experimentation of an unbearable pain or hopelessness, passing from suicidal ideation/planning, arriving to parasuicidal behaviors/effective attempts. A better understanding of the role of motivation in structuring the suicidal process could represent a better guide to the clinical intervention. Most instruments investigating the suicidal motivation are self-reports, possibly resulting in a lack of valid evaluations: there is a need for assessment involving clinician report interviews.
Objectives: The objectives of this study are to validate the Motivational Interview for Suicidality (MIS) and to investigate the associations between the MIS areas and the different aspects of suicidal process.
Methods: The sample is composed by 80 adolescents referred to the Mood Disorders Unit of the Bambino Gesù Pediatric Hospital assessed as at risk for suicidal behavior using the Columbia-Suicide Severity Rating Scale. The MIS is a semi-structured clinician-report interview. The interview is composed by 7 areas and 14 sub-areas, evaluated on Likert scale 0-4: illness motivated attempts area, chronic presence of internal pessimistic criticism area, sense of defeat and entrapment area, relational area, external motivated crisis area, extreme and unusual cases area, discontrol area.
Results: Interpersonal influence, Escape' Fantasy, Impulsivity and Fearless Conducts significatively differ between ideators and attempters, while only the Fearless Conducts significatively differ between low and high potential lethality's attempts.
Conclusions: Several motivations were found to be characteristic of the attempters and of the high potential lethality attempters and must therefore be considered in the assessment of suicidal risk.

Conflict of interest: No
Keywords: Suicide; Motivation; assessment; adolescence

EPP1220

Association between treatment outcome and baseline severe suicidal ideation within bipolar patients with major depressive episode in a 2-year follow-up observational study (FACE-BD)

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Introduction: There is an emergence of new therapeutics specifics to suicidal depressed patients (i.e. Esketamine). There are few studies characterizing those patients, especially within bipolar patients.
Objectives: Aims of this study were: 1) Characterize those patients in comparison to non-suicidal bipolar depressed patients (clinical characteristics and evolution of depression and suicidal ideation (SI)); 2) Study the conjoint evolution of depression severity, sleep quality, anhedonia and SI.
Methods: A total of 938 depressed bipolar outpatients (MADRS $\geq$ 12) without manic symptoms at baseline (YMRS < 7) recruited in the French FondaMental Advanced Centres of Expertise for Bipolar Disorder were divided into two groups according to SI at baseline. Severe SI was defined as scoring equal or superior to two to the item 12 of QIDS. Binary logistic regression model was used to characterize patients 'groups at baseline. A linear regression model was

used to compare evolution of depression and SI. To test if variation of SI was associated to variation of different variables, we tested for association of those variations with ANOVA type III.
Results: At baseline, 271 (28.9%) patients had severe SIand they had more severe clinical characteristics (p-value< 0.001). Evolution of depression was not different according to each group. Patients with severe SI at baseline had significantly more SI all along follow-up. Change in depression score explained about 39% of the variance in variation of SI within patients with severe SI.
Conclusions: This study suggests that severe suicidal bipolar depressed patients may have a particular profile.
Disclosure: This research was supported by Foundation FondaMental, Créteil, France. The authors thank FondaMental Advanced Centers of Expertise for Bipolar Disorders (FACE-BD) collaborators. This work was funded by Fondation FondaMental (RTRS Santé Mentale), by the

Keywords: Suicidal ideation; Bipolar disorder; Suicidal depression

EPP1221

Understanding the complex of suicide in depression: from research to clinics

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Introduction: Amongst psychiatric disorders, Major Depressive Disorder (MDD) is the most prevalent, by affecting approximately 15%-17% of the population and showing a high suicide risk rate equivalent to around 15%.
Objectives: The present comprehensive overview aims at evaluating main research studies in the field of MDD at suicide risk, by proposing as well as a schematic suicide risk stratification and useful flow-chart for planning suicide preventive and therapeutic interventions for clinicians.
Methods: A broad and comprehensive overview has been here conducted by using PubMed/Medline, combining the search strategy of free text terms and exploded MESH headings for the topics of 'Major Depressive Disorder' and 'Suicide' as following: ((suicide [Title/Abstract]) AND (major depressive disorder [Title/Abstract])). All articles published in English through May 31, 2019 were summarized in a comprehensive way.
Results: Despite possible pathophysiological factors which may explain the complexity of suicide in MDD, scientific evidence supposed the synergic role of genetics, exogenous and endogenous stressors (i.e., interpersonal, professional, financial, as well as psychiatric disorders), epigenetic, the hypothalamic-pituitary-adrenal (HPA)-stress-response system, the involvement of the monoaminergic neurotransmitter systems, particularly the serotonergic ones, the lipid profile, neuro-immunological biomarkers, the Brain-derived neurotrophic factor (BDNF) and other neuromodulators.
Conclusions: The present overview reported that suicide is a highly complex and multifaceted phenomenon in which a large plethora of mechanisms could be variable implicated, particularly amongst MDD subjects. Beyond these consideration, modern psychiatry needs a better interpretation of suicide risk with a more careful assessment of suicide risk stratification and planning of clinical and treatment interventions.

Conflict of interest: No
Keywords: MDD; Suicide; major depressive disorder; Suicidal Risk

EPP1222

Adolescents and suicide/self-harm: from piercing to blue whale

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Introduction: According to the WHO, a 60% global increase in recorded suicide mortality has been reported over the last 45 years. The Royal College of Paediatrics includes suicide and substance use disorders amongst the major leading causes of death amongst children and adolescents worldwide. Non-suicidal self-harm is a common widespread mental health threat amongst adolescents, with a lifetime prevalence of 17%-60%. Deliberate self-harm may represent a risk factor for subsequent suicide. Furthermore, clinicians are recently collecting several examples of nonconventional suicide behaviours and non-suicidal self-harm attempts amongst youngsters, like tattooing/piercing and the tragic 'Blue Whale Suicide Game' phenomenon in which participants are purportedly assigned a curator who provides various acts of self-harm to be committed until participant was asked to win the game by committing suicide during the final day.
Objectives: Main aim is evaluating which are the most documented risk factors and how they may interact each other in determining suicide and/or non-suicidal self-injury behaviours amongst youngsters.
Methods: A comprehensive review was here carried out by searching the following keywords (((suicide[Title/Abstract]) OR (self-harm [Title/Abstract])) AND (adolescence[Title/Abstract]))) for the topics 'Adolescence' and 'Suicide'/'Non- suicidal self-injury/self-harm', by using MESH terms.
Results: The occurrence of suicide and non-suicidal self-injury behaviours amongst children/adolescents appears to be strongly influenced by cultural/social/economic variables, including substance use disorders.
Conclusions: Tattooing, piercing and scarification may represent as well, in a larger way, non-suicidal self-harm attempts which should be more thoroughly investigated. In addition, the recent emergence of the social network 'Blue Whale Game/Challenge' phenomenon, should pose a great concern in terms of suicide risk amongst children/adolescents.

