

**Conclusions:** The prevalence of smokers in our sample was 58%. The prevalence of patients diagnosed with hypertension was 21,51% which is coherent with the existent literature. We did not find a higher percentage of hypertensive patients among the smokers admitted. There were patients who suffered from hypertension and were not diagnosed or treated previously.

**Disclosure of Interest:** None Declared

EPV0716

## Characteristics of incident substance-induced psychosis compared to incident first-episode psychosis. A nationwide register-linkage study.

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**Introduction:** To date, most of the substance-induced psychosis (SIP) risk factor research has focused on meth/amphetamine use with cross-sectional study designs. Register-linkage studies, in turn, have focused mostly on the prognosis of SIP regarding mortality or conversion to schizophrenia. Far less is known about preceding factors before the incident SIP episode such as psychiatric comorbidity or work-related factors.

**Objectives:** There is no previous research on how persons with SIP differ from persons with other incident psychotic episodes (first-episode psychosis, FEP). This study aims to explore: 1) are their differences in previous psychiatric diagnoses and 2) work-related factors between SIPs and FEPs before the incident psychosis episodes.

**Methods:** The study covers extensive register-linkage data sets from Sweden. Incident SIP cases (n=7320) were identified from National Patient Register during the years 2006–2016 and matched 1:1 (age, gender, and calendar year) with incident FEP cases. Information from the sociodemographic background, psychiatric disorders, and work-related factors during the preceding two-year period before the incident SIP/FEP episode were linked from national registries. SIPs vs FEPs were compared using logistic regression analysis, adjusted with education level, family situation, dwelling, country of origin and Charlson Comorbidity Index.

**Results:** Previous self-harm (OR 2.3;95%CI 2.1-2.6), ADHD (OR 1.8;95%CI 1.6-2.0) and substance dependence diagnoses (OR 7.2;95%CI 6.6-7.9) were more prevalent among SIPs compared to FEPs. In turn, all other previous psychiatric disorder diagnoses were less prevalent among SIPs. Compared to FEPs, SIPs were more often unemployed (OR 1.2;95%CI 1.1-1.2) and had less any employment (OR 0.9, 95%CI 0.9-0.98), but also, they were less often on sickness abstinence over 180 days (OR 1.1, 95%CI 0.9-1.3) The prevalence of previous substance use disorder was most common in alcohol SIP (OR 9.6;95%CI 7.3-12.7).

**Image:**

### Characteristics of incident substance-induced psychosis compared to incident first-episode psychosis. A nationwide register-linkage study

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Introduction	Aims
To date, most of the substance-induced psychosis (SIP) risk factor research has focused on meth/amphetamine use with cross-sectional study designs. Register-linkage studies, in turn, have focused mostly on the prognosis of SIP regarding mortality or conversion to schizophrenia. Far less is known about preceding factors before the incident SIP episode such as psychiatric comorbidity or work-related factors. There is no previous research on how persons with SIP differ from persons with other incident psychotic episodes (first-episode psychosis, FEP).	This study aims to explore:  1) Their differences in previous psychiatric diagnoses  2) Work-related factors between SIPs and FEPs before the incident psychosis episodes.
Design and method	Results
The study covers extensive register-linkage data sets from Sweden. Incident SIP cases (n=7320) were identified from National Patient Register during the years 2006–2016 and matched 1:1 (age, gender, and calendar year) with incident FEP cases. Information from the sociodemographic background, psychiatric disorders, and work-related factors during the preceding two-year period before the incident SIP/FEP episode were linked from national registries. SIPs vs FEPs were compared using logistic regression analysis, adjusted with education level, family situation, dwelling, country of origin and Charlson Comorbidity Index.	Previous self-harm (OR 2.3(95%CI 2.1-2.6), ADHD (OR 1.8(95%CI 1.6-2.0) and substance dependence diagnoses (OR 7.2(95%CI 6.6-7.9) were more prevalent among SIPs compared to FEPs. In turn, all other previous psychiatric disorder diagnoses were less prevalent among SIPs. Compared to FEPs, SIPs were more often unemployed (OR 1.2(95%CI 1.1-1.2) and had less employment (OR 0.9, 95%CI 0.9-0.98), but also, they were less often on sickness abstinence over 180 days (OR 1.1, 95%CI 0.9-1.3) The prevalence of previous substance use disorder was most common in alcohol SIP (OR 9.6(95%CI 7.3-12.7).
Discussion and Conclusion	
Among persons with any incident psychotic episode entering the health care system, assessment of suicidality and ADHD treatment should be carried out for persons with substance-induced psychosis. In addition, as persons with SIPs compared to FEPs are less likely to be employed, on long sickness-abstinence periods or a disability pension, employment support should be provided alongside SIP treatment as well as assessment of workability and necessity for social benefits.	
References	Acknowledgement
1. Sassi P, Jeyaniroshan J, Sassi P, et al. (2023). Prevalence of substance-induced psychosis and associated psychiatric disorders in a nationwide register-linkage study from Sweden.	This project was possible because of Solja Niemelä, Heidi Taipale and Pihla Sassi.  This work was funded by the Finnish Alcohol Research Foundation and Solja Niemelä's research grant.



