

Objectives: Our aim was to analyze the psychometric properties of the Portuguese Version of SDE in women during the perinatal period.

Methods: Participants were 346 women with a mean age of 31.68 of years old (\pm 4.061; range: 18-42). 160 were pregnant (second or third trimester) and 186 were in the post-partum (mean baby's age=4.37 months (\pm 2.87; range: 1-12). They answered an online survey including the Portuguese version of the SDE and of the Eating Disorder Examination – Questionnaire (EDE-Q-7).

Results: Confirmatory Factor Analysis showed that the unidimensional model presented good fit indexes in pregnancy ($\chi^2/df=2.0335$; RMSEA=.0547, $p<.001$; CFI=0.9976 TLI=0.9939, GFI=0.9906). The Cronbach's alfa were \geq 0.65. All the items contributed to the internal consistency and presented high internal validity. Pearson correlations between SDE and EDE-Q-7 total scores were significant ($p<.001$) positive and high in pregnancy (.639), postpartum (.583) and the perinatal period (.617).

Conclusions: The Portuguese version of SDE has shown good validity (construct and concurrent) and internal consistency. As such, SDE might be a useful tool to screen ED in women during the perinatal period.

Disclosure of Interest: None Declared

EPP0515

Clinical and psychopathological features of parents of patients with anorexia nervosa.

O. Khaustova^{1*} and L. Sak¹

¹Bogomolets National Medical University, Kyiv, Ukraine

*Corresponding author.

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Introduction: Anorexia nervosa (AN) is a widespread chronic mental disorder with severe negative medical and social consequences. Treating patients with AN is a complex and time-consuming process, as persistent forms are often encountered. The studies' results indicate a possible influence of psychoemotional state and/or existing psychopathological manifestations in parents on AN development.

Objectives: To investigate the clinical and psychopathological characteristics of parents of patients with AN based on the study of emotional regulation, alexithymia, depression, and anxiety.

Methods: The study population (N=110) consisted of fathers (N=47 (42.7%)) and mothers (N=63 (57.3%)) of patients with AN. The mean age was M=44.90 (SD=5.9; SE=0.567). All participants completed the emotional regulation scale (DERS), Toronto Alexithymia Scale (TAS-26), Hospital Anxiety and Depression Scale (HADS).

Results: According to DERS: "rejection" - 21.86 (SD=5.675; SE=0.541); "goals" - 19.13 (SD=2.028; SE=0.193); "impulse" - 24.17 (SD=4.908; SE=0.468); "awareness" - 21.93 (SD=1.999; SE=0.191); "strategies" - 30.75 (SD=2.173; SE=0.207); "clarity" - 18.58 (SD=1.486; SE=0.142). The sum was 136.42 (SD=8.119; SE=0.774). The TAS results of the study group were 80.45 (SD=13.699), which characterizes the average personality type as alexithymic. According to HADS, the average values were distributed: the anxiety scale M=7.96 (SD=1.347) the depression scale

M=7.95 (SD=1.442). These indicators can be considered as the extreme limit of the norm or subclinically expressed anxiety and depression. The next step was to find statistically significant relationships between the DERS methodology and the HADS and TAS for the study group. According to Spearman's correlation coefficient, there is a direct stable relationship between the variables "anxiety" and "impulse" ($r=0.257$), awareness ($r=0.255$), and the total score of emotional regulation according to "DERS" ($r=0.246$); A direct correlation was found between the indicators "depression" and "rejection" ($r=0.151$), "goals" ($r=0.233$), "awareness" ($r=0.138$); Alexithymia, in turn, has a direct correlation with the "goals" scale and an inverse correlation with the "strategies" scale ($r=-0.141$)

Conclusions: Parents of patients with AN have various manifestations of psychoemotional disturbances, namely subclinical levels of depression and anxiety, high levels of alexithymia, and emotional regulation problems. The correlation analysis showed that the anxiety score for parents of patients with AN is higher if difficulties with impulse control, emotional awareness, and general emotional regulation are problematic. Depressive tendencies are also associated with the subjects' rejection of emotional reactions and problems with goal-directed behavior. The inverse correlation indicates that the higher the index of alexithymia, the less limited access to emotion regulation strategies, and vice versa.

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Epidemiology and Social Psychiatry

EPP0516

Exploring the associations between involuntary treatment and gender in a portuguese acute psychiatric unit

A. F. Silva^{1*}, R. M. Lopes¹, V. S. Melo¹, C. A. Rodrigues¹, P. M. Coelho¹, F. M. A. Santos¹, I. S. Fernandes¹ and L. P. Delgado¹

¹Psychiatry and Mental Health Department, Centro Hospitalar Médio Tejo, Tomar, Portugal

*Corresponding author.

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Introduction: Involuntary admission rates differ between gender across various countries. In several European Union countries, men are more frequently involuntarily admitted, while an opposite trend, associating women with involuntary care, has been observed in countries like Switzerland, Brazil, and China.

Objectives: Considering the contradictory evidence about gender and involuntary care in the literature, we aim to analyze the gender patterns of involuntary care in Centro Hospitalar Médio Tejo's Psychiatric Acute Unit, exploring the gender differences in diagnosis among involuntary patients.

