

health challenges associated with the children's vision, frequent need for acute medical care, and hospital admissions.

Healthcare workers should provide early and proactive planning of medical and social support for children and their families using a family-centered approach.

**Disclosure of Interest:** None Declared

## EPP0258

### The relationship between parental reflective function, cognitive emotion regulation and parental perception of the infant

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**Introduction:** The literature indicates that parental reflective functioning (PRF) is crucial to a good parent-child relationship. Furthermore, genuine parental mentalizing also promotes adaptive emotion regulation in attachment relationships. However, no prior study assessed the relationship between parental mentalizing, emotion regulation and object relation in the early years.

**Objectives:** We examined the relationship between PRF, cognitive emotion regulation and perception of the infant among parents of children up to five years old.

**Methods:** In our cross-sectional, non-clinical study, 136 parents completed the Parental Reflective Functioning Questionnaire, the Cognitive Emotion Regulation Questionnaire and the Mother's Object Relationship Scale - short form. In our 12 moderator models, we chose the subscales of the parental perception of the infant (invasiveness and warmth) as dependent variables, the subscales of adaptive and non-adaptive strategies of cognitive emotion regulation as independent variables, and the three subscales of PRF (pre-mentalization, interest and curiosity, certainty about mental states) as moderators.

**Results:** Warmth had a positive, weak correlation with adaptive strategies ( $r(134) = 0.27, p < 0.007$ ), with certainty in mental states ( $r(134) = 0.24, p < 0.007$ ) and interest and curiosity ( $r(134) = 0.23, p < 0.007$ ); the correlation between interest and curiosity and non-adaptive strategies was moderate and positive ( $r(134) = 0.32, p < 0.007$ ). None of the subscales of PRF moderated the relationship between the subscales of emotion regulation and the perception of the infant. The use of adaptive emotion regulation strategies was more likely to affect the perception of warmth ( $B = 0.05 (t = 2.0584, p = 0.0415)$ ,  $B = 0.04 (t = 1.7887, p = 0.0760)$ ), and the use of non-adaptive strategies was more likely to affect the perception of invasiveness ( $B = 0.08 (t = 2.1333, p = 0.0348)$ ,  $B = 0.09 (t = 2.3164, p = 0.0221)$ ).

**Conclusions:** Our results suggest that cognitive emotion regulation plays a role in object relation; therefore, we recommend promoting

adaptive cognitive emotion regulation strategies among mothers in the early years.

**Disclosure of Interest:** None Declared

## EPP0259

### Perceived helpfulness of various sources of help for 5 mental illnesses

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**Introduction:** 1 in 8 people worldwide live with a mental illness (MI). This is expected to rise with increasing societal pressures. Despite the availability of evidence-based treatments, MIs remain undertreated. In Singapore, efforts such as the 'It's OK to Reach Out' campaign was launched to encourage help-seeking. Help-seeking behavior is complex; determined by an interplay of factors including perceptions towards help sources. As seeking ineffective sources contributes to unmet needs, understanding beliefs towards various sources of help is vital.

**Objectives:** The study aims to examine perceived helpfulness of various sources of help for 5 mental illnesses and changes in perceptions towards them over time.

**Methods:** The Mind Matters 2023 (M2) is an ongoing nationwide survey of mental health literacy among Singapore residents aged 18-65 years. Analysis is based on a preliminary sample (N=2500). Interviewers read a vignette depicting 1 of 5 randomly assigned MIs- depression (DP), schizophrenia (SZ), obsessive-compulsive disorder (OCD), alcohol abuse (AA) or dementia (DT). Respondents were asked to rate whether 10 Professional/Informal sources and 12 Actions were 'helpful', 'harmful' or 'neither' for the person in the vignette. Frequencies of helpful ratings were compared with the first Mind Matters study (M1) conducted in 2015 (N=3006).

**Results:** In M2, seeing a psychiatrist, psychologist and counsellor were rated helpful most frequently (79%-96%) while seeking traditional medicine and religious advisors were rated the least (12%-60%) across the vignettes, except for DT where doctor and close family (81%-85%) replaced psychologist and counsellor (66%-70%). Compared to M1, phone counselling saw an increase in helpfulness rating across all vignettes ( $p < .05$ ) except AA. For Actions, reading about how others dealt with similar problems was rated helpful most frequently (76%-89%) while dealing with problems on one's own was rated the least across all vignettes (3%-11%) in M2. Compared to M1, being more social saw an increase in helpfulness ( $p < .001$ ) rating for DP but a decrease for AA ( $p < .001$ ). Admission to an institution was associated with a decrease in helpfulness rating for DP ( $p = .006$ ) and OCD ( $p = .04$ ) but increase for AA ( $p = .03$ ).

**Conclusions:** The findings suggest recognition that MIs would be helped by professionals and self-reliance is ineffective to address these problems. Increased perceived helpfulness of telephone counselling was promising as studies have shown high client satisfaction coupled with its potential in reducing some barriers to care. Differences in directional changes in helpfulness rating for institutional care and socialising for DP and AA may represent understanding of the importance of behavioral activation and

stimulus control for these MIs respectively. Literacy regarding help-seeking sources has improved in Singapore over the last 8 years which may translate into increments in seeking appropriate care.

