

## EPV0232

**Biological profile of medical response in alcoholic patients of different ethnic groups in Siberia**

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**Introduction:** The individual sensitivity of a person to the effects of alcohol is defined as the possibility of adaptive reactions, which are controlled by various factors associated in their manifestation with characteristics in various ethnic populations.

**Objectives:** To determine biological profile of medical response in alcoholic patients of different ethnic groups.

**Methods:** 168 alcoholic men, aged 17 to 62 years were examined. For the therapeutic correction of withdrawal and post-withdrawal symptoms of patients from two different ethnic groups (Tatars and Russians in Siberia), the original anticonvulsant galodif (M-chloro-benzhydriurea) was used. Pharmacokinetic parameters were calculated a model-independent method of statistical moments: half-life (T<sub>1/2</sub>,h), total clearance (Cl<sub>t</sub>,ml/min), average time of the residual drug in the body (MRI,h), average elimination time (MET,h), the area under the pharmacokinetic curve (AUC, µg/ml).

**Results:** Galodif causes a reduction in almost half T<sub>1/2</sub>, a significant decrease in the average time of the residual drug in the body MRI, and the average elimination time MET. Overall clearance increased. Under the influence of the course with Galodif, antipyrine elimination intensified, which indicates the induction of the cytochrome P-450 system of microsomal liver monooxygenases in Russian alcoholic patients. Galodif causes a reduction of almost five-fold T<sub>1/2</sub>, a significant decrease MRI and MET. Activation of oxidative metabolism of xenobiotics in Tatar alcoholic patients is more significant.

**Conclusions:** The increased sensitivity of P-450 cytochrome system to anticonvulsants action with inductive detoxification properties reflects differences in adaptive mechanisms in human from various ethnic groups, what is significant in the therapy.

**Disclosure:** No significant relationships.

## EPV0233

**Elektra complex in dissociative identity disorder: A case report**

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**Introduction:** Dissociative identity disorder is a quite popular psychiatric diagnosis in general public but in actuality has a very low prevalence rate. Dissociative identity disorders are characterized by disruption of identity characterized by two or more distinct personality states with its own memories, behaviour, and preferences.

**Objectives:** Authors present a case report about a patient of Dissociative identity disorder with Elektra complex as unconscious conflict.

**Methods:** A case report along with literature review forms the basis of discussion.

**Results:** Mrs A, 30 years female, a housewife, belonging to low socioeconomic status, reported to the OPD, along with her husband. About 1 year ago her family members noticed that her behaviour and action became altered. Such alteration in behaviour was only episodic. A detailed evaluation was done and a diagnosis of Dissociative identity disorder was established. The treatment included psychotherapy facilitated by hypnosis addressing the conflict along with escitalopram 10 mg once a day and clonazepam 0.5mg at night, clonazepam was tapered and stopped within 1 month while escitalopram was hiked upto 20 mg and patient improved along with decrease DES scores.

**Conclusions:** In Freudian psychology the girl child identifies with her mother and represses her sexual feelings toward her father commonly known as the Elektra complex. In spite of trance and possession syndrome being more prevalent in countries like India, we urge to keep dissociative identity disorder as a differential in order to catch the eye of the clinicians and researchers on the recognition of clinical manifestation and exploration of therapeutic strategies.

**Disclosure:** No significant relationships.

**Keywords:** Dissociative Identity Disorder; psychotherapy; cultural psychiatry; Elektra Complex

## EPV0234

**Value-meaning formations in mentally ill patients with a religious worldview**

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**Introduction:** It is necessary to consider the religious worldview and spiritual needs of patients with mental illness in the course of psychotherapy and rehabilitation.

**Objectives:** The explication of value-meaning formations (VMF) in mental patients with a religious worldview.

**Methods:** G. Kelly's methodology of personal constructs (Method of Triads, Hinkle's laddering technique, the assessment repertory grid by F.Fransella&D.Bannister) and statistical analyses were applied.