Methods: We stored and analyzed the data using Microsoft Excel and IBM SPSS Statistics. We studied psychiatry admissions at Centro Hospitalar Médio Tejo, Portugal over 2 years. The Acute Psychiatric Unit, located within a general hospital, has 24 beds, and offers acute mental healthcare services to adults aged 18 and above, serving a coverage area of approximately 251,000 residents. As part of our data collection process for all admissions to the Acute Psychiatry Unit, we recorded information such as gender, age, diagnosis at discharge, treatment type (voluntary or involuntary), and length of stay.

Results: From January 1, 2021, to December 31, 2022, there were 686 psychiatry admissions at Centro Hospitalar Médio Tejo, of which 125 (18,2%) were involuntary. The admission rates were approximately 136.6 per 100,000 people annually, with 24.9 being involuntary admissions per 100,000 people annually. In our analysis of involuntary admissions, women had a lower rate of such admissions, making up 6.4%, while men had a higher rate at 11.8%. No other gender identity was mentioned. Schizophrenia-related disorders were the primary cause for involuntary admissions for both genders, with 67.9% for men and 50% for women. Mood disorders were the second most common reason for involuntary admission, accounting for around 40.9% of cases for women and a significantly lower 16% for men. Involuntarily hospitalized patients exhibited longer lengths of stay independently of the gender. Men hospitalized involuntarily tended to be younger, whereas for women, involuntary hospitalizations were associated with older ages.

Conclusions: In conclusion, our study reveals gender differences in psychiatric involuntary admissions, with more men being involuntarily admitted than women. Schizophrenia group disorders were the most common diagnoses among male and female involuntary patients. Furthermore, all hospitalized women exhibited a higher prevalence of mood disorders, a trend that was more pronounced among those admitted involuntarily. These gender trends match the overall patterns seen in the epidemiology of schizophrenia and mood disorders. Additionally, women with schizophrenia generally exhibit better social functioning than men, which may explain the lower needs of involuntary hospitalization.

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EPP0518

Association between social distancing and incident microvascular events among individuals with diabetes mellitus: a population-based cohort study

Y. Y. Liang^{1*} and Y. He¹

¹Center for Sleep and Circadian Medicine, The Affiliated Brain Hospital of Guangzhou Medical University, Guangzhou, China

*Corresponding author.

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Introduction: Social isolation and loneliness have been rising social determinants of cardiometabolic health.

Objectives: To investigate the associations of social isolation and loneliness with diabetic microvascular complications (DMC) among individuals with type 2 diabetes mellitus (T2DM) and assess the extent to which intermediate risk factors explained the associations.

Methods: Data for individuals with T2DM (n=24,297, 62.2% male; mean age=60.0 years) were taken from the UK Biobank. Social isolation and loneliness were assessed using self-reported questionnaires. DMC, mainly including diabetic kidney disease, diabetic retinopathy, and diabetic neuropathy, were identified by linking hospital records and death registries.

Results: In the multivariate-adjusted model, social isolation was associated with an increased risk for incidence of any DMC

(most vs. least: HR: 1.13; 95% CI: 1.05-1.22), especially diabetic kidney disease and neuropathy; loneliness was also associated with any DMC (yes vs. no: HR: 1.12; 95% CI: 1.02-1.23) and diabetic kidney disease. Social isolation and loneliness ranked similarly in relative strength for predicting DMC as other conventional risk factors, such as smoking, high blood pressure, and physical activity. The association between social isolation and DMC was mainly attributed to health behaviors, while the association between loneliness and DMC was primarily explained by health behaviors, psychological factors, and diabetes-related factors.

Conclusions: Social isolation and loneliness were independently associated with a higher risk for incident DMC among individuals with T2DM, which were largely explained by subsequent unhealthy lifestyles, psychosocial stress, and diabetes-related factors. These findings underscore social isolation and loneliness as novel modifiable risk factors for predicting DMC.

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Women, Gender and Mental Health

EPP0521

Prenatal psychological distress, access to mental health care and pathways between risk/protective factors and maternal postnatal depressive symptoms in the E.L.F.E. french birth cohort

A.-L. Sutter-Dallay^{1*}, M. Bales², M.-A. Charles³ and V. D. W. Judith⁴

¹Perinatal psychiatry, Charles Perrens Hospital and Bordeaux University; ²Perinatal psychiatry, Charles Perrens Hospital, Bordeaux; ³Joint Unit ELFE, INSERM INED EFS and ⁴Social epidemiology team, Sorbonne University and INSERM U 1136 Pierre Louis-epidemiology and public health, Paris, France

*Corresponding author.

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Introduction: Mental health of pregnant and post-partum women is sensitive to environmental factors. However, access to mental healthcare remains difficult, while little is known about protective factors nor about interactions between different exposures.

Objectives: To explore on a large sample of women from the general population (i) the environmental and pregnancy characteristics independently associated with prenatal psychological distress and access to mental health care during pregnancy (ii) pathways between maternal, infant and parenthood