

Conclusions: The current study showed that the prevalence of depression and anxiety in hemodialysis patients is important and correlates with clinical variables, so effective interventions for mental health should be taken into consideration and the impact of these interventions should be investigated.

Keywords: Depression; Anxiety; Hemodialysis; Associated factors

EPP0208

Depression and anxiety among diabetics in primary care : a cross-sectional study

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Introduction: Diabetes mellitus is one of the most frequent chronic diseases in Tunisia. Individuals with diabetes mellitus may have concurrent mental health disorders and are shown to have poorer disease outcomes.

Objectives: The aim of this study was to determine the prevalence of depression and anxiety in diabetics attending the primary care setting.

Methods: This was a cross-sectional survey carried out over two months and including diabetic patients followed up at the consultation for chronic diseases at the primary care center of Hiboun, in Mahdia, Tunisia. The validated Hospital Anxiety and Depression scale (HAD) questionnaire was used as a screening tool for the symptoms of depression and anxiety.

Results: A total of 64 patients (24 men and 40 women) was enrolled. The average age was 54.5 ± 7.2 years. The mean duration of diabetes was 8.2 ± 2.3 years. The average HbA1c level was 9.1%. Over 48% of patients were overweight. The prevalence of Depression and anxiety among patients with diabetes from our study was 29.6% and 40.6%, respectively. Depression was found to be significantly associated with marital status of widowed, HbA1c level of more than 8.5%, and a family history of psychiatric illness. anxiety was significantly associated with females, unemployment and HbA1c level of more than 8.5%.

Conclusions: Screening of high risk Type II diabetics for depression and anxiety symptoms in the primary care setting is recommended at regular intervals.

Keywords: diabetes; anxiety; depression; cross-sectional study

EPP0209

Depressive symptoms and related factors in elderly diabetic patients

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Introduction: Diabetes is a major public health problem in Tunisia. Its prevalence increases with age. In addition, depression, at the top of mental disorders list, mainly remain undiagnosed, in particular in the elderly and consequently untreated.

Objectives: The aim of this study was to estimate depressive symptoms and related factors in elderly diabetic patients.

Methods: This is a cross-sectional study, conducted among type 2 diabetic patients aged ≥ 60 years old, attending Mahdia's primary health center, from January 2019 to March 2019. Depressive symptoms were assessed by using the Geriatric Depression Scale (GDS).

Results: 95 diabetic patients were recruited. The average age was 75 ± 7.4 years and the sex ratio was 0.9. In our sample, 68.4% of patients were categorized according to having depressive symptoms. The proportion of participants with mild and severe depression symptoms were 25.3% and 43.1%, respectively. Analytical results demonstrate many factors which were significantly associated with depressive symptoms: female gender, living alone, history of hypertension, presence of complication, and using insulin ($p < 0.05$).

Conclusions: Our study shows that depressive symptoms are common in elderly subjects with diabetes, and there have been many significant risk factors associated with it. So there is need for physicians to detect, confirm, and treat depression in elderly diabetic patients.

Keywords: diabetes; depression; elderly

EPP0211

Morbidity and mortality in schizophrenia with comorbid substance use disorders in Finland and Sweden

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Introduction: Schizophrenia is highly comorbid with substance use disorders (SUD) but large epidemiological cohorts exploring the prevalence and prognostic significance of SUD are lacking.

Objectives: To investigate the prevalence of SUD in patients with schizophrenia in Finland and Sweden, and the effect of these co-occurring disorders on risks of psychiatric hospitalization and mortality.

Methods: 45,476 individuals with schizophrenia from two independent national cohort studies, aged <46 years at cohort entry, were followed during 22 (1996-2017, Finland) and 11 years (2006-2016, Sweden). We first assessed SUD prevalence (excluding smoking). Then we performed Cox regression on risk of psychiatric hospitalization and mortality in patients with schizophrenia and SUD compared with those without SUD.

Results: The prevalence of SUD in specialized healthcare ranged from 26% (Finland) to 31% (Sweden). Multiple drug use and

alcohol use disorders were the most prevalent SUD, followed by cannabis use disorders. Any SUD comorbidity, and particularly multiple drug use and alcohol use, were associated with 50% to 100% increases in hospitalization and mortality compared to individuals without SUD. Elevated mortality risks were observed especially for deaths due to suicide and other external causes. All results were similar across countries.