Conflict of interest: No
Keywords: adolescence; Blue Whale; Suicide; nonsuicidal self-injuries

Suicidology and suicide prevention - Part V

EPP1223

Family factors related to suicidal behavior in a sample of adolescents

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Introduction: Un funcionamiento familiar negativo (conflicto familiar, baja cohesión, estilo de apego inseguro o una crianza negativa) se conoce como un fuerte factor de riesgo para presentar un comportamiento suicida en la adolescencia.
Objectives: El objetivo principal del estudio es evaluar los perfiles familiares que están relacionados con un mayor riesgo de conducta suicida en adolescentes. Como objetivo secundario, nos gustaría encontrar posibles factores protectores que reduzcan el riesgo de cometer comportamientos suicidas.
Methods: Se llevará a cabo un estudio observacional naturalista que recoge datos de adolescentes (12-17 años) ingresados en el Hospital Sant Joan de Déu d'Esplugues debido a conductas suicidas desde mayo de 2018 hasta octubre de 2019. Datos sociodemográficos y clínicos, así como Las características familiares se recopilarán de la entrevista clínica y de los cuestionarios de relación familiar rellenados por el adolescente.
Results: Los resultados preliminares de una muestra adolescente de 44 sujetos (edad media 15'3 años, 80% mujeres) muestran los siguientes resultados: - FACES P20 (Escala de evaluación de adaptabilidad y cohesión familiar): adaptación CAÓTICA 40'9%, cohesión DESACTIVADA 70'5% - PBI (Instrumento de vinculación parental): crianza NEGLIGENTE (38'6%) - CAMI-R (Cartes pour les Modèles Individuels de Relation, versión corta): INSECURE accesorio 60%, EVITANTE 45% y AMBIVALENT 15%
Conclusions: En nuestra muestra de adolescentes con conducta suicida, percibieron sus relaciones familiares como predominantemente DESAGREGADAS, CAÓTICAS, NEGLIGENTES y con un apego INSEGURO. Estas relaciones familiares se describen en la literatura como una causa de trastornos mentales y, en consecuencia, como un factor de riesgo para los comportamientos suicidas.

Conflict of interest: No
Keywords: parenting; adolescents; suicide behavior; family factors

EPP1229

Suicidal ideation in an egyptian sample of hospitalized patients with acute psychosis.

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Introduction: Suicide mortality is 12 times higher in psychotic patients compared to the general population. Identifying characteristic of suicidal patients among this group might help in preventing such behavior.
Objectives: To assess the predictors of suicidal risk in patients hospitalized due to acute psychosis.
Methods: One hundred and fifty patients (age 18 - 60 years) admitted with acute psychotic features were recruited. Patients were evaluated clinically by The Arabic version of Mini International Neuropsychiatric Interview (M.I.N.I.). Suicidal ideation was assessed using the Scale for Suicide Ideation (SSI).
Results: Forty four out of 150 patients (29.33%) reported having current and/or previous history of suicidal ideation. Patients with major depression showed the highest suicidal tendencies followed by delusional disorder then bipolar disorder, psychosis related to substance abuse and schizophrenia. The more severe the psychotic symptoms, the more suicidal tendencies shown by patients. Predictors for suicidal ideations included diagnostic category, severity of psychotic features, unemployement and younger age
Conclusions: Patients with psychosis that require admission to the hospital carry a high risk of suicidal ideation and behavior. Factors like unemployment, young age and psychiatric diagnosis and severity of psychosis could be predicting factors.

Conflict of interest: No
Keywords: ideation; Suicide; psychosis

EPP1230

Suicidal behavior in early psychosis

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Introduction: Early psychosis is a risky moment of suicidal behavior due to the nature of the disorders and their timing in the life of the subjects.
Objectives: The aim is to make the state of the suicidal behaviors in early psychosis in the literature.
Methods: We conducted a systematic literature review on the electronic database Medline, Pubmed as well as explored the bibliographic references of the retrieved articles. We thus found with the keywords 2,646 results and retained 177.
Results: The major risk factors for suicidal behavior in early psychosis are history of suicide attempt, depressive episode, substance use disorder, poor therapeutic coverage, and a longer duration of untreated psychosis. The most at-risk moments are the early phase of the disorders and the early phase of recovery after a psychotic episode, the accompaniment must be even more sustained during these periods. Suicide prevention must be an assessment of suicidal risk taking into account the factors and the period. The treatment must be by an antipsychotic medication after the first episode, psychotherapeutic treatment, with a major role of psycho-social rehabilitation, and the management of comorbidities.
Conclusions: The current challenge is access to care as quickly as possible with an early intervention, to reduce the duration of untreated psychosis and reduce the occurrence of clinical outcomes. Early psychosis represents, through the study of literature, a risky moment of suicidal behavior. Nevertheless, there are ways to intervene quickly.

Conflict of interest: No
Keywords: Early Psychosis; Self-harm; Suicide; First Episode Psychosis

EPP1231

The role of suicide-specific syndromes in risk assessment and suicide prediction

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Introduction: Despite of the growing evidence on the background of suicidal behaviour, classical suicide risk factors have only limited clinical predictive value, because they provide little reliable information on the acute psychological processes leading to suicide.
Objectives: To describe and compare the recently introduced suicide-specific syndromes with the classical psychological features of pre-suicidal crisis and also to assess the clinical utility of the new suicide prediction scales in contrast to classical risk factors.
Methods: Literature review and analysis.
Results: A great progress in suicide research is the description of two complex, specific syndromes that may assist in a more accurate assessment of pre-suicidal psychopathology and thus in the prediction of suicidal behaviour. Researchers from the United States suggest the introduction and – after a predictive validation process – the clinical use of two suicide-specific syndromes, the Acute Suicidal Affective Disturbance (ASAD) and Suicidal Crisis Syndrome (SCS). We present the most important features of these newly described suicide-specific syndromes and the major research findings.
Conclusions: Suicide-specific syndromes are not novel in terms of symptomatology or dynamics of symptom onset, but in their use of more well-defined diagnostic criteria. In addition to symptomatic classification, they also provide an opportunity to objectively measure the current pre-suicidal emotional and mental state by validated tests. This transdiagnostic approach not only enables a more accurate assessment of suicide risk, but also facilitates research in neuroscience and also in the psychological and narrative interpretations of suicidal behaviour, which represent a major step forward in complex understanding of suicidal behaviour.

Conflict of interest: No
Keywords: Suicide-specific syndromes; suicidal behaviour; Suicide prediction; risk factors

Training in psychiatry - Part I

EPP1235

Migration tendencies among croatian psychiatric trainees: results from the brain drain follow-up study

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Introduction: Workforce migration is of utmost concern across the world. Importantly, the socio-economic and political situation in Europe has changed in the last half-decade. Croatia has joined the European Union (EU) in 2013, and little is known about the impact of the migratory tendencies of junior doctors in Croatia.
Objectives: To assess and present migration tendencies among Croatian psychiatric trainees.
Methods: An online questionnaire made by members of the EFPT Research working group was used in the assessment of migration tendencies in the population of registered Croatian adult psychiatric trainees in 2018-19. Questionnaire was disseminated via online link and included several parts: sociodemographic characteristics, previous migrations, satisfaction with work status, reasons for migration and staying in the country.
Results: Out of 124 registered and contacted psychiatric trainees, 59.6 % took part in the study. Our results showed that more than two thirds of trainees 'ever' considered leaving Croatia, pointing out dissatisfaction with salary and work organization as one of the main reasons for emigration. Social aspects seem to be the most important reasons for staying in Croatia.
Conclusions: In line with the official data regarding the rising number of health workers that migrated from Croatia, our results from the population of psychiatric trainees show that many of them are currently considering to do so. To prevent possible issues following the lack of mental health professionals, it is necessary to make changes and address the major problems leading to migration.

