

	Baseline Men	1-year follow-up Women	Total	Men	Women	Total
Affective psychosis	17 (14.5)	9 (12.7)	26 (13.8)	24 (20.5)	25 (35.2)	49 (26.1)
Non-affective psychosis	100 (85.5)	62 (87.3)	162 (86.2)	93 (79.5)	46 (64.8)	139 (73.9)

**Image:**

**FIGURE 1. Diagnostic variation in one year: logistic regression model**

Predictor	-2 Log-likelihood	Nagelkerke's R <sup>2</sup>	$\chi^2$	OR (95% CI)	p value
Step 1	96.758	0.120	$\chi^2_1 = 8.780$		
Sex				4.59 (1.61-13.16)	0.004

CI: confidence interval; OR: odds ratio

**Conclusions:** Sex has proven to be the main predictor of switching initial diagnosis of FEP.

**Disclosure of Interest:** None Declared

**EPV0220****Impulsivity: A Dimensional Perspective in PD and ED. Comparison of Results in a Case-Control Study.**

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**Introduction:** Personality Disorders (PD) - specifically Borderline Personality Disorder (BPD), and certain Eating Disorders (ED) share common clinical features. One of these features is impulsivity, studied individually in each diagnostic group, and scarcely used to encompass specific profiles of these patients.

Understanding the common clinical variables of this patient population would facilitate therapeutic efforts and enable greater precision regarding the prognosis of these patients.

**Objectives:** This study aims to study impulsivity in a group collectively formed by BPD and ED, compared to a control group, in contrast to the individualized study approach typically conducted in the literature.

**Methods:** A cross-sectional descriptive study is conducted to assess impulsivity as a common diagnostic variable in a group of PD and ED in comparison with a healthy control group. The sample was collected between 2016 and 2019 at the Hospital Clínico San Carlos, totaling 108 subjects.

**Results:** A statistically significant difference is observed ( $p < 0.005$  in all scales) in total impulsivity, cognitive impulsivity, motor impulsivity, and unplanned impulsivity in the cases group comprising patients diagnosed with PD and ED, compared to the control group from the general population.

**Conclusions:** Impulsivity is closely related to the concept of borderline personality disorder. This analysis also includes eating disorders, with the difference from the control group still statistically significant.

The presence of common clinical variables in these groups (PD and ED) may have clinical and therapeutic implications that differ from those pursued thus far. This allows moving away from the categorical model and understanding these disorders from a more enriching and advanced dimensional perspective."

**Disclosure of Interest:** None Declared

**EPV0221****Non-Standard Diagnostic Assessment reliability in psychiatry: A study in a Brazilian outpatient setting using Kappa**

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**Introduction:** The use of Structured Diagnostic Assessments (SDAs) is a solution for unreliability in psychiatry and the gold standard for diagnosis. However, except for studies between the 50s and 70s, reliability without the use of Non-SDAs (NSDA) is seldom tested, especially in non-Western, Educated, Industrialized, Rich, and Democratic (WEIRD) countries.

**Objectives:** We aim to measure reliability between examiners with NSDAs for psychiatric disorders.

**Methods:** We compared diagnostic agreement after clinician change, in an outpatient academic setting. We used inter-rater Kappa measuring 8 diagnostic groups: Depression (DD: F32, F33), Anxiety Related Disorders (ARD: F40–F49, F50–F59), Personality Disorders (PD: F60–F69), Bipolar Disorder (BD: F30, F31, F34.0, F38.1), Organic Mental Disorders (Org: F00–F09), Neurodevelopment Disorders (ND: F70–F99) and Schizophrenia Spectrum Disorders (SE: F20–F29) (Check table 1 about diagnosis hierarchy and observed frequency in sample). Cohen's Kappa measured agreement between groups, and Baphkar's test assessed if any diagnostic group have a higher tendency to change after a new diagnostic assessment. This research was approved by IPUB's ethical committee, registered under the CAAE33603220.1.0000.5263, and the UTN-U1111-1260-1212.

