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

Disclosure of Interest: None Declared

O0045

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

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Introduction: Individual Placement and Support (IPS) is a supported employment method used for the vocational inclusion of individuals with mental disorders. There is vast evidence that IPS is effective for finding jobs. However, evidence concerning the applicability of IPS for persons with mental disorders receiving a disability pension and concerning the sustainability of IPS is scarce.
Objectives: The aim of the studies included in this report was to a) control for the applicability of IPS for persons receiving a disability pension and b) to gain insight in the sustainability of IPS in this context.
Methods: A randomized controlled trial with 250 participants was conducted. The participants in the intervention group received job coaching according to the IPS standard. Members of the control group received no organized support but were allowed to seek assistance on their own. The initial phase of the study lasted 24 month. Job coaching was delivered only in the first phase of the study and discontinued after 24 month. A follow up was performed six years after the start of the study to clarify the further course (number of employment relationships, degree of employment, duration of employment, salary).
Results: In the first phase of the study, the overall dropout rate was 32%. 114 participants (46% of the original number of participants) took part in the follow-up survey. The intervention was superior to the control condition in the first phase. There were no significant differences between the groups in terms of number of employment relationships, degree of employment, length of employment, and salary in the follow up.
Conclusions: The effect of a clear superiority of the IPS intervention with regard to the number of employment relationships, which was measured during the originally planned duration of the study, was only slightly detectable six years after the start of the study and up to four years after the end of the intervention and was no longer statistically significant. This result underlines the importance of continuing job coaching for an unlimited period of time, as called for in the IPS concept, in order to perpetuate the positive effects such as finding and maintaining a job in the primary labor market.

Disclosure of Interest: None Declared

Addictive Disorders

O0046

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

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Introduction: Cannabis use has been increasing among women of reproductive age in the last few decades. In-utero cannabis exposure could be associated with an increased risk of neurodevelopmental disorders such as attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and intellectual disability (ID) during childhood and adolescence; however, existing evidence was generated based on maternal self-report of cannabis use in pregnancy. We conducted a large-scale with data linkage cohort study, in which both exposure and outcome of interests were confirmed using diagnostic tools, ICD-10-AM.
Objectives: This study aimed to examine the association between prenatal cannabis use disorder (CUD) and neurodevelopmental disorders in offspring using a large-scale cohort study.
Methods: We conducted an administrative health data-based cohort study of 222,569 mother-offspring pairs using linked data obtained from health registries in New South Wales (NSW), Australia. Data were drawn from the NSW Perinatal Data Collection (PDC), which included all live births in the Australian state of NSW between January 2003 and December 2005. These were linked with the NSW in-patient and ambulatory data collections for mothers and offspring. The prenatal cannabis use disorder (exposure) and neurodevelopmental disorders in offspring (outcomes of interest) were measured by using ICD-10-AM. Generalized linear regression with a binomial family model was used to explore the association. We also carried out a modification/interaction effect of low birth weight (LBW), smoking and premature births (PTB), which enhanced the methodological robustness of the study.
Results: This study found that offspring from mothers with prenatal CUwD had a 98%, 94% and 46% increased risk of ADHD [aRR = 1.98: 95 % CI 1.36 – 2.88], ASD [aRR = 1.94: 95 % CI 1.34 – 2.82], and ID [aRR = 1.46: 95 % CI 1.01 – 2.63] compared to those non-exposed offspring, respectively. We observed a significant interaction effect between CUD during pregnancy and maternal smoking on the risk of childhood ADHD, ASD and ID [CUD*smoking: RR = 5.62: 95 % CI 3.77 – 8.39, RR = 2.72: 95 % CI 1.78 – 4.18, and RR = 2.84: 95 % CI 1.54 – 5.22, respectively]. Furthermore, we also found significant associations between PCUD and ADHD, ASD and ID when interacting with LBW, and PTB.
Conclusions: Maternal prenatal CUD is associated with a higher risk of ADHD, ASD, and ID in offspring. The effect of maternal CUD on neurodevelopmental disorders was also found to be stronger when mothers also reported smoking during pregnancy, compared to the individual effects of cannabis use or smoking alone. The findings highlight the importance of implementing preventive strategies to reduce cannabis use in pregnancy.

Disclosure of Interest: None Declared