

EPP0464**Alternatives to emergency departments for mental health crisis - a system wide approach can lead to better patient outcomes**J. Dove^{1*} and S. Leveson²¹Camden & Islington NHS Foundation Trust, Liaison Psychiatry, London, United Kingdom and ²Camden & Islington NHS Foundation Trust, Liaison Psychiatry And Health Based Place Of Safety, London, United Kingdom

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Introduction: In Camden and Islington (North Central London) we have restructured our emergency mental health services significantly. Prior to January 2020 all emergency mental health presentations, including those detained in public by the police (S136) were supported through our three emergency departments and their respective liaison mental health teams. In January 2020 a new 'Health Based Place of Safety' (for those detained by police) was opened to avoid people spending time in emergency departments unnecessarily. When the COVID-19 pandemic first took hold in the UK in March 2020 a second unit, a 'Mental Health Crisis Assessment Service' (MHCAS) was set up again away from the acute sites, encouraging people in MH crisis to attend a designated MH ED away from the acute sites. This study aims to review the system and patient outcomes since the development of the pathway.

Objectives: Relieving pressures on ED by reduction in patient numbers that could be better supported elsewhere and free up resource for alternative assessments and patient needs.

Methods: A retrospective cohort study to review the outcomes of the new system in relation to emergency mental health crisis presentations. Comparison to be made with ED data for 2 years prior to new system.

Results: Pending final results but initial data suggests 25% reduction in ED presentation for MH cause with new system. Reduction in psychiatric inpatient admissions of between 3-5%.

Conclusions: Creative system wide initiatives to provide alternatives to emergency departments for people in emergency mental health crisis can lead to significantly improved patient outcomes and experience.

Disclosure: No significant relationships.

Keywords: covid; liaison; emergency; police

EPP0461**Assessment of stress and anxiety during the COVID-19 pandemic in caregivers of children with ASD**P. Pacheco^{1*}, M. Pacheco² and D. Molini-Avejonas¹¹University of São Paulo, Rehabilitation Science, São Paulo, Brazil and²UFES, Morphology, Vitoria, Brazil

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Introduction: An infectious disease such as COVID-19 can have a great impact on mental health due to the fear of contracting it as well as the social isolation itself due to the containment measures.

Such events are considered stressors, as they can be perceived as threatening or challenging, and can have cumulative effects that are harmful to mental health. Along with this scenario, anxiety can occur in association with stress, and it is defined as extreme concern and somatic symptoms that generate tension, hindering the proper functioning and development of basic life functions. In people with Autism Spectrum Disorder (ASD) and their families, such events can occur more intensely, as changing routine and adapting to different activities are usually challenging. The study examined stress, anxiety and coping strategies during the pandemic.

Objectives: To analyze stressful events, anxiety and coping strategies in caregivers of children and adolescents with ASD and typical development.

Methods: Forty caregivers of children and adolescents with ASD and 40 of typically developing participated in the study. The assessment instruments used were: 1. RSQ COVID-19; 2. Semi-structured interview; 3. State-Trait Anxiety Inventory for Adults. For statistical analysis, analysis of variance (ANOVA) or chi-square were used.

Results: Caregivers of children and adolescents with ASD showed greater stress and anxiety, in addition to using less adaptive coping strategies.

Conclusions: There is a great need to welcome families of children and adolescents with ASD, helping to develop coping or coping strategies.

Disclosure: No significant relationships.

Keywords: autism; coping; COVID19; Stress

EPP0464**Does Vitamin D matter? The role of calcium homeostasis imbalance in clinical severity of psychiatric patients.**

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Introduction: Vitamin D modulates the biosynthesis of neurotransmitters and neurotrophic factors and it is involved in the modulation of inflammatory responses, with a potential impact on clinical status of patients with severe mental disorders. Moreover, available evidences report that decreased blood levels of Vitamin D are associated to a worse course of psychotic and affective disorders.

Objectives: We assessed calcium homeostasis imbalance in a sample of inpatients and outpatients, referring to the Department of Psychiatry of University of Campania "Luigi Vanvitelli" in order to explore levels of Calcium, PTH and Vitamin D and their influence in clinical severity among this different subgroups.

Methods: All patients were administered The Brief Psychiatric Rating Scale (BPRS) to assess different domains of psychopathology. Vitamin D, Calcium and PTH levels were assessed in all patients. An-ad hoc schedule was administered for socio-demographic and clinical characteristics.

