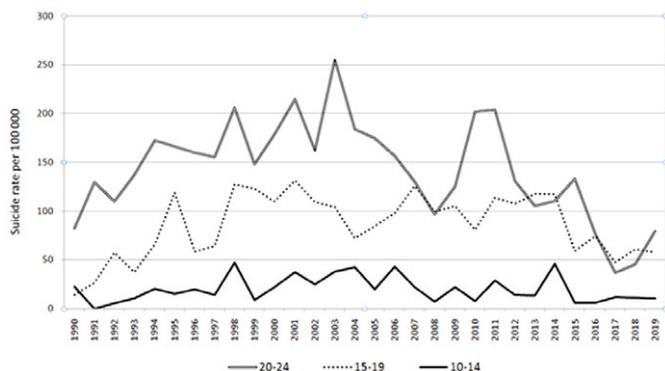


is also unstable. When comparing the indicators in 1990 and in 2019, one can verify the negative dynamics in the form of a 4-fold increase in the suicide rate – from 14.4 (in 1990) to 58 (in 2019). An analysis of the ethnicity of young people who committed complete suicide showed that the majority of suicides (90%) were indigenous Altaians.



Conclusions: In adolescents and young people of the AR, the death rate from suicide exceeds the all-Russian indicators from 7.9 to 9.3 times. Effective preventive measures are needed to improve the situation.

Disclosure: No significant relationships.

Keywords: Altaians; Adolescents; Suicide; Epidemiology

EPV0737

Analysis of mortality from suicide in the Altai Republic, Russia, for the period of 1990-2019

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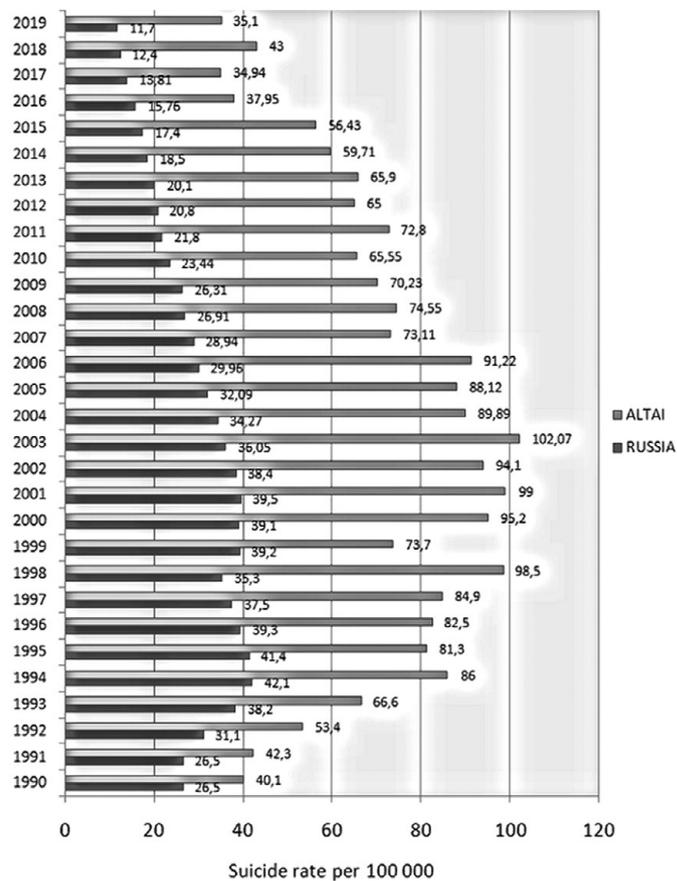
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Introduction: The Altai Republic (AR) is a national republic of the Russian Federation (RF), where the indigenous people – Altaians live, and where a high death rate from suicide is recorded.

Objectives: To analyze the dynamics of mortality from suicide in the AR for the period from 1990 to 2019.

Methods: Data on mortality of the population were obtained from the Russian databases of demographic indicators. The data were analyzed in terms of indicators standardized per 100,000 population.

Results: In the AR, as well as in the RF as a whole, there has been an increase in the level of suicide since 1990, but in Altai it lasted for a longer period of time – for 13 years. Throughout the entire period, the suicide rates in the AR have consistently exceeded the all-Russian indicators by 1.5-3 times, and by 2019 the gap in indicators has doubled compared to 1990. The curve of mortality from suicide in the AR has a fluctuating character with spontaneous peaks, in contrast to the curve in the RF that has the form of a “plateau”.



Conclusions: In the AR, the mortality rate from suicide consistently exceeds the all-Russian indicators, by 2019 the gap in indicators has doubled. The mortality curve is fluctuating, which we associate with clustering of suicides. This phenomenon requires further study.

Disclosure: No significant relationships.

Keywords: indigenous peoples; Altai Republic; Suicide; Epidemiology

EPV0738

validation of a scale for assessing patient satisfaction with the quality of care received in psychiatric settings

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Introduction: The complexity of the feeling of satisfaction makes its measurement complex, in this context our work aims to develop a simple and practical measurement tool to identify problems within the processes of psychiatric care in order to provide corrective interventions.