Conflict of interest: No
Keywords: migration tendencies; brain drain; psychiatric trainees; workforce migration

EPP1236

Empathy, quality of life, perceived stress and social support among tunisian psychiatry trainees

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Introduction: Empathy, a core variable in a contributive physician-patient relationship is a flexible capacity, modulated by social and psychological factors.
Objectives: We aimed in this study to explore the relationship of empathy with perceived stress, social support and quality of life among Tunisian psychiatry trainees.
Methods: We conducted an exploratory study among Tunisian psychiatry trainees. The online questionnaire survey included, in addition to demographic and professional variables, Interpersonal Reactivity Index (IRI) measuring four empathy domains: Perspective taking (PT), Empathic concern (EC), Personal distress (PD) and Fantasy (F); Perceived Stress Scale (PSS); Social Support Questionnaire (SSQ6) and the bref WHO Quality Of Life scale (WHOQOL-BREF) which assess: Physical Health (Phy-H), Psychological Health (Psy-H), Social Relationships (SR) and Environment (E).
Results: A total of 85 trainees were recruited with a response rate of 70.83%. Mean empathy subscores were 19.04±3.95 for PT, 20.41±3.70 for EC and 12.67±4.40 for PD. PT was positively correlated to Psy-H domain (r= 0.30, p=0.004). PD was negatively correlated to Psy-H (r=-0.27, p=0.01) and SR (r=-0.23, p=0.03). EC was positively correlated to perceived stress (r= 0.28, p=0.009) and availability of the social support (r=0.24, p=0.02).

Conclusions: We conclude that quality of life and especially psychological health domain are necessary for the well being of psychiatry trainees by improving perspective taking.

Conflict of interest: No
Keywords: Empathy; psychiatry trainees; quality of life; Perceived stress and social support

EPP1238

Defining competencies for the practice of telepsychiatry through an assessment of resident learning needs

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Introduction: Telepsychiatry is increasingly being adopted as a solution to health systems problems such as regional disparities in access to care, and it requires explicit competencies and skills. Many of the skills around telepsychiatry differ from that of traditional face-to-face psychiatry in clinical settings.
Objectives: This study undertook an in-depth needs assessment to: 1) Identify specific skills required for the practice of effective telepsychiatry, and 2) Collect evidence to support development of telepsychiatry curricula in postgraduate psychiatry training.
Methods: A qualitative, modified grounded theory approach was used to explore residents' learning needs around telepsychiatry from both residents' and faculty members' perspectives. Interviews with faculty and residents were conducted. Data was transcribed and then thematically analyzed.
Results: Three broad thematic areas emerged: 1) Context for postgraduate training in telepsychiatry; 2) Competencies for telepsychiatry training; and 3) Pedagogical approaches to developing competence in telepsychiatry. Additional telepsychiatry specific skills and/or applications were identified: technical skills; assessment skills; relational skills and communication; collaborative and interprofessional skills; administrative skills; medico-legal skills; community Psychiatry and community-specific knowledge; cultural psychiatry skills, including knowledge of Indigenous cultures; and knowledge of health systems.
Conclusions: This needs assessment provides an evidence-base to inform development of psychiatry resident competencies and curricula, including content and pedagogical methods on how to disseminate. It also emphasizes the importance of faculty development in order to advocate for telepsychiatry practice.

Conflict of interest: No
Keywords: telepsychiatry; Training; competencies

EPP1239

Stigma among medical students towards patients with serious mental illness: audiovisual intervention

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Introduction: Stigma towards mental illness affects both the general population and health professionals, leading to poorer care.
Objectives: The aim of our study is to assess medical students' attitudes and the possibility to make a change through educational interventions.
Methods: 54 fifth-year medical students (41 women) completed a Likert-type attitude assessment scale towards mental illness in future health professionals. They watched videos from #Di_Capacitados, an initiative dedicated to fight stigma, and it was evaluated if they had modified their opinion. In addition to descriptive statistics, Student's t-test was used to compare means. Data analysis was performed with SPPS 25.0.
Results: The average score on the attitude scale was 50.07 (SD 12.03), with 14.8% below 40 and 29.6% in the 4th quartile. It was easier to accept the academic or labor integration of the mentally ill, but more difficulties in dealing directly with them were found. After the display of the videos, the overall perception about the disorder and about social and job possibilities improved (in 66.7%, 74.1% and 75.9% of participants, respectively).
Conclusions: There was a more negative attitude toward patients with mental illness than the one reflected in the literature, underestimating their ability to perform well socially and at work and reflecting a fearful attitude. Even so, it was better than the one shown by studies in the general population. The perception improvement achieved through audiovisual material showing the reality of these patients agrees with the available bibliography. Academic training seems insufficient to combat stigma and it is necessary to resort to complementary measures.

Conflict of interest: No
Keywords: mental illness; medical students; Audiovisual intervention; Stigma

EPP1240

Developing psychiatric podcasts, reflecting on the experiences of a group of student podcasters

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Introduction: In summer 2019 a group of medical students came together to produce a set of podcasts looking at a range of psychiatric conditions. In this presentation we will describe what the students learned from the experience and what potential podcasters inspired by our work, can take from our experiences.
Objectives: To reflect on the experiences of a group of podcasters and provide some key learning points from their work.
Methods: Six 3rd & 4th year undergraduate medical students produced a set of podcasts on a range of psychiatric conditions, as a student selected component (SSC) of their degree. As part of this SSC, students were asked to prepare a report on their experience. This included a review of the literature around podcasting, and how to produce these. The reports included a reflective account of what they have learned from the experience and how it would affect their podcast production in the future.
Results: Through study of the literature, and the experience of creating the podcasts the students were able to reflect on various aspects of the process of production. The study identified several

podcast styles, and considers which style is best suited to medical education in psychiatry. We consider content and how this is best presented for undergraduates.
Conclusions: Ultimately this presentation offers advice and guidance to anyone looking to create a podcast in medical education, we hope that potential podcasters can emulate our triumphs and learn from our mistakes.

Conflict of interest: No
Keywords: Student; medical education; Podcast

EPP1241

The relevance of group and organizational factors in burnout / preventive interventions.

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Introduction: Donabedian (1966) and Freebon (1973) studied the association between work satisfaction and the quality of care provided in the human services but it was not until 1974 that Herbert Freudenberger talked of "work disease" defining "burnout syndrome". Later studies in different European countries show that burnout is reaching epidemic proportions and is likely to affect 50 % of doctors at some point during their careers leading to a progressive deterioration of their health and their capacity to work. (Shanafelt et al, 2010, 2014).
Objectives: Many doctors spend their working lives in groups which are part of larger institutions or organizations. Organizational arrangements themselves - the structures, cultures, modes of operation, etc… - can help or hinder their capacity to function effectively and add greatly to the stress inevitable in caring work.
Methods: Some specialties - Primary Care, Intensive care, Oncology, Mental Health, Geriatrics, Terminal Care - involve a higher risk and there are also significant gender differences (Gil-Monte 2002, 2005, Gálvez, Moreno, Mingote, 2009, Garrosa Hernández, 2013, Shanafelt, 2016).
Results: The paper will focus on the complex interplay between individual, group and organizational factors in the development of burnout.
Conclusions: Central to the learning process provided by Balint Groups and Group Relations Conferences is the idea that giving participants the opportunity to learn from their own experience about group and organizational process and how they respond, will allow them to return to their work settings better able to exercise their own authority and to manage themselves in role (Miller 1990a, Obholzer, 1994).

Conflict of interest: No
Keywords: Burnout; Individual; Groups; Organizations

EPP1242

The role of mental health nurses "dispositions" in influencing their perception of learnings with the patient.

