EPP0563

Investigating an objective orthodontics index in order to screen body dysmorphic disorder, a case-control study in orthodontic patients

S. Omidvar Tehrani[1]*, A. Talaei[1] and F. Farzanegan[2]

[1]Psychiatry and Behavioral Sciences Research Center and [2]Dental Materials Research Center, School of Dentistry, Mashhad University of Medical Sciences, Mashhad, Iran, Islamic Republic Of
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.864

Introduction: Recently, orthognathic surgeries have gained popularity in orthodontics settings. The perception of body image is a driving force in individuals who seek orthodontic treatments. Therefore, the clinician should be suspicious of underlying psychological conditions, namely body dysmorphic disorder (BDD). Indices like the "index of complexity, outcome, and need" (ICON) in orthodontics not only objectively determine malocclusion traits but also consider the influence of subjective beauty perspectives.
Objectives: This study aimed to assess if dentists can use an objective orthodontics index in order to screen for and detect BDD among their patients.
Methods: This case-control study was conducted in the Faculty of Dentistry at Mashhad University of Medical Sciences, Mashhad, Iran. In total, 414 women were recruited between January 2019 and April 2020. After determining the ICON index, applicants filled out a demographic questionnaire, the Beck depression inventory (BDI II), Beck anxiety inventory (BAI), and Yale-Brown Obsessive-Compulsive Scale Modified for Body Dysmorphic Disorder (BDD-YBOCS).
Results: In total, 31 (15%) cases in the orthodontics group and 21 (10.1%) subjects in the control group had a score of 20 or higher on the BDD-YBOCS (p=0.182). Moreover, there was no significant difference between groups in the mean BDD-YBOCS (p=0.184), BAI (p=0.163), and BDI-II (p=0.147). However, a statistically significant difference was found between the orthodontics patients and controls in the mean ICON index score (p<0.001). No correlation was found between the severity of ICON and BDD-YBOCS scores in all participants (p=0.804), cases (p=0.655), nor controls (p=0.403).
Conclusions: Objective indices such as ICON were not able to screen for BDD. Furthermore, BDD has an increased prevalence in patients seeking orthodontic treatments. Orthodontists should look for BDD features in patients during the first visit by careful history taking and can benefit from utilizing the BDD-YBOCS survey as a screening tool in patients who are suspected of having BDD while referring the individuals who have higher scores to psychiatrists for further clinical evaluations.

Disclosure of Interest: None Declared

EPP0564

Psychological Characteristics and Quality of Life of Patients with Upper and Lower Functional Gastrointestinal Disorders

S.-Y. Lee[1]* and H.-J. Lee[2]

[1]psychiatry, Wonkwang Univ. Hospital and [2]Public Health, Graduate School, Wonkwang University, Iksan, Korea, Republic Of
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.865

Introduction: According to the psychodynamic hypothesis in FGIDs, as well, UGIDs such as functional heartburn (FH) and functional dyspepsia (FD) are often a consequence of receiving inadequate nutrition from one's mother during childhood, which leads to a failure to adapt to eating. Meanwhile, lower GI disorders such as IBS and functional constipation are generally accompanied by avoidant defense mechanisms and obsessive compulsive disorder.
Objectives: This study aimed to identify the differences in the psychological characteristics of the anatomical location of functional gastrointestinal disorders (FGIDs) and the factors that influence the quality of life (QOL).
Methods: Altogether, 233 patients who were diagnosed with FGIDs were classified into the upper gastrointestinal disorder (UGID; n=175) group and the lower gastrointestinal disorder group (LGID; n=58). Psychological characteristics were identified using the Korean version of the Beck Depression Inventory 2nd ed.; Korean version of the Beck Anxiety Inventory; Korean version of Childhood Trauma Questionnaire; Multi-dimensional Scale of Perceived Social Support; Korean version of Type-D Personality Scale-14; and Korean version of the Connor–Davidson Resilience Scale. QOL was evaluated using the World Health Organization Quality of Life - Brief Version.
Results: The UGID group demonstrated higher scores in 'emotional' than the LGID group. (t=-3.031, p<.01) A significant difference was observed between groups in 'significant others'. (t=2.254, p<.05) Significant differences were observed between the groups in hardiness (t=2.259, p<.05) and persistence (t=2.526, p<.05), while the LGID group demonstrated significantly lower scores than the UGID group in 'negative affectivity'. (t=-1.997, p<.05) Additionally, the LGID group demonstrated lower QOL than the UGID group. (t=2.615, p<.05) The stepwise regression analysis on OQL involved depression, resilience, social support, and childhood trauma, which accounted for 48.4% of the total quality of life explanatory variance
Conclusions: Psychological characteristics and QOL significantly differed when FGIDs were classified according to anatomical location. Thus, psychological interventions customized for each type of FGIDs may be necessary for effective treatment.

