

Objectives: The aim of our research was to adapt the adolescent version of The Parental Reflective Functioning Questionnaire to the Hungarian language.

Methods: In our study 240 mothers completed the adolescent version of The Parental Reflective Functioning Questionnaire (PRFQ-A), and the Reflective Function Questionnaire (RFQ).

Results: Confirmatory factor analysis did not confirm the original three-factor structure. The principal component analysis resulted in a two-factor structure. Factors corresponded to the original questionnaire's certainty in mental states ($\text{Alpha} = .81$) and interest and curiosity subscales ($\text{Alpha} = .70$). When analyzing the relationship between parental reflective function and reflective function, the subscales of the parental reflective function questionnaire were examined with two types of median coding in addition to polar coding. During the first median coding, the frequency of scores in the middle of the scales reflected optimal mentalization, while the frequency of extreme values on the scales corresponded to less favorable reflective functioning. With the second median coding, hypermentalization and hypomentalization subscales were also created. The second median transcoding proved to be the most suitable for capturing the relationship between RFQ and PRFQ-A.

Conclusions: The questionnaire proved to be a reliable measure on the Hungarian sample and we recommend using the additional subscales.

Disclosure: No significant relationships.

Keywords: mentalization; developmental psychology; reflective function; parental reflective function

EPP0249

Clinical characteristics of lurasidone-treated patients in Spain using Natural Language Processing – A real-world data study with Electronic Health Records.

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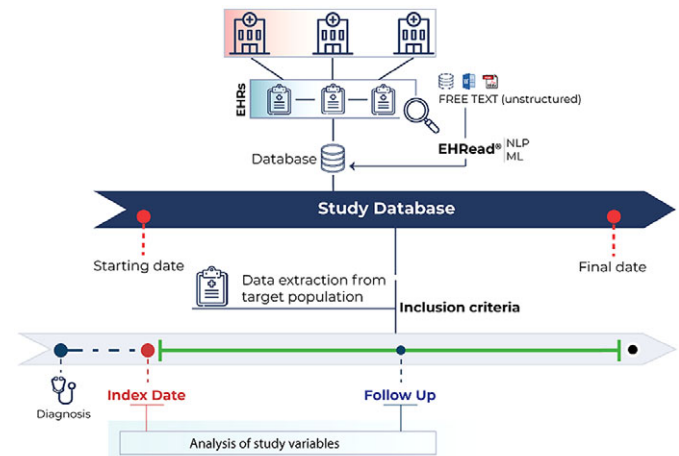
Introduction: Schizophrenia is a chronic neuropsychiatric disorder which affects over 20 million people worldwide. Atypical antipsychotics are the first-line choice for the treatment of schizophrenia due to improved tolerability and diminished risk of extrapyramidal symptoms. Lurasidone is an atypical antipsychotic approved in Spain for the treatment of schizophrenia in September 2019. An RWD-based picture of lurasidone use is necessary to better understand its impact in routine clinical practice.

Objectives: To set up a methodology based on Natural Language Processing (NLP) and machine learning for the analysis of the free-text information contained in the EHRs of patients treated with lurasidone in Spain.

Methods: A multicenter, retrospective study based on RWD collected in EHRs of lurasidone users will be conducted in hospitals from the Spanish National Healthcare System. Information extracted from the free text in EHRs using NLP will be treated and analyzed as big data.

Results: A study database for lurasidone-treated patients in Spain has been instituted using the EHRead® technology (Figure 1), which

applies machine learning and deep learning to extract, analyze, and interpret the free-text information written in their de-identified EHRs. Sociodemographic and clinical variables in EHRs from September 2019 until the most recent data available are being collected to describe the target patient population and address treatment-related outcomes.



Conclusions: NLP of free text in EHRs of lurasidone-treated patients renders a real-world picture of lurasidone usage in Spain. Studies using artificial intelligence techniques represent a novel source of information regarding psychiatric disorders and their clinical management.

Disclosure: I. Gabarda is employee at Angelini Pharma España, S.L.U. and C. de la Pinta is employee at Medsavana.

Keywords: schizophrenia; Electronic Health Records; lurasidone; Natural Language Processing

Epidemiology and Social Psychiatry 01

EPP0250

Prevalence of schizophrenia spectrum disorders among adults in the Lazio region, Italy: use of an algorithm based on health information systems

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Introduction: Mental healthcare provision is undergoing substantial reconfiguration in many regions of the world. Such changes require a broad evidence-based approach incorporating epidemiological data and information of local needs.

