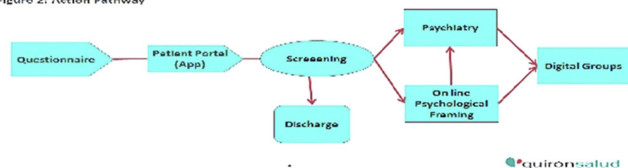**Image 2:**

Figura 2: Action Pathway

Conclusions: High prevalence rates suggest that effective detection and treatment mechanisms should be integrated into usual care. The use of standardized clinical pathways can help with this aim, allowing better clinical management and referral to treatment, but still face challengues to increase retention. The use of e-health tools offers the opportunity to improve accessibility and therapeutic outcomes through online interventions.

Disclosure of Interest: None Declared

O0054

The association between prenatal cannabis use and congenital birth defects in offspring: A systematic review and meta-analysis

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Introduction: A body of research has examined the association between prenatal cannabis use and congenital birth defects in offspring; however, these studies have not been synthesised. We performed a comprehensive synthesis of existing research to test whether there is an association between prenatal cannabis use and congenital birth defects in exposed offspring.
Objectives: The aim of this study was to conduct a comprehensive systematic review and meta-analysis of existing evidence to synthesise the association between prenatal cannabis use and congenital birth defects in exposed offspring.
Methods: In line with the preregistered protocol (PROSPERO: CRD42022368623), we systematically searched PubMed/Medline, CINHAL, EMBASE, Web of Science, ProQuest, Psych-Info, and Google Scholar for published articles until 4 April 2023. The methodological quality of the included studies was appraised by the Newcastle-Ottawa Quality Assessment Scale (NOS). A meta-analysis was carried out to report the pooled effect estimates from the included studies. We further performed subgroup, leave-one-out sensitivity, and meta-regression analyses, which increased the robustness of our findings.
Results: Thirty observational studies (i.e., fifteen case-control and fifteen cohort studies) with 229,930 cases of birth defects and 26,826,741 controls (healthy babies) were included in the final analysis. We found that offspring exposed to maternal prenatal cannabis had a 56%, 69%, 47%, 23%, and 13% increased risk of any birth defects (irrespective of specific body system) [RR = 1.56: 95 % CI 1.28 – 1.92], defects of the gastrointestinal [RR = 1.69: 95 % CI 1.37 – 2.09], cardiovascular/heart [RR = 1.47: 95 % CI 1.09 – 1.97], central nervous systems [RR = 1.43: 95 % CI 1.09 – 1.89], and facial/ oral cleft [RR = 1.13: 95 % CI 1.08 – 1.18], respectively.
Conclusions: The findings from the current study suggest that maternal prenatal cannabis exposure is associated with a higher risk of birth defects in offspring. The findings highlight the importance of promotive and preventive strategies to reduce cannabis use during pregnancy that contribute to minimising the risk of birth defects in offspring.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

O0055

Traits of narcissistic vulnerability in adults with Autism Spectrum Disorders without intellectual disabilities

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Introduction: The relationship between Autism Spectrum Disorders (ASD) and Narcissistic Personality Disorder (NPD), considering the dimensions of narcissistic grandiosity and vulnerability, represents an important differential diagnosis and potential ground of comorbidity, since both conditions show high grades of pervasiveness, a life-long course, ego-syntonic traits, and difficulties in building up and sustaining interpersonal relationships Although the co-diagnosis rates, according to the categorical criteria in use, are limited (0%-6.4%), it is common to encounter diagnostic doubts in clinical practice.
Objectives: Here we aimed to explore both the dimensions of narcissistic vulnerability and grandiosity in a group of adults diagnosed with ASD without intellectual disabilities.
Methods: 87 individuals with ASD completed the Pathological Narcissism Inventory-52 Items (PNI-52). The mean scores of our sample were compared with the normative distribution available in the literature. Participants also underwent a detailed sociodemographic and anamnestic interview, along with an assessment for autistic traits, comprising the "Ritvo Autism and Asperger Diagnostic Scale-Revised" (RAADS-R) and the Autism Quotient (AQ).
Results: Individuals with ASD scored significantly higher than neurotypical controls at the Total Score and at the Vulnerable Narcissism subscale, but not at the Grandiose Narcissism subscales. Demographic features did not influence these results. Vulnerable narcissism was significantly associated with the RAADS-R subscale Social Relatedness.
Conclusions: Our findings could potentially be indicative of a greater comorbidity rate between the two disorders with respect

to the one reported to date, possibly because DSM-5 criteria are mainly focused on the grandiose dimension. Potential explanatory links between ASD phenomenology and vulnerable narcissism, such as the personality dimension of neuroticism, are discussed, together with the possible role of narcissistic vulnerability in mediating internalizing symptoms (e.g., anxiety, depression) in individuals with ASD.

