

EPV0261

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

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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

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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

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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

increasingly important that this connection is recognised, in order to improve patient experiences and outcomes. Novel teaching modalities, such as podcasts, can provide additional ways to support medical education on this important topic.

Disclosure: No significant relationships.

Keywords: medical students; podcast; neurology; undergraduate

EPV0262

Comorbidity of mental disorders with medical diseases in “Ali Mihali” Psychiatric Hospital, Vlora (2010-2020)

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Introduction: The term comorbidity or dual diagnosis in this case refers to psychiatric disorder and one or more medical diseases. The purpose of this study is to emphasize the importance of identifying medical diseases in psychiatry.

Objectives: Medical diseases that develop most in comorbidity with psychiatric disorders Identification of gravity of comorbidity symptoms Clinical progression Treatment efficacy/ Interaction of psychotropic medications with other medications.

Methods: Methodology: A regular clinical study strategy has been adopted, with adults aged 19-75 females and males diagnosed with mental disorders and one or more medical pathologies, including neurological diseases during a 10-year period (2010-2020) in “Ali Mihali” Psychiatric Hospital, Vlora.

Results: They showed that medical diseases, such as: hypertension, diabetes mellitus, urinary infections, gastrointestinal disorders, acute and chronic bronchitis, severe brain injury often develop in comorbidity with mental disorders. Mental disorders that develop most in comorbidity are: schizophrenia, schizoaffective disorder, delusional disorder, mood disorder. Treatment of these disorders is difficult due to the gravity of symptoms, interaction of medications, and side effects they have.

Conclusions: Mental disorders in comorbidity with medical diseases are usually hard to treat. For this reason, it is imperative to diagnose them the soonest possible. When mental and medical disorders are comorbid, their coexistence has grave symptoms, chronic progression, which affects functioning, quality of life, and increases health care costs.

Disclosure: No significant relationships.

Keywords: Mental Disorders; comorbidity; symptoms; medical diseases

EPV0264

Identifying clinical and psychological characteristics of cardiac surgery patients

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Introduction: Cardiac surgery patients (CSP) are cardiovascular patients who undergo surgery to treat their disease. Are their psychological characteristics different from those of other cardiac patients?

Objectives: The goal is to establish peculiarities of the clinical-and-psychological status of CSPs in different clinical groups.

Methods: According to clinical parameters, 152 CSPs were divided into three groups. The first group comprised patients with CHD indicated to an open-heart coronary artery bypass grafting, the second one included patients with heart failure who were to undergo aortic valve surgery, and the third group included CHD patients and those with heart rhythm abnormalities indicated to minimally invasive surgery.

Results: CSPs had a number of cardiologic complaints, mental disturbance manifestations and concomitant somatic diseases. They showed difference in the duration of the disease, previous occurrence of heart surgery or myocardial infarction, and in the degree of heart failure manifestations. Self-assessment of pre-surgery CSPs corresponded to the severity of their clinical condition, while indications of hope for recovery were at the maximum level. The second group showed a moderate level of depression, while the third one – slight depression. All the groups revealed a disharmonic profile of time perspective. Group 1 CSPs showed some manifestations of hostility. We saw different manifestations of CSPs’ personal adaptation resources. While hardiness had insufficient showings at the level of most components, social support was excessive in all groups.

Conclusions: CSPs as other cardiac patients revealed depressive disorders and hostility. At the same time, they have more social support, which testifies availability of good interpersonal resources.

Disclosure: No significant relationships.

Keywords: hostility; depressive disorders; cardiac surgery patients; time perspective

EPV0265

Disease Burden Of Co-Occurring Borderline Personality Disorder In Patients With Bipolar Disorder

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Introduction: In recent years, advances in the areas of both bipolar disorder (BD) and borderline personality disorder (BPD) have generated considerable interest in the relationship between these two conditions, since that they are commonly comorbid.