Conclusions: Co-occurring SUD, and particularly alcohol and multiple drug use, are associated with high rates of hospitalization and mortality in patients with schizophrenia. Preventive interventions should prioritize detection and tailored treatments for these co-morbidities, which often remain underdiagnosed and untreated.

Conflict of interest: ML: Genomi Solutions Ltd, Nurse Health Ltd, Sunovion, Orion Pharma, Janssen-Cilag, Finnish Medical Foundation, Emil Aaltonen Foundation. HT, EMR, AT: Eli Lilly, Janssen-Cilag. JT: Eli Lilly, Janssen-Cilag, Lundbeck, Otsuka.

Keywords: schizophrenia; substance abuse disorders; epidemiology; dual diagnosis

EPP0213

Psychiatric symptoms in neurofibromatosis type 2

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Introduction: Neurofibromatosis type 2 (NF2) is a rare disorder associated with significant morbidity such as hearing loss that can lead to many psychiatric disorders.

Objectives: Describe the psychiatric symptoms associated to NF2.

Methods: We report the case of a patient admitted to the locked unit of the psychiatric ward for agitation and persecutory delusion and diagnosed with NF2. The data was collected from the patient's medical file. A review of the literature was performed by selecting articles from PubMed using 'Psychosis acoustic neuromas' and 'Psychosis neurofibromatosis 2' as key words.

Results: This is the case of a 21-year-old patient who was admitted for behavioral disorders. Our patient had a medical history of a one-sided deafness treated with a hearing prosthesis. He was also followed irregularly by a free-lance psychiatrist. The start of trouble dated back to 3 years marked by behavioral disorders such as fugue, agitation, irritability and sleep disorder. The symptoms worsen in the last 3 months with appearance of hostility and delusion of persecution towards his mother. The patient declines to eat the food that his mother cooked for him and threatened her with a knife. The clinical overview includes delirium, clastic agitation strikes, emotional lability, cerebral ataxia and conjunctival hyperemia. Brain scanner showed an association of bilateral acoustic neuromas, cavernous and intraventricular meningioma. These clinical and radiological signs met the diagnosis for NF2 according to the consensus conference of the National Institute of Health in Bethesda (USA 1988).

Conclusions: The psychiatric symptoms reported in acoustic neuroma patients are usually described as transient.

Keywords: psychiatry; Neurofibromatosis; psychosis; acoustic neuroma

EPP0215

Neurobiological correlation between attention-deficit/hyperactivity disorder and obesity

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) and Obesity are frequently comorbid. The prevalence of ADHD rises from around 2.8% in the general population (adults) to about 27% among those with obesity. Although neurobiological mechanisms explaining the strong association between ADHD and obesity are still unclear, several hypotheses have been proposed to explain the high comorbidity, including common genes, dopaminergic neurotransmission, deficits in executive functions (planning, adherence to weight loss programs or protocols after bariatric surgery) and circadian rhythm dysregulation.

Objectives: Review on the relationship between ADHD and Obesity, focusing on possible biological mechanisms driving their high comorbidity.

Methods: We conducted a search in PubMed and ClinicalKey with the terms: "Attention-Deficit/Hyperactivity Disorder", "Obesity", "Dopamine".

Results: Altered reward processing and impaired inhibitory control are key features of ADHD and are also related to obesity. The ability to resist the impulse to eat and an appropriate reward response require normal function of these dopamine circuits. Both ADHD and obesity are usually associated with reduced volume of putamen, known to be a fundamental player in inhibitory control functioning. Human and animal studies have also demonstrated that obese individuals have decreased dopamine D2 receptor availability in the striatum. Recently genetic analyses implicated specifically Dopamine-DARPP32 Feedback in cAMP Signaling in both ADHD and Obesity.

Conclusions: ADHD and obesity are often comorbid. Dysregulated dopaminergic neurotransmission seems to be a fundamental factor underlying the overlap between ADHD and obesity, probably involving DARPP-32 signaling and possibly through neurobiological features of putamen, namely inhibitory control. Further studies are necessary to explain the neurobiological correlation between these entities.

Keywords: Dopamine; Neurobiology; ADHD; obesity

EPP0216

Depression and anxiety among older people in central africa: Epidemca population-based study.

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