

Introduction: The field of psychiatry is in a crisis. Developments in pharmacology and psychotherapy, reforms in services, increased spending and reduced treatment-gap have not substantially improved prognosis for patients in psychiatry. Mental disorder remains lethal short-term and disabling long term. In comparison, prognosis has improved dramatically in oncology and cardiology. Controversies in psychiatry are causing variation in clinical practice between hospitals, even within single-provider health systems. There is, for example, variation in rates of ADHD, use of coercive measures, and medication (type of drugs, dose and duration of medication). Current empirical methods are incapable of solving the major controversies in psychiatry. Epidemiology struggles with residual confounding, bias and reverse causality. Randomized controlled trials are expensive and time-consuming. Ethics may also be a barrier for clinical studies investigating variation in clinical practice. From a health management point of view, variation in clinical services within a single-provider system is usually indicative of variation in quality. However, the variability in service delivery caused by these controversies creates a lottery-like situation for the individual patient, who is generally unaware of the crisis in psychiatry, and blinded to the ongoing lottery.

Objectives: We will present a third empirical approach beyond randomized controlled trials and epidemiology which may help solve the crisis.

Methods: A systematic review of preference-based instrument variable analyses.

Results: We identified relevant high quality 185 studies, though almost none in mental health.

Conclusions: Causal modelling in observational data has potential as a third paradigm beyond RCTs and epidemiology, and may help solve the crisis in psychiatry.

Disclosure: No significant relationships.

Keywords: Epidemiology; systematic review

EPV0751

Improving quality of life with nutritional supplementation in Schizophrenia: A literature review

N. Hassan¹, N. Dumlao^{2*}, K. Tran¹ and A. Zamiri³

¹Bronx Care Health System, Psychiatry, Bronx, United States of America; ²BronxCare Health System, Psychiatry, Bronx, United States of America and ³BronxCare Health System, Psychiatry, New York, United States of America

*Corresponding author.

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Introduction: Schizophrenia is a chronic and severe mental health disorder, affecting 20 million people worldwide. Diet is a social determinant of health and is among one of the modifiable prognostic factors for schizophrenics. Previous research in nutritional psychiatry has shown that a balanced and healthy diet in this patient population has the potential to improve cognition, decrease positive and negative symptoms of the disease, and improve the overall metabolic profile.^{1,3}

Objectives: To understand the evidence on the role that nutritional supplements play in improving quality of life in Schizophrenia by improving cognitive symptoms and decrease

mortality by decreasing chances of metabolic syndrome and CVD. Demonstrate how certain supplements can improve cognitive symptoms, and decrease positive and negative symptoms in schizophrenics

Methods: PubMed was used to search for articles within the past 10 years

Results: A total of 29 articles were initially generated, of which only 5 fit the search criteria. Each specific search produced more articles, and after carefully reading each, a total of 14 articles was determined to fit the criteria. All, but two articles included PANSS score assessment. The studies on vitamin D, cycloserine and omega 3's produced conflicting

Conclusions: Supplementation of vitamin D, Konjac powder, D-cycloserine, sarcosine, and omega 3's have the potential to improve symptomatology and enhance the quality of life of schizophrenics. D-serine and sodium benzoate have not been shown to be effective adjunctive treatments in schizophrenia. Due to a limited number of studies for each, more research is indicated to truly determine the public health significance.

Disclosure: No significant relationships.

Keywords: "schizophrenia" "nutrition" "supplements"; "omega 3's" "iron" "vitamin D" "vitamin C"; "sarcosine"; "D-serine" "sodium benzoate"

EPV0752

Psychological benefits of pre-conceptual and pre-marital genetic diagnosis in conservative societies

N. Bouayed Abdelmoula*, B. Abdelmoula, S. Kammoun, F. Abid and S. Aloulou

Medical University of Sfax, Genomics Of Signalopathies At The Service Of Medicine, Sfax, Tunisia

*Corresponding author.

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Introduction: Preconceptional genetic diagnosis help couples of genetic disorders carrier risk making an informed reproductive decision. The risk is considerably higher for consanguineous couples. Premarital screening can also offers a crucial health assessment of soon-to-be married couples with genetic risk factors based on specific family history. However, such approach is not usually easy to manage in conservative societies, particularly when the affected family refuse to deliver the necessary information about the genetic condition considered as a taboo.

Objectives: Here, we addressed the psychological benefits of pre-conceptional and premarital genetic diagnosis through a retrospective study about the preconceptional diagnosis inquiries in our genetic counselling.

Methods: In order to assess requests for autosomal recessive disorders during ten years of our genetic counselling activity at the medical university of Sfax, we reviewed 2500 medical files.

Results: Three couples were recorded for genetic preconceptional diagnosis. Another couple was documented for seeking a premarital screening for an unknown neuropathy before wedding engagement decision. This single case was referred to us because of a familial history of a severe neuropathy that was noted in the