

them findable for future joint projects. The Co-RESPOND network will be open for more partner cohorts to join.

Conclusions: The Covid pandemic has stimulated lots of international remote collaborations, and federated networks for data analyses are increasingly used as a means of enhancing the value of existing data sets. User-friendly and cost-free software solutions are already available (e.g., OBiBa) to facilitate such endeavours. However, researchers initiating cohort studies should be aware of such technology and methods and consider the use of their data in overarching collaborations from the start. We conclude with concrete recommendations how to optimize the design of epidemiologic data collections to enhance their interoperability with other cohorts, e.g., by using international coding standards.

Disclosure of Interest: None Declared

EPV0898

Epilepsy hospitalizations and psychiatric comorbidities: a study protocol for a nationwide inpatient analysis

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Introduction: Psychiatric comorbidities are highly frequent in patients with epilepsy and are associated with negative outcomes. These comorbid conditions can lower the seizure threshold, increase the risk of treatment-resistant epilepsy, and reduce function and quality of life. Additionally, patients with epilepsy have an increased risk of premature mortality, including due to suicide. In this context, although hospitalizations are common in patients with epilepsy, little information on healthcare utilization associated with comorbid psychopathology is available.

Objectives: To characterize psychiatric comorbidities among all hospitalizations with a primary diagnosis of epilepsy and to analyze their association with key-hospitalization outcomes, including length of stay, in-hospital mortality, estimated hospital charges, and readmissions.

Methods: An observational retrospective study will be performed using an administrative database that comprises de-identified routinely collected hospitalization data from all Portuguese mainland public hospitals. All episodes of inpatients, discharged between 2008-2015, with a primary diagnosis of epilepsy (ICD-9-CM code 345.X) will be selected. Psychiatric comorbidities as secondary diagnoses will be identified, grouped into broader categories as

defined by the Clinical Classifications Software for ICD-9-CM, and computed into binary variables. Descriptive, univariate, and multivariate analyses will be used.

Results: Descriptive and analytical statistics will be conducted to describe and characterize this sample of hospitalizations. Socio-demographic variables such as age at admission, sex, and place of residence will be characterized. Multivariate models will be used to quantify the association between psychiatric comorbidities and hospitalization outcomes, and results will be presented as crude and adjusted odds ratios.

Conclusions: With this nationwide analysis, we expect to better understand the additional burden of psychiatric comorbidities on epilepsy-related hospitalizations, including psychiatric diagnoses that have not been extensively investigated.

Disclosure of Interest: None Declared

EPV0899

Online versus in-person Eating Disorder Examination for adolescents with eating disorders: Empirical verification of data equivalency

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Introduction: In the last ten to fifteen years, it has become common for researchers to collect both quantitative (Sue & Ritter, 2012) and qualitative data (Jowett, Peel, & Shaw, 2011) online. The Covid-19 pandemic has increased the importance of this process and accelerated it in many disciplines (Torrentira, 2022).

In addition to convenience, recent work suggests that online data collection may be more valid than face-to-face data collection for some populations. This would mean that online data collection may be the most valid and effective for this age group (Barratt, 2012).

Objectives: Adolescents with an eating disorder tend to be more open about their symptoms via impersonal online data collection than they are in a face-to-face conversation. Symptom underreporting has been documented in face-to-face interviews, because “of feelings of shame elicited by the loss of anonymity during face-to-face interviews” leading to face-to-face denial, whereas a self-report questionnaire allows for more privacy and hence honesty while answering questions (Berg et al. 2011). This is especially key in the diagnosis of Anorexia Nervosa (AN), as AN patients minimize, deny, and/or fail to recognize their symptoms (Passi, Bryson and Lock 2003).

Given the benefits of collecting data online for both researchers and participants, it is important to determine the quality of the data collected online to guide its use and interpretation. More evidence is needed to confirm the equivalence of online and face-to-face interview data. The current study examines the equivalence of semi-structured interview data collected online versus original face-to-face interviews.