Objectives: to validate the psychometric properties of a scale designed for us to assess patients' satisfaction with the quality of psychiatric care received.

Methods: This is a validation study conducted on a sample of 200 patients followed at RAZI Hospital in Tunisia, outside any period of hospitalization. The questionnaire consisted of 28 items and was structured around eight dimensions (the patient's perception of his or her own mental disorder, the quality of the doctor-patient relationship, the quality of the nursing team-patient relationship, the organisational aspect and conditions of the hospital ward, the therapeutic discharge planning, the respect of human rights, and the quality of the patient's health, The organisational aspect and conditions of the hospital ward, Therapeutic discharge planning, Respect for patients' human rights, Satisfaction with overall care and Loyalty.

Results: Both face validity and content validity were satisfactory. Internal consistency was sufficient with a Cronbach's alpha of 0.913. The inter-dimensional correlation reflected statistically significant and logical correlations within our scale. Temporal stability was satisfactory. An exploratory factor analysis revealed seven factors with a Kaiser-Meyer-Olkin score of 0.852.

Conclusions: Our scale has demonstrated good psychometric properties. It can be reliably used as a measure of the satisfaction of Tunisian patients with the psychiatric care received.

Disclosure: No significant relationships.

Keywords: validation; psychiatric care; patient perception; satisfaction scale

EPV0740

Is it Attention Deficit Hyperactivity Disorder (ADHD) or Stimulant use disorder ? How is ADHD diagnosed?

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Introduction: From clinical experience, majority of patients in adult forensic services who have childhood diagnosis of ADHD self-report onset of substance misuse around the age of 12.

Objectives: Aim of the study was to explore if routine screening of childhood substance use is considered by ADHD diagnostic services.

Methods: PsycINFO and Embase databases were searched with the keywords: Attention Deficit Hyperactivity Disorder, ADHD, primary care/general practice, family physicians ,paediatrics, and children/adolescents, child and adolescent psychiatry, diagnostic assessments, substance / drug use, prescription drugs and drug screening.

Results: 24 articles were retrieved for age groups 12 to 17 years. Studies identified substance misuse as highly comorbid with ADHD but more so in conduct disorder. Studies identified diversion risk in adolescents.

Conclusions: Both ADHD and amphetamine misuse disorders are Axis I disorders (Baldwin 2009). Literature links substance misuse in ADHD to conduct disorder. There needs to be research into the diagnostic overlap between conduct disorder and ADHD and how this fits into the trauma model of adult offender treatment pathways. Treatment pathways for ADHD or conduct disorder and childhood onset substance misuse disorder are not clear both in

primary or secondary care. Literature appears to put emphasis on early diagnosis and prescription stimulant treatment outside the social and psychological context and cites outcomes of the short term studies as reason for continued prescriptions in adolescence and beyond. There is need for studies exploring perspectives and trajectories of amphetamine use in adults who were diagnosed with ADHD in childhood, adolescence and as adults.

Disclosure: No significant relationships.

Keywords: ADHD; stimulant; Child and adolescent psychiatry; primary care

EPV0741

The epidemiology of distress: prevalence and associated factors of symptoms of depression, anxiety, and loneliness at the end of the first wave of COVID-19 in Qatar

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Introduction: There is paucity of epidemiological studies from the Arab world and most of the focus of available international data is on the early months of the pandemic.

Objectives: We conducted the first cross-sectional national phone survey of adults in Qatar during the end of the first wave of the pandemic (December 2020 -January 2021) to estimate the prevalence and determinants of depression and/or anxiety.

Methods: We used the Physician Health Questionnaire-9 and Generalized Anxiety Disorder-7 with cut-off scores of ≥ 10 ; the revised UCLA loneliness scale; and questions related to COVID-19 status, death of family or friend, quarantine, health and changes in living arrangements. Bivariate and logistic regression models estimated associations between thirteen variables and combined depression-anxiety (score of 20 or higher).

Results: The two-week prevalence of depression was 6.5% (95%CI: 5.1-8.4), of anxiety 5.1% (95%CI: 3.8-6.9), but only 2.5% sought mental health professional help since the pandemic started. When including loneliness (OR=1.57, $p < 0.001$) in the model, the following variables were statistically significantly associated with depression-anxiety: female gender (OR=1.90, $p=0.037$), Qatari nationality (OR=2.37, $p=0.018$), Arab ethnicity (OR=3.14, $p=0.007$), and COVID-19 death of family or friend (OR=3.06, $p=0.003$). Without adjusting for loneliness, younger age (18-29 versus 40+ years of age: OR=2.9, $p=0.004$) and chronic health conditions (OR=2.0, $p=0.029$) were significantly associated with depression-anxiety.

Conclusions: Prevalence of depression and/or anxiety during the end of the first wave of COVID-19 pandemic in Qatar was similar to pre-pandemic estimates. Mental health service should focus on young adults, women, the bereaved, lonely and those with chronic health problems.

Disclosure: No significant relationships.

Keywords: Covid-19; Loneliness; Qatar; Depression-Anxiety