

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).

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Disclosure of Interest: None Declared

EPP0951

Psychiatric Features of Parents of Children with Spina Bifida

V. Ozer^{1*}, P. Ulual¹, I. Alataş², R. Çetiner³, D. Uğurlar³, F. Izci² and O. Güçlü¹

¹Istanbul Basaksehir Cam ve Sakura Sehir Hastanesi; ²Istanbul Bilim Üniversitesi and ³Istanbul Eğitim ve Araştırma Hastanesi, İstanbul, Türkiye

*Corresponding author.

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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 ± 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.

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EPP0952

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

V. Ozer^{1*}, P. Ulual¹, G. Orhaner², I. Alataş³, R. Çetiner⁴ and O. Güçlü¹

¹Istanbul Basaksehir Cam ve Sakura Sehir Hastanesi; ²Yeşilay Neuropsychiatry department; ³Istanbul Bilim Üniversitesi and ⁴Istanbul Eğitim ve Araştırma Hastanesi, İstanbul, Türkiye

*Corresponding author.

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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

Conclusions: The lower the individuals BDI scores, the lower the stress coping strategies scale scores were meaning that the intensity of depression correlates with the level of coping mechanisms. This suggests that parents of patients with diseases like SB should get the needed psychiatric help and supportive care during the course of treatment.

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EPP0953

Impact of somatic and addictive comorbidities on the quality of life of patients with schizoaffective disorder

W. Bouali*, N. Faouel, R. Ben Soussia, F. Zaouali and L. Zarrouk
Psychiatrie, Faculty of Medicine of Monastir, Mahdia, Tunisia
*Corresponding author.
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Introduction: Schizoaffective Disorder is frequently associated with somatic and addictive comorbidities. This association can change the expression of the disease as well as its prognosis. In addition, this association can affect many functional and psychosocial aspects that can lead to impaired quality of life (QOL) and overall functioning of patients.

Objectives: the aims of this work were to study the impact of somatic and addictive comorbidities on QOL and global functioning of patients followed for schizoaffective disorder.

Methods: This is a cross-sectional study carried out at the psychiatric consultation of the University Hospital of Mahdia for a period of 6 months. The evaluation of the QOL was made using a generic instrument for measuring quality of life: the SF-36 in its version in literary Arabic using the Global Evaluation of Functioning scale .

Results: fifty-two patients with schizoaffective disorder were included in the study. The age of the patients varied from 29 to 62 years with an average of 38 years. The sex ratio (M/F) was 1.6. Singles accounted for 46.2%. Somatic comorbidities were found in 30.8% of patients. Diabetes ranked first (13.5%) followed by arterial hypertension (9.6%) then epilepsy (3.8%). Addictive comorbidities were noted in 63.5% of patients. Tobacco, alcohol and Cannabis were the most consumed substances with respective rates of 57.7; 28.8 and 13.5%. The evaluation of the QoL of the patients revealed that 80.8% of the patients had scores attesting to an altered QoL. Regarding the evaluation of global functioning by EGF, (65.4%) of patients had a score of less than 70 attesting to an impairment of global functioning. The analytical study of correlation between the dimensions of the SF-36 and somatic comorbidities found that dimension D1 (physical activity) is significantly influenced by somatic comorbidities (10-4). The deterioration in the global functioning of the patients was not correlated with the presence of somatic comorbidities ($p=0.28$). The change in QoL was not correlated with the consumption of psychoactive substances (0.32 for alcohol and $p=0.23$ for drug addiction).

Conclusions: It is accepted that the objectives of the management of patients suffering from schizoaffective disorder go beyond the remission of clinical symptoms to the improvement of QoL and

socio-professional functioning. Larger-scale work is needed to study the influence of comorbidities associated with schizoaffective disorder on these dimensions.

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EPP0954

Thrombotic complications of treatment with antipsychotic drugs : risk factors

W. Abid*, F. Chérif, N. Bouattour, R. Masmoudi, F. Guermazi, I. Feki, R. Sallemi and J. Masmoudi
psychiatry "A" department, hedi Chaker University Hospital, sfax, Tunisia
*Corresponding author.
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Introduction: Antipsychotic agents (AP) are widely used drugs to treat psychotic symptoms. For decades, some studies suggested that there is a relationship between using (AP) and the risk of venous thromboembolism (VTE) and pulmonary embolism (PE). The causality of this association, its risk factors, and its implications for clinical practice have not been fully elucidated.

Objectives: We undertook a systematic literature review to evaluate the evidence for an association between antipsychotic medication and venous thromboembolic events (VTE) and to identify risk factors for these adverse effects.

Methods: To identify relevant studies, we searched the PubMed, Science Direct databases up using the following keywords « pulmonary embolism », « venous thromboembolism » « antipsychotics agents ». We also searched the reference lists relevant articles for related studies.

Results: Twelve articles are included in this analysis and indicate an elevated risk of VTE in antipsychotic drug users. The results showed that compared with non-users, current AP users have significantly increased risks of VTE. The risk of venous thrombosis in obese people was higher than that in overweight people, patients not less than 65 years old had an increased risk compared with younger patients . In addition, women taking antipsychotics had a higher risk of pulmonary embolism than men. The other factors that increased risk were use of second-generation antipsychotics and antipsychotic polytherapy. The highest risk was noted in the first 3 months of treatment. Data also suggested a dose-dependent increase in the risk of thrombotic complications. For individual drugs, increased risk of VTE and PE was observed in taking clozapine , haloperidol, risperidone and olanzapine. Clozapine was associated with the highest risk. However, careful interpretation is needed because of high heterogeneity among studies and scarce data.

Conclusions: The use of antipsychotics will increase the risk of venous thromboembolism and pulmonary embolism, which will be affected by AP and patient characteristics.

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