

## EPP0946

**Management of diabetes mellitus in patients with severe mental disorders using new generation hypoglycemic drugs- A review of the literature**

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**Introduction:** Severe mental disorders (i.e., schizophrenia spectrum disorders and bipolar disorders) have been associated with a high incidence of metabolic dysfunctions, diabetes mellitus (DM) included. There are multiple factors converging to this phenomenon, and not all of them are yet known (i.e., a specific genetic vulnerability, lifestyle factors, adverse events of antipsychotics and antidepressants, etc.). Glucagon-like peptide 1 receptor agonists (GLP1RAs), dipeptidyl-peptidase-4-inhibitors (DPP4Is), and sodium-glucose cotransporter 2 inhibitors (SGLT2Is) are new hypoglycemic drugs which are generally well tolerated and associate good glycemic control in clinical trials (usually in combination with classical antidiabetics).

**Objectives:** To explore the available evidence supporting the use of new-generation hypoglycemic drugs (NGHD) in patients with severe mental disorders with comorbid DM.

**Methods:** A literature review was performed through the main electronic databases (PubMed, CINAHL, Clarivate/Web of Science, and EMBASE) using the search paradigm “schizophrenia spectrum disorders” OR “bipolar disorders” OR “major depression” AND “diabetes mellitus” AND “new-generation hypoglycemic agents” OR “glucagon-like peptide 1 receptor agonists” OR „dipeptidyl-peptidase-4-inhibitors” OR „sodium-glucose cotransporter 2 inhibitors”. All papers published between January 2000 and September 2022 were included.

**Results:** Based on the reviewed papers, GLP1RAs may be useful (n=20 sources identified) in order to obtain glycemic control in patients with severe mental disorders receiving antipsychotics; SGLT2Is added to metformin could be beneficial to the same population, but data that support their use is extremely limited (n=4 sources); extremely limited data (n=2) about DPP-4Is do not allow to formulate any recommendation about this class in patients with severe mental disorders and associated DM. A number of ongoing trials have also been identified during this search (n=5), especially focused on GLP1RAs, which are expected to bring more information regarding the efficacy and safety of these drugs in this specific population. Most of the collected data in this review were of low and moderate quality.

**Conclusions:** Based on the currently available evidence, GLP1RAs and SGLT2As may be useful in the management of DM in patients with severe mental disorders, but more data about their long-term efficacy and safety is required before making any categorical recommendation.

**Disclosure of Interest:** None Declared

## EPP0947

**The Relationship Between Somatization and Depression and Anxiety Levels of Parents with Children Diagnosed with Spina Bifida**P. Ulual<sup>1\*</sup>, V. Özer<sup>1</sup>, M. Uyar<sup>2</sup>, I. Alatas<sup>3</sup>, G. Özpınar<sup>2</sup> and O. Guclu<sup>4</sup>

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**Introduction:** Spina Bifida, a congenital neural tube defect causing multi-system dysfunction. The birth of a disabled child in the family inevitably affects the family members, their lives, feelings, behavior and social life negatively. A lifelong challenge with the disease may give rise to severe pathologies to the parents or caregivers; such as somatization disorder which is characterized by various functional somatic symptoms that can not be explained by organic pathology. For the DSM-V, the diagnosis of complex somatic symptom disorder is proposed to replace the current diagnoses of somatization disorder, undifferentiated somatoform disorder, hypochondriasis and pain disorder. The proposed diagnostic criteria for complex somatic symptom disorder require the presence of somatic symptoms, together with misattributions, excessive concern or preoccupation with symptoms and illness and increased healthcare use.

**Objectives:** We aimed to find out the relationship between somatization, depression and anxiety levels of parents with children diagnosed with SB.

**Methods:** Interview form, the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and the SCL-90-R (Psychological symptoms screening test) were used. 79 individuals were included.

**Results:** Severely depressed and anxious parents show correlating levels of somatization. Depression and anxiety scores were above normal range. SCL-90-R Test the ratio of general somatization level compared to other values was found to be 1.72. Parameters above 1 are considered high. This ratio was found to be 100 % in pie charts, indicating all parents had somatization.

**Conclusions:** SB is not only physical but also a psychological burden to the child as well as the parents. Families often find themselves in despair and feel powerless while giving care to their child with SB. They have a greater tendency for mood and somatization disorder, long term psychiatric follow-up and more frequent evaluations and interventions should be undertaken.