Objectives: To estimate the prevalence of schizophrenia spectrum disorders (SSDs) in the Lazio region and its geographical distribution using the regional health information systems (HIS).

Methods: Cases of SSDs (15-64-year-old) were identified using an algorithm based on data from the hospital discharge registry [ICD

IX CM: 295, 297, 298 (excl. 298.0)] and the ticket exemption database [code 044], between 2006 and 2019. Crude, and age- and gender-specific prevalence estimates on December 31, 2019, were calculated. To compare prevalence between different areas within the region, we calculated age- and gender-adjusted prevalence rates

Results: A total of 18,371 cases were identified. Crude prevalence rate was 4.29/1,000 (95% CI 4.29-4.30) and 5.93/1,000 (95% CI 5.92-5.949 for women and men, respectively. An increase in the prevalence rate by age was observed in both genders. The age- and gender-adjusted prevalence rate was 5.03/1,000 (95% CI 4.96-5.10), with significant differences within the region, ranging from 4.25/1,000 in the province of Viterbo to 5.42/1,000 in the city of Rome and 6.02/1000 in the province of Frosinone.

Conclusions: Our results showed that the overall prevalence of SSDs among adults in the Lazio region is similar to estimates published in prior reviews, but an uneven regional geographical distribution was observed. While possible underestimation must be considered, HIS represents a valuable source of information useful for epidemiological surveillance and healthcare planning.

Disclosure: No significant relationships.

Keywords: Schizophrenia spectrum disorders; Health Information System; Epidemiology; Prevalence

EPP0252

An investigation of depression and inflammation as potential mediators linking adverse childhood experiences with cognitive decline in adulthood: results from a prospective cohort study

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Introduction: Adverse childhood experiences (ACEs) have been associated with numerous health consequences in adulthood including cognitive decline. However, the underlying mechanisms implicated remain unclear.

Objectives: In this study, depressive symptoms and systemic inflammation were investigated as potential independent mediators of the association between ACEs and cognitive decline.

Methods: Participants were adults aged 50+ from the English Longitudinal Study of Ageing (N = 3,029; 54.8% female). Measures included self-reported ACEs at wave 3 (2006-2007), C-reactive protein (CRP) and depressive symptoms at wave 4 (2008-2009), and cognitive function at waves 3 and 7 (2014-2015). Mediation analyses examined the direct associations between ACEs and cognitive function at wave 7 and the indirect associations via depressive symptoms and CRP at wave 4 and were conducted using ordinary least squares regression models with the SPSS PROCESS macro. In Step 1, models were adjusted for sociodemographic factors and baseline cognitive function. Models in Step 2 were additionally adjusted for obesity and health behaviours (n = 1,874).

Results: Cumulative ACEs exposure was shown to positively predict later-life depressive symptoms, which in turn predicted cognitive decline. ACEs were also shown to positively predict systemic

inflammation as measured by CRP. However, CRP did not mediate the association between ACEs and cognitive decline.

Conclusions: These findings suggest that ACEs are related to cognitive decline partly via depressive symptoms and corroborate prior research linking ACEs with adult systemic inflammation. Efforts towards screening for, preventing, and mitigating the effects of ACEs may therefore represent an important avenue for improving health outcomes in later life.

Disclosure: No significant relationships.

Keywords: adverse childhood experiences; inflammation; Depression; cognitive decline

EPP0253

Impact of the COVID-19 pandemic on maternal mental health during pregnancy: The CONCEPTION study – Phase I

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Introduction: Mental health regional differences during pregnancy through the COVID-19 pandemic is understudied.

Objectives: We aimed to quantify the impact of the COVID-19 pandemic on maternal mental health during pregnancy.

Methods: A cohort study with a web-based recruitment strategy and electronic data collection was initiated in 06/2020. Although Canadian women, >18 years were primarily targeted, pregnant women worldwide were eligible. The current analysis includes data on women enrolled 06/2020-11/2020. Self-reported data included mental health measures (Edinburgh Perinatal Depression Scale (EPDS), Generalized Anxiety Disorders (GAD-7)), stress. We