

## EPV0261

### Investigating causes of increased morbidity and mortality within psychiatric patients - Somatic comorbidities of inpatients in a German psychiatric community hospital

C. Theisen\*, C. Kieckhäfer, F. Röpcke and E. Meisenzahl  
LVR-Klinikum Düsseldorf, Heinrich-Heine University Düsseldorf,  
Department Of Psychiatrie, Düsseldorf, Germany

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1161

**Introduction:** The co-occurrence of mental illness and somatic comorbidities is a major cause of increased morbidity and mortality within psychiatric patients, compared to the general population. This may be caused by an unhealthy lifestyle, side effects of psychotropic drugs and systematic barriers in healthcare provision. The underlying mechanisms remain under-investigated.

**Objectives:** We systematically investigated relevant barriers and risk factors to the utilization of primary care among severe mentally ill outpatients.

**Methods:** In a cross-sectional analysis, the psychiatric as well as somatic diagnoses of inpatients of a German psychiatric community hospital were identified. Furthermore, somatic and psychiatric medication, blood values (HbA1C) and sociodemographic data of the patients were analyzed. The frequencies of the somatic diagnoses were presented according to psychiatric diagnoses. By a Chi-Square goodness-of-Fit Test the distribution of somatic diagnoses and drug classes were verified according to the total cohort as well as for each psychiatric diagnosis and in respect to sex.

**Results:** Our results provide an overview of common comorbidities with regard to the psychiatric diagnosis. The medication, in relation to the recorded somatic comorbidities, as well as the blood values, allow a conclusion to be drawn about the extent and success of the treatment.

**Conclusions:** For the first time, real-life data on the somatic diagnoses and treatment of patients with a severe mental illness in a German hospital is presented. Our results will be used to create low-threshold interventions for the most relevant somatic comorbidities and to improve primary care of psychiatric patients through linking the care systems.

**Disclosure:** No significant relationships.

**Keywords:** prevention; Somatic comorbidities

## EPV0260

### The prevalence of premenstrual dysphoric disorder in patients with depressive or panic disorder

Y. Chochev<sup>1\*</sup>, R. Iakimova<sup>1,2</sup> and M. Pandova<sup>1,2</sup>

<sup>1</sup>UMHATNP St. Naum, Second Psychiatric Clinic, Sofia, Bulgaria and  
<sup>2</sup>Medical University Sofia, Faculty Of Medicine, Department Of  
Psychiatry And Medical Psychology, Sofia, Bulgaria

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1162

**Introduction:** Premenstrual dysphoric disorder (PMDD), a severe form of premenstrual syndrome (PMS), affects 3-5% of the women of childbearing age. According to scientific literature, the prevalence of PMDD increases with age and among the psychiatric

patient population as well, e.g. in women suffering depressive disorder (DD) or panic disorder (PD).

**Objectives:** To estimate the prevalence of PMDD in women without psychiatric comorbidities and those with concomitant DD or PD.

**Methods:** A cross-sectional non-interventional study that enrolled 159 women, divided in 3 groups: 1) 98 women (mean age 31.04 ± 6.31) with PMS and no psychiatric comorbidities; 2) 31 women with PMS and DD (mean age 39.4±7.21); 3) 30 women with PMS and PD (mean age 31.2±7.89). PMS was assessed by the PSST (Premenstrual Symptoms Screening Tool). DD and PD were diagnosed by MINI and a psychiatric evaluation. Descriptive and frequency statistics were performed.

**Results:** Within the group without comorbidities mild PMS was present in 48% (N=47) of the cases, moderate - in 41,8% (N=41), and in 10,2% (N=10) of the cases PMDD was diagnosed. Within the group with comorbid DD 25,8% (N=8) had mild PMS, 58,1% (N=18) had moderate and 16,1% (N=5) had PMDD. Among the women with comorbid PD 56,7% (N=17) suffered moderate PMS, 43,3% (N=13) - PMDD and no mild cases were documented.

**Conclusions:** The results demonstrate that comorbid DD or PD increases the prevalence of PMDD. It is considerably more common in patients with PD than those with DD.

**Disclosure:** No significant relationships.

**Keywords:** PMDD; depressive disorder; panic disorder; comorbidity

## EPV0261

### “Dissolving Cartesian dualism”: using a novel student-lead podcast to explore the relationship between neurological and psychiatric illness

S. James\*

University of Bristol, Medical School, Bristol, United Kingdom

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1163

**Introduction:** Psychiatric conditions can be both a symptom and a consequence of physical disease. Although understanding of this is important for health care delivery, coverage of the relationship between physical and psychiatric illness in undergraduate medical education is sparse. This relationship is particularly pertinent in neurological disorders, where psychiatric symptomatology is commonplace. As part of a student project, the author was tasked with developing accessible teaching materials to increase interest and understanding among medical students, using podcasts.

**Objectives:** The aim was to develop podcasts which explored the relationship between psychiatric and neurological illness, for use in undergraduate psychiatric training.

**Methods:** Literature reviews were performed on podcasting in medical education to identify the optimal methods of production to maximise educational value, and on topics covered in podcasts to inform the interview questions. Experts in the relevant areas were contacted for recorded interviews, later used to create podcasts.

**Results:** Four interviews were conducted between the author and consultant neurologists specialising in the specific neurological condition. A podcast was produced for each of the following topics: depression in multiple sclerosis, frontotemporal dementia in motor neurone disease, Lewy body dementia, and dissociative seizures.

**Conclusions:** Psychiatric and physical illness are often intertwined. As the prevalence of psychiatric illness rises, it is becoming