

EPP0414

Suicidality among adolescents and young adults in a Psychiatry Inpatient Unit: a two-year retrospective study in Umbria, central Italy

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Introduction: Suicide is the fourth leading cause of death among adolescents and young adults (AYA) (Czyz EK, King CA. *J Clin Child Adolesc Psychol*.2015;44(1):181-19), and psychiatric disorders are a major contributing factor (WHO Global Health Estimates 2000-2019). Studies focusing on suicidality in Italian inpatients samples are scant.

Objectives: The present cross-sectional study aimed to define clinical variables associated with suicidality related phenomena in a sample of young inpatients. The main objectives were to assess the prevalence of suicidal ideation and deliberate self-harm in inpatients aged 16–24 years and to determine the relationship between suicidal behaviours and psychiatric disorders.

Methods: This retrospective study was conducted in a naturalistic setting, at the Psychiatric Inpatient Unit, Perugia Hospital/Local Mental Health Unit 1, from January 2018 to December 2019. Sociodemographic information, clinical history, diagnostic and treatment features were collected. Descriptive and bivariate analyses were performed ($p < 0.05$).

Results: Among 120 patients (14,2% of the overall 850 hospitalizations in the index period) admitted for suicidality-related phenomena, 21 (17,5%) were AYA. Admission was due to deliberate self-harm in 85,7% ($n=18$) and to suicidal ideation in 14,3% ($n=3$) cases. Personality disorders ($p=0.006$), were significantly more prevalent among AYA, while mood disorders were more frequent among adults ($p=0.0018$) (Tab.1).

Tab.1. Differences in diagnostic features between AYA and adult population.

	AYA n (%)	Adults n (%)	χ^2	P
PERSONALITY DISORDERS	10 (47.6)	17 (17,2)	7.547	0.006
Borderline personality disorder	7 (33.3)	9 (9.1)	6.838	0.009
MOOD DISORDERS	0 (0)	26 (26,3)	5.578	0.018

Conclusions: Personality is under construction among youths, and affective symptoms may have unusual characteristics (Lack CW, Green AL. *J Pediatr Nurs*. 2009;24(1):13-25), as demonstrated by the fact that irritable rather than depressed mood is a core diagnostic mood symptom for adolescents (Rice F, et al. *J Affect Disord*. 2019;243:175-181). We hypothesized that symptoms of irritability, emotional dysregulation, and impulsivity could be linked to suicidality (Ghanem M, et al. *Arch Suicide Res*. 2013;17(3):262-274). Further investigations are needed for the characterization of AYA

inpatients who experience suicidal thoughts or self-injurious behaviours, in order to redefine preventive tools and reduce suicide mortality rates.

Disclosure of Interest: None Declared

EPP0415

Memory deficits in children and adolescents with psychotic disorders: A systematic review and meta-analysis

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Introduction: Cognitive symptoms in psychosis represent a major unmet clinical need (Acuna-Vargas et al. *Cog in Psych* 2019; 21(3), 223–224). Deficit in memory has been largely described in first episode early onset psychosis (Mayoral et al. *Eur Psych* 2008; 23(5), 375-383) and has been associated to a worse functionality (Øie et al. *Neuropsychology* 2011; 25(1), 25–35). However, results from existing studies are quite mixed on memory deficits of early psychosis patients, particularly in terms of memory contents and storage resources.

Objectives: The aims of this study were 1) to examine the nature and extent of cognitive impairment in early-onset psychosis and 2) to analyze which type of memory (verbal and visual) is more affected in the disorder.

Methods: The present systematic review and meta-analysis was conducted according to the PRISMA criteria (Moher et al. *Systematic Reviews* 2015; 4(1), 1 - 9). A systematic search of CINAHL, PsycInfo, PubMed, Redalyc, SCOPUS and Web of Science (published from 2000 to 2020) identified case-control studies of early onset psychotic disorder (under 18 years old). Those studies focused on both verbal and visual memory performance.

Results: Twenty articles were included in the review. A deficit in memory in child and adolescent psychotic disorders was obtained displaying a large effect size in memory tasks ($g = -0.83$). Also, a medium effect size was found in visual memory tasks ($g = -0.61$) and a large effect size was found in verbal memory tasks ($g = -1.00$).

Conclusions: It was observed a strong memory deficit on early psychotic disorders already present at the onset of the illness. This deficit was stronger when verbal memory tasks were used compared to the effect found with visual memory tasks. Based on previous literature (García-Nieto et al. *Jou Cli Child & Ado Psych* 2011; 40(2), 266-280; Lepage et al. *Eur Psych* 2008; 23(5):368- 74; Hui et al. *Psych Med* 2016; 46(11):2435-44), these results contribute to describe and characterize the cognitive symptoms in the first-episode psychosis in a youth population.

