

EPV0607

Prevalence of alcohol use disorder in migrants from a Portuguese Center for Refugees: a study protocol

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Introduction: According to the 2023 statistical report from the Portuguese Migration Observatory, Portugal has received over 72,000 refugees since 2015, with a significant number (56,041) being displaced citizens from Ukraine. This influx includes spontaneous asylum requests. The major countries of origin for refugees in Portugal are Afghanistan, India, Gambia, Pakistan, and Morocco. Notably, refugee populations exhibit elevated incidence rates of specific psychiatric disorders, including post-traumatic stress disorder and depressive disorders. These conditions are independent risk factors for substance use disorders. Furthermore, refugees face unique risks related to their migration journey, increasing their vulnerability to substance use disorders. The prevalence of substance use disorders, especially Alcohol Use Disorder, can reach up to 36% in this population. CAR 1 (Reception Center for Refugees) is a vital social facility in Portugal dedicated to enhancing the reception and integration of asylum seekers and refugees.

Objectives: Our primary objective is to determine the prevalence of potential alcohol problems and unhealthy alcohol use within the Portuguese Refugee Center in Lisbon. Our secondary aim is to comprehensively characterize the migrant population. This includes gathering data regarding demographic information, legal status, country of origin, pre-migration alcohol-related issues, psychiatric diagnoses, history of psychiatric evaluations, self-initiated help-seeking behavior, and self-perceived alcohol-related problems.

Methods: All individuals currently residing in our refugee center (approximately 70 people) will be invited to participate in a comprehensive survey and screening process. Exclusion criteria will apply to individuals with acute psychiatric conditions unable to provide reliable responses. The survey includes the Alcohol Use Disorders Identification Test (AUDIT) and the CAGE questionnaire. Quantitative data obtained from the questionnaires will be analyzed using Microsoft Excel and IBM SPSS 29 software.

Results: We anticipate a high prevalence of positive responses to the AUDIT due to potential alcohol-related issues but expect low responses to the CAGE questionnaire due to limited awareness of alcohol use disorder and a reduced perception of the need for help.

Conclusions: This study could help identify and validate the prevalence of alcohol use disorders among migrants, emphasizing the need for appropriate responses. By shedding light on these challenges, we hope to promote effective responses to alcohol use disorder and encourage the utilization of alcohol screening tests in refugee centers, emphasizing the importance of seeking consultation when needed.

Disclosure of Interest: None Declared

EPV0609

The Traveling Mind: Moderators, Mediators and Pathophysiology of Migration Psychosis

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Introduction: It is well established that migrants have a 2 to 4 times increase in psychosis risk. However, estimates are highly heterogeneous and vary considerably depending on origin and destination country. It also seems that the relationship between migration and psychosis is complex.

Objectives: In this review, we aim to explore the moderators, mediators and mechanisms behind migration psychosis.

Methods: We searched PubMed using the following terms: “psychosis,” “psychotic,” “migra*,” “immigra*,” “schizophreni*,” “pathogene*.” We limited the search to studies published after 2010 and we screened the title, abstract, and full text. We included a total of 47 studies in this narrative review.

Results: Moderators identified in the literature were country of origin, vitamin D deficiency, male sex, and psychosocial adversity (e.g. exposure to war). Mediators were mostly social, namely discrimination, social exclusion and ethnic minority status, low ethnic density, as well as language distance, unstable housing, and unemployment. Most of the studies we retrieved found that substance use did not fully explain the increased risk for psychosis among migrants. We found that potential pathophysiological mechanisms include stress-induced alterations in dopaminergic neurotransmission, functional and structural alterations in ventral anterior cingulate cortex, as well as possible stress-resultant neuroinflammation.

Conclusions: This review highlights the pathway from psychosocial hardships to neurobiological alterations leading to migration psychosis. Further research is needed to translate these findings into developing preventive measures and tailoring treatment modalities to the migrant population.

Disclosure of Interest: None Declared

EPV0610

Suicide risk, hopelessness, interpersonal needs, and mental health in a sample of migrant psychiatric patients: a case-control study

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Introduction: Suicide is a multifactorial phenomenon characterized by many biological, psychological, and social-cultural factors. The study of this phenomenon in migrants is complex, with no theoretical framework that can describe the available heterogeneous data. Although Italy has the fourth largest migrant population of EU, only few studies have assessed suicidal risk in migrants.

