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doi: 10.1192/j.eurpsy.2023.1928

Introduction: Evidence shows that racism can have a negative effect on mental health in the lived experiences of Black people and People of Colour. In critical theory discourse including post-colonial and decolonial approaches, racism is suggested to be an everyday phenomenon. Additionally, racism specifically targets the perceived cultural and phenotypic foreignness of Black migrants and migrants Of Colour, as well as the ascribed migrant status attributed to the perceived foreignness of racialized persons who do not actually have any direct migration experiences.

Objectives: The stigma associated with severe mental disorders such as psychosis has historically been applied to Black people and People of Colour who have been engaged in anti-racist activism as a form of punishment and social control. Higher incidence rates of psychosis in racialized communities have frequently been conceptualized as cultural differences in family composition and levels of expressed emotion in families. The objective of this study is to sensitively investigate psychosis as a potential mental health consequence of racism.

Methods: The incidence rates of psychosis - positive symptoms, negative symptoms, non-affective psychosis disorders and first episode psychosis - among migrants by country of migration were compiled in an umbrella review, which offers a summary of meta-analyses. Quantitative research has the limitation of enabling the observation of patterns but not allowing an understanding of the reasons behind them to be theorized through the data. Therefore, qualitative methods complement the quantitative data. Twenty people of diverse genders who self-identified as Black people or People of Colour in Berlin were interviewed about their experiences of racism and sexism and about how those experiences affected their mental health.

Results: The umbrella review found an association between migration and psychosis, with migration from the Caribbean and African countries showing the strongest correlation. A constant comparative analysis of the qualitative data suggests that racism contributes to the emergence of a subclinical psychosis symptomatology profile that consists of a sense of differentness, negative self-awareness, paranoid ideation regarding general persecution, and self-questioning with self-esteem instability.

Conclusions: The findings are interpreted as a situational diagnosis, as coined by the psychiatrist and political philosopher Frantz Fanon in the seminal book 'Black Skin, White Masks' (1975). The findings are also contextualized within a critique of institutional racism, both historically and currently, and within an intersectional discussion of the need for structural competency and the provision of safety for racialized groups in clinical settings.

Disclosure of Interest: None Declared

EPV0607

Brief psychotic episode in an adult without medical antecedents after suffering the indirect consequences of the Russian-Ukrainian war

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doi: 10.1192/j.eurpsy.2023.1929

Introduction: Almost nine months after the start of the war between Russia and Ukraine, millions of people have been affected physically, economically and mainly mentally. Those who have stayed in their homeland, and the ones that have chosen to emigrate to a safer place.

Objectives: The objective of this article is to assess the importance of social stressors in the onset of a brief psychotic episode, even in the absence of substance abuse or previous illnesses.

Methods: The case of a 45-year-old woman is described, known by the Pediatric Emergency Service, for being the tutor of a patient who suffered from anxiety attacks, having emigrated without her parents from Ukraine together with her 5 brothers. The psychotic episode begins when our patient gets notified that she must abandon the custody of the girl, because she will have to go to Turkey with her legal guardians. The family explains the behavioral changes that the patient made and how the clinical picture worsened.

Results: She was admitted at the Hospital's Psychiatry Service and antipsychotics treatment started. After 5 days, the episode had completely been solved.

Conclusions: In conclusion, we highlight the importance of social problems in the development of a psychiatric pathology and the necessary elements to prevent it: family support network, fast and efficient care services and availability of hospital and pharmaceutical resources.

Disclosure of Interest: None Declared

EPV0608

Clinical variants of affective manifestations in the structure of adjustment disorder at forcibly displaced persons as a result of Russia's invasion of Ukraine

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doi: 10.1192/j.eurpsy.2023.1930

Introduction: As a result of Russia's large-scale military aggression against Ukraine, many civilians were forced to leave their homes. Emotional disorders associated with fear for one's life and relatives, loss of housing, work, and stable social ties are found in the majority of forcibly displaced persons.

Objectives: The purpose of our study was to study the characteristics and expressiveness of affective disorders in displaced persons

as a result of Russian aggression against Ukraine. Studied affective disorders in 24 forcibly displaced females. Age of the surveyed 30-50 years. Contacted with psychiatrist because the insistence of relatives. Patients were not identified and applied earlier about mental disorders to psychiatrists. To quantify anxiety, we used a scale HAM-A.

Methods: Clinico-psychopathological.

