

as we currently know it, the terrifying and at some extent uncertainty of it. It is documented the importance of green and blue spaces (water places) specially in urban areas for mental wellbeing – as our environment is quickly changing with the global warming, the reduction/disappearing of these areas are ongoing; besides this direct consequence, the disruption of these places results in feelings of loss due to changes to personally significant places a phenomenon known as ‘ecological grief’. Additionally, the occurrence of natural disasters like heatwaves, hurricanes, flooding, wildfire, and drought, raising concern and the socially-mediated impacts of forced migration and conflict caused by it. Self-reported presentations may include panic attacks, insomnia, obsessive thinking, and/or appetite changes caused by environmental concerns. If prolonged symptoms, depressive, anxious disease, post-traumatic stress disorder, among others can develop.

Conclusions: To reduce eco-anxiety individuals can take steps to reduce their carbon footprint, engage in activism and advocacy, bringing more awareness to the subjects and thus taking measures to mitigate the effects of climate change and protect the environment. It’s equal important to consider and address the mental health impacts of climate change, this additionally includes providing adequate emotional and psychological support to those affected.

Disclosure of Interest: None Declared

EPV0227

Impact of mean monthly temperature on psychiatric admissions: data from an acute inpatient unit

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Introduction: Psychiatric disorders are large contributors to the global disease burden and their prevalence is increasing. Global climate is also facing changes, including a rise in temperatures. Many clinical conditions are affected by meteorological factors and there are numerous reports on the effect of climate changes on such conditions. Psychiatric disorders are also influenced by climatic factors but the literature on the effects of climate changes on mental health is limited.

Objectives: The aim of this study is to investigate the impact of rising temperatures on the risk of acute exacerbation of psychiatric disorders.

Methods: Data were collected retrospectively for a total of 139 months, *i.e.* from January 2012 to July 2023. Recordings of mean monthly temperatures were obtained from registries of the meteorological station of the Department of Physics of the University of Turin. For each of the 139 months, deviations from the average temperature of that month of any year were computed (ΔTm). Anonymised socio-demographic and clinical data on patients admitted during the observation period to the acute psychiatric unit of San Luigi Gonzaga University Hospital (Turin, Italy) were extracted from the hospital registry. Linear regression analyses were used for statistical analyses.

Results: A total of 5420 admissions to our psychiatric ward were recorded over the observation period. Monthly deviations from average temperature and monthly number of admissions were

directly correlated, with regression coefficient 1.803 ($P = 0.0048$) (Fig.1A). Linear regression analysis was performed between ΔTm and number of admissions according to diagnostic group. The regression coefficient was 0.1336 ($P=0.5334$) for admissions of patients with schizophrenia and related disorders (SCZ) (Fig.1B), 0.4575 ($P=0.0295$) for bipolar disorders (BD) (Fig.2A) and 0.3381 ($P=0.0382$) for major depressive disorder (MDD) (Fig.2B).

Image:

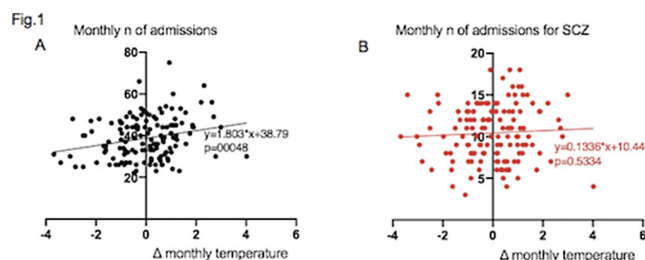
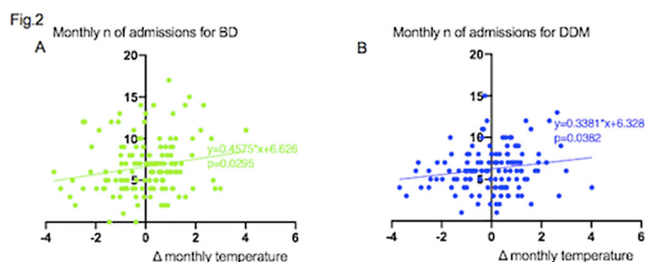


Image 2:



Conclusions: These results confirm the impact of meteorological factors on mental disorders. In particular, we observed a positive correlation between monthly temperature and the number of admissions to our acute inpatient unit. The correlation was significant when taking into consideration admissions for exacerbation of bipolar disorder and major depressive disorder, but not when considering admissions for schizophrenia. This highlights the importance of climatic factors especially in mood disorders, provides new insights into their etiopathological mechanisms and provides information that can be implemented for follow up and relapse prevention.

