

Figure 1. Artificial neural network evaluation of the impact of lisdexamfetamine over comorbidities.

	Depression	Anxiety	Bipolar disorder	Binge eating disorder	Tic disorder
LDX	Very high (94%)	Medium (76%)	Low (17%)	Very high (94%)	Medium (71%)

Categories: Very high (score 100-92, p-value <0.01); High (score 92-77, p-value <0.05); Medium (score 77-37, p-value <0.25); Low (score <37, p-value ≥0.25).

Conclusions: These findings could be used in pre-clinical and clinical future investigations to assess optimal treatment for ADHD patients with psychiatric comorbidities.

Disclosure: JRGC: speaker for Takeda and Shire, research funding from Shire and Lumbeck, collaborations with Laboratoires Servier JQ: speaker or scientific advisor for Takeda, Janssen, Rubio. Investigation funding: Instituto de Salud Carlos III. PR, CM, TPR: full-ti
Keywords: Artificial intelligence; lisdexamfetamine; attention-deficit/hyperactivity disorder; Psychiatric comorbidities

EPP0504

Radiation-associated cerebrophthalmic effects

K. Loganovsky^{1*}, P. Fedirko², D. Marazziti³, T. Loganovskaja¹, K. Kuts¹, I. Perchuk¹, T. Babenko², K. Antypchuk¹ and G. Kreinis¹

¹State Institution “National Research Centre for Radiation Medicine of National Academy of Medical Sciences of Ukraine”, Radiation Psychoneurology, Institute Of Clinical Radiology, Kyiv, Ukraine; ²State Institution “National Research Centre for Radiation Medicine of National Academy of Medical Sciences of Ukraine”, Institute Of Radiation Hygiene And Epidemiology, Kyiv, Ukraine and ³University of Pisa, Clinical And Experimental Medicine, Section Of Psychiatry, Pisa, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.738

Introduction: We proposed to consider the brain and eye as a target of ionizing radiation exposure. Prevention of potential radiation-associated cerebrophthalmic effects are crucial for successful long-term space missions; interventional radiology; medical, occupational and accidental irradiation

Objectives: Determination of radiation-associated cerebrophthalmic effects in the long term after irradiation in adulthood and *in utero*.

Methods: Neuropsychiatric, ophthalmological, neurophysiological and neuropsychological assessment of irradiated in adulthood (57 Chernobyl accident clean-up workers, liquidators), 52 persons exposed *in utero* as a result of the Chernobyl accident, comparison group (51 combatants of the Antiterrorist operation in Donbass), and 53 healthy people.

Results: Radiation-associated cerebrophthalmic pathology is characterized by high neuropsychiatric and ophthalmic comorbidity, which increases in proportion to the radiation dose, and is mainly represented by chronic vascular and degenerative diseases of the brain and retina, mild cognitive impairment (after irradiation in adulthood), as well as disorders of the autonomic nervous system; non-psychotic organic mental disorders; neurotic, stress-related and somatoform disorders; vascular and dystrophic processes in the retina (after *in utero* exposure). Characteristic of both

radiological scenarios remains intellectual disharmony due to a decrease in the verbal IQ. The delay and attenuation of cerebral visual afferentation processing were observed in prenatally exposed.

Conclusions: Radiation-associated cerebrophthalmic effects in the long term after irradiation in adulthood and *in utero* could be mainly classified as a “small vessel disease of the brain and eye” of vascular-degenerative nature and possible latent demyelination after irradiation *in utero*.

Disclosure: No significant relationships.

Keywords: Chernobyl accident; comorbidity; Ionizing radiation; cerebrophthalmic effects

EPP0505

Mental health evaluation of patients with Inflammatory Bowel Disease and psychiatric comorbidities during the COVID-19 pandemic

S. Vanzetto^{1*}, M. Vismara^{1,2}, A. Frediani¹, N. Cassina¹, G. Maconi³, M. Bosi¹, C. Viganò¹ and B. Dell’Osso^{1,2,4,5}

¹Luigi Sacco University Hospital, Psychiatry 2 Unit, ASST FBF-Sacco, University Of Milan, Milan, Italy; ²“Aldo Ravelli” Center for Nanotechnology and Neurostimulation”, University Of Milan, Milan, Italy; ³Gastroenterology Unit, Department of Biomedical and Clinical Sciences, “I. Sacco” Hospital, Milan, Italy; ⁴Department of Psychiatry and Behavioral Sciences, Stanford University, Milan, Italy and ⁵“Centro per lo studio dei meccanismi molecolari alla base delle patologie neuropsico-geriatriche”, University Of Milan, Milan, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.739

Introduction: The mental health of subjects with chronic medical illnesses, such as Inflammatory Bowel Disease (IBD- Crohn’s Disease and Ulcerative Colitis), is typically compromised and the current COVID-19 pandemic might have additionally increased this burden.

Objectives: The aim of the present study was to investigate, during the COVID-19 pandemic, if the presence of a comorbid psychiatric disorder has played a role as an aggravating factor on mental health in patients with IBD.

Methods: Twenty Five patients with psychiatric comorbidities (PC+) and twenty five without (PC-) comparable for age and gender, were recruited at the Gastroenterology department at Sacco University Hospital in Milan. Participants were assessed a psychiatric evaluation, collecting socio-demographic variables and measures of anxiety and depression [on the Hospital Anxiety Depression Scale (HADS)], sleep patterns [on the Insomnia Severity Index (ISI)] and general health status [on the Short Form Health Survey 36 (SF-36)].

