

decrease their alcohol intake, and 1 in 4 had past episodes of AIPD.

Conclusions: There are specific challenges in studying AIPD, such as the relatively rarity of the disorder, its often transient nature and high levels of comorbidity. A high degree of recurrence and morbidity indicates a need to prevent, and intervene early with an abstinence-oriented management goal.

Disclosure: No significant relationships.

Keywords: anti-psychotic treatment; alcohol-induced psychotic disorder; alcohol hallucinosis; alcohol-withdrawal

O0146

Difference in spectral power density of sleep electroencephalography in individuals with or without insomnia

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Introduction: Power spectral analysis is the most common method of quantitative electroencephalogram (qEEG) techniques and enables investigation of the microstructure of insomnia. Previous spectral analysis studies on insomnia have shown inconsistent results due to their heterogeneity and small sample sizes.

Objectives: We compared the difference of electroencephalogram (EEG) spectral power during sleep among participants without insomnia, insomniacs with no hypnotic use, hypnotic users with no insomnia complaints, and hypnotic users with insomnia complaints.

Methods: We used the Sleep Heart Health Study data, which is large sample size and has good quality control. The fast Fourier transformation was used to calculate the EEG power spectrum for total sleep duration within contiguous 30-second epochs of sleep. For 1,985 participants, EEG spectral power was compared among the groups while adjusting for potential confounding factors that could affect sleep EEG.

Results: The power spectra during total sleep differed significantly among the groups in all frequency bands ($p < 0.001$). We found that quantitative EEG spectral power in the beta and sigma bands of total sleep differed ($p < 0.001$) between participants without insomnia and hypnotic users with insomnia complaints after controlling for potential confounders. The higher beta and sigma power were found in the hypnotic users with insomnia complaints than in the non-insomnia participants.

Conclusions: This study suggests differences in the microstructures of polysomnography-derived sleep EEG between the insomnia groups.

Disclosure: No significant relationships.

Keywords: Insomnia; spectral power density; beta power; qEEG

O0147

CYP2C19 expression modulates affective functioning and brain anatomy – a large single-center community-dwelling cohort study

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Introduction: The association between CYP2C19 poor metabolizer status, depressive symptom severity and hippocampal volume in humans is controversial. Progress in understanding not only the pathophysiology of depression but also potential protective mechanisms is important both for daily clinical practice and for the development of new antidepressant therapies.

Objectives: To test and validate previous findings regarding the impact of CYP2C19 status on depressive symptoms and to examine whether it could influence hippocampus subregions and brain tissue microstructure.

Methods: A total of 4152 individuals from the Longitudinal cohort in the community-dwelling adult population - ColaUS|PsyCoLaus in Lausanne, Switzerland were included. They have participated in at least one psychiatric evaluation. Brain anatomy patterns using a comprehensive set of psychometry, water diffusion- and relaxometry-based magnetic resonance imaging data were analysed in a subset of the cohort (BrainLaus, $n=1187$).

Results: In this population-based cohort study, better lifetime global assessment of functioning scores were observed in poor metabolizers when compared to other metabolizers, this result was mainly driven by female participants ($\beta=3.9$, $P=0.01$). Examination of brain imaging data revealed that higher right hippocampal subiculum volume was related to poor metabolizer status ($\beta=0.03$, $P=0.006$). In addition, associations were observed between metabolizer status and white matter microstructure in the left uncinate fasciculus ($\beta=-0.01$, $P=0.01$) and the left cingulum bundle ($\beta=-0.01$, $P=0.01$).

Conclusions: CYP2C19 status is associated with modifications in lifetime global functioning, and brain anatomy. Such differences in brain structures can contribute to explain the protective effect of CYP2C19 poor metabolizer status.

Disclosure: No significant relationships.

Keywords: CYP2C19; behavior; Global Assessment of Functioning; Hippocampus

O0148

Quantitative detection of methylated SOCS-1 in schizophrenia and bipolar disorder considering SOCS-1 -1478 CA/del polymorphism and clinical parameters

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Introduction: Suppressor of cytokine signaling (SOCS) proteins are the critical negative regulators of immune responses that exert their effects by inhibiting the Jak/Stat signaling pathway.

Objectives: To investigate quantitative detection of methylated SOCS-1 in schizophrenia and bipolar disorder considering SOCS-1 -1478CA/del polymorphism and clinical parameters.