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Introduction: Since eliminating the nursing diploma in French psychiatry in 1992, the general academic education of mental health nurses falls short in providing training adapted to their needs, alongside building solid foundations for a clear professional identity. Furthermore, budget cuts in mental health institutions have led to redundancies, producing scarce training facilities and resources. Meanwhile, there have been growing calls among patients, practitioners, politicians and researchers to recognize the patients' experiential knowledge, namely integrating their perspectives into practitioner training.
Objectives: Which raises questions over whether nurses learn within their relationship with the patients in their daily practices, and crucially, whether they are inclined to learn from the patients themselves, prompting the research question: To what extent do "dispositions" of mental health nurses influence their perception of learning in the relationship with the patient ?
Methods: The research departs from a qualitative approach whereby 24 semi-structured interviews were conducted with nurses, from the same institution and graduated between 1980-2016.
Results: A grounded theory analysis reveals that beyond cognitive learnings, the nurses perceive "progressive" and "regressive" forms of transformative learning, as developed by Illeris. The analysis also shed light on the "dispositions" which may influence these transformative learnings.
Conclusions: This paper investigates the extent nurses' "apprenance", self-efficacy, professional identity, perception of well-being and social "reliance" influence an identity expansion or closure of the nurses. In doing so, this paper presents the findings based on a building-block approach to questionnaires conducted among 120 nurses from two French psychiatric institutions.

Conflict of interest: No
Keywords: Mental Health Nurses;; Dispositions; Transformative learnings; identity

EPP1243

Mh gap training and supervision of syrian doctors in turkey

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Introduction: The Syrian humanitarian crisis has led to millions of refugees in the Neighbouring countries e.g. Turkey since 2011 (about 3.5 million). The needs of the Syrian refugees in MHPSS are large with a lack of Arabic speaking mental health professionals.
Objectives: Lack of Arabic Psychiatrists in Turkey (12) Integrate mental health to Primary care
Methods: In 2008 WHO developed the mh GAP programme-this is a program enabling improved access to mental health care. One of the main tools of this is the mhGAP implementation guide. A TOT (training of trainers) was provided by WHO Mental health professionals and was based On mh GAP intervention guide training package. Several types of teaching were used including Power Point, videos, role play... The participants in the training were 10 Psychiatrists (all of them are Males from Syria originally). The training has been completed now for 350 Syrian Doctors in Turkey in Istanbul, Ankara, Izmir and Adana.
Results: The program has been very useful and decreased mental health stigma. Many of the trainees changed from belief of mental illness being magic, Jin or a spiritual problem. Challenges: All the

trainers were male Many of the Syrian Doctors complained that there was not enough time to use the program
Conclusions: Refugees have increased rates of mental health problems It is important to empower women doctors in primary care when most of the patients female Important that cultural aspects of care are fully respected as well as human rights approach.

Conflict of interest: No
Keywords: Syrian; Turkey; mh; GAP

Training in psychiatry - Part II

EPP1244

Child and adolescent psychiatry training for adult psychiatry trainees across europe

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Introduction: 50% of all psychiatric disorders start before the age of 14 and knowledge of developmental psychopathology is relevant for all psychiatric trainees. The UEMS Psychiatry training requirements for the speciality of psychiatry states that training should include practical experience of different areas of psychiatric practice including exposure to psychiatric conditions throughout the life span. Despite this, training in Child and Adolescent Psychiatry (CAP) is not mandatory in many national training programs for psychiatry trainees and there are large variations in how CAP training is delivered in the national training programmes that do include this.
Objectives: The aim of this study is to investigate the scope and the quality of training in child and adolescent psychiatry (CAP) in adult psychiatry training programmes across Europe as well as the trainee perceived needs for training in CAP.
Methods: An online survey was distributed through the member organisations of the European Federation of Psychiatric Trainees (EFPT) as well as the official EFPT channels to trainees in adult psychiatry. The EFPT represents national trainee associations in 37 countries. Data collection will take place from June-December 2019.
Results: This study will be the first to describe the variation in the scope, methods and quality of CAP training in adult psychiatry training programs across Europe from the trainee perspective.
Conclusions: The study will contribute to with knowledge of gaps in CAP training in adult psychiatry training programs.

Conflict of interest: No
Keywords: Child and adolescent psychiatry training; training programmes across Europe; training for adult psychiatry trainees; European Federation of Psychiatric Trainees

EPP1247

Improving the integration of post-qualification syllabus and EPA resource materials to improve continuing professional development

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Introduction: In recent years, the Russian mental health service has placed increasing emphasis on the importance of continuing professional development. The policy shift towards developing and applying scientific evidence to improve continuous medical education for health professionals within Europe has largely been propelled by EPA priorities.
Objectives: The purpose of this paper is to offer an approach to continuing professional development which integrates a number of teaching strategies into cohesive package. It focuses on how generally accepted EPA guidelines and recent EPA resource materials might inform post-qualification learning.
Methods: [Key points]. We explore innovative ways of meeting continuing professional development needs, with particular consideration given to the distinction between performance and learning, and the creating 'desirable difficulties' (Bjork 2017) to enhance learning.
Results: The current policy context in which continuing professional development has become an increasingly important activity for psychiatrists will be reviewed. Examples of applying the 'desirable difficulties' teaching strategy (varying the conditions of learning, providing contextual interference during learning etc.) to the challenge of promotion EPA resource materials will be presented.
Conclusions: EPA has much to offer to continuing professional development in mental health, and the substantial investment of EPA resources into the post-qualification training of psychiatrists is of great value.While the typical post-qualification syllabus is well structured, with modules organized into neat blocks and lectures clearly outlined, the lengthening and deepening of curricula are needed in order to enhance the proactive dissemination of EPA resource materials which should be tailored to the particular needs and contexts of participants.

Conflict of interest: No
Keywords: post-qualification syllabus; EPA resource materials; EPA guidelines series; continuing professional development

EPP1248

Feasibility and effectiveness of training health workers in providing primary mental healthcare to adolescents in rural south india

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Introduction: In India prevalence of mental disorders in age group 13-17 years is estimated to be about 7.3%. Few psychiatrists (0.3 per 100,000), lack of awareness, and stigma discourage adolescents from obtaining mental healthcare. In such settings, health workers (HWs) can play crucial role in providing mental healthcare.
Objectives: To test effectiveness of training HWs in detection of mental health conditions among adolescents using the WHO mhGAP modules.
Methods: The study was carried out in two Primary Health Centres (PHCs) of rural Bengaluru. HWs from both PHCs were provided training in five priority mental health conditions (behavioral disorders, depression, substance abuse, suicide, anxiety disorders) affecting adolescents using a training manual based on WHO mhGAP modules. Pre and post-training knowledge tests were carried out using a validated self administered questionnaire. Trained HWs will assess 250 adolescents attending PHCs for these conditions using mhGAP modules. Conditions identified by HWs will be re-assessed by psychiatrist to estimate agreement in diagnosis. (Data collection is ongoing at the time of abstract submission)
Results: 23 HWs underwent training. Majority was involved in outreach activities (Immunization, maternal and child health services, etc) of the PHC and 6 were staff nurses. The mean, median pre and post-training knowledge scores were 23.2, 23 (IQR 18, 29), and 28.4, 28 (IQR 24, 33) respectively. The difference was statistically significant (p value <0.001). Kappa, Sensitivity, specificity, positive predictive value, and negative predictive value with 95% confidence intervals will be reported.
Conclusions: The training was effective in improving HWs' knowledge in five priority mental health conditions affecting adolescents.

Conflict of interest: No
Keywords: adolescent; mental health; Effectiveness; Training

EPP1249

Do russian early career psychiatrists want to migrate?