Disclosure of Interest: None Declared

O0056

Mental Disorders in patients hospitalized due to Neurologic Disorders: a nationwide study

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Introduction: The presence of psychiatric comorbidity significantly impacts the quality of life for patients and often goes unnoticed within the realm of neurology.

Objectives: This study's objective was to elucidate and characterize psychiatric comorbidity among patients hospitalized for neurological disorders in mainland Portugal.

Methods: This retrospective observational study analyzed hospitalizations categorized with a primary diagnosis of neurological disorders, defined by Clinical Classification Software (CSS) for ICD-9-CM codes 76, 77, 79-85, 95, and 109, occurring in adult patients ($\geq$18 years) between 2008 and 2015. Psychiatric comorbidity was determined by the presence of secondary diagnoses falling under CCS categories 650-670.

Results: A total of 294,806 hospitalization episodes were documented with a primary diagnosis of neurological disorders in adult patients between 2008 and 2015 in Portuguese public hospitals. Approximately 26.9% (n=79,442) of these episodes were associated with documented psychiatric comorbidity (22.1% for female hospitalizations and 32.2% for male hospitalizations). Patients with recorded psychiatric comorbidity were younger (66.2±16.2 vs. 68.6 ±17.2 for those without psychiatric comorbidity, p<0.001), exhibited a lower overall in-hospital mortality rate, and experienced significantly longer mean hospital stays. Among these comorbidities, 'Delirium, dementia, amnestic, and other cognitive disorders' were documented in 7.4% (n=21,965) of hospitalizations, followed by alcohol-related disorders in 6.5% (n=19,302) and mood disorders in 6.1% (n=18,079). Epilepsy/seizures had the highest recorded psychiatric comorbidity rate among neurological disorders (39.9%).

Conclusions: Psychiatric comorbidity is present in more than a quarter of hospitalizations with a primary diagnosis of neurological disorders. The prevalence of psychiatric comorbidity varies across different neurological disorders and is associated with distinct demographic and clinical characteristics.

Disclosure of Interest: None Declared

Old Age Psychiatry

O0058

Evidence-Informed Approach to De-Prescribing of Atypical Antipsychotics (AAP) in the Management of Behavioral Expressions (BE) in Advanced Neurocognitive Disorders (NCD): Results of a Retrospective Study.

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Introduction: Diagnosis of behaviors in advanced neurocognitive disorders (aNCD) is one of exclusion, and the framework has been laid out in DSM-V. However, clinical assessments in aNCD become increasingly unreliable, and commonly used psychometric tools for clinical assessments lack reliability and validity, thereby making outcomes unreliable. Consequently, the syndromic and symptom management approaches for behaviors in aNCD behaviors have yielded poor results. To address this, the focus has shifted towards understanding the 'meaning' of behaviors in aNCD, recognizing them as a 'mode of communication'. To date, there are no existing frameworks to ascribe 'meaning' to behaviors in aNCD.

Objectives: LuBAIR™ paradigm is the first step in offering such a framework for understanding the 'purpose' and 'meaning' of behaviors in NCD. The 'meaning' ascribed to each behavioral category was used to guide the use of atypical antipsychotics in their management. De-prescribing was attempted on patients who qualified to enter this retrospective study. De-prescribing was defined as successful if individuals were completely withdrawn from AAP and remained off them for 60 days without the re-emergence of behaviors.

Methods: The data collected on the second occasion, in the successful and failed de-prescribed groups, were compared in this retrospective study. MANOVA, Chi-Square paired t-test statistical analyses were used to detect the differences in the behavioral categories between the two cohorts. Cohen d was used to measure effect size.

Results: Patients who did not have Mis-Identification and Goal-Directed Expressions were more likely to successfully de-prescribe: X2 (1, $N = 40$) = 29.119 $p < 0.0001$ and X2 (1, $N = 40$) = 32.374, $p < 0.0001$, respectively. Alternatively, the same behavioral categories were more likely present in patients who failed de-prescribing: MANOVA and paired t-test ($p < 0.0001$). Atypical antipsychotics, in their role as an antipsychotic and mood stabilizer, may be used to manage Mis-Identification and Goal-Directed Expressions, respectively.