Disclosure of Interest: None Declared

EPV0230

The role of the community in providing psychological and social support after catastrophic events

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Introduction: Natural disasters are a risk for significantly disrupting the quality of life as a result of changes in life circumstances they bring, such as endangering health, property, existential issues, and can lead to social exclusion. They can also affect mental health and increase the risk of developing psychiatric disorders.

Objectives: To show the impact of natural disasters on the psychosocial functioning of people in the affected area and the importance of adequate preparedness of the social community, including mobile teams, with an emphasis on providing somatic, psychological, and social support.

Methods: Data were collected from research on the consequences of major natural disasters and providing psychological, psychiatric and social support to the affected population.

Results: After natural disasters, there are significant changes in social functioning with the possible development of mental health problems. It is especially evident in sudden and intense catastrophic events.

Conclusions: In addition to the immediate provision of psychiatric and psychological assistance to victims, people who have experienced a catastrophic event need to be provided with immediate and continuous assistance and socioeconomic support, due to the need for better social inclusion and return to their role in the community.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPV0232

Nomophobia, phubbing and social phobia in Portuguese young adults and adults

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Introduction: To our knowledge there is no study exploring the interrelationship between nomophobia, phubbing and social phobia in Portuguese young adults and adults.

Objectives: To explore the nomophobia, phubbing and social phobia levels, the interrelationship between these three constructs, in a sample of Portuguese young adults and adults.

Methods: 316 subjects, with a mean age of 25.71 years old ($SD = 8.231$; range 18 - 59) fulfilled a sociodemographic questionnaire, and the Portuguese validations of the Nomophobia Questionnaire, the Phubbing Scale and the Social Interaction and Performance Anxiety and Avoidance Scale.

Results: All the subjects presented nomophobia (100%, $n = 316$), with 62% ($n = 196$) presenting a moderate risk level and 22% ($n = 69$) an higher risk level. The mean of the 'total phubbing score' was of 21.50 ($DP = 5.50$) and 'smartphone obsession' was the phubbing subscale with an higher score ($X = 12.81$, $DP = 3.50$). The mean of the total nomophobia was of 80.0 ($DP = 22.83$) and 'not being able to communicate' was the nomophobia subscale with an higher score ($X = 24.75$, $DP = 9.95$). Considering social phobia scale, the mean of the 'anxiety/distress' subscale was of 95.36 ($DP = 25.14$)

and of the 'avoidance subscale' was of 89.56 ($DP = 25.53$). Almost 22% ($n = 69$) of the subjects presented 'social anxiety' and 24% ($n = 76$) presented 'social avoidance', suggesting probable social phobia cases (higher than the proposed cut-off scores). Positive and significant correlations were found between all the nomophobia and phubbing subscales (ranging from .30** to .61**). Positive and significantly correlations, mostly with low magnitude, were found between nomophobia and social phobia subscales (ranging from .03** to .22**), except for 'social avoidance' subscale, which correlation was negative (-.021*). Females presented higher levels of nomophobia ($Md = 176.28$) and phubbing ($Md = 167.22$) than males ($Md = 124.73$, $U = 7301.500$, $p < .001$; $Md = 141.93$), $U = 9475.500$, $p = .019$, respectively). Total social phobia scores and nomophobia (not being able to access information and giving up convenience subscales) were significantly higher in young adults.

Conclusions: Nomophobia, phubbing and social phobia are significantly intercorrelated. Future longitudinal studies are needed to clarify nomophobia and phubbing etiology. The level of nomophobia (100%) found in this sample is specially worrying.

Disclosure of Interest: None Declared

EPV0233

Addressing the Comorbidity Between Epilepsy and Psychiatric Disorders

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Introduction: The intricate and multifaceted nature of the link between epilepsy and psychiatric diseases is evident. Patients diagnosed with epilepsy frequently exhibit concurrent psychiatric illnesses, including but not limited to depression, anxiety, psychosis, and attention-deficit disorders. Gaining a comprehensive understanding of the fundamental mechanisms and implementing efficacious ways to effectively address this co-occurring medical condition is crucial in order to achieve the most advantageous results for patients.

Objectives: The objective of this study is to examine the frequency, neurobiological bases, and consequences for treatment of psychiatric comorbidities in patients diagnosed with epilepsy. The study aims to offer a thorough understanding of the subject and promote interdisciplinary collaboration.

Methods: A systematic review of literature was conducted, focusing on clinical studies, neuroimaging findings, and neurochemical changes in patients with both epilepsy and psychiatric disorders. Additionally, best-practice recommendations for the clinical management of this patient population were identified.