

public. However, it is unclear if Travellers are at a higher risk of developing personality disorders, particularly borderline personality disorder.

Objectives: This study will examine the prevalence of borderline personality disorder and other mental disorders in Travellers attending a community mental health service in Tuam, County Galway. This study will also investigate the biopsychosocial interventions delivered to this cohort and the clinical outcome following the interventions.

Methods: This is a cross-sectional study. Travellers who were active caseloads on the register of the community mental health service in Tuam were included in this study. Chart reviews were carried out on all samples included in this study.

Results: A total of 59 active patients were included in this study. The Traveller community formed 14.4% (59 out of 410) of the active caseloads of the Tuam mental health service. There were more male than female Travellers who attended the service. Mean age was 36 years old. The most common mental disorder in this study cohort is depressive episode (F32). This is followed by mixed anxiety and depressive disorder (F41.2). A significant minority (9, 15.3%) of the study participants were given a diagnosis of borderline personality disorder. 9 study participants await diagnostic clarification. Nearly one-fifth (18%, n=9) of the study participants with a diagnosis had been given a diagnosis of borderline personality disorder. Over 50% of the study participants were on at least 3 different medications from at least 2 different classes of psychotropics.

Conclusions: This study shows that there is a significant over-representation of Travellers attending the community mental health service in Tuam. The findings from this study can be used to plan future service development projects to better meet the needs of this unique population.

Disclosure of Interest: None Declared

O0020

From contact coverage to effective coverage of community care for patients with severe mental disorders: a real-world investigation from Italy. Methodology and results from the QUADIM project

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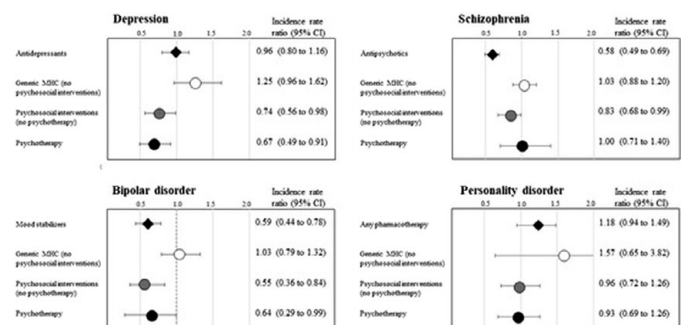
Introduction: The evaluation of healthcare pathways must be considered of fundamental importance. The quality of care provided to patients with severe mental disorders (SMD) does not correspond to the standards set by the recommendations. Therefore, measures such as the real coverage rate of psychiatric patients' needs (*contact coverage*), by comparing epidemiological prevalence rates and the number of patients receiving adequate care, could be a valuable resource for implementing the transition to community mental health. However, simple assessment and reporting of rates of contact with mental healthcare potentially overestimate the full expected health benefits of services. Therefore, in addition to monitor the coverage rate achieved by the services, the evaluation of the *effectiveness* of the care provided (*effective coverage*) [De Silva *et al.* Int J Epidemiol 2014;43(2):341–53] is also of relevant importance.

Objectives: To measure the gap between contact and *effective coverage* of mental healthcare, i.e., the *effectiveness* of interventions provided by services for the treatment of SMD in preventing an exacerbation of psychiatric symptoms.

Methods: Data were retrieved from Healthcare Utilization databases of four Italian Regions (Lombardy, Emilia-Romagna, Lazio, Sicily). 45,761 newly taken-in-care cases of depression, schizophrenia, bipolar, and personality disorder were included. A variant of the self-controlled case series method was used to estimate the incidence rate ratio (IRR) for the relationship between exposure (use of different types of mental healthcare such as pharmacotherapy, generic contacts with the outpatient service, psychosocial interventions, and psychotherapies) and relapse episodes (mental illness emergency hospital admissions).

Results: 11,500 relapses occurred. Relapse risk was reduced (**Figure**) during periods covered by (i) psychotherapy for patients with depression (IRR 0.67; 95% CI, 0.49 to 0.91) and bipolar disorder (0.64; 0.29 to 0.99); (ii) psychosocial interventions for those with depression (0.74; 0.56 to 0.98), schizophrenia (0.83; 0.68 to 0.99) and bipolar disorder (0.55; 0.36 to 0.84), (iii) pharmacotherapy for those with schizophrenia (0.58; 0.49 to 0.69), and bipolar disorder (0.59; 0.44 to 0.78). Coverage with generic mental healthcare, in the absence of psychosocial/psychotherapeutic interventions, did not affect the risk of relapse.