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Introduction: Russia has an ongoing shortage in its healthcare workforce, including a deficit in mental health. One potential reason for this is due to psychiatry being a non-popular specialty among medical graduates, while migration could be another.
Objectives: whether there is a brain drain among Russian ECPs and what potential factors impact one's decision to migrate.
Methods: We have translated into the Russian language a 58 item form created by EFPT members which surveyed Russian ECP. The online, self-report form was distributed among the above mentioned and was anonymously completed after informed consent was obtained from all respondents.
Results: There were 156 respondents from 22 cities of Russia, mainly females (67.3%) and with a mean age of 26.9. 76.9% answered that they have ever considered to migrate, while 28.8% have said that they are willing to move away at this moment in time and 23.7% said that they are planning to work abroad and are taking determined actions towards migration. The principal reasons to migrate were higher salaries and a better working environment (100%), while others included a better work/life balance and the opportunity to progress professionally (94%).
Conclusions: A large number of Russian ECPs have ever considered migrating. However, few specialists are actually taking determined actions towards migration at this time. We believe that there isn't a large brain drain ongoing, with principal reasons stopping this including the language barrier, lack of finances and a high level of importance of family values.

Conflict of interest: No
Keywords: brain drain; Early Career Psychiatrists; russian trainees

EPP1250

Polish psychiatric trainees and early career psychiatrists on the crossroads: are we in crisis now?

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Introduction: Transfer of highly-qualified professionals across borders and regions in search of better living and working conditions is a global phenomenon observed for decades and heavily influenced by ever changing socio-economic and political landscape. Brain drain of healthcare workers, including those working in the area of mental health, can seriously threaten the effectiveness of the systems and hinder quality of services offered. In the light of the ongoing protests of entire healthcare sector in Poland, migratory tendencies are under revision.
Objectives: The aim of the study is to assess experiences of short-term mobility, existing tendencies for long- term migration and transfer patterns among psychiatric trainees and early career psychiatrists in Poland.
Methods: Presented data was collected in 2019 in the pilot cohort through authors' questionnaire and is a part of the European cross-sectional study (the EFPT Brain Drain follow-up study) that is still ongoing.
Results: The study group was divided in terms of gender (60% women, 40% men), age (35% below 30 yo, 65% between 30&40 yo), and wage/month (52% <1000EUR, 42% 1000-1499EUR, 6% >1500EUR). 27% (n= 14) of psychiatric trainees in Poland admitted to had a short-mobility experience and that it changed the attitude towards migration in favor for most of them (90%). 79% of the psychiatric trainees in Poland have "ever" considered

leaving the country, of which 67% had taken practical steps towards migration.
Conclusions: The EFPT Brain Drain study from 2013-2014 already show that 13.3% of psychiatric trainees are immigrants in Europe. The trend, 5 years later, is maintained.

Conflict of interest: No
Keywords: mobility; brain drain; migration

Women, gender and mental health - Part I

EPP1253

Women's perception and attitude towards using antidepressants during pregnancy: a cross sectional study

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Introduction: The WHO reports that depression affects more than 300 million people globally. It is also predicted to be the second leading cause of global disability by 2020. Depression during pregnancy leads to deterioration of the mothers' and the fetus' health. Our objective is to explore women's perception and attitude towards using antidepressants during pregnancy and identify the factors that influence decision making regarding antidepressants use.
Objectives: To evaluate women's perception and attitude towards using antidepressants during pregnancy. To identify factors that affected the decision of using antidepressants.
Methods: A cross-sectional survey that has been distributed in at Princess Nourah bint Abdulrahman University campus. All study female subjects were invited to fill out an electronic questionnaire, KAAUH staff and PNU female associates who were less than 18 years old were excluded. Answers were reported using 5-point Likert scale.
Results: A total of 991 subjects were surveyed. The majority of women had negative perception and favorable attitude towards using antidepressants during pregnancy reaching 64%. While, women with positive perception and favorable attitude represented about 20% of the study subjects. The main factors influencing decision making were, education specialty (health, none-health) and subject history of diagnosis with any psychological disorder. Social stigma, religious believes and fear of addiction were reported by surveyors to be the reason influencing their perception and attitude about antidepressants use (P value <0.005).
Conclusions: This study reveals that although Saudi women reflect a negative perception towards using antidepressants during pregnancy, yet they have a favorable attitude once depression during pregnancy becomes an issue.

Conflict of interest: No
Keywords: Perception; Attitude; Antidepressants; Pregnancy

EPP1258

Mediating effect of self-esteem in the association between sexual orientation and psychological distress in men and women in taiwan

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Introduction: Non-heterosexuality has been associated with a higher level of psychological distress; notably, this association differs between men and women. While lower self-esteem has been shown to potentially explain such a health inequality, the gender difference of such an explanatory effect is less understood. The non-Western populations also remain largely understudied.
Objectives: This study aims to examine the extent to which self-esteem mediates the association between sexual orientation and psychological distress in Taiwanese men and women.
Methods: Cross-sectional data collected in 2011 from a stratified clustered cohort of young adults (mean age=25.1 years) in Taiwan were utilised. Data were collected on sexual orientation, psychological distress, and self-esteem. Structural equation modelling (SEM) with bootstrapping was used to estimate the direct and indirect effects and the goodness-of-fit of the proposed mediation models.
Results: Non-heterosexual young men have a higher average level of psychological distress than their heterosexual counterparts, whereas such a difference was not observed in women. SEM with bootstrapping found self-esteem a partial mediator of the sexual orientation-psychological distress association (indirect effect beta coefficient=1.097, accounting for 33.9% of total effect). Despite a small and weak total effect in women, evidence was also found for a mediating effect for self-esteem (indirect effect beta coefficient=0.386). In the case of women, the direct and indirect effects went in different directions.
Conclusions: This study found evidence supporting a mediating effect of self-esteem in the mental health disparity in non-heterosexual people. Findings differing from and echoing what has been reported in the Western were discussed.

Conflict of interest: No
Keywords: sexual orientation; Psychological distress; structural equation modelling; global health

EPP1260

Perinatal mental health: treatments risks versus benefits

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Introduction: There are a wide variety of psychotropic drugs which can be safely administered during pregnancy and lactation with the

aim of preventing future mental health disorders in epigenetically predisposed infants exposed to intrauterine stressors. Pregnant-Postpartum women may present de novo or preexisting psychiatric pathology, whose symptoms can be treated by maintaining the mother´s and fetus´s HPA axis and glucocorticoid receptor´s functions under control in addition to the the placental pCRH and 11βHSD2 levels
Objectives: To report the author´s initial experience with Pregnant-Puerperal women and psychiatric comorbid illness.
Methods: The latter was analyzed and presented as a longitudinal, prospective cohort study. Signed informed consents were obtained as well as approval of the corresponding Committees. Risk tables comparing psychotropic drugs´ safety with prescribed, over-the-shelf, home remedies, and phytotherapy were developed. Preset guidelines of treatment were meticulously assessed.
Results: Psychopharmaceutical intervention must be considered when nonpharmacological strategies are ineffective or inappropriate. Untreated psychiatric disorders are known to have significant negative impact on neurodevelopment and psychic wellbeing. Psychotropic drug exposure is generally safer than other medicines. It also involves a thorough study of the pharmacodynamics and pharmacokinetics that models regulatory genomic networks together with signal transduction pathways.
Conclusions: A Pregnant-Postpartum woman with comorbid mental illness requires a careful evaluation of the risk-benefit indication of psychotropic drugs. The available evidence both during pregnancy and lactation does not report gross harm due to psychotropic drug exposure in pooled data and provides some cautions concerning safety and modes of use.