Objectives: The aim of his study is to assess suicide risk factors (hopelessness; interpersonal needs; traumatic experiences) in a sample of migrant patients, and to evaluate the possible application of the Interpersonal Theory of Suicide (ITS). Moreover, suicidal ideation and attempts were compared between migrants and natives. Lastly, a wider psychometric assessment has been conducted (depressive and anxiety symptoms; autistic traits).

Methods: In this case-control study, we included 50 migrants vs. 50 natives. Data were collected during the same period by gender, age, and diagnosis. We collected sociodemographic and clinical characteristics. We administered the following tests: Columbia Suicide Severity Rating Scale, Interpersonal Needs Questionnaire, Beck Hopelessness Scale, Beck Depression Inventory-II, Hamilton Anxiety Scale, Childhood Trauma Questionnaire, and Adult Autism Subthreshold Spectrum.

Results: There were no differences in sociodemographic characteristics, except for ethnicity. Otherwise, there were significant differences between diagnosis ($p:0.013$), with native reporting more Mood Disorders, and migrants reporting more Anxiety, Obsessive-Compulsive, Trauma-Related, Eating, and Substance Use Disorders. Migrants were more prone to be on treatment with Mood Stabilizers ($p:0.000$). There were significant differences for interpersonal needs, trauma, anxiety, and autistic traits. Migrants show more perceived burdensomeness ($p:0.05$), more physical neglect ($p:0.004$), physical abuse ($p:0.002$), and sexual abuse ($p:0.016$), more anxiety symptoms ($p:0.046$), and more empathy alterations ($p:0.014$). No differences were found for suicidal ideation and attempts, hopelessness, and depressive symptoms.

Conclusions: Despite there were no differences in suicide risk, migrants showed higher rates of perceived burdensomeness (PB) and childhood traumatic experiences (CTE). Both PB and CTE represent cardinal constructs of the ITS. No differences were found for hopelessness and depressive symptoms. Migrants showed higher rates of anxiety symptoms and empathy alterations. Even if suicide rates between migrants and natives were similar, accurate assessment of suicidal risk in migrants is crucial in improving suicide prevention strategies. Suicide risk evaluation in migrants should consider the application of ITS. For an appropriate clinical evaluation of the migrant patients, anxiety dimensions and autistic traits should be investigated.

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EPV0611

Between Delusions and Borders: Diagnosing Delusional Disorder in Migratory Contexts

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Introduction: The mental health of immigrants is a significant, yet often overlooked, aspect of public health. This case study highlights the intersection of migration and mental health, focusing on a patient with delusional disorder. It is particularly relevant for psychiatrists due to the unique challenges in diagnosing and treating mental health conditions in migrant populations, who often face cultural, linguistic, and systemic barriers in accessing care.

Objectives: The primary objective of this case study is to elucidate the diagnostic and clinical challenges encountered in managing delusional disorder in a migrant patient. The case study presented aims to provide insights into how delusional beliefs can precipitate and perpetuate the process of migration.

Methods: The case study was developed through comprehensive psychiatric interviews during the patient's stay in a Psychiatric Inpatient Unit, supplemented by a targeted literature review on PubMed using "delusion disorder" and "immigration" as keywords.

Results: The patient, a 44-year-old Indian male, was a functional young adult until 2007 when he began exhibiting symptoms of delusional disorder. His delusions progressively evolved from local scenarios to national and eventually to a global scale. The initial delusions were focused on personal and professional conspiracies within his home country, leading to his first internal migration. As the condition worsened, his delusions expanded, fueling a belief in a widespread conspiracy that transcended national borders. This escalation of delusional beliefs became the primary motivation for the patient's international migration. He changed countries four times, each move driven by an attempt to escape the perceived threats and conspiracies associated with his delusional disorder. The patient's journey through various countries was a direct result of the intensifying nature of his condition.

Conclusions: This case study accentuates the profound impact that a delusional disorder can have as a driver and catalyst of international migration, influencing the individual's decision-making process and shaping the migratory experiences. It emphasizes the necessity for psychiatrists to consider the unique socio-cultural contexts of migrant patients in diagnosis and treatment. The case study advocates for a comprehensive treatment approach, integrating psychiatric care with a nuanced understanding of the migrant's experiences and challenges. This multifaceted approach is crucial in addressing the complex needs of patients with delusional disorder in migrant populations.

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EPV0612

Sociodemographic and clinical profile of immigrants hospitalized in psychiatric facilities in Tunisia

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Introduction: In an increasingly interconnected world, migration has become a defining characteristic of the 21st century. While immigration offers new beginnings and prospects, it also presents unique challenges, particularly concerning mental health.