

**Introduction:** Spina Bifida(SB) is a congenital disease can cause multi system disfunction and psychiatric symptoms.It is stated that the emotional and physical burden of the caregivers leads to increased levels of anxiety and depression.

**Objectives:** According to Gargiulo's stage model, is composed of three stages. In the first phase parents experience shock, denial and depression. During the secondary phase ambivalence, anger, and guilt is prominent, followed by the tertiary phase in which bargaining, acceptance and adjustment are observed. Adjustment is the process of reorganisation and realignment of the family needs and objectives and variates depending on the character of the family members.

**Methods:** Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Beck Hopelessness Scale (BHS) were used in this research. 66 volunteering parents were included, 34 of them having child with SB and 32 of them having a healthy (non-SB) child.

**Results:** Depression, anxiety and hopelessness scores were significantly higher in the SB group than the non-SB group. There is a significant positive correlation between education and income levels.

**Conclusions:** It is determined that the majority of the SB group did not have any support. The greatest burden the parents have is emotional breakdown, followed by economic hardships and physical fatigue. Depression, anxiety and hopelessness scores and age of affected child are negatively correlated. The younger child's age, the higher the scores. There is a strong, negative and opposite correlation between the parents' ages and depression scores. Although it is almost impossible for the families to avoid from the hard and long treatment process of the clarify the reasons behind the disease, activate the protective medical services and if possible do prenatal treatment in order to lessen the postnatal degree of the disease are highly significant. Therefore, financial and moral burden of the society are reduced.

**Disclosure of Interest:** None Declared

## EPP0949

### Relation between marital adjustment and somatic symptoms on parents of children with Spina Bifida

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**Introduction:** Spine Clearance; which means; SB is a congenital disease . In the first month of pregnancy, the unborn baby's spine does not close properly is the result . In the spinal cord due to a developmental disorder often causes serious permanent disability . Multi-system associated with this congenital anomaly affected, families with infants and these infants are faced with major challenges in the future. Often the expectations of all parents is to have a normal, healthy children. The birth of a disabled child in the family, family members, their (lives, feelings , behaviors , social life) is a condition that affects negatively.

**Objectives:** The SCL-90 is a self report clinical rating scale oriented toward the symptomatic behavior of psychiatric outpatients. The primary symptom dimensions measured by the SCL-90 are the nine

symptom constructs given below: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychotism. Marital adjustment test: A 15-item scale that measures marital satisfaction. It was initially used to differentiate well-adjusted couples from distressed (unsatisfied) couples. The 15 items are answered on a variety of response scales.

**Methods:** In this study; The SCL-90 and Marital Adjustment Test have been applied on parents of children with Spina Bifida. A total of 40 person was used which is 25 women and 15 men. Above of 1 score has been examined high level for SCL-90 test. For Marital Adjustment Test, we accept the lowest score is 1 and the highest score is 60. Cut-off score accepted is 43. If the parents have score that is below 43, is determined incompatible, and is above 43 is determined compatible.

**Results:** The result has been obtained, showed us, the parents who have above 1 score for SCL-90, have below score 43 on Marital Adjustment Test.

**Conclusions:** The study show that parents who have somatization problems are not align with their partners. Participants have symptomatic problems because of their children health situation can cause an unaligned marriage. This suggests that parents of patients with diseases like SB should get the needed psychiatric help and supportive care during the course of treatment.

**Disclosure of Interest:** None Declared

## EPP0950

### Psychiatric Comorbidity and Length of Stay in a general hospital

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**Introduction:** Psychiatric comorbidity has a significant impact on the patient's overall health, with an increased risk of death for those patients with mental-physical comorbidity (Tan et al., 2021). This impacts, among other things, the average hospital stay of a patient with psychiatric comorbidity. For example, an American study shows that psychiatric comorbidity was associated with greater inpatient utilization, including the risk of additional hospitalizations, days of stay, and hospitalization charges (Sayers et al., 2007). Our study aims to confirm these results in patients admitted to a general hospital for any cause and presenting psychiatric comorbidity.

**Objectives:** To compare the mean length of stay of patients admitted to a general hospital for any cause according to whether they have psychiatric comorbidity or not.

**Methods:** We made a descriptive retrospective study through the use of electronic medical records. The drug use history and average day of hospitalization were obtained for all patients admitted to the inpatient service of a general hospital during a 3-year period.

