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Mental health needs of heart and lung transplant recipients in Ireland using the Stanford Integrated Psychosocial Assessment for Transplantation (SIPAT) tool

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Introduction: International guidelines recommend that prospective organ transplant patients receive a psychosocial assessment to optimise outcomes. There is limited consensus regarding the criteria for psychosocial evaluation. The Stanford Integrated Psychosocial Assessment for Transplantation (SIPAT) tool was developed to enhance the pre-transplant psychosocial workup. The Mater Hospital is the National Centre for heart and lung transplantation in Ireland. The consultation-liaison psychiatry (CLP) service provides screening of pre-transplant candidates using a biopsychosocial assessment, SIPAT and cognitive screening tools. Post-transplant patients are reviewed on a referral basis.

Objectives: To identify the psychosocial needs of heart and lung transplant recipients and CLP service input over a one year period.

Methods: A review of all heart and lung transplant recipients between January 1st and December 31st 2021 was conducted. The following data were recorded: demographics, pre-existing mental illness, SIPAT scores, and referral to the CLP service within six months of transplantation.

Results: Twenty-eight individuals received a heart/lung transplant in 2021 (7 heart, 19 lung, 1 heart & liver, 1 heart & lung). Prior to transplant 50% (14/28) had a pre-existing mental health diagnosis, 7% (2/28) had attended a psychiatrist, and 28.6% (8/28) were on psychotropic medication. SIPAT scores were available for 20 patients. The overall mean SIPAT score was 10.8 (SD 6.1). The subscales were as follows: Patient Readiness, mean 3.2 (SD 1.7); Social Support System, mean 2.1 (SD: 1.8); Psychological Stability & Psychopathology, mean 1.6 (SD 2.7); and Lifestyle & Substance Misuse, mean 3 (SD 1.5). Based on SIPAT scores, 20% (4/20) were *excellent* candidates, 75% (15/20) were *good* candidates and 1 (1/20) was *minimally acceptable*. Pre-existing mental illness was associated with higher total SIPAT scores ($p=0.013$) and higher scores on the psychological stability subscale ($p=0.032$). Post-transplant, 50% (14/28) were referred for psychological support and 21.4% (6/28) were referred to the CLP service. A further 10.7% ($n=3$) were attending CLP prior to transplant. Referrals to CLP occurred (median) 13 days (range 1-275) post-transplant surgery. The reasons for attending CLP were anxiety (5/9), delirium (3/9) and mood (1/9).

Conclusions: SIPAT can be a valuable tool for use in the pre-transplant workup to help identify those that will require intensive psychosocial support post-transplant.

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Insight, Narcissism and Diabetes: friends or enemies?

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Introduction: Diabetes is one of the diseases in which treatment adherence is most fragile. Several factors seem to contribute to the lack of treatment compliance of the disease, from longer duration of diabetes to mental health issues. In this study, we try to identify the main factors affecting insight for diabetes (clinical, demographic, and narcissistic traits).

Objectives: The main objective is to find clinical, demographic and narcissistic characteristics that differentiate good insight from poor insight diabetic patients.

Methods: A cross-sectional study was developed with inclusion of 100 patients with diabetes, aged over 18 years, carried out at the Associação Protetora dos Diabéticos de Portugal (APDP). All the participants gave their informed consent. Patients were submitted to DAS (Diabetes Awareness Scale), and NPI-13 (Narcissistic Personality Inventory-13), the two most used evaluations for insight in diabetes and narcissistic personality traits. The clinical and demographic factors were obtained by the records from APDP whose Ethic Committee gave permission for this study.

Results: The clinical and demographic characteristics of the sample of 100 patients with diabetes, are described in Table 4.1.

Positive and statistically significant correlations were found between HbA1c and total DAS ($r = 0.420$, $p < 0.001$), Symptom Attribution ($r = 0.362$, $p < 0.001$), Awareness of Negative Consequences ($r = 0.229$, $p = 0.025$), and Awareness of Need for Treatment ($r = 0.210$, $p = 0.040$) - Table 5. In other words, patients who were metabolically poorly controlled and had higher levels of serum HbA1c, showed higher levels of insight into the disease.

There was a statistically significant negative low-moderate affect correlation between Symptom Attribution of the DAS and the E/E (Empowerment/Explorativeness) sub score of the NPI-13 ($r = -0.243$, $p=0.05$)-Table 8.

Image:

Table 4.1. Clinical and demographic characteristics of the sample

Sample	100
Gender (% Female)	57%
Phenotype	Asian 3 Caucasian 93 Black 4
Type of diabetes	Diabetes 1-22 Diabetes 2-73 MODY-1 LADA-4
Insulin Therapy	83
Family history in 1 st degree	63
	Mean, (Standard Deviation), Variance
Age, % ≥ 60	64.5, (12.9), 31-88 - 72%
BMI	28.3, (5.2), 20-46
HbA1c (%) N=97	8.27, (1.65)
Years of Evolution	23.8, (9.9), 4-58
Age at onset	41.1, (15.9), 3-68
Number of complications	1.09, (1.47), 0-6