Methods: 114 patients with SCZ, 86 patients with BD, and 80 healthy volunteers were included in the case-control study. The patients were consecutively admitted to the outpatient clinic for three months and were evaluated with some scales for clinical parameters. To measure the methylation level of the SOCS-1 gene, bisulfite-converted DNA samples were analyzed using the real-time quantitative methylation-specific PCR method. SOCS-1 -1478CA/del gene polymorphism was evaluated by using the PCR-RFLP.

Results: The SOCS-1 promoter methylation levels of SCZ ($p = .001$) and BD ($p = .024$) were found to be significantly different from the control group. SOCS-1 methylation was significantly different between SCZ groups due to the age of onset ($p = .009$). Again, SOCS-1 methylation was significantly different between BD groups due to YMRS scale scores ($p = .027$). While the SOCS-1 genotype distributions of SCZ patients were not found to be statistically different from the control group, a significant difference in genotype distribution between BD patients and healthy controls was found ($p = .013$).

Conclusions: The methylated SOCS-1 quantity in DNA samples of both SCZ and BD patients was significantly lower than in control samples. Whereas the SOCS-1 -1478CA/del polymorphism was not related to SCZ, it may be associated with the BD.

Disclosure: No significant relationships.

Keywords: bipolar disorder; schizophrenia; SOCS-1; promoter methylation

Suicidology and Suicide Prevention

O0149

Covid-19 and impulsivity: an evaluation of self-harm admissions in emergency care.

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Introduction: Several studies highlighted how COVID-19-related isolation and quarantine deeply weighed on the mental health of both the general and psychiatric population. There has been limited investigation about self-harm and impulsivity during the COVID-19 pandemic.

Objectives: The aim of this study is to evaluate how COVID-19-related lockdown affected self-harm rates in an Italian hospital.

Methods: Data on 59 patients were retrospectively collected from the Emergency department of the Policlinico Tor Vergata, Rome, from March 11 to May 4, 2020 (Italian mass quarantine) and the same periods of 2019 and 2021. Demographics, psychiatric history, substance use/abuse, types of self-harm and admission in psychiatric acute unit (PAU) rates were recorded.

Results: No statistical difference was reported in self-harm rates [9.8%(26/266) in 2019 vs 13.2%(10/76) in 2020 vs 10.7%(23/215) in 2021; $p > 0.05$]. In 2020 subjects were younger (31.9 ± 12.1 vs 39.2 ± 14.4 , $p = 0.22$; vs 38.1 ± 14.4 ; $p = 0.15$) and had higher incidence of psychiatric history [90%(9/10) vs 73.1%(19/26), $p = 0.42$; vs 65.2% (15/23), $p = 0.29$], than 2019 and 2021 respectively. Substance use/abuse rates were significantly lower in 2020 compared to 2019 and 2021 [10%(1/10) vs 53.8%(14/26), $p = 0.04$; vs 60.9% (14/23), $p = 0.02$]. In 2020, subjects committing self-harms were more frequently admitted to PAU compared to 2019 and 2021 [60%(6/10) vs 19.2%(5/26), $p = 0.04$; vs 17.4% (4/23), $p = 0.04$].

Conclusions: Consistent with the literature, lockdown-related measures negatively impacted on younger people, with higher rates of self-harm between March and May 2020. This, together with a higher rate of admissions to PAU, should warn the mental health system to target with specific programs to support adolescents and youngsters.

Disclosure: No significant relationships.

Keywords: emergency care; self-harm; Impulsivity; Covid-19

O0150

Psychiatric care following deliberate self-harm and prospective mortality: evidence from a national cohort of patients in routine care

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Introduction: Psychiatric care following self-harm treatment is pivotal in patients' life both in short- and long-terms.

Objectives: To examine follow-up psychiatric care received by patients treated for deliberate self-harm (DSH), and to assess the influence of psychiatric referral and treatment attendance on risk for subsequent mortality.

Methods: Nationwide registries were interlinked to follow all DSH patients for data on personal socioeconomic status, clinical features of DSH, psychiatric treatment and cause of death. Data were analyzed with Logistic regression and cause-specific survival analysis.

Results: The study identified 43153 patients involving 69569 DSH episodes. Of these patients 15.7% were referred or transferred to psychiatric services and 51.0% attended psychiatric treatment within subsequent 3 months. Evidently, prior psychiatric history and psychiatric comorbidities had strong influence on both referral and attendance to psychiatric healthcare, personal socioeconomic status also deviated the likelihoods. During the follow-up, 7041 patients died from suicide ($n = 911$) or other causes ($n = 6130$). While suicide risk was highly associated with male gender, middle age, and particularly, prior and coexisting psychopathologies, other cause mortality was strongly associated with old age and