records were linked to identify COVID-19 related outcomes. Logistic regression models were used to estimate unadjusted and adjusted Odds Ratios (ORs) to compare differences in COVID-19 outcomes by diagnosis, controlling for sociodemographic factors and comorbidities.
Results: We will report the findings of unadjusted and adjusted analyses, comparing ORs for people with and without SMI, by diagnosis. Findings will be compared between the two datasets, with attention to the demographic and clinical profiles of each sample. We will consider the role of demographic characteristics and comorbidities in attenuating outcomes.
Conclusions: Emerging evidence suggests that people with SMI have higher risks of COVID-19 infection, hospitalisation and mortality. Based on two large datasets utilising EHRs, we present findings from the UK on COVID-19 outcomes among people with SMI, a country that has been severely affected by COVID-19.

Disclosure: No significant relationships.
Keywords: UK; Covid-19; SMI; Electronic Health Records

O0032

How Covid-19 changed emergency department access: observational study comparison of patient stage of the day access in the psychiatric emergency department over three years.

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Introduction: A few studies have analyzed the impact of COVID-19 pandemic on psychiatric Emergency Department (ED) accesses. The pandemic may indeed have influenced the phase of day accesses for patients with psychiatric disorders.
Objectives: Aim of this cross-sectional study is to analyze how COVID-19 weighed on psychiatric patients daily accesses over the course of three years.
Methods: Data on 219 patients were retrospectively collected from the ED in the Policlinico Tor Vergata, Rome. According to the stage of the day, accesses were divided into 4 groups: between 00:00 and 6:00; between 6:00 a.m. and 12:00 a.m.; between 12:00 a.m. and 18:00 p.m.; between 18:00 p.m. and 00:00 p.m.
Results: Performing a regression analysis, a relation was found between psychiatric symptoms, stage of the day admission and year. In 2019 the admissions seem to be homogeneously distributed, however during 2021 and 2020 the admissions rates have a delayed evening trend.
Conclusions: Despite the low number of accesses considered, the Covid-19 pandemic appears to exert an effect that still lasts in terms of both accesses and worsening or new onset of psychiatric symptoms. Measures taken to prevent the spread of infections may have affected access in the ED of patients in various ways. However, the trend of increasing evening accesses could be related to a saturation of territorial psychiatric services that work mainly until the afternoon. Thus, an enhancement of territorial psychiatric services seems highly necessary to cope with what could be an increase in psychopathology in patients without previous diagnosis.

Disclosure: No significant relationships.
Keywords: accesses; emergency room; stage of the day; Covid-19

Neuroimaging

O0034

Retinal single-layer analysis with optical coherence tomography (OCT) in schizophrenia spectrum disorder

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Introduction: Volume reductions in brain structures of patients with schizophrenia spectrum disorder (SSD) have repeatedly been found in voxel-based morphometry MRI studies. Hence, an underlying neurodegenerative etiological component of SSD is currently being discussed. In recent years, the imaging method of optical coherence tomography (OCT) has shown its potential in evaluating structural changes in the retina in patients with confirmed neurodegenerative disorders, providing a window into the brain.
Objectives: To evaluate potential differences in measurements of retinal layers between patients with schizophrenia spectrum disorder and healthy controls with OCT.
Methods: Twenty-six patients with schizophrenia or schizoaffective disorder and 23 age- and sex-matched healthy controls were examined with the Heidelberg Spectralis OCT system to derive a single-layer analysis of both retinas. The segmentation of retinal layers was manually corrected to minimize artifacts and software imprecisions.
Results: Compared to the control group, SSD patients showed reduced thickness and volume measurements for nearly all retinal layers, and these differences reached significance for macular volume, macular thickness, retinal nerve fiber layer (RNFL) and inner nucleiform layer (INL). Furthermore, a significant correlation between the duration of illness and the total volume of the RNFL was found.
Conclusions: Our OCT measurements demonstrate reduced single retinal layer thickness in patients with SSD. In the context of the MRI volume changes, our results provide further evidence that structural changes seen in the brain of patients are also observable in the retina, potentially allowing further insights into the different components of the nervous system that are altered in this highly etiologically complex disorder.

Disclosure: No significant relationships.
Keywords: schizophrénia; Neuroimaging; optical coherence tomography; retina