Disclosure of Interest: None Declared

COVID-19 and related topics 05

EPP0566

Impact of stigma on people with pre-existing mental disorders during COVID 19 pandemic in Georgia

G. Matiashvili

Rustavi Mental Health Center, Tbilisi State Medical University, Rustavi and [2]Tbilisi State Medical University, Tbilisi, Georgia
doi: 10.1192/j.eurpsy.2023.866

Introduction: From the beginning of the pandemic in Georgia, Covid clinics and Covid hotels were not ready to receive and manage people confirmed Covid 19 with pre-existing mental disorders, because of stigma. As a result of this, the Ministry of Health created special Covid-Psychiatric clinics.

Objectives: Study the impact of stigma on people with pre-existing mental disorders during Covid 19 pandemic. Also clinical, and dynamic characteristics of Covid 19 infection in people with severe mental illness.

Methods: A retrospective statistical analysis of medical records of all hospitalized patients (total 301) at the specialized Rustavi Covid –Psychiatric clinic from November 23, 2020, to March 15, 2022, according to the following parameters: age, gender, mental disorder diagnosis, comorbid chronic illness, vaccination rates, degree of covid infections ongoing, and outcome.

Results: 57% of patients were men. Average age-44 years. 67% were asymptomatic or mild with covid symptoms, 25% with moderate severity and 8% were referred to the intensive care unit. 56% of referred patients were hospitalized already in serious conditions. 46% of patients had schizophrenia spectrum disorders. Among referred patients, 60% were women, and 25% had comorbid diabetes mellitus. 44% of patients transferred to the intensive care unit died. Most of the hospitalized patients with pre-existing mental disorders were in remission, and only 7% were referred to other psychiatric clinics for continuing their inpatient treatment.

Conclusions: The study showed that only due to the lack of readiness of the relevant structures, individuals with Covid 19 infection were hospitalized in psychiatric clinics because of their past mental history. Vaccination rates were extremely low than in the general population. The aforementioned indicates a high degree of stigma in the country that makes obstacles for people with mental disorders from receiving adequate and timely medical care. Comorbidities played a big role in degree of COVID infections ongoing, especially diabetes. Statistics also showed that the majority of hospitalized patients did not require inpatient treatment and covid infection did not aggravate the course of most severe mental disorders.

Disclosure of Interest: None Declared

EPP0567

Monitoring of Essential Levels of mental healthcare during the Covid-19 epidemic outbreak. Evidence from an Italian Real-World study

G. Caggiu[1]*, M. Monzio Compagnoni[2], G. Corrao[2], M. Franchi[2] and A. Lora[3]

[1]University of Milano-Bicocca; Department of Mental Health and Addiction Services, ASST Lecco, Lecco, Italy; [2]Università degli studi di Milano-Bicocca, Milano and [3]Department of Mental Health and Addiction Services, ASST Lecco, Lecco, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.867

Introduction: Mental healthcare proved to have experienced a clear-cut reduction during the Covid-19 outbreak, and its responsiveness to patients' health needs showed relevant declines. Moreover, the impact of the pandemic on usual outpatient healthcare has never been systematically measured with a person-level approach in analytical studies.

Objectives: To assess how the access to, and the delivery of, recommended healthcare for patients with severe mental illness has changed during the Covid-19 pandemic.

Methods: Data were retrieved from the HCU of Lombardy Region (Italy), and a population-based study estimated the association between the level of epidemic restrictions (free, severe, light and moderate) and the recommended healthcare provided (outcome) to patients with schizophrenic and depressive disorders. For each disorder, prevalent and incident patients in the year 2019 were identified. These patients were then observed from 1st January 2020 to December 31, 2020. A Self-Controlled Case Series (SCCS) design was applied, and estimates were obtained with a conditional Poisson regression model. Adjustments for seasonality of medical services delivering were performed (SCC-RS design, with recruitment of a specific reference cohort in 2018, evaluated in 2019). The estimates were stratified according to gender, age and comorbidity profile of the patients included.

Results: Patients with prevalent schizophrenic disorder were 29,516 (Prevalence Rate=35.5x10'000 inhabitants, **Image 1**), 292 with incident disorder; patients with prevalent depressive disorder were 37,764 (PR=45.4, **Image 2**), 4,349 with incident disorder. The largest reductions were observed in the rate of psychosocial interventions delivery during the period of exposure to severe restrictions (IRR: 0.35; 95% CI: 0.34 - 0.36 for patients with schizophrenic disorder and 0.49; 0.45 - 0.53 for patients with depression, **Image 3**), compared to the pre-pandemic period. For patients with incident disorder, the largest reduction concerned the delivery of psychoeducational interventions during the period of exposure to moderate restrictions (0.19; 0.06 - 0.64 for patients with schizophrenic disorder and 0.27; 0.13 - 0.55 for patients with depressive disorder), compared to the pre-pandemic period.

Image: