

commonly manifests with atypical and heterogeneous symptoms, encompassing mainly non-memory problems, ranging from language and executive impairments to behavioral-led dysfunction. Despite the importance of accurate data to organize appropriate healthcare, evidence regarding EOD patients in Portugal is lacking.

**Objectives:** The primary aims of this study include identifying the causes for hospitalization in EOD patients, diagnosed with dementia either as a primary or secondary diagnosis, and comparing them with inpatients aged 65 and older (LOD). Additionally, the study aims to analyze key hospitalization outcomes for both groups, including length of stay, in-hospital mortality, and readmissions. As a secondary aim, this study seeks to describe subtypes of EOD.

**Methods:** A retrospective observational study will be conducted following the RECORD statement. Data will be retrieved from an administrative database that gathers de-identified routinely collected hospitalization data from all Portuguese mainland public hospitals. Hospitalization episodes of inpatients younger than 65 years old, with a primary or secondary diagnosis of dementia (ascertained by ICD-9-CM codes 290.0-290.4, 294.0-294.2, 331.0, 331.1, and 331.82), will be extracted. Comparison patients will be selected by propensity score-matching from inpatients over 65 years with a dementia ICD-9-CM code (in any position), matched for Charlson Comorbidity Index (CCI).

**Results:** Descriptive and analytical statistics will be conducted to describe and characterize both group of inpatients. Variables such as age at admission, sex, place of residence, causes and type of admission, psychiatric comorbidities, length of stay (LoS), destination after discharge, readmissions, in-hospital mortality and hospital charges will be analyzed.

**Conclusions:** With this nationwide analysis of EOD hospitalizations, we aim to reveal critical aspects of this condition, including common causes of admission, diagnostic features and health outcomes, allowing for appropriate medical interventions and support tailored to the specific needs of this clinical group.

**Disclosure of Interest:** None Declared

## EPV0889

### Prevalence and impact of comorbid mental disorders in hospitalized patients with obstructive sleep apnea: a protocol for a nationwide retrospective study

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**Introduction:** Obstructive sleep apnea (OSA) is a common sleep disorder in the adult population, often associated with an increased prevalence of comorbid conditions such as obesity and diabetes, but

also several mental disorders that have been independently associated with worse hospitalization outcomes in a variety of situations. However, and despite such associations, there is a relative dearth of studies exploring comorbid psychopathology beyond depression and anxiety, and no studies seem to address the impact of comorbid mental disorders on the hospitalization outcomes of patients with OSA.

**Objectives:** This study aims to characterize and compare mental comorbidities among hospitalization episodes of adult patients with and without OSA held in mainland Portugal, regardless of the primary cause of admission, and to analyze the impact of such comorbidities on hospitalization outcomes.

**Methods:** An observational retrospective study will be conducted using an administrative database comprising de-identified routinely collected discharge data from all Portuguese mainland public hospitals. Inpatient episodes spanning from 2008 to 2015 will be categorized into two groups according to the presence of an OSA code (ICD-9-CM codes 780.51, 780.53, 780.57, 327.20 and 327.23). For both groups, mental disorders will be identified according to categories 650 to 670 of the Clinical Classifications Software (CCS) for ICD-9-CM. Descriptive, univariate, and multivariate analyses will be performed. Study reporting will comply with the RECORD statement guidelines.

**Results:** Out of 6,072,538 sampled episodes, 57,301 have an OSA code. Prevalence of any comorbid mental disorder is 30.4% in the OSA group, and 19.3% in the non-OSA group. For both groups, sociodemographic, administrative, and clinical variables will be characterized and compared, as well as the prevalence of each mental disorder category, yearly hospitalization trends, and most common primary diagnoses. Hospitalization outcomes, including length of stay, in-hospital mortality, and readmissions, will be compared taking into consideration the presence of CCS categories of mental disorders.

**Conclusions:** We expect to improve the understanding of the prevalence of mental comorbidities among hospitalized patients with OSA, including understudied mental disorders, and to elucidate their impact on relevant hospitalization outcomes, thus highlighting the need to recognize and treat this common association to achieve optimal outcomes.

**Disclosure of Interest:** None Declared

## EPV0890

### Methods and experiences of a collaborative research project carried out by academic clinical researchers and experts by experience

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**Introduction:** Patient or service user participation in research and development is seen as essential in health research, including in

topics within psychiatry. The process and depth of research collaboration can vary and is not always described adequately.

**Objectives:** The objective is to describe the collaborative methods and the experiences of experts by experience and academic researchers in a research project on patients' experiences of remote care in psychiatric settings during and after the COVID-19 pandemic.

**Methods:** We describe our collaborative methods and experiences using the INVOLVE key features ([www.involve.nihr.ac.uk](http://www.involve.nihr.ac.uk)).

**Results:** Collaboration started with an open discussion on research aims and role definitions. Collaborative methods included teaching and training sessions on interview methodologies, collaboratively writing and evaluating documents for ethical approval and research permission, collaboratively planning the recruitment process, preparation, and conducting research interviews and analysis. On-line and in-person meetings have been essential for an an-going dialogue and reflection. The methods and experiences are described in more detail in Table 1.

Openness and building trust have been important and time was needed to achieve these. All academic researchers had been actively working with experts by experience in the clinical settings before the research project. The collaboration in the current study has emphasized the need for active involvement of experts with experience throughout the research process. For the experts by experience, the project has provided new insight into academic research and given them confidence in their ability to participate meaningfully in a collaborative study project. The academic researchers valued the sense of significance of the research topic and shared decision-making that the collaboration has brought into the project.

**Image:**

Table 1 Methods and experiences of the co-research according to the INVOLVE key features.

Involve Key Feature	Establishing ground rules	Ongoing dialogue	Joint ownership of key discussions	Commitment to relationship building	Opportunities for personal growth and development	Flexibility	Valuing and evaluating the impact of co-produced research	Continuous reflection
Method	Open discussion on roles and aims before the project started	Frequent meetings including and contact during the process	Meetings including everyone when difficulties occur, open discussion on possibilities	Frequent meetings during planning and conducting research, leaving spaces for open discussion	Co-presentations, learning by doing	Size and roles in the research team make it possible to share and take turns in roles	Stopping to reflect what we have done and officially acknowledging everyone's contribution	Frequent meetings and contact during the process, reflections after conducted interviews.
Experience	Important for building trust and role clarification "what is expected of me"	Adding meaning/units to the research process.	Possibility to reflect and discuss were important especially when difficulties occurred	COVID-19 restrictions allowed only on line meetings in the beginning made relationship building more difficult but with time we have been able to build trust.	Realizing own capability to conduct interviews, learning from the collaboration.	The research does not depend only on one person, flexibility with events in private life.	Emphasis on the research process and continuous learning.	Especially with difficulties in recruitment reflection has given sense of importance and to continue with the project.

**Conclusions:** Collaborative research needs time to build trust and to clearly define the roles of participants, from the opening stage of the process. Continuous learning during the research process is emphasized. Since different research methodologies arise from various theoretical backgrounds, we suggest adding a topic on research theory to the INVOLVE key features.

**Disclosure of Interest:** None Declared

**EPV0891**

**Two Sides of the Same Coin? A Comparison between Internet-based and Paper-based Data Collection for Autism Quotient and Depression, Anxiety and Stress Scale**

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**Introduction:** The utilization of internet-based data collection in mental health research has gained popularity for its convenience and affordability. However, concerns often arise regarding the validity and reliability of data collected via the internet. The Autism Spectrum Quotient (AQ) is a self-report questionnaire to measure the traits associated with autism spectrum disorder (Baron-Cohen *et al.* J Autism Dev Disord, 2001; 31 5-17) and the online usage of AQ is common and conducted with large numbers of participants across many studies. However, the effect of using internet-based data collection for AQ rather than conventional paper-based procedures is unknown.

**Objectives:** To address this issue, we conducted a study comparing the effectiveness of internet-based and paper-based data collection procedures for both the AQ and Depression Anxiety Stress Scale-21 (DASS-21, Lovibond & Lovibond, Behav Res Ther 1995; 33 335–343), which is also a prevalent mental health measurement in the literature and often used for online data collection (Zlomke, Comput Hum Behav 2009; 25 841-843). In addition, to compare internet-based and paper-based methods more fully, we included another variable (type of supervision) where a researcher was either present or absent during the completion of the questionnaires.

**Methods:** A power analysis was conducted, and a minimum of 90 participants were needed to reach a medium effect size of .30 with an adequate power of .80 at  $\alpha = .05$ . Accordingly, 96 participants were used and randomly assigned across 4 data collection groups: internet-based (supervision, no supervision) and paper-based (supervision, no supervision). In addition to a Demographic Form, AQ, and DASS-21 were used to obtain the data. Three independent variables were used in the current study: type of presentation (internet-based and paper-based) and type of supervision as between factors, and type of assessment as a within factor.

**Results:** Using a 2 x 2 x 2 mixed design ANOVA, no significant main effects were found for any independent variables (all  $p > .33$ ) or interaction (all  $ps > .17$ ).

**Conclusions:** The results of using AQ and DASS-21 were not altered by using internet-based or paper-based data collection procedures, suggesting that both methodologies are equally valid for this purpose. Moreover, these effects were also unaffected by the presence or absence of a researcher during data collection, suggesting that supervision by an authoritative figure does not alter the responses made.

**Disclosure of Interest:** None Declared