

EPP0652

Gender matters

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Introduction: Recently, the seasonal pattern of bipolar disorder has been accepted, with the clinical, diagnostic, treatment and prognostic consequences that this entails. It is interesting to study its epidemiological characteristics, such as the influence of gender on this pattern. **Objectives:** To study the influence of gender in the Seasonal Pattern of Bipolar Disorder.

Methods: A systematic review was carried out by means of a bibliographic search in Ovid MEDLINE of articles published in the last ten years (2010-2020), using the following keywords: bipolar disorder, seasonal pattern and gender: Those studies carried out in patients who presented a seasonal pattern were selected, and the influence of gender on this was studied.

Results: The initial search showed a total of 92 articles, of which 7 met the inclusion criteria. It was found that, indeed, gender influences both the clinical characteristics and the course, management and prognosis of the seasonality of bipolar disorder.

Conclusions: The diagnosis of the Seasonal Pattern in Bipolar Disorder continues to be an important challenge. Women more frequently present PE, associated with manic, depressive or mixed episodes, while men in depressive episodes. Men are more frequently associated with Bipolar Disorder type II and depressive episodes, and women with rapid cycling and eating disorders. Male manic episodes are associated with psychotic symptoms, and with greater severity in admissions. Women have a higher risk of Seasonal Pattern than men, with the clinical and prognostic repercussions that this entails.

Keywords: bipolar disorder; seasonal pattern; Gender

EPP0650

Evaluation of a newly implemented crisis-resolution and home-treatment team in munich – a mixed-methods-analysis

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Introduction: Challenged by the lack of collaboration between treatment sectors in psychiatric care in Germany, a legal basis for the implementation of Stationsäquivalente Behandlung (StäB), a programme for crisis resolution and home treatment (CRHT), was formed in 2017. It offers intensive care to patients with severe mental illness in their own living environments, carried out by a team of diverse professionals.

Objectives: The present analysis is the first to evaluate the CRHT-program that has been established in the greater Munich area in 2018. **Methods:** Qualitative and quantitative data were collected within the framework of a mixed-methods-analysis. Records of all patients (N=139) included in the CRHT over a thirteen-month period (‘18–‘19) were examined regarding sociodemographic, clinical

parameters, and treatment data. A focus group with StäB-employees (N=8) and individual interviews with patients (N=10) were conducted, then transcribed, and analysed using thematic analysis.

Results: 139 patients (74% female) were treated in 164 cases for 38 days on average. Main diagnoses were schizophrenic diseases (43%) and mood disorders (35%), with patients ranging from markedly to severely ill (mean CGI-S: 5.8). 9.4% were in postpartum. Qualitative analysis is still in progress. Preliminary results demonstrate positive responses to individual treatment and environmental integration, whereas frequently changing contacts and the logistical effort were seen critically. **Conclusions:** Work is still in progress. We expect StäB to be an adequate alternative to inpatient treatment for women in puerperium and a new opportunity for patients who need intensive treatment but refuse hospitalisation.

Keywords: integrated care; crisis resolution and home treatment; Germany

EPP0651

Adverse childhood experiences, family relationship and generalized anxiety in the youth population in Hong Kong

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Introduction: Adverse childhood experiences (ACEs) are shown to be risk factors for developing anxiety later in life. However, one's family relationship acts as a protective factor between ACEs and anxiety.

Objectives: The present study examines the interaction between ACEs and family relationship and their effect on generalized anxiety (GA) amongst the youth population in Hong Kong.

Methods: Participants aged 15-24 were recruited from a population-based epidemiological study in Hong Kong. GA in the past two weeks was assessed using GAD-7, while ACEs were measured using the childhood section of Composite International Diagnostic Interview screening scales (CIDI-SC), encompassing parental psychopathology, physical, emotional, sexual abuse, and neglect before age 17. Family relationship was measured by the Brief Family Relationship Scale (BFRS). Linear regression and a two-way ANCOVA were conducted to examine the association between ACEs, family relationship and GA, while adjusted for age and gender.

Results: 633 (70.7%) out of 895 participants had any ACEs. ACEs significantly predicted GAD-7 scores (B=1.272, t(891)=4.115, p<.001). Two-way ANCOVA reported a significant interaction effect of ACEs and family relationship on GA (F(1, 889)=4.398, p=.036), namely those who had any ACEs and poorer family relationship scored higher in GAD-7 (p<.001), whereas there was no difference in family relationship for those without ACEs on GA (p=.501).

Conclusions: ACEs increases the vulnerability to GA later in life. However, its effect on anxiety decreases when one has a better family relationship. This suggests a possible moderating role of family relationship in developing GA among younger people.

Keywords: youth population; adverse childhood experiences; family relationship; generalized anxiety