**Disclosure of Interest:** None Declared

## EPP0948

**A comparison about the depression, anxiety, and despair levels of the parents' of healthy children and children with Spina bifida disease**P. Ulual<sup>1\*</sup>, V. Ozer<sup>1</sup>, G. Özpınar<sup>2</sup>, I. Alatas<sup>3</sup>, R. Çetiner<sup>4</sup> and O. Güçlü<sup>1</sup>

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**Introduction:** Spina Bifida(SB) is a congenital disease can cause multi system disfunction and psychiatric symptoms.It is stated that the emotional and physical burden of the caregivers leads to increased levels of anxiety and depression.

**Objectives:** According to Gargiulo's stage model, is composed of three stages. In the first phase parents experience shock, denial and depression. During the secondary phase ambivalence, anger, and guilt is prominent, followed by the tertiary phase in which bargaining, acceptance and adjustment are observed. Adjustment is the process of reorganisation and realignment of the family needs and objectives and variates depending on the character of the family members.

**Methods:** Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Beck Hopelessness Scale (BHS) were used in this research. 66 volunteering parents were included, 34 of them having child with SB and 32 of them having a healthy (non-SB) child.

**Results:** Depression, anxiety and hopelessness scores were significantly higher in the SB group than the non-SB group. There is a significant positive correlation between education and income levels.

**Conclusions:** It is determined that the majority of the SB group did not have any support. The greatest burden the parents have is emotional breakdown, followed by economic hardships and physical fatigue. Depression, anxiety and hopelessness scores and age of affected child are negatively correlated. The younger child's age, the higher the scores. There is a strong, negative and opposite correlation between the parents' ages and depression scores. Although it is almost impossible for the families to avoid from the hard and long treatment process of the clarify the reasons behind the disease, activate the protective medical services and if possible do prenatal treatment in order to lessen the postnatal degree of the disease are highly significant. Therefore, financial and moral burden of the society are reduced.

**Disclosure of Interest:** None Declared

## EPP0949

### Relation between marital adjustment and somatic symptoms on parents of children with Spina Bifida

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**Introduction:** Spine Clearance; which means; SB is a congenital disease . In the first month of pregnancy, the unborn baby's spine does not close properly is the result . In the spinal cord due to a developmental disorder often causes serious permanent disability . Multi-system associated with this congenital anomaly affected, families with infants and these infants are faced with major challenges in the future. Often the expectations of all parents is to have a normal, healthy children. The birth of a disabled child in the family, family members, their (lives, feelings , behaviors , social life) is a condition that affects negatively.

**Objectives:** The SCL-90 is a self report clinical rating scale oriented toward the symptomatic behavior of psychiatric outpatients. The primary symptom dimensions measured by the SCL-90 are the nine

symptom constructs given below: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychotism. Marital adjustment test: A 15-item scale that measures marital satisfaction. It was initially used to differentiate well-adjusted couples from distressed (unsatisfied) couples. The 15 items are answered on a variety of response scales.

**Methods:** In this study; The SCL-90 and Marital Adjustment Test have been applied on parents of children with Spina Bifida. A total of 40 person was used which is 25 women and 15 men. Above of 1 score has been examined high level for SCL-90 test. For Marital Adjustment Test, we accept the lowest score is 1 and the highest score is 60. Cut-off score accepted is 43. If the parents have score that is below 43, is determined incompatible, and is above 43 is determined compatible.

**Results:** The result has been obtained, showed us, the parents who have above 1 score for SCL-90, have below score 43 on Marital Adjustment Test.

**Conclusions:** The study show that parents who have somatization problems are not align with their partners. Participants have symptomatic problems because of their children health situation can cause an unaligned marriage. This suggests that parents of patients with diseases like SB should get the needed psychiatric help and supportive care during the course of treatment.

**Disclosure of Interest:** None Declared

## EPP0950

### Psychiatric Comorbidity and Length of Stay in a general hospital

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**Introduction:** Psychiatric comorbidity has a significant impact on the patient's overall health, with an increased risk of death for those patients with mental-physical comorbidity (Tan et al., 2021). This impacts, among other things, the average hospital stay of a patient with psychiatric comorbidity. For example, an American study shows that psychiatric comorbidity was associated with greater inpatient utilization, including the risk of additional hospitalizations, days of stay, and hospitalization charges (Sayers et al., 2007). Our study aims to confirm these results in patients admitted to a general hospital for any cause and presenting psychiatric comorbidity.

**Objectives:** To compare the mean length of stay of patients admitted to a general hospital for any cause according to whether they have psychiatric comorbidity or not.

**Methods:** We made a descriptive retrospective study through the use of electronic medical records. The drug use history and average day of hospitalization were obtained for all patients admitted to the inpatient service of a general hospital during a 3-year period.

**Results:** The mean length of stay was longer in patients with psychiatric comorbidity (mean = 9.87 days, SD = 15.45) than in