Results: LSA, also known as ergine, is an ergot alkaloid with a chemical formula very similar to LSD. Ergine is found in plants of the Convolvulaceae family and is primarily consumed through chewing the seeds of these plants, soaking them in alcohol, or preparing an extract. The amount of LSA in each seed is inconsistent, making it unpredictable how much will be consumed, and these seeds may contain other harmful compounds.

LSA is a partial agonist and antagonist of serotonergic receptors, with a preference for 5-HT1A and 5-HT2, and stimulation of D2 is related to nausea. It can cause symptoms including euphoria, hallucinations, anxiety, nausea, weakness, fatigue, tremors, and elevated blood pressure. In some cases, the use of LSA is associated with the use of other drugs, and there are case reports of LSA-induced PRES (Posterior Reversible Encephalopathy Syndrome), post-use suicides and the need for hospitalization due to psychosis-like states.

Studies conducted on the quality of information about LSA on digital platforms indicate misinformation with incorrect data that can be harmful to those who ingest the drug. Additionally, there are studies suggesting that LSA may improve symptoms of cluster headaches.

Conclusions: LSA is a legal drug in most countries, with widespread misinformation on the internet and limited control over its use. There are potential serious adverse effects caused by the drug, and it is often associated with other psychoactive substances. Greater knowledge about the drug is needed for diagnosing its use and abuse, as well as for educating the public.

Disclosure of Interest: None Declared

barriers to use by the children were assessed with an adaptation of the Venkatesh and Davis scale. These measures were taken post-test, once the intervention module was completed. The program was applied online for five weeks by the children, and their regular therapists contacted them to provide them with weekly access codes and reminders in case they were not completing the modules.

Results: It was observed that the best rated module was the anger module, the most useful module was the sadness module, the module considered to have the highest usability was the fear module, and the most enjoyed module was the sadness module, although all the modules had very high scores above the average and no significant differences were found in the rating of the modules between sexes. As for the most common barriers to use among the children, problems were found with the completion of the intervention, since they often forgot to access the web, and these did not apply what they had learned outside the intervention program.

Conclusions: The Online Emotional Self-Regulation Improvement program is the first program developed in Spanish language for adolescents at psychosocial risk, and may represent a breakthrough to consolidate these programs in the national scene and bring the therapeutic possibilities for adolescents to the same level as in other parts of the world. Focusing on future versions of the program, it would be advisable to reduce its length and incorporate activities outside the treatment program to guarantee a generalization of what is learned in the intervention program in everyday life situations.

Disclosure of Interest: None Declared

EPV0448

Psychological intervention online for adolescent: acceptability of Online Emotional Self-Regulation Improvement program

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Introduction: Given that child and adolescent mental health has been affected by several factors in recent years, such as the distance between home and specialized centers that provide psychological care to children, the lack of care resources, or the lockdown caused by the COVID-19 pandemic, online psychological treatments are becoming increasingly common among the child and adolescent population, although it is necessary to develop this type of treatment for children at psychosocial risk, since these have been developed mostly for the general population. To this aim, the Online Emotional Self-Regulation Improvement program (Mejora de la Auto-regulación para Menores, Online MAM@) was developed.

Objectives: To assess the acceptability of the Online Emotional Self-Regulation Improvement program, by the adolescent.

Methods: The intervention program was applied to a total of n = 32 children (n = 17 girls) between 11 and 15 years of age. The program consists of 7 target emotions to be worked on, and the acceptance, usability, usefulness, enjoyment of each module and

EPV0449

A study of the personality trait-focused digital mental health intervention

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Introduction: Mental healthcare services that address a variety of primary complaints which are highly related to maladaptive personality traits among the general population are important to prevent developing psychiatric disorders.

Objectives: This study aimed to examine the effectiveness of a digital mental health service (named "Mindling") that focuses on maladaptive personality traits in the general population.

Methods: Participants were recruited through a South Korean community website and screened for adults between the ages of 18 and 60 in terms of personality traits such as perfectionism, low self-esteem, social isolation, or anxiety. Participants were allocated to four intervention programs (Riggy, Pleaser, Shelly, and Jumpy) based on their screening results and were randomly assigned to digital treatment and waitlist groups. Each intervention program was conducted online for 10 weeks. The primary outcomes were all measured by self-report questionnaires; in addition to stress levels, each program included measures of perfectionism (Riggy), low self-esteem (Pleaser), loneliness (Shelly), and anxiety (Jumpy). The secondary outcomes included self-efficacy, depression, and other

psychological states. All participants completed pre-treatment (baseline), intervention (week 5), and post-treatment (week 10) assessments, and the treatment group completed a separate follow-up assessment (week 14).