Comparative statistical analyses were performed with t test with Bonferroni correction.

Results: PC+ (n=25) showed more severe anxiety and depressive symptoms compared with PC- (n=25) (p <.001) and worse sleep pattern (p<.05). With respect to general health status, PC+ showed reduced physical activities (p<.05), social activities (p<.05), mental health (p<.01) and role limitations due to physical health (p<.05).

Conclusions: The present findings showed a worse mental health in subjects with IBD and psychiatric comorbidities during Covid-19 pandemic, highlighting the importance of screening and treatment of psychiatric symptoms disorders in these patients.

Disclosure: No significant relationships.

Keywords: Psychiatric comorbidities; Inflammatory Bowel Disease; Mental health evaluation; Covid-19 pandemic

EPP0506

Stroke care in people with and without schizophrenia: a retrospective, observational study

J. Quarenta^{1*}, M. Gonçalves-Pinho², A. Freitas² and S. Nascimento Ferreira¹

¹Centro Hospitalar do Tâmega e Sousa, Departamento De Psiquiatria E Saúde Mental, Penafiel, Portugal and ²CINTESIS - Center for Health Technology and Services, Faculty of Medicine, University of Porto, Department Of Community Medicine, Information And Health Decisions Sciences, Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.740

Introduction: Serious mental illness tends to course with a higher prevalence of comorbidities and schizophrenia is a disabling disease that affects approximately 1% of the world population. Worldwide, cerebrovascular accidents are an important cause of mortality and disability and in Portugal they are one of the leading causes of death in the general population. There is growing evidence that the prevalence of strokes is higher in people with schizophrenia, with pronounced age and gender variations.

Objectives: To describe the sociodemographic and clinical differences among patients hospitalized with a primary diagnosis of cerebrovascular disease with and without a secondary diagnosis of schizophrenia in Portugal.

Methods: We performed a retrospective observational study using a nationwide hospitalization database containing all hospitalizations registered in Portuguese hospitals from 2008 to 2015. Based on the International Classification of diseases version 9, clinical modification, hospitalizations with a primary diagnosis of stroke were selected (431;433;434), and from those, the ones with a secondary diagnosis of schizophrenia (295.xx) were isolated for a sociodemographic and clinical comparative study. Comorbidities were analysed using the Chalson index score.

Results: Episodes associated with a secondary diagnosis of schizophrenia were younger (mean: 66 vs 73.7 years; $p < 0.001$) and had longer median LoS (10.0 vs 8.0 days; $p < 0.001$). In-hospital mortality was lower in patients with schizophrenia (11.7% vs 13.2%).

Conclusions: The understanding of the association of cerebrovascular accidents with schizophrenia is complex. Although some studies show conflicting evidence, more attention should be given to the investigation of the incidence, prevalence and impact of cerebrovascular diseases within this particular population.

Disclosure: No significant relationships.

Keywords: stroke; schizofrenia; comorbidity

EPP0507

Pathoplastic effects of metabolic disorders in severe mental illness

M. Fiorani*, L. Orsolini, U. Volpe and V. Salvi

Unit of Clinical Psychiatry, Polytechnic University of Marche, Ancona, Italy, Department Of Neurosciences/dimsc, Ancona, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.741

Introduction: Patients with severe mental illness (SMI) have a higher risk of weight gain, dyslipidemia and insulin-resistance. It was observed that insulin resistance has a pathoplastic effect: in Schizophrenia it was associated with a greater severity of negative symptoms, whereas in Bipolar Disorder it was associated with more chronicity and rapid cycling. Moreover a correlation was observed between obesity and a worse outcome in Bipolar Disorder type I.

Objectives: We aimed at assessing the influence of dysmetabolisms on clinical characteristics in patients with SMI.

Methods: We recruited 78 patients with SMI consecutively hospitalized in the Psychiatry Clinic of the Ospedali Riuniti of Ancona, Italy. We administered a checklist for socio-demographic and clinical features (diagnosis, age of onset, illness duration, number of episodes, number of episodes per year, suicidal attempts and comorbidities), and evaluated the following metabolic parameters: weight, height, BMI, abdominal circumference, blood pressure, total cholesterol, HDL, triglycerides, glycemia and insulinemia. We determined insulin-resistance according to the HOMA-IR model. We performed bivariate Pearson correlations to compare metabolic and socio-demographic/clinical parameters.

Results: The analyses showed positive correlations between BMI and disease duration ($P = 0.003$), and BMI and the number of episodes ($P = 0.022$). Furthermore, a positive correlation was found between HOMA-IR and the number of episodes per year ($P = 0.008$). The associations remained statistically significant after controlling for age through partial correlations.

Conclusions: Weight gain and insulin-resistance in severe mental illness are associated with a more severe SMI, as suggested by the greater number of acute episodes.

Disclosure: No significant relationships.

Keywords: severe mental illness; metabolic syndrome; Insuline resistance; Pathoplastic effect

EPP0508

Post-stroke mania

M. Ortega

Icahn school at mount sinai - elmhurst hospital center, Psychiatry, elmhurst, United States of America

doi: 10.1192/j.eurpsy.2022.742

Introduction: Approximately one-third of stroke survivors develop poststroke depression. Post-stroke mania is relatively rare, with a prevalence of less than 2%. One review of case reports of late-onset mania in 2015 demonstrated that 51% of the patients had established vascular risk factors. In 28% of cases, the treatment of underlying organic cause contributed to successful remission of the manic episode.