**Results:** The mean length of stay was longer in patients with psychiatric comorbidity (mean = 9.87 days, SD = 15.45) than in

patients without psychiatric comorbidity (mean = 5.23 days, SD = 7.16), the difference being statistically significant for the analysis of variance with a small effect size ( $F = 18.2$ ;  $p < 0.001$ ,  $\eta^2 = 0.038$ ). The assumption of the equality of variances of the two groups is not fulfilled (Levene  $F = 29.0$ ;  $p < 0.01$ ) so Welch's nonparametric test was applied, whose results do not modify those obtained.

	N	Mean	SD	SE
No psychiatric comorbidity	296	5.23	7.16	0.416
Psychiatric comorbidity	238	9.87	15.45	1.002

**Conclusions:** Our results are in line with other studies, showing a longer mean length of stay in those patients admitted for any cause and with associated psychiatric comorbidity. This highlights the importance of having an integrated psychiatry service in a general hospital, as Bronson points out, where they find a shorter mean length of stay in units that have integrated, proactive psychiatric care (Bronson et al., 2019).

**References:** Bronson, B. D., Alam, A., & Schwartz, J. E. (2019). The Impact of Integrated Psychiatric Care on Hospital Medicine Length of Stay: A Pre-Post Intervention Design With a Simultaneous Usual Care Comparison. *Psychosomatics*.

Sayers, S. L., Hanrahan, N., Kutney, A., Clarke, S. P., Reis, B. F., & Riegel, B. (2007). Psychiatric comorbidity and greater hospitalization risk, longer length of stay, and higher hospitalization costs in older adults with heart failure. *Journal of the American Geriatrics Society*.

Tan, X. W., Lee, E. S., Toh, M., Lum, A., Seah, D., Leong, K. P., Chan, C., Fung, D., & Tor, P. C. (2021). Comparison of mental-physical comorbidity, risk of death and mortality among patients with mental disorders - A retrospective cohort study. *Journal of psychiatric research*.

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## EPP0951

### Psychiatric Features of Parents of Children with Spina Bifida

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**Introduction:** Spina Bifida (SB) is a closure defect of the neural tube. Affecting multiple systems of the body, this disease also affects families psychologically.

**Objectives:** In this study, our aim was to investigate levels of psychiatric symptoms, depression, anxiety, despair and coping with stress in parents of children with Spina Bifida.

**Methods:** From the follow-up patients' families of our hospital's neurosurgery unit, a total number of 80 parents were included in this study. Sociodemographic data form, The Structured Clinical Interview -Clinical Version (SCID-I / CV) for DSM-IV Axis Diagnosis, Beck Anxiety Inventory (BAI), Beck Depression Inventory

(BDI), Symptom Checklist (SCL-90-R), Beck Hopelessness Scale (BHS) and Coping with Stress Scale were performed.

**Results:** The mean age of parents of children with Spina Bifida diagnosis was  $34.44 \pm 7.00$ . Psychiatric symptoms and inventory scores are displayed on the table.

**Table 1:** Clinic Inventory Scores of Cases

	Mean	Standard Deviation
Scl-90	0,86	0,63
Beck Depression Inventory	13,00	10,32
Beck Anxiety Inventory	12,93	11,71
Beck Hopelessness Scale	5,30	3,74
Coping with Stress	52,94	8,53

**Conclusions:** It was determined that psychiatric symptoms such as anxiety, depression, difficulty in coping with stress can be seen among parents of children with SB. This suggests that parents of patients with diseases like SB should get the needed psychiatric help and supportive care during the course of treatment.

**Disclosure of Interest:** None Declared

## EPP0952

### Corelation between Beck Depression Inventory and stress coping strategies scale on parents of children with Spina Bifida

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**Introduction:** Spina Bifida (SB), in other terms called spine openness, is a prenatal disease occur due to improper closure of the spine of the fetus during the first months of the pregnancy.

**Objectives:** Having a disabled child or to observe deficiency in a child regardless of its level is a highly stressful situation for the families. To take care of such children causes an emotional and physical burden on the parents. Thus, this leads to an increase in the level of depression and anxiety on these individuals, causes health related problems and an increase in the drug usage.

**Methods:** Beck depression Inventory and stress coping strategies scale have been applied to 66 parents consisting of 39 female and 27 males. The cut-off scores for Beck Depression Inventory were 1-10 for normal, 11-16 for mild mood disturbance, 17-20 for borderline clinical depression, 21-30 for moderate depression, 31-40 for severe depression. For stress coping strategies scale higher scores correlated with the intensity of coping mechanisms listed on the scale.

**Results:** Acquired data from 66 parents show a positive correlation between Beck Depression Inventory and Stress coping strategies scale