Results: In the treatment group, 70.05% of the participants completed the full course of the digital intervention. The mean scores for each primary outcome measure and some secondary outcome measures were significantly different between baseline and post-treatment in the treatment group for the Total, Riggy, Pleaser, Shelly, and Jumpy programs, but these differences were not observed in the waitlist group. In addition, mean differences between the treatment and waitlist groups at post-treatment assessment were significant for all primary outcome measures and some secondary outcome measures. Specifically, the levels of stress (Total program), perfectionism (Riggy), loneliness (Shelly), and anxiety (Jumpy) were significantly lower in the treatment group, while self-esteem (Pleaser) was higher. In addition, the mean differences between post-treatment and follow-up assessment data were not statistically significant for all primary outcome measures and nearly all secondary outcome measures.

Conclusions: This study validated the effectiveness of the digital intervention program targeting maladaptive personality traits and suggested its sustainable effects.

Disclosure of Interest: None Declared

Eating Disorders

EPV0452

Eating disorder and bipolar mental illness through genome wide association studies

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Introduction: Besides the role played by environmental factors and their epigenetic influences, scientific researchers showed that the susceptibility to develop an eating disorder among bipolar people is due to genetic factors.

Objectives: To review the genetic factors behind eating disorders, highlight the role of genetics and epigenetics in the comorbidity of bipolar and eating disorders.

Methods: To delineate the role of genetics and epigenetics in eating disorders and bipolar disorders as two related mental illness, we comprehensively reviewed the scientific literature using GWAS (genome wide association studies) catalog databases to find genome-wide association studies carried out on patients with bipolar disorder EFO_0005203 and eating disorder comorbid condition (anorexia nervosa, binge eating, bulimia nervosa) EFO_0005203.

Results: GWAS of eating disorders were found in 33 studies with 324 associations whereas those of bipolar disorder were found in 114 studies with 1469 associations. GWAS of eating disorders

within bipolar disorders revealed 182 and 134 associations, as well as 10 and 8 publications respectively. Only anorexia nervosa and binge eating were studied in association with bipolar disorders. The genetic variants were protein coding genes (CUBN, FAM228B, FXR1, etc.), non-coding RNA genes (SOX2-OT, MMADHC-DT, etc.), and pseudo-genes (RNU1-23P, CACYBPP2, etc.).

Conclusions: About 300 genetic variants are associated with eating disorder as a comorbid condition of bipolar disorders. These variants may play a crucial role in the causes and mechanisms of eating disorders and should be more investigated towards more precise clinical and genetic entities.

Disclosure of Interest: None Declared

EPV0454

Schizophrenia and eating disorders: Epidemiological and clinical characteristics

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Introduction: Schizophrenia is a common mental illness with a wide range of symptoms.

Given the high metabolic comorbidity observed in schizophrenia and the metabolic side-effects induced by the antipsychotics used in practice, the detection of eating disorders is crucial.

These disorders may occur at the same time as psychotic symptoms or independently of them.

Objectives: we aim to provide an overview of eating disorders in schizophrenia.

Methods: We conducted a systematic search using the 2 bibliographic databases PubMed and Google scholar including the following keywords: "Schizophrenia", "Eating disorders", "Reward mechanisms".

Results: Eating disorders are a frequent comorbidity in schizophrenia.

Authors have reported that some patients with schizophrenia have an increased appetite and craving for fatty foods, increased caloric intake and frequency of consumption, which may be associated with increased disinhibition.

According to the literature, binge eating and night eating are frequently observed in patients with schizophrenia, with a prevalence of around 10%.

Studies have shown that people suffering from psychosis and treated with antipsychotics have high rates of binge eating, ranging from 4.4% to 16% for binge eating and from 8.9% to 45% for binge eating symptoms (without reaching the diagnostic threshold for binge eating).

Rates ranging from 16.1% to 64% for cravings were reported.

Anorexia nervosa appears to affect between 1% and 4% of schizophrenic patients.

Conclusions: Despite their frequent association with schizophrenia, eating disorders remain little studied. However, it is important to detect these disorders and elucidate the underlying psychopathological and neurobiological mechanisms in order to