**Results:** We analyzed 739 reevaluation pairs, from 99 subjects who attended IPUB's outpatient clinic. Overall inter-rater Kappa was moderate, and none of the groups had a different tendency to change (Check table 2 for diagnostic change distribution). Our

tests achieved the following results: Cohen Kappa 0.70, IC: 0.66–0.74; Weighted Kappa 0.72, IC: 0.72 – 0.72; Bhapkar Test  $X^2 = 5.98$ , Df = 7, P-value = .55; Achieved Power (w=0.1): 0.93

**Table 2** Agreement between examiners for eight diagnostic groups

	ARD	BD	DD	DRD	ND	Organic	PD	SSD
ARD	<b>39</b>	3	9	0	2	0	3	3
BD	1	<b>154</b>	7	3	2	2	4	10
DD	9	10	<b>71</b>	0	0	2	5	9
DRD	0	2	0	<b>4</b>	0	0	0	2
ND	1	2	1	0	<b>51</b>	1	1	6
Organic	0	1	0	0	3	<b>20</b>	0	5
PD	4	2	1	1	0	0	<b>33</b>	3
SSD	5	20	11	2	8	5	4	<b>192</b>

**Conclusions:** NSDA evaluation was moderately reliable, but the lack of some prevalent hypothesis inside the pairs raised concerns about NSDA sensitivity to some diagnoses. Diagnostic momentum bias (that is, a tendency to keep the last diagnosis observed) may have inflated the observed agreement.

**Disclosure of Interest:** None Declared

## Climate change

### EPV0222

#### Exploring the connections between psychiatric disorders and climate change

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**Introduction:** Considering the increased occurrence of climate changes in the world and their consequences on human health and quality of life, there is an increase in psychiatric disorders, including anxiety disorders, mood disorders, and stress related disorders caused by climate changes.

**Objectives:** To explore the connections between psychiatric disorders and certain types of climate change.

**Methods:** Data from research related to climate change and its impact on mental health are presented.

**Results:** Research indicates an increase in psychological disorders related to climate change from several diagnostic categories, consequently to the acute and long-term effects of climate changes, depending on the type of climate event, individual sensitivity, socioeconomic conditions, community support and assistance, and response to therapeutic interventions.

**Conclusions:** In addition to raising awareness of the impact of climate change on psychological health, it is important to develop strategies for providing psychological and psychiatric assistance, both immediately after a climate event and during long-term exposure to adverse climate conditions, especially for vulnerable groups.

**Disclosure of Interest:** None Declared

### EPV0223

#### The Psychosocial Impact of Climate Change and natural disasters

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**Introduction:** In this study we have studied the impacts of natural disaster yash on the development of PTSD in a rural hamlet of West Bengal.

**Objectives:** Correlation of natural calamity and trauma ie post traumatic stress disorder in exposed population.

**Methods:** Setting of the study was a relief camp operated for victims of climate change and natural disasters ie cyclone yash 2021. Tool for data collection - PCL 5 questionnaires, socio demographic pro forma, data was analyzed by using statistical SPSS.

**Results:** Analysis shows that there is statistical correlation between post traumatic stress disorder and subjects exposed to climate change events such as cyclone Yash.

PCL-5 cut-off score between 31-33 is indicative.

**Conclusions:** Our study clearly demonstrates the impact of climate change and natural disasters on the development of post traumatic stress disorder in the study group.

**Disclosure of Interest:** None Declared

### EPV0226

#### Eco-anxiety, how can the awareness on fighting global warming is becoming a mental health problem

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**Introduction:** Although the issue of climate change usually brings thoughts of environmental impact and physical health concerns to our consciousness, climate change also affects people's mental health. Nowadays there is an emerging condition about climate change anxiety (CCA), defined as negative responses associated with global warming, with apprehension and stress related to the anticipation of threats to the ecosystem and our species. It may include cognitive, emotional, and behavioral responses, for example, persistent worries, psychological distress, or sleep difficulties related to long-term consequences of climate change, and can result in functional impairment.

**Objectives:** A literature review to analyse the evidence, to be aware of individuals overconcerned about global warming, bring awareness and promote an appropriate seek of professional help when needed

**Methods:** Using the Medline database through the Pubmed search engine was used, with the keywords: "climate change anxiety", "eco-anxiety".

**Results:** Despite the lack of studies, CCA affects a substantial proportion, especially the younger population, aged from 16 to 25 years old worldwide. As a result of ecoanxiety, people are becoming anxious about their future and the future of the planet