Results: The total sample consisted of 152 patients (75 males and 77 females with 47.3 ± 14.4 age at admission, 74 inpatients and 78 outpatients). Patients with lower level of Vitamin D are more likely to present higher number of relapses ($p < 0.05$) and to be inpatients (< 0.01). Finally, serum levels of Vitamin D were negatively correlated with all the BPRS subscales ($p < 0.01$).

Conclusions: Lower levels of Vitamin D correlate with a worse clinical outcome of patients with different psychiatric diagnosis. Our results highlight the importance to routinely assess PTH, Vit D and calcium levels, especially in inpatients. Moreover, Vitamin D may represent a valid add-on treatment for these patients.

Disclosure: No significant relationships.

Keywords: Vitamin D; Clinical severity; Calcium homeostasis; Psychiatric patients

EPP0467

Evaluation of Smoking Cessation Advice in a Maltese Mental Health Community Clinic

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Introduction: Tobacco smoking is one of the leading causes of preventable morbidity and mortality worldwide (WHO, 2020). Smoking cessation campaigns have been effective at reducing smoking in the general population, but not in individuals with mental illness (Lê Cook et al., 2014). A downward trend in smoking has been noted in EU countries but smoking rates have remained stable in Malta (Country Health Profile, 2019).

Objectives: This audit aims to assess smoking status, provision of smoking cessation advice and psychotropic dose adjustment depending on smoking status by the Bormla Mental Health Team.

Methods: Patient health records were reviewed for patient demographics, psychiatric diagnosis, medical co-morbidities, smoking status and cessation advice and changes in psychiatric medication according to smoking status.

Results: Of the 171 patients studied, 35% ($n=61$) were smokers, 33% ($n=58$) were non-smokers while in 30% ($n=52$) the smoking status was undocumented. Smokers had a mean age of 50 years with an almost equal gender distribution (49% ($n=30$) male and 51% ($n=31$) female). The most common documented psychiatric diagnoses were depression (52.5% ($n=32$)) and anxiety (34.5% ($n=21$)), while 59% ($n=36$) had documented medical co-morbidities. Only 14% ($n=9$) were given smoking cessation advice and one patient was referred to the smoking cessation clinic. One third of smokers ($n=20$) were prescribed psychotropic medications which are affected by smoking status but only two patients had their doses adjusted.

Conclusions: Improved smoking cessation advice, referral to services, consideration of smoking cessation while prescribing and documentation are need to better patient care.

Disclosure: No significant relationships.

Keywords: Cessation; Advice; smoking

Sexual Medicine and Mental Health

EPP0468

Effect of increased prolactin and psychosocial stress on erectile function

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Introduction: Sexual dysfunctions in men are complex disorders that consist of organic and psychogenic components. The most common sexual dysfunction is erectile dysfunction. It is the inability to achieve or maintain an erection for satisfactory sexual performance. This disorder can be caused by high blood pressure, heart disease, vascular problems, psychological and hormonal factors such as problems with testosterone and prolactin levels.

Objectives: The most common sexual dysfunction is erectile dysfunction. It usually affects men over the age of 40. The causes of erectile dysfunction can be organic, psychogenic or a combination of both. The most common organic causes of erectile dysfunction may be high blood pressure, diabetes mellitus, obesity or hormonal disorders. Psychogenic reasons are usually related to psychosocial stress. In this study, we tested the relationship between erectile dysfunction, hyperprolactinemia, and psychosocial stress.

Methods: Clinical examinations of 60 patients with erectile dysfunction, which also included psychosocial stress, focused on patient history, comprehensive sexological examination, biochemical analyzes of serum prolactin, total testosterone, thyroid stimulating hormone with psychometric evaluation of erectile function and a checklist of trauma symptoms (TSC-40)

Results: The results show significant Spearman correlations of psychometric evaluation of erectile function with prolactin ($R = 0.50$) and results of the trauma checklist score ($R = 0.55$) as well as significant Spearman correlations between TSC-40 and prolactin ($R = 0.52$). This result indicates a significant relationship between erectile dysfunction, hyperprolactinemia and stress symptoms in men.

Conclusions: Our result indicates a significant relationship between erectile dysfunction, hyperprolactinemia and stress symptoms in men.

Disclosure: No significant relationships.

Keywords: erectile dysfunction; Hyperprolactinemia; psychosocial stress

EPP0469

Impact of serotonin transporter (SERT) binding affinity on the risk of libido disorders related to antidepressants

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