Results: Fourteen reviews met inclusion criteria, comprising 16,277 cases and 77,586 controls. Psychological trauma met TRANSD criteria as a transdiagnostic factor across diferent diagnostic criteria and spectra. There was highly suggestive evidence of an association between psychological trauma at any time-point and any mental disorder (OR=2.92) and between childhood trauma and any mental disorder
(OR=2.90). Regarding specifc trauma types, convincing evidence linked physical abuse (OR=2.36) and highly suggestive evidence linked sexual abuse (OR=3.47) with a range of mental disorders, and convincing evidence linked emotional abuse to anxiety disorders (OR=3.05); there were no data for emotional abuse with other disorders.

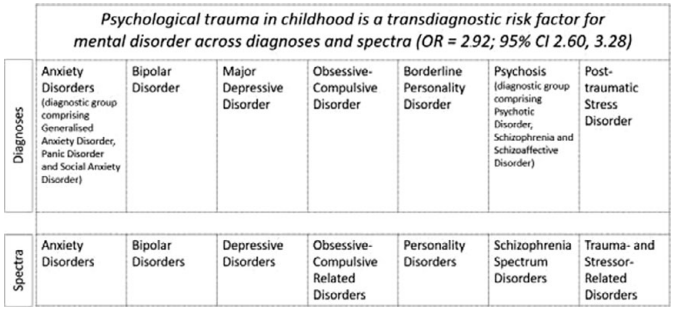
Image:

Table 1: Application of TRANSD Criteria to assess psychological trauma as a transdiagnostic construct across mental disorders.

Domain	Subdomain	Evidence
(T) Transparent definition	Gold standard	Diagnosis according to DSM-III, DSM-III-R, DSM-IV, DSM-5 or ICD 9, 10, or 11
	Diagnostic types	Anxiety Disorders (diagnostic group comprising Generalised Anxiety Disorder, Panic Disorder and Social Anxiety Disorder), BD, BPD, OCD, MDD, Psychosis (diagnostic group comprising Psychotic Disorder, Schizophrenia, Schizoaffective Disorder), PTSD,
	Primary or secondary diagnoses	Primary diagnoses
(R) Report	Primary outcome	Psychological trauma as a risk factor for mental disorder
	Study design	Meta-analyses or Systematic reviews including case control studies
	Transdiagnostic construct	Psychological trauma
(A) Appraise the conceptual framework	Transdiagnostic type	Across diagnoses, across several spectra
(N) Numerate the diagnostic categories, spectra and non-clinical samples	Number of diagnoses	7
	Number of spectra	7
	Non-clinical sample	1 (Healthy controls without mental disorder)
(S) Show the degree of association	Diagnostic-specific Odds Ratios (ORs)	Anxiety Disorders (OR=2·66, 95% CI 2·39, 2·97) BD (OR=2·79; 95% CI: 1·98, 3·93) BPD (OR=15·66; 95% CI: 7·23, 33·95) OCD (OR=4·94; 95% CI: 3·34, 7·31) MDD (OR=2·88; 95% CI: 1·57, 5·31) Psychosis (OR=2·66; 95% CI: 1·99, 3·56) PTSD (OR=4·42; 95% CI: 2·19, 8·93)
	Transdiagnostic	Any mental disorder (OR = 2·92; CI: 2·60, 3·28) No significant difference in individual vs pooled effect size subgroup meta-analyses, except in the case of BPD (z = 4.19; p<0.001).
(D) Demonstrate the generalizability	Results replicated across at least 2 independent RCTs	Psychological trauma associated with mental disorder replicated in 78 of 106 case control studies (null hypothesis rejected).

Key: BD: Bipolar Disorder; BPD: Borderline Personality Disorder; MDD: Major Depressive Disorder; OCD: Obsessive-Compulsive Disorder; PTSD: Post-Traumatic Stress Disorder.

Image 2:



Conclusions: These fndings highlight the importance of preventing early traumatic events and providing trauma-informed care in early intervention and psychiatric services.

Disclosure of Interest: None Declared

EPV0785

Caregiver burden and its associated factors among family caregivers of persons with dementia in Athens, Greece: a cross sectional study

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Introduction: Studies have shown that dementia family caregivers to be significantly more burdened than non-dementia caregivers.

Objectives: The aim of the present study was to analyze factors affecting the quality of life and the burden of dementia family caregivers.

Methods: 70 dementia family caregivers who lived in the Attica Region, Greece participated in the study from February to April 2022. An anonymous questionnaire was used including 16 items regarding demographic and socio-economic factors. The 22 -item Zarit Burden scale was used to estimate the burden of dementia family caregivers. Statistical analysis was performed with SPSS 21.

Results: 1.4% of caregivers showed minimal to no burden (n = 1). 28% of caregivers (n = 20) a mild to moderate burden. 40.6% (n = 29) presented a moderate to severe burden, while 28% (n = 20) a very serious burden. According to the results of the present study, there are three main factors that affect the quality of life of caregivers. Caregivers who spend more time with the patient have an increased burden compared to caregivers who spend less time. The patient's low Mini Mental score is associated with an increase in burden. Caregivers who have attended training and management programs for the care of a patient with dementia have a lower burden than those who have not attended programs.