Conflict of interest: No
Keywords: psycotropic drug exposure; pregnancy/lactation; safety; cohort study

EPP1261

Higher vulnerability to referential thinking during premenstrual phase

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Introduction: Most women experience unpleasant physical and emotional symptoms during the premenstrual phase. Referential thinking is a present phenomenon in general population, particularly when interpersonal sensitivity is increased and self-esteem is damaged.
Objectives: The aim was to study the effect on referential thinking of the a) phase of the menstrual cycle and b premenstrual Premenstrual dysphoric disorder symptoms.
Methods: Method: using a snow-ball procedure we selected 63 women among general population. With RSDP-III Questionaire we classified in three groups according to the presence and severity of the premenstrual symptoms. Using REF scale we assessed the referential thinking (referential ideas and unpleasantness of them) in two times: premenstrual phase and ovulatory phase of menstrual cycle. In a cross-sectional design, data were analyzed using ANOVA of repeated measures in SPSS.
Results: Significant differences between groups were observed. More prevalence of referential thinking was observed during premenstrual phase for all groups. The frequency and severity of premenstrual symptoms correlated positively with increased referential thinking, in both premenstrual and ovulatory phase.
Conclusions: The scores of referential thinking during the premenstrual phase are similar to those of clinical population. Number of participants, procedure of selection, design and data analysis do not allow generalization of conclusions. Prospective measures would be recommended to increase validity of conclusions.

Conflict of interest: No
Keywords: Premenstrual dysphoric disorder; referential thinking; premenstrual phase; women

EPP1262

Postnatal obsessive-compulsive scale discriminant validity – a contribution to the differential diagnosis between OCD, depression and anxiety in new mothers

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Introduction: Perinatal obsessive-compulsive disorder (pOCD) is characterized by content-specific obsessions and compulsions (mainly avoidance and covert rituals). The distinction between OCD, depression and anxiety is particularly difficult in the perinatal period. The Perinatal Obsessive-Compulsive Scale/POCS is a self-report questionnaire composed of a list of perinatal specific obsessions and compulsions and two subscales: Severity and Interference.
Objectives: To analyze if women diagnosed with pOCD differ from women with Major Depression/MjD and Anxiety Disorders/AD (in the postpartum) in OC_Severity and Interference, as assessed by the POCS.
Methods: 212 women (Mean age=33.20±5.066) in the second-to-sixth month postpartum (Mean baby age=21.70±6.953) filled in the POCS and were assessed with the Diagnostic Interview for Psychological Distress-Postpartum (DSM-5). Women who met the diagnostic criteria for more than one disorder (MjD/AD/OCD; n=6; 2.8%) were excluded. Non-parametric tests were applied (p<.008).
Results: OC_Severity and OC_Interference significantly differ in Non-affected women (n=191, 92.7%; Mean±SD=3.73±3.11 and 6.40±6.73) vs. women with OCD (n=5; 2.4%; 11.00±4.18 and 9.17±4.11); women with OCD also presented significantly higher scores in OC_Severity than women with MjD (n=6; 2.8%; 4.66±1.86) and with an AD (n=4; 1.9%; 4.50±3.68 and 8.25±8.11). Women with MjD, AD and Non-affected did not significantly differ in both subscales.
Conclusions: Hyperfocus on thoughts or avoidance of cognitive stimuli is common in anxiety, depression and OCD and the discrimination between repetitive thoughts of OCD vs. anxiety disorders or depression is difficult. Our results support the statute of OCD as an autonomous entity in DSM-5, and corroborate the discriminant validity of the POCS.

Conflict of interest: No
Keywords: Perinatal Obsessive-Compulsive Scale; Posnatal obsessive-compulsive disorder; Dépression; Anxiety

Women, gender and mental health - Part II

EPP1268

Prevalence of depression and depressive symptoms among bilingual female population of baku, azerbaijan

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Introduction: Although the prevalence of depression and depressive disorders had been widely investigated in many countries, up to date no such studies has been conducted in Azerbaijan.
Objectives: The objective of this study was to study the prevalence of depression among female population in Baku city – the capital of Azerbaijan.
Methods: The objects of the study were women from 18 to 65 years, residing in Baku who gave their informed consent to participate. The list of potential participants and their addresses were requested from Central Statistical Committee and further randomized using the computer program. The study was conducted using the Zung Self-Rating Depression Scale (SDS). The raw scores were calculated and then converted to index scores, which were used to assess the patients' condition as "not depressed", "mildly depressed", "moderately depressed" and "severely depressed". The analysis was conducted using the SPSS 25.0.
Results: Total of 1500 women, mean age 34.5 years (SD 12.5) participated in the study. The prevalence of depression was 49.6% with clinically significant cases representing 23.6% of them. The prevalence of depression was statistically significantly higher among Azerbaijani-speaking women compared to Russian-speaking. Monolingual women had statistically significantly higher scores on depression than women who knew two or more languages. Interestingly, there was no significant difference between women who knew only two languages as compared to women who spoke three or more languages.
Conclusions: It is intended to further investigate depression prevalence among women residing in other cities of Azerbaijan.

Conflict of interest: No
Keywords: Dépression; women; bilingual; zang scale

EPP1271

Womens mental health in infertility

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Introduction: Women's mental and reproductive health are interconnected. Infertility, affecting up to 40% of the female population, is an urgent problem of medicine. Infertility disrupts social functioning, reduces the quality of life, changes partnerships, and disrupts mental well-being. Most women with infertility do not seek psychological help. An altered mental state negatively affects its reproduction by a vicious circle mechanism.
Objectives: The aim of the study was to determine the level of anxiety and depression in women with a first established infertility.
Methods: The clinical-psychopathological method using the HADS scale and the statistical method were used.
Results: 68 women with the first diagnosis of infertility were examined. In 65 cases, pregnancy did not occur, in 3 women the fetus was born dead. All women examined had high levels of anxiety and depression. In women who could not get pregnant, 85% revealed subclinical anxiety and depression, and 15% had clinically pronounced anxiety and depression. Women who gave birth to a dead fetus showed clinically expressed anxiety and depression ($p \leq 0.01$).
Conclusions: In women with infertility, mental health is altered by increasing anxiety and depression. Anxious experiences were characterized by doubts about the success of the treatment, the competence of the doctor, and the effectiveness of the drug therapy. Symptoms of depression focused on the impossibility of parenthood, parting with a partner, a gloomy vision of the future, condemnation of the environment. Infertile women needed specialized help. Combined therapy of such women with gynecologists and psychiatrists would improve their medical and social prognosis.

Conflict of interest: No
Keywords: mental disorders; reproductive health; mental health; female infertility

EPP1272

Violence against women and mental health

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Introduction: One in three women worldwide experience physical and/or sexual violence during their lifetime, which reflects the importance of this theme.
Objectives: Presenting a short review of the consequences of violence against women on mental health. The author's aim is to analyze the consequences of violence on women's mental health.
Methods: Search on Pubmed database with combination of the following keywords were used: "violence against women", "mental health". We focused on data from systematic reviews and meta-analysis published between 2015 and 2019 in English, Spanish and Portuguese. The articles were selected by the author according to their relevance.
Results: Violence against women is linked to numerous indicators of poor health functioning, including depression, posttraumatic stress disorder, substance abuse, anxiety and suicidal behavior. Symptoms of psychosis and eating disorders have also been reported. Common mental disorders symptoms are insomnia, fatigue, irritability, forgetfulness, difficulty concentrating and somatic complaints, which causes high social and economic cost due to lost days of work, as well as increasing health services demand. Some studies have shown that psychological violence was more common than physical

and sexual violence and that the more severe the aggression, the greater the impact on women's mental health.
Conclusions: Violent acts against women have a major negative impact on the victim's mental health. Mental health professionals play an important role in protecting women and should employ primary, secondary, and tertiary measures to reduce the risk of violence against women.