Results: Affective disorders in the examined patients can be confidently attributed to adjustment disorders. According to the ICD-10, an adaptation disorder (F43.2) was diagnosed. Most of them were dominated by depressive and anxiety-depressive modalities of affective disorders. According to the HAM-A scale, the level of anxiety was 14 ± 2.7 . Most patients showed few irritability and anger, which is probably due to the inability to respond to the cause of their troubles and problems. However, some patients (6 people) expressed gloomy irritability, anger (clinical significant) a feeling of hostility towards others. It is necessary to note the undulation of these manifestations, often aggravated under the influence of external factors. At the same time, the immediate environment often suffered, on which all the troubles fell. The behavior of such patients became maladaptive, significantly disrupting communication.

Conclusions: Therapeutic impact on internally displaced persons should be aimed not only at overcoming anxiety and depressive syndrome, but also irritability and anger. This should be taken into account when planning psychotherapeutic programs, it is possible to prescribe normotimics.

Disclosure of Interest: None Declared

Neuroimaging

EPV0610

Neuroimaging in Internet gaming disorder comorbid with Attention-deficit disorder

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doi: 10.1192/j.eurpsy.2023.1931

Introduction: Internet gaming disorder (IGD) refers to a pattern of persistent gambling behaviour or recurring gambling, on the Internet, with impaired control, increased priority, and continuation or escalation of gambling despite the occurrence of negative consequences. Currently, online gambling - more frequent among men - represents a very important, constantly growing economic activity. Since the COVID-19 pandemic and the need to conduct classes online, there has been an increase in the rate of IGD in children and youth (7-25 years old). Comorbidities, namely attention deficit hyperactivity disorder (ADHD), have been associated with a higher prevalence of IGD. They share core traits, such as impulsiveness, seeking immediate reward, deficient motivation, and hostility, which may translate into neuroimaging similarities.

Objectives: Non-systematic review of the literature about neuroimaging of IGD comorbid with ADHD.

Methods: A search was conducted on PubMed and other databases, using the MeSH terms “Internet Addiction Disorder”, “Attention

Deficit Disorder with Hyperactivity” and {“MRI” OR “fMRI” OR “functional connectivity” OR “neuroimaging OR neural alteration OR neuronal alteration OR neural change”}.

Results: IGD and ADHD have shared and disorder specific patterns of structural and functional abnormalities, particularly in reward function. For instance, IGD has been associated with lower putamen grey matter volume (GMV), while ADHD patients have lower GMV in the orbitofrontal cortex. Disorder-specific fMRI activation has been observed in the precuneus in IGD; in ADHD, there is special activation in the fusiform gyrus. Finally, shared structural and functional alterations between IGD and ADHD seem to converge in the prefrontal-striatum circuit, especially the anterior cingulate cortex.

Conclusions: ADHD has been suggested as the most significant predictor of IGD in cross-sectional and prospective studies, however there is no study that clarifies their relationship. It is unclear whether IGD causes ADHD symptoms or whether a problem with gambling is a prodromal sign of the development of full ADHD. Studies revealing common neurobiological foundations between these disorders are pivotal to understand their basic mechanisms, while alerting to the necessity to screen for both pathologies when one is present. They may also point to an overlapping target (the reward circuit) for behavioural and pharmacological treatment.

Disclosure of Interest: None Declared

EPV0611

Gender-specific anatomical correlations of schizotypy in healthy individuals

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doi: 10.1192/j.eurpsy.2023.1932

Introduction: Schizotypy refers to a continuum of symptoms from subclinical manifestations in the general population to severe symptoms in schizophrenia spectrum disorders. Neuroimaging studies revealed significant relationships between schizotypy and cortical anatomy in the general population. However, it remains unclear whether these structural associations has a gender specificity.

Objectives: The present study used structural MRI data to investigate the relationship between subclinical schizotypy symptoms and cortical and subcortical morphometric measures in male and female samples of healthy individuals.

Methods: 164 right-handed healthy unmedicated individuals (18.0-34.9 years, 57% females) underwent structural MRI at 3T Philips scanner. T1-weighted images were processed via FreeSurfer 6.0 to quantify cortical thickness for 34 regions-of-interest (ROIs) according to Desikan atlas and volumes for 7 subcortical structures at each hemisphere. Schizotypy levels were assessed using self-report Schizotypal Personality Questionnaire, total schizotypy score and 4 factors scores (Cognitive-perceptual, negative, disorganized and paranoid factors as per Stefanis *et al.* Schizophr Bull. 2004; 30 335-350) were calculated. Partial correlation analysis (ppcor version 1.1, R version 4.2.1) was used to assess the associations between ROIs cortical thickness and total schizotypy or