Conclusions: The study highlights an increased burden on caregivers. Social supports with multiple coping strategies focusing on different levels of patients with dementia and caregivers' needs should be planned to relieve the caregiver burden.

Disclosure of Interest: None Declared

EPV0786

Advances in the field of genetics and difficulties in the diagnosis of di george syndrome

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Introduction: The spectacular progress of the last decade in the field of genetics is allowing a new development of medicine and the ability to make a better diagnosis. A great example of this is the

diagnosis of chromosome 22q11 deletion, which occurs in 1:4000 live births.
Objectives: This case wants to illustrate the difficulties in the diagnosis, despite technological advances.
Methods: Exhaustive review of the literature
Results: This is a 38-year-old male patient diagnosed with chromosome 22q11 deletion in adulthood.
Family history of medical problems: mother with genetic diagnosis of chromosome 22q11 deletion, in adulthood, after the diagnosis of her own son.
Personal history of medical problems:
- Psychiatry: he has been followed up intermittently in psychology since he was 6 years old, due to cognitive difficulties and behavioral alterations. He has had several hospital admissions in psychiatry during adolescence for behavioral disorders and intellectual disability, with possible psychotic symptoms. In treatment with antiepileptics and antipsychotics.
- Cardiology: aortic aneurysm and bicuspid aortic valve were detected. The patient underwent surgery in 2018.
- Genetics: he is diagnosed with chromosome 22q11 deletion in 2019. This is an inherited mutation of maternal origin that is detected later.
- Rheumatology: seropositive rheumatoid arthritis, non-erosive.
- Rehabilitation: treatment to improve psychomotor skills, from 6-12 years of age.
It is important to emphasize that the diagnosis was made at the age of 35 years, after a more deep study which had been carried out after the debut of the cardiac pathology. In addition, it is very striking that the diagnosis of his mother was made later than the one of the patient himself.
Currently, the patient presents serious difficulties in respecting the rules of coexistence at home and in understanding social norms, so that he has not been able to integrate in any environment and remains isolated at home. Serious behavioral alterations with tendency to physical and verbal heteroaggressiveness, difficulty in accepting limits and sexualized and uninhibited behaviors.
Clinical judgment: chromosome 22q11 deletion.
Conclusions: Early diagnosis is essential to be able to treat and, above all, prevent the possible complications that this syndrome may present. However, diagnosis is sometimes very complex, despite advances in molecular diagnostic techniques. Therefore, an integrative approach is very valuable, looking at the individual as a whole and not only by systems or medical subspecialties. In addition, it would be very interesting to establish a means of communication between specialties. Finally, it would be a real step forward to integrate all the medical information of each person in a single medical record, an apparently simple aspect, but so far from being possible.

Disclosure of Interest: None Declared

EPV0788

Exploring the associations between the Self-structure of personality and problematic smartphone use in an adult sample

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Introduction: Positive psychology theory sustains that the construct of the Self and its components, such as self-evaluation, social self-esteem, and self-coherence, determine our behavior. Personal daily habits and lifestyle modalities lay on these personality components. Problematic and addictive behavior is also strongly influenced by our Self and its main elements.
Objectives: This study aims to determine those personality components related to the central Self-construct that actuates problematic smartphone use.
Our further objective is to identify targeted, self-enhancing activities that prevent problematic smartphone use.
Methods: Participants were teenagers and adults (N=147) from the 17-73 age group (mean age 37.5 years), 31 male and 116 female.
Respondents provided self-reported data on their demographic characteristics, perceived self-esteem, social self-esteem, sense of coherence, and problematic smartphone use through an online survey attainable on a web-based platform.
Instruments were the Core Self-Evaluation Scale (Judge et al., 2003), the MOS-SSS Social Support Assessing Scale (Sherbourne & Stewart, 1991), the Sense of Coherence Scale (Rahe & Tolles, 2002), and the Smartphone Application-Based Addiction Scale (Csibi et al., 2018).
Results: Respondents who reported being more familiar with smartphone applications and spending more time online scored higher on the problematic smartphone use scale. Our study found significant associations between age and problematic smartphone use, with those from younger groups scoring higher.
Participants characterized by lower self-esteem proved a more pronounced problematic smartphone use. In our sample, social self-image and social support did not show relevant correlations with the total score of problematic smartphone use.
However, a high sense of coherence showed a significant negative association with problematic smartphone use.
Conclusions: A more mature Self-construct characterized by a positive self-evaluation and increased sense of coherence act as protective factors against problematic smartphone use.
Providing adequate self-evaluation and social support among young through targeted activities will have a higher role in younger age groups, preventing problematic smartphone use.

Disclosure of Interest: None Declared

Promotion of Mental Health

EPV0789

Knowledge Attitudes and Sense of Self-Efficacy of Primary Education Teachers towards Students with Insulin-Dependent Diabetes Mellitus

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Introduction: The positive attitude towards students with Diabetes Mellitus type 1(DM1) and the teacher's knowledge seem to be important conditions both for the practical support of children with type 1 ED in primary education and for the self-efficacy of teachers in the school context. Self-efficacy involves the belief that a person has the ability to create change through personal actions.