Conflict of interest: No
Keywords: violence; women; mental health; human rights

Women, gender and mental health - Part III

EPP1273

Infertility diagnosis as a stress factor

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Introduction: The scientific literature reflects data on the negative effects of stress on woman's reproduction. The impossibility of pregnancy is unexpected for a woman, powerfully destabilizes her, and becomes a permanent stressor. The diagnosis of infertility affects a woman at the physiological and mental levels, worsens the physical, mental and social prognosis.
Objectives: To establish the specifics of the influence of the diagnosis of infertility as a stress factor.
Methods: The leading research method was the psychometric Fertility Problem Inventory (FPI) scale. This scale is designed to measure your distress, beliefs, and attitudes related to infertility.
Results: 204 women with a newly diagnosed infertility were examined. It was found that infertility violated family and friends relations. Women avoided meeting with friends who have children, experienced pressure from relatives, suffered from questions about possible parenthood, negatively assessed their future without children, noted a deterioration in the quality of sexual relations with partners, obsessively built their sex life under a menstrual schedule (ovulation), constantly thought about pregnancy.
Conclusions: Infertility diagnosis is a powerful traumatic factor, severe stress for a woman. It violates the level of its functioning, changes the mental structure. Obsessive thoughts about pregnancy, reproductive health, and parenthood are found in the mental status of infertile women. Infertile women suffer from violation of partnership, family, friendships. They lock themselves in and focus on the struggle for motherhood. The data explains the need for psychiatric intervention to help women with a newly diagnosed infertility.

Conflict of interest: No
Keywords: stress; mental health; infertility

EPP1274

Post-abortion syndrome in women with secondary infertility

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Introduction: More than 180 million couples suffer from infertility, which is an important medical, social and demographic problem worldwide. The main cause of tubal infertility is post-abortion inflammatory diseases. Abortion is the leading cause of maternal mortality, inflammatory diseases of the reproductive system and infertility. Abortion is associated with post-traumatic stress disorder.
Objectives: The purpose of this work is to study the emotional characteristics of post-abortion syndrome in women with secondary infertility.
Methods: The clinical-psychopathological method using the Impact of Event Scale-R.
Results: 106 women were examined in the operative gynecology department. Everyone had abortion flashbacks. Non-invasive abortion caused fewer flashbacks due to the better psychological tolerance of medical abortion. It is less traumatic in psychological and medical terms. There was no need for hospitalization, abortion was perceived as menstrual bleeding, risk of complications was minimal. Surgical abortion was a serious operation with a risk of uterine perforation and bleeding, postoperative recovery period. The women were worried about "how the doctor removes the embryo", whether its integrity is violated, "does he suffer". Women never asked these questions to their doctors, voiced their thoughts only in the course of this study. A frequent symptom was insomnia. Women said the memories were obsessive at work and at home. Concentration was disturbed, the mood of women did not want to communicate with relatives, they "forbade themselves to think about an aborted pregnancy".
Conclusions: Women with post-abortion syndrome need specialized psychiatric care aimed at harmonizing their mental state.

Conflict of interest: No
Keywords: post-abortion syndrome; infertility; post-traumatic stress disorder; women mental health

EPP1275

Anxiety and infertility in women

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Introduction: Female infertility goes beyond a purely gynecological disease. Infertility affects a woman also on a mental level. The inability to conceive a child is becoming a serious problem for women, couples, families. One of the most common symptoms in infertile women is anxiety. The woman fears that she will not be able to get pregnant, she is worried about thoughts about the quality of family relationships.
Objectives: Set the level of anxiety in women and evaluate its specific characteristics.
Methods: The leading research method was the Spilberger Trait Anxiety Inventory (STAI-T) psychometric questionnaire, aimed at measuring the current state of anxiety.
Results: We examined 125 women with a first diagnosis of infertility and 38 women with secondary infertility. All women had a high level of anxiety. A comparative analysis of the anxiety level in points showed that in cases with primary infertility higher levels of anxiety are observed.

Conclusions: High levels of anxiety in women with infertility can be a predictor of mental disorders. Anxiety is a non-specific symptom that can be comorbid with other mental symptoms and complicate the clinic. Early detection of anxiety in women with infertility will allow them to provide psychiatric care. Lower rates of anxiety in women with secondary infertility can be explained by their children.

Conflict of interest: No
Keywords: female mental health; infertility; Anxiety

EPP1277

The role of perfectionism, dysfunctional cognitive processes and content in postpartum OC phenomena

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Introduction: Early cognitive-behavioural models of postnatal Obsessive-Compulsive (OC) phenomena highlighted the role of negative traits, cognitive styles and specific dysfunctional beliefs (Fairbrother & Abramowitz 2007). However, the examination of key mediating factors is lacking to understand the mechanisms by which variables influence one another.
Objectives: To analyze if dysfunctional attitudes and beliefs in relation to motherhood and Repetitive Negative Thinking/RNT are mediators of the relationship between perfectionism and OC symptoms severity and interference in the postpartum.
Methods: 122 women (Mean age=33.20±5.066) in the second-to-sixth month postpartum (Mean baby age=21.70±6.953) filled in the Portuguese validated versions of the Postpartum Obsessive Compulsive Scale/POCS, the Hewitt & Flett Multidimensional Perfectionism Scale–13, the Attitudes Toward Motherhood Scale and the Perseverative Thinking Questionnaire–15.
Results: Socially prescribed perfectionism/SPP, Self-Oriented Perfectionism/SOP, Repetitive Thinking, Cognitive Interference and Unproductivity/CIU, Beliefs related to others' judgments/BOJ, to maternal responsibility/BMR and to maternal role idealization/BRI significantly (p>.05) and moderately correlated (r>.30) with POCS_Severity and POCS_Interference (all except SOP). A serial mediation analysis (Hays' Model 6) showed a significant indirect effect of BOJ/BMR/BRI and CIU in the relationship between the SPP and POCS_Interference. BOJ and BMR were mediators between SPP and POCS_Severity and CIU was a mediator between SOP and POCS_Severity.
Conclusions: The influence of perfectionism on postpartum OC phenomena appears to operate through increasing the levels of dysfunctional cognitions related to motherhood and of RNT. Interventions that reduce the impact of these cognitive contents and processes may be useful in preventing and treating OC symptoms in women with high negative perfectionism.

Conflict of interest: No
Keywords: postpartum; Obsessive-Compulsive Disorder; perfectionism

EPP1281

Mental disorders and psychological stigma in women with classical congenital adrenal hyperplasia.

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Introduction: Of the many different disorders of sex development (DSD) associated with sexual ambiguity of the external and/or internal genitalia, classical congenital adrenal hyperplasia (CAH) in individuals with a 46,XX karyotype is by far the most prevalent syndrome, therefore also the most extensively studied, both medically and psychologically.
Objectives: The objective of this study was the identification of mental disorders and psychological stigma associated with structural features of the genitals in congenital classical adrenal hyperplasia.
Methods: We studied 27 patients with the CAH. The age of patients from 22 years to 43 years (28.5 ± 9.2 years). All patients showed changes in the structure of the external genitalia of varying severity. All interviews were recorded, transcribed verbatim and analysed using the stages of a framework analysis: familiarsation, identification of a theoretical framework, indexing, charting and mapping and interpretation.
Results: Three types of stigma were identified. 1. Experienced or accepted stigma-14 (52%) patients. This is a stigma that has been accepted from a sexual partner. 2. Expected or stigma of feelings about an upcoming marriage or sexual intimacy - 7 (26%) women. This stigma has adverse consequences for future expectations of a long-term partnership and marriage, women mentioned that the heritability of the disease also added barriers to marriage.3. Social stigma, 6 (22%) patients perceived their disease as a disease in which it is impossible to lead a full life.
Conclusions: The results of this study show that the identified three types of stigma, common in patients with CAH, require special psychotherapeutic interventions.