Image:



Conclusions: Psychosocial interventions, psychotherapies and specific pharmacotherapies can be considered particularly effective in treating patients with bipolar, depressive, and schizophrenic

disorders. This study ascertained the gap between utilization of mental healthcare and *effective coverage*, showing that *real-world* data can represent a useful resource to monitor mental healthcare paths and to assess the effectiveness of a mental health system.

Disclosure of Interest: None Declared

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O0021

Pre-operative anxiety in the ophthalmological surgery

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Introduction: The question of preoperative anxiety in an ophthalmological patient and its relief in an outpatient setting is becoming increasingly relevant due to the improvement of the technique and equipment of ophthalmic surgery, when the practice of «one-day surgery» is becoming increasingly common. It could not only affecting the course of the operation, but also a factor limited the availability of this type of medical care to patients. **Purpose.** To analyze the relationship between the level of anxiety during preoperative preparation and the choice of the optimal approach for the relief of preoperative anxiety in an ophthalmological patient in a «one day» clinic.

Objectives: 89 adult patients of both sexes aged from 20 y.o. referred for outpatient surgery (refractive and cataract surgery) and were included into trials, all of them are divided into main - 45 and control - 44 groups. Clinical psychotherapeutic interviewing, a scale of situational and personal anxiety C.D. Spielberger (adapted by Y.L. Khanin), a questionnaire for analyzing satisfaction with the quality of medical services provided in outpatient settings were used. Statistical: Microsoft Excel spreadsheet editor for Windows; the STATISTICA application software package version 6.1. were taken. The condition for determining statistically significant differences is the value $p \leq 0,05$.

Methods: Two-stage study by the method of continuous sampling. Clinical psychotherapeutic interviewing, a scale of situational and personal anxiety C.D. Spielberger (adapted by Y.L. Khanin), a questionnaire for analyzing satisfaction with the quality of medical services provided in outpatient settings were used. Statistical: Microsoft Excel spreadsheet editor for Windows; the STATISTICA application software package version 6.1. were taken. The condition for determining statistically significant differences is the value $p \leq 0,05$.

Results: The level of anxiety in patients who received anxiolytics

Level of anxiety	examination day, %	day of operation %	SA	PA
	SA	PA		
low	22*	22,5	35*	21
medium	53,5	64,5	57	67
high	24,5*	13	8*	13

*- $p \leq 0,05$; SA-situational anxiety; PS – personal anxiety

The study revealed an average and high level of situational anxiety in 66% of patients referred for refractive surgery, in 81% of patients referred for cataract surgery. Into main group, against the background of the performed anxiolytic therapy in the preoperative period, the proportion of people with a high level of reactive anxiety decreased significantly ($p \leq 0.05$) (from 24% to 8%), while personal anxiety did not significantly change. Among control group patients show a lower level of satisfaction with the quality of medical services provided in an outpatient setting.

Conclusions: The study showed the possibility of providing better quality medical services in «one-day» eye surgery, which expands the availability of outpatient ophthalmic surgical care to patients with high level of anxiety and anxiety disorders.

Disclosure of Interest: None Declared

O0022

Associations between general and specific mental health conditions in young adulthood and cardiometabolic complications in middle adulthood: A 40-year longitudinal familial coaggregation study of 672 823 Swedish individuals

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Introduction: Most mental disorders, when examined individually, are associated with an increased risk of cardiometabolic complications. However, these associations might be attributed to a general liability toward psychopathology or confounded by unmeasured familial factors.

Objectives: To examine whether the associations between psychiatric diagnoses and increased risk of cardiometabolic complications are attributable to a general liability toward psychopathology, or confounded by unmeasured familial factors.

Methods: We conducted a cohort study in Sweden and identified all individuals and their siblings born in Sweden 1955-1962 with follow-up through 2013. After excluding individuals who died or emigrated before 1987, the final sample consisted 672 823 individuals. We extracted ICD-coded diagnoses (recorded 1973-1987) for ten psychiatric conditions and criminal convictions when participants were aged 18-25 years, and ICD-coded diagnoses (recorded 1987-2013) for five cardiometabolic complications (obesity, hypertensive diseases, hyperlipidemia, type 2 diabetes mellitus, and cardiovascular diseases) when the participants were 51-58 years old. Logistic regression models were used to estimate the bivariate associations between psychiatric conditions or criminal convictions and cardiometabolic complications in individuals. A general factor model was used to identify general, internalizing, externalizing, and psychotic factors based on the psychiatric conditions and criminal convictions. We then regressed the cardiometabolic complications on the latent general factor and three uncorrelated specific factors within a structural equation modeling framework in individuals and across sibling pairs.

Results: Each psychiatric conditions significantly increased the risk of cardiometabolic complications; however, most of these associations were attributable to the general factor of psychopathology,