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## Psychopharmacology and Pharmacoeconomics

### EPP0260

#### Cardiovascular risk associated with chronic treatment of paliperidone, olanzapine, risperidone and aripiprazole

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**Introduction:** Weight gain, QT interval prolongation, and dyslipidemias associated with the chronic use of some antipsychotic medications can explain a higher prevalence of cardiovascular risk in these psychiatric population. The D'Agostino Index include some factors such as age, total cholesterol, high-density lipoproteins, systolic blood pressure increased, antihypertensive treatment, smoking, and diabetes, to estimate an individual's risk (low, moderate or severe) of developing a cardiovascular event through a period of 10 years or throughout the patient's lifetime.

**Objectives:** To compare the degree of cardiovascular risk using the D'Agostino Index, among different antipsychotic medications.

**Methods:** An estimation of cardiovascular risk (low, moderate, or high) was performed with the D'Agostino index in a sample of 144 patients (82 men and 62 women) mean age 45,2 +/- 10.13. All patients were treated for at least one year at a therapeutic dose and adhered to their treatment regimen correctly. Subjects with some relevant pre-existing unstable heart disease were excluded. All patients previously informed consent and were of legal age. Clinical data on medical history, concomitant medications, and risk factors were collected. A completed physical exam, waist circumference, lab sample, a lifestyle scale, and an evaluation of vital signs in accordance with European Society of Hypertension were evaluated. Statistical analysis was carried out using the statistical software SPSS version 26.0. A significance level  $\alpha=0.05$  was considered throughout the study.

**Results:** The four most consumed antipsychotics were risperidone 9.72% (n=14), paliperidone 25.7% (n=37), olanzapine 14.6% (n=21), and aripiprazole 34.7% (n=50). Descriptively, it was observed that the drugs most associated with moderate or high risks were paliperidone (37.8%) and olanzapine (33.3%), risperidone (28.6%). Aripiprazol (22%) was the less associated compound with moderate/high cardiovascular risk.

**Conclusions:** Subjects treated with olanzapine and paliperidone showed a higher association with cardiovascular risk. Predicting cardiovascular risk could provide individual benefits by enabling lifestyle modifications, pharmacological treatment changes, or closer monitoring to reduce cardiovascular risk.

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### EPP0261

#### Changes in clozapine dose and concomitant medication - a 10-year comparative study

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**Introduction:** Clozapine is an atypical antipsychotic approved for treatment-resistant schizophrenia. Although effective, possible side effects make its underutilization still a current problem. The type of titration and dosages used differ worldwide.

**Objectives:** To assess doses of clozapine and concomitant medications used in schizophrenia during 2012-2013 versus 2022-2023.

**Methods:** A retrospective observational study analysing clozapine doses and concomitant treatment used in schizophrenia from 2012-2013 compared to 2022-2023. Data were collected from the medical charts of patients admitted to the Clinical Hospital of Psychiatry and Neurology Brasov, Romania, during 2012-2013 and 2022-2023.

**Results:** In the total of 570 patients who were admitted in 2012-2013 with a diagnosis of paranoid schizophrenia, 69 (12,10%) of them were treated with clozapine. Of the 69 cases, 53,62% patients were females, mean age was 40,95 years (SD = ±10,32), with an average of onset age 23,17 (SD=±6,21). The average length of stay for hospitalization was 24,97 days (SD= ±12,65). The mean clozapine dose was 393,47 ((SD= ±183,69), with a minimum dose of 100mg/day and a maximum dose of 800mg/day. 37,68% of patients received concomitant treatment with benzodiazepines, mood stabilisers or sedative-hypnotic drugs. None of the patients received concomitant treatment with another antipsychotic. Among the total of 356 patients admitted with the diagnosis of paranoid schizophrenia during the 2022-2023 period, 72 (20,22%) of the patients were treated with clozapine. 72,22% patients were females, mean age was 49,12 years (SD = ±11,16), with an average of onset age 25,04 (SD=±6,40). The average length of stay for hospitalization was 18,58 days (SD= ±13,78). The mean clozapine dose was 275,34 (SD= ±146,7), with a minimum dose of 25mg/day and a maximum dose of 600mg/day. 72,22% of patients received concomitant treatment with benzodiazepines, mood stabilisers, sedative-hypnotic drugs or with another antipsychotic. Antipsychotics used in combination with clozapine were both oral (risperidone, amisulpride, quetiapine, aripiprazole) and long-acting injectable (aripiprazole, risperidone, paliperidone, flupentixol decanoate).

**Conclusions:** Clozapine remains the drug of choice in treatment-resistant schizophrenia even after 10 years, but its mode of administration has changed over time. While the doses of clozapine used have decreased, the percentage of patients receiving concomitant treatment has doubled. Although some side effects of clozapine are