Conflict of interest: No

EPP1282

Subjective assessment of physical health in russia depending on gender differences

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Introduction: The study of sociocultural mediation of the state of one's health involves the consideration of subjective assessment of physical health depending on gender differences.
Objectives: Identification of features of the subjective assessment of physical health in men and women.
Methods: The study involved 210 men and 403 women aged 14 to 76 years (m = 26.9; SD = 13.7) from 6 regions of the Russian Federation: Moscow, St. Petersburg, Udmurtia, Sakha, Sverdlovsk and Kemerovo regions. Respondents were asked to evaluate their physical health at the present time, choosing one of the following answers: "excellent", "good", "average", "poor", "very poor".

Results: It was found that in men the most frequent answer was "good" (43%), followed by "average" (31%), "excellent" (18%), "poor" (8%), and "very poor" (1%). In women, the most common answer was "average "(41%), followed closely by "good" (39%), and then – "excellent" (13%), "poor" (7%), and "very poor" (0.5%). Statistical analysis on a rank scale using the t-test for independent samples showed that the differences in the assessment of their physical health in men and women are expressed at the level of tendency ($t = 1.783$; $p = 0.075$).
Conclusions: Thus, men and women are similar in that they rarely choose the extreme answers for assessing physical health. In moderate assessments there are gender differences at the level of tendency: men often choose the answer "good", and women – "average". The study was supported by the Russian Foundation for Basic Research, Grant 17-29-02506.

Conflict of interest: No
Keywords: health; Gender; sociocultural determination; subjective assessment

Women, gender and mental health - Part IV

EPP1284

Gender differences compliance in the patients with schizophrenia

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Introduction: The study of gender differences in compliance can be used to optimize for the mentally ill, improve its quality and effectiveness
Objectives: The aim is to identify the gender differences compliance of patients with schizophrenia and the factors that influence it.
Methods: Psychometric (scales ISP, DAI, URICA, SAS-SR), statistical. The study includes 106 patients (63 women, 44 men) with ICD-10 diagnoses of schizophrenia and 106 family members. Regression factor models were based on more than 50 studied factors.
Results: The developed regression models (model reliability coefficient for female patients $R^2 = 0.504$; for male patients $R^2 = 0.607$) allowed to establish science that improve or worsen the compliance of patients and their families. In female patients, high motivation for treatment, satisfaction with the quality, and a positive attitude of family members to the patient's to drug treatment of had a positive impact on compliance. Compliance is reduced by conflict in the family, lack of support from relatives, unformed alliance with the doctor. The factors that increase compliance for male patients were the availability of work and income, older age, reliable relations with a doctor. The negative compliance of relatives to the medication intake and family dissatisfaction with medical care had a negative impact on compliance in men.
Conclusions: The identified gender factors will make it possible to predict patient compliance, as well as to identify the measures to improve the quality of medical and rehabilitation care, including work with the patient's family, medical staff.

Conflict of interest: No
Keywords: schizophrenia; Model; Gender; compliance

EPP1285

Bridging the gender divide in mental health services: who are we leaving behind?

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Introduction: Understanding of mental well-being have changed significantly within the last two decades thanks to the joint effort of diverse agencies developing programs feasible for all levels with a strong focus on the positive dimension of mental health, and de-stigmatization of the mental healthcare users and available services across different regions and age groups. Unfortunately, mental health resources are not allocated equitably worldwide, and discussions regarding distribution patterns are taking place consequently without meaningful input from various key stakeholders. A comprehensive understanding of gender, gender expression, and sexual diversity is key to advancing human rights including health. Are we observing some social groups being left out from the mental health services due to controversy?
Objectives: This poster looks with a strong gender lens at the challenges that different groups face when accessing mental health services, the impact on general health outcomes, and possible areas of investments that pave the way for closing the gap towards ensuring their well-being.
Methods: Through assessment of available publications, programs and initiatives, this poster explores how to optimise efforts and novel strategies supporting the inclusion of comprehensive understanding of gender, gender expression, and sexual diversity within the larger mental health agenda.
Results: The data published so far supports the existence of gender-related specific risk factors as well as gender bias in regards to offered therapy and assessment, however most of the studies presents binary understanding of gender and, consequently, making some of the groups automatically unreached and underserved.
Conclusions: Shifting imbalances is an essential component for leaving no one behind.

Conflict of interest: No
Keywords: non-binary; global mental health; Gender; Bias

EPP1287

Is parenting a protective factor in suicidal attempts?

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Introduction: Sexual violence is a relevant issue in Public Health. The INEC Ecuador showed 6 out of 10 women have experienced gender violence, 1 out of 4 have suffered sexual violence. Women who have experienced sexual assault in childhood or adulthood are more likely to attempt or commit suicide than other women. Parenting may be a protective factor against suicide attempts or suicide.
Objectives: The aim of this study is to explore whether parenting is a protective factor against suicide attempts in women who have sexual violence backgroun or not.

Methods: We conducted a retrospective, transversal descriptive study: National Institute of Statistics and Census (INEC) Database: 36328 women from 15 years old and ahead. This survey was done from November 16 to December 15 of 2011. women sample with sexual violence: 737 . They were classified by their marital status: single, married and separated. Women with children and no children, history of suicide attempts .
Results: 737 Women with sexual abuse: 281 married, 248 separated and 208 single. suicide attempts: married women with children 177 (62.99%), no children 7 (2.49%), Chi-Square Test: P=0.7595 (p>0.05) Separated women with children 110 (44.35%), no children 86 (34.68%), Chi-Square Test: P=0.0000 (p<0.05); single women with children 59 (28.37 %), no children 106 (50.96%), Chi-Square Test: P=0.3335 (p>0.05).
Conclusions: This study provides evidence that support parenting as a non protective factor from suicide attempts in women who have suffered sexual violence. Mental Health Organizations must develop programs to prevent and protect women from violence, and also children who confront risky situations.

Conflict of interest: No
Keywords: parenting; SEXUAL VIOLENCE; SUICIDE ATTEMPTS

EPP1292

Acid attacks of women: educating psychiatry trainees on chemical violence in the bengali community, a literature review and case study

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Introduction: Acid attacks are a devastating act of violence that is wide spread across various parts of the world, particularly in South Asian countries such as Bangladesh. These attacks leave the victim deformed and are primarily an act of vengeance against women who have refused sexual advances or marriage proposals. These assaults result in severe psychosocial impact from the disfigurement, anxiety, and depression. The aim of this study is to review the literature of acid attacks in Bangladesh, discuss the case of a 35-year-old Bangladeshi female threatened with chemical violence, and ultimately create an educational pamphlet outlining the results. Understanding chemical violence as a component of reality for women living in South Asian countries is crucial in providing culturally competent care.
Objectives: To educate psychiatry trainees and faculty about chemical attacks in South Asian countries, in particular Bangladesh by an educational pamphlet. The aim is to discuss the prevalence, psychosocial impact, and psychiatric comorbidities associated with chemical violence.
Methods: A literature search through September 2019 will be conducted on PubMed using the keywords “acid attack", “acid”, "chemical violence", and “Bangladesh”. The case of a woman threatened with an acid attack will also be discussed in order to provide a clinical context.
Results: An educational pamphlet outlining a review of the literature and a clinical case will be distributed to psychiatry trainees and faculty.
Conclusions: Training psychiatry providers to become aware of a devastating act of violence against women that is wide spread across South Asia so that more culturally competent care is able to be afforded.

Conflict of interest: No
Keywords: Acid Attack; Bangladesh; women