Methods: The Eating Disorder Examination (EDE), assessing psychopathology of eating disorders, was administered to

49 adolescents meeting ICD 10 criteria for anorexia nervosa or atypical anorexia nervosa. The same diagnostic interview was administered twice, once via face-to-face and once as an online version, within a week. Method order was counterbalanced among participants and temporal stability was controlled. The Eating Disorder Inventory-2 (EDI-2) was used as a control variable.

Results: Both the equivalence test and the null hypothesis test were significant for the sum score of the EDE. Measures of psychopathology in eating disorders demonstrated equivalence across face-to-face and online format of the EDE.

Conclusions: The aim was to examine the equivalence of face-to-face and online methodologies, controlling for temporal change in the variable under investigation over one week and order of administration. Results demonstrate equivalence across face-to-face and online format of the EDE. These findings suggest that data obtained using EDE online can be interpreted in comparison with normative data obtained in the face-to-face Interview and that corrections through transformations are not necessary.

Disclosure of Interest: None Declared

EPV0902

Psychiatric role in physician-assisted death requests – a study protocol for a literature review

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Introduction: The prospect of a medium-term approval of physician-assisted death in Portugal raises relevant ethical and deontological issues that need to be addressed, namely the framework of psychiatric assessments in this process. Such assessments are undermined by the lack of scientific precision in the methods used to determine decision-making capacity, making it possible for the final decision to be affected by psychiatrists' personal beliefs. As such, outlining scientific evidence and legislation pieces defining the psychiatrists' role and scope is of utmost importance to frame this debate.

Objectives: To synthesize the accumulated evidence worldwide regarding the psychiatrists' involvement in the global process of physician-assisted death requests by reviewing scientific literature, published protocols, official reports and international promulgated or amended legislation related to hasten death practices.

Methods: *PubMed*, *Scopus*, *Web of Science*, *PsycInfo* and *Google Scholar* electronic bibliographic databases will be searched for eligible articles, as well as grey literature, using the following search terms: Psychiatry AND (Euthanasia OR (Suicide AND Assisted)). Official governments' and countries health authorities' websites will also be searched for relevant reports and legislation documents,

as well as right-to-die organizations and akin associations. No language, date of publication, or geographical restrictions will be applied. The full text of potentially relevant results will be retrieved from the different sources for review after screening titles and abstracts. This two-stage process will be conducted independently by two researchers. Outcomes of interest will be the descriptions of psychiatric role in the process of physician-assisted death requests, assessment methods, and measurement techniques used.

Results: Given the fact that physician-assisted death is legalized only in a few jurisdictions, we believe the number of eligible results will be limited. Data will be extracted and a descriptive summary of the evidence will be provided. We anticipate finding a significant variability, but also to identify points of consensus. The findings will be published in a peer-review indexed journal and presented at national and international conferences.

Conclusions: To our knowledge, this is the first review of both, scientific published literature, and international legislation on the role of psychiatrists in physician-assisted death requests. We hope to provide an international overview to frame the public debate by pinpointing the most consensual assessment methodology, allowing to design an optimized assessment protocol before the implementation of the law in Portugal.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPV0903

Folie a deux / induced delusional disorder – case report and literature review

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Introduction: *Folie a deux*, also known as shared psychotic disorder or induced delusional disorder, is a rare mental disorder that was first described in France in the late 19th century and was referred to delusions shared between two individuals in close relationship. The concept has evolved and according to ICD-10 the following criteria for the diagnosis is phenomenology-based-only.

Objectives: To describe a clinical case and review the existing evidence on *folie a deux*.

Methods: Clinical case and non-systematic review of the literature, from the last 15 years, on *folie a deux*. For this research, the keywords “*folie a deux*”, “shared psychotic disorder” and “induced delusional disorder” were used in the MEDLINE/PubMed database.

Results: The clinical case presented refers to a 56-year-old female patient with no known psychiatric history. The patient stated that 5 years ago when his mother died, neighbors began to persecute her and her sister. She was medicated with a second-generation anti-psychotic without total remission of symptoms. Generally, in *folie a deux* there is a close and prolonged relationship between the