

commonly manifests with atypical and heterogeneous symptoms, encompassing mainly non-memory problems, ranging from language and executive impairments to behavioral-led dysfunction. Despite the importance of accurate data to organize appropriate healthcare, evidence regarding EOD patients in Portugal is lacking.

Objectives: The primary aims of this study include identifying the causes for hospitalization in EOD patients, diagnosed with dementia either as a primary or secondary diagnosis, and comparing them with inpatients aged 65 and older (LOD). Additionally, the study aims to analyze key hospitalization outcomes for both groups, including length of stay, in-hospital mortality, and readmissions. As a secondary aim, this study seeks to describe subtypes of EOD.

Methods: A retrospective observational study will be conducted following the RECORD statement. Data will be retrieved from an administrative database that gathers de-identified routinely collected hospitalization data from all Portuguese mainland public hospitals. Hospitalization episodes of inpatients younger than 65 years old, with a primary or secondary diagnosis of dementia (ascertained by ICD-9-CM codes 290.0-290.4, 294.0-294.2, 331.0, 331.1, and 331.82), will be extracted. Comparison patients will be selected by propensity score-matching from inpatients over 65 years with a dementia ICD-9-CM code (in any position), matched for Charlson Comorbidity Index (CCI).

Results: Descriptive and analytical statistics will be conducted to describe and characterize both group of inpatients. Variables such as age at admission, sex, place of residence, causes and type of admission, psychiatric comorbidities, length of stay (LoS), destination after discharge, readmissions, in-hospital mortality and hospital charges will be analyzed.

Conclusions: With this nationwide analysis of EOD hospitalizations, we aim to reveal critical aspects of this condition, including common causes of admission, diagnostic features and health outcomes, allowing for appropriate medical interventions and support tailored to the specific needs of this clinical group.

Disclosure of Interest: None Declared

EPV0889

Prevalence and impact of comorbid mental disorders in hospitalized patients with obstructive sleep apnea: a protocol for a nationwide retrospective study

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Introduction: Obstructive sleep apnea (OSA) is a common sleep disorder in the adult population, often associated with an increased prevalence of comorbid conditions such as obesity and diabetes, but

also several mental disorders that have been independently associated with worse hospitalization outcomes in a variety of situations. However, and despite such associations, there is a relative dearth of studies exploring comorbid psychopathology beyond depression and anxiety, and no studies seem to address the impact of comorbid mental disorders on the hospitalization outcomes of patients with OSA.

Objectives: This study aims to characterize and compare mental comorbidities among hospitalization episodes of adult patients with and without OSA held in mainland Portugal, regardless of the primary cause of admission, and to analyze the impact of such comorbidities on hospitalization outcomes.

Methods: An observational retrospective study will be conducted using an administrative database comprising de-identified routinely collected discharge data from all Portuguese mainland public hospitals. Inpatient episodes spanning from 2008 to 2015 will be categorized into two groups according to the presence of an OSA code (ICD-9-CM codes 780.51, 780.53, 780.57, 327.20 and 327.23). For both groups, mental disorders will be identified according to categories 650 to 670 of the Clinical Classifications Software (CCS) for ICD-9-CM. Descriptive, univariate, and multivariate analyses will be performed. Study reporting will comply with the RECORD statement guidelines.

Results: Out of 6,072,538 sampled episodes, 57,301 have an OSA code. Prevalence of any comorbid mental disorder is 30.4% in the OSA group, and 19.3% in the non-OSA group. For both groups, sociodemographic, administrative, and clinical variables will be characterized and compared, as well as the prevalence of each mental disorder category, yearly hospitalization trends, and most common primary diagnoses. Hospitalization outcomes, including length of stay, in-hospital mortality, and readmissions, will be compared taking into consideration the presence of CCS categories of mental disorders.

Conclusions: We expect to improve the understanding of the prevalence of mental comorbidities among hospitalized patients with OSA, including understudied mental disorders, and to elucidate their impact on relevant hospitalization outcomes, thus highlighting the need to recognize and treat this common association to achieve optimal outcomes.

Disclosure of Interest: None Declared

EPV0890

Methods and experiences of a collaborative research project carried out by academic clinical researchers and experts by experience

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Introduction: Patient or service user participation in research and development is seen as essential in health research, including in