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Comorbidity/Dual Pathologies 01

EPP0417

Under-diagnosis of alcohol abuse: a descriptive study in a psychiatric hospital

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Introduction: Incidence of alcohol abuse in our country is high, although it is still under-diagnosed and under-treated. The WHO estimates that a total of 3.3 million deaths worldwide per year are related to alcohol consumption.

Objectives: The main objective is to describe the pattern of alcohol consumption in a sample of patients who are admitted to our psychiatric hospital for different reasons, relating with previous diagnoses.

Methods: A retrospective observational descriptive study was carried out in the acute care unit of the psychiatric hospital, after approval of the corresponding protocol by the ethics committee. All patients admitted to this unit during a three-month period were taken as a sample. During admission, sociodemographic data, drug use, treatment type and time and previous diagnoses were collected.

Results: Out of 172 patients, 81 reported being abstemious, 45 declared occasional consumption, 11 weekly and 22 daily consumption. There is no data about 13 patients. Among those who reported daily alcohol consumption, 59% had a previous diagnosis of Substance Use Disorder (SUD), 23% a previous diagnosis of Schizophrenia, 13.5% of Bipolar Disorder and finally 4.5% of Depressive Disorder. All the patients with a previous diagnosis of SUD reported consumption of more than 10 SDUs/day, the group with Schizophrenia stated less than 5 SDUs/day, of the group with T. Bipolar between 7-10 SDUs/day and with T. Depressive 5 SDUs/day.

Conclusions: The results obtained are consistent with the literature in relation to the under-diagnosis of alcohol use disorder, taking into account that 40% of patients in the sample with daily alcohol consumption previously had not such a diagnosis and it was not recorded in their medical history. For this reason, and for the sake of being able to treat them, it is essential to question all patients about alcohol consumption, whatever the reason for their admission.

Disclosure of Interest: None Declared

EPP0418

Psychopathological aspects in patients with diabetes

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Introduction: This paper highlights the mutual influences and the relationships between the variables of type II diabetes, the type of psychiatric conditions, the administered treatment schemes, the imaging examinations and the impact on the functioning and quality of life of the patients.

Objectives: Analysis of the influences between diabetes and psychiatric disorders, studying the relationships between the variables of type 2 diabetes, the type of psychiatric disorders, treatment regimens, imaging examinations and the impact on the functioning and quality of life of patients.

Methods: Psychiatric interview, Hamilton, Reisberg and Rosenberg scales, laboratory analysis

Results: Patients with pre-existing diabetes, psychiatric disorders led to deterioration of its evolution, documented by HbA1c values, treatment schedule, frequency of diabetic emergencies; the increased frequency of psychotic phenomena (hallucinations and delusional ideas) is directly proportional to the number of diabetic emergencies; patients with uncontrolled, long-term diabetes have higher scores on HAM-D and Reisberg scales, while patients with controlled diabetes have higher scores on the self-esteem and quality of life scales; in patients with taste or odor disorders, cortical atrophy may be seen on CT examination, elevated HbA1c levels and the presence of polyneuropathy; alcohol consumption, smoking, high cholesterol levels, determine the advancement of diabetic complications, and these in turn correlate with higher scores on the HAM-D scales, Reisberg; patients who show large variations in blood glucose in the first days after hospitalization are those who exhibit irritability, irritability, nervousness and heteroaggression at the time of hospitalization;

Conclusions: 65% patients with depressive disorders, 10% - with organic personality disorder, 25% - with affective disorders and 30% associated with cognitive impairment. The duration of diabetes mellitus, glycosylated hemoglobin levels and the presence of diabetic complications is directly related to the HAM-D and Reisberg scores; and inversely proportional to quality of life scores and self-esteem.

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EPP0419

Chronic activation of inflammasome signaling complexes and enhancement of behavioral abnormalities

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Introduction: Inflammasomes are cytosolic multi-component signaling platforms critical to the innate immune response to infectious diseases and the dysregulation of their activation can lead to the development of neurodegeneration and cancer.

Objectives: We aim through this review to assess a possible interplay between dysregulation of inflammasome activation, development of chronic inflammatory disease and enhancement of behavioral abnormalities.

Methods: We comprehensively review the scientific literature using Pubmed database and other search platforms such as Google scholar