

(TURGAY) forms filled out online. Clinical diagnosis and progress are obtained through archive records by The Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) and Clinical Global Impression (CGI) scales. Approval number is 22-6T/7, Ege University Ethics Committee.

Results: In 35 patients; 15 female patients completed all the forms. The mean age was 16.67 ± 1.63 years. 11 (73.33%) patients have at least one comorbidity; 7 (46.66%) patients have major depressive disorder, 3 (20.00%) anxiety disorder, 2 (13.33%) attention deficit and hyperactivity disorder, 1 (6.66%) mood disorder. The SCARED score was 37.23 ± 12.67 , and the CDI score was 17.23 ± 10.85 . When comparing the pre-pandemic period, obsession level ($z = -2.254$, $p = .024$), exercise level ($z = -2.508$, $p = .012$), technology exposure ($z = -2.290$, $p = .022$) is increased; level of social activity ($z = -2.206$, $p = .027$), the quality of education ($z = -2.167$, $p = .030$), and the perception of learning ($z = -3.301$, $p = .008$) decreased during pandemic. Quality of life scores was inversely correlated with eating attitudes scores ($r = -.601$, $p = .039$). It was noteworthy that number of admissions from the first appointments was higher in participants, compared to the patients who did not participate in the study ($n = 20$) ($p = .033$). The first admission BMI values were negatively correlated with CGI scores of the patients ($r = -.743$, $p = .002$).

Conclusions: As a result, Covid-19 has negative psychosocial effects in anorexia nervosa symptoms such as increased exercise at home and technology exposure; decreased in social activity. Sharing clinical experiences about our patients' mental health may be beneficial in planning the treatment processes and approach for further unexpected extraordinary situations.

Disclosure of Interest: None Declared

EPP0619

Treatment Approaches to Eating Disorders Among LGBTQIA+ Population: A Narrative Review

S. Tempia Valenta*, C. Bronte, F. Panariello, F. Bonazzoli, D. De Ronchi and A. R. Atti

Department of Biomedical and Neuromotor Sciences, University of Bologna, Bologna, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.918

Introduction: Historically, eating disorders (ED) have been regarded as the diseases of heterosexual, affluent white women. Instead, research shows that the population most at risk of ED is lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual/aromantic/agender (LGBTQIA+). Indeed, in addition to many of the same sociocultural influences on body dissatisfaction faced by their peers, LGBTQIA+ individuals experience unique body- and gender-related concerns as well as high levels of stress due to interpersonal prejudice and discrimination.

Objectives: This narrative review presents an overview of current research on treatment approaches to ED among LGBTQIA+ individuals.

Methods: We conducted a PubMed search for studies published after 1990 using terms that aimed to represent the primary concepts of "eating disorder" and "LGBTQIA+" and "therapy." Next, we inductively created relevant macro-themes by synthesizing the data from the included articles.

Results: Of 123 PubMed studies, we included 12 studies and identified three relevant macro-themes. The first macro-theme, "ordinary treatments," focused on efficacy studies of conventional ED therapies applied to this category of patients. In particular, the first study proved the efficacy of the dissonance-based intervention, engaging participants to induce cognitive dissonance concerning the thin-ideal standard of beauty; the second study showed that sexual minorities patients accessing day hospital treatment reported greater overall ED and comorbid symptoms but started treatment with higher scores and improved at a faster rate compared to heterosexual patients; the third study provided evidence that transgender/nonbinary individuals and cisgender individuals showed similar improvement in ED symptoms during higher levels of care treatment, but the first group had less improvement in depression and no improvement in suicidality during ED treatment. The second macro-theme, "relational approach," investigated newer treatment paradigms involving family and school support, both revealing positive implications for eating and weight-related behaviors. The third macro-theme, "gender-affirming therapy," focused on medical and surgical treatment toward gender transition, which has been shown to correlate with improvements in body image, ED psychopathology, and psychological functioning.

Conclusions: Members of the LGBTQIA+ community are at greater risk for ED; to our knowledge, there is no targeted treatment that considers the entirety of their experience. These findings denote the need to focus future research efforts on effective treatment strategies specific to sexual and gender identity groups.

Disclosure of Interest: None Declared

Forensic Psychiatry 01

EPP0620

Criminal responsibility evaluations: Benchmarking in different countries

H. Al-Ta'iar*

Oxford Health NHFT, Oxford, United Kingdom

doi: 10.1192/j.eurpsy.2023.919

Introduction: Forensic psychiatrists, as well as other mental health professionals, provide the legal system with clinical information and assessments concerning the offenders' functioning, mental state and capacities at the time of the alleged offense and/or trial. These forensic assessments play a crucial role in court, influencing subsequent decision-making on sentencing, placement, or treatment of mentally disordered offenders.

Objectives: Determining criminal responsibility at the time of arrest. Exploring the role of psychiatric disposals in different countries.

Methods: The information was primarily gathered through written sources: peer review articles, reports, and legislation. A literature search was performed in PubMed and PsycINFO using the following keywords: criminal responsibility (reports/evaluations), pre-trial assessment, psychiatric expert, (forensic) psychiatric assessment, sanity evaluation and insanity defense. Additional articles were identified through reference lists. This resulted in 36 peer review articles and nine reports or book chapters. In addition, a leading expert (i.e. psychiatrist) from every country was contacted