**Conclusions: Discussions and Conclusion:** Among persons with any incident psychotic episode entering the health care system, assessment of suicidality and ADHD treatment should be carried out for persons with substance-induced psychosis. In addition, as persons with SIPs compared to FEPs are less likely to be employed, on long sickness-abstinence periods or a disability pension, employment support should be provided alongside SIP treatment as well as assessment of workability and necessity for social benefits.

**Disclosure of Interest:** None Declared

EPV0717

## Dissociative Identity Disorder: a case of three Selves

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**Introduction:** The DSM-5 defines dissociation as “disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior”. The disorders in this group include depersonalization/derealization disorder, dissociative amnesia, and dissociative identity disorder, the last being a controversial entity.

Dissociative disorders are associated with elevated levels of disability, impaired quality of life, high economic cost, and a significantly increased risk of suicide attempts.

**Objectives:** In this work we present the case of a 21-year-old man that was assisted in the Emergency Room with dissociative symptoms. We intend to do a non-systematic review on the subject of dissociation symptoms, the psychiatric disorders in which they are present, identified risk factors, how to access the psychopathology features and the recommended treatment to best address them.

**Methods:** For a comprehensive approach of this subject we proceeded to a non-systematic review in PubMed using the following keywords “dissociation”, “dissociative identity disorder” and “dissociative disorders”.

**Results:** In this work we present the case of a 21-year-old man assisted in the Emergency Room describing dissociative symptoms that were suggestive of Dissociative identity disorder. He referred out-of-body experiences and a sense that he was not controlling his actions while self-injuring himself and being aggressive towards his family. He described “three Selves”: the “Normal Self”, the “Suicidal Self” and the “Bad Self”.

Symptoms of dissociation are present in a variety of mental disorders namely depression, anxiety disorders, posttraumatic stress disorder, borderline personality disorder and eating disorders.

Dissociative disorders appear to be linked to trauma, interpersonal stress, and strongly associated with a history of chronic child abuse. An association with alexithymia, depression and suicidality were also found. Some studies found structural and functional abnormalities, particularly a reduction in grey matter volume in limbic system structures, a dysregulation of prefrontal–limbic circuitry and dysfunction of the hypothalamic–pituitary–adrenal axis.

Psychotherapy appears to be the cornerstone of treatment for dissociative disorders, namely Cognitive-Behavior therapy and Eye-movement desensitization and reprocessing.

**Conclusions:** Symptoms of dissociation are not only present in dissociative disorders, but they may be present in almost all mental disorders. The evaluation of possible dissociative symptoms should be a part of every psychopathological assessment. There is a need for further studies to better understand this diagnostic entity and improve the therapeutic intervention.

**Disclosure of Interest:** None Declared

## EPV0718

### Intranasal Esketamine administration in catatonia: a case report.

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**Introduction:** Catatonia is a complex psychomotor syndrome that often goes unrecognized and, consequently, untreated. Prompt and correct identification of catatonia allows for highly effective treatment and prevention of possible complications. Benzodiazepines and electroconvulsive therapy (ECT) are the most widely studied treatment methods. However, no uniform treatment method has yet been brought forward and no previous attempts to treat

catatonia on a patient suffering concomitant major depressive disorder (MDD) with NMDA receptor antagonists have been documented so far.

**Objectives:** To describe the unknown and novel management of catatonia and MDD with intranasal esketamine, a NMDA receptor antagonist.

**Methods:** A 55-year-old woman with a diagnosis of long-standing recurrent major depressive disorder who was admitted to the psychiatric inpatient unit of University Hospital Marqués de Valdecilla (Santander, Spain) suffering a complex catatonic, mutative state framed on a severe MDD. Different ineffective therapeutic interventions were deployed during the course of her illness. After failing to improve under conventional pharmacological treatment and ECT, and given the complexity of peripheral venous access on this patient (which disabled the option for iv ketamine use), we decided to initiate compassionate treatment with intranasal esketamine.

**Results:** Intranasal esketamine was effective in the resolution of patient’s complex catatonic state. Clinical response from catatonia was observed after 6 intranasal esketamine administrations (2-week follow-up), reaching full catatonia and MDD remission after 12 sessions in absence of significant adverse events

**Conclusions:** Esketamine showed promising effectiveness for the treatment of catatonia in the context of MDD, although further research on this topic is needed.

**Disclosure of Interest:** None Declared

## EPV0719

### Dimensions of role and identity in young informal workers in the tourism sector

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**Introduction:** Work is a *sine qua non* condition of “normal” life for most people, since it is the main source of income, feelings and social integration (Méda, 2007). It is an important factor of socialization, as well as an identity provider (Agulló, 1998). Identity was assumed as a constant construction process in which the person is positioned and recognized, and which has an important relationship with the dimensions of the role (Scheibe, 1995). All this in a context of insertion into the labor market for young people, which is usually framed in informality.

**Objectives:** Describe the dimensions of the role and identity of the young informal worker in the tourism sector of Santa Marta

**Methods:** This was a qualitative study, with a phenomenological design. The participants were selected for convenience, and the sample size was determined by the saturation criterion. A total of nine young informal workers participated. The semi-structured interview and the content analysis technique were used for data analysis.

**Results:** The dimensions of status, involvement and assessment allowed us to deduce that the role played by young people was central in the description and construction of their identity, as well as the implications and the place occupied by the tourist, the family and co-workers in the activity that they carry out. develop, because they are the ones who validate and motivate people to stay and