**Results:** 1. The structure of the value-meaning formations (VMF) of patients with religious worldview was characterized by its integrity, which is prerequisite for coping. 2. Opposite, patients with

absence of religious belief had substantial destruction of integrity and plurality of relationships between VMF. 3. The content of the VMF of mental patients with religious worldview and healthy believers had similarities. 4. In the content of VMF meta-values were: 1. active aspiration to God and the realization of own existence; 2. material well-being in the earthly world; 3. "unselfish" ability to get along without causing harm; 4. feeling of inner confidence.

**Conclusions:** Mental disease affects VMF of believers and unbelievers in different way. In unbelievers, the structure of VMF in the course of disease significantly changes. In believers, the disease does not destroy the basis of VMF and allows to keep safe the key elements. The stability of VMF in the believers may be explained by the meaningfulness of life. The concepts of "health" and "disease" are included in the worldview of believers, in the general context of their spiritual, psychic and physical life.

**Disclosure:** No significant relationships.

**Keywords:** mental patients; religious worldview; Value-Meaning Formations; meaningfulness of life

### EPV0235

#### ¿Do immigrant psychotic patients receive less psychotherapy assessment compared to non-immigrant psychotic patients?

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**Introduction:** Migration is a highly defining life event which can lead to mental distress. It constitutes an overall risk factor for psychiatric disorders. However, psychotherapeutic treatment in immigrant patients is considered to be more complex, and the outcome appears to be less favorable than in patients without a migration background.

**Objectives:** The aim of this study is to compare psychotherapy assessment between immigrant and non-immigrant psychotic patients in Barcelona.

**Methods:** Patients who have presented, according DSM-V criteria, one or more non-affective psychotic episodes, were recruited in Acute and Chronic inpatients units at Hospital del Mar (Barcelona), leading to a total sample of 77 patients. Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through a questionnaire. Database information was completed with electronic medical records. Comparative analysis was performed with IBM SPSS using Chi-Square and t-Student test

**Results:** From a total of 77 patients, 43 were immigrants and 34 were non-immigrants. From the total immigrants only 30,2% received psychotherapy compared to 79,4% from the non-immigrants. The most prevalent therapy received in both groups was cognitive behavioural therapy. From the immigrants group only 2,3% received psychoeducation compared to 11,8% from the non-immigrant group.

**Conclusions:** According to our results, there are important and significant differences in psychotherapy assessment in migrant psychotic patients. In order to improve the mental health treatment of immigrant patients, the reasons for this poor outcome need to be investigated. These results should be considered by clinicians in order to design assessment program for this population.

**Disclosure:** No significant relationships.

**Keywords:** transcultural psychiatry; migration psychiatry; psychotherapy; psychosis

### EPV0236

#### Two-eyed seeing as a philosophy to facilitate communication between traditional indigenous cultural practitioners with psychiatry and other mental health practitioners

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**Introduction:** A communication gap exists between psychiatry and indigenous people about views of mind and mental health, which often becomes an obstacle to optimal care and a source of distrust.

**Objectives:** We aimed to explore the utility of the concept of two-eyed seeing for facilitating communication among traditional cultural practitioners (TCP) and conventional mental health practitioners (CMHP).

**Methods:** "Two-eyed seeing" is spreading across North America as a metaphor for explanatory pluralism. Albert Marshall, a M'iqmaq from Nova Scotia, Canada, developed this traditional concept (eptuamptomuk in M'iqmaq) to speak to the idea that indigenous knowledge is as valid as contemporary science for conceptualizing phenomena. We taught the concept to 100 practitioners, equally balanced between CMHP's and TCP's, and obtained ongoing feedback about the results of their applying these ideas to their ongoing collaborations. Qualitative research methods were used to evaluate this feedback.

**Results:** Using the two-eyed seeing concept allowed CMHP's to better listen to TCP's descriptions of their concepts of mind and of mental suffering. TCP's felt more respected by CMHP's. While concepts such as spirit visitation, the breaking of taboos, and intergenerational curses are inherently foreign to CMHP's, the two-eyed seeing concept allowed them to bracket these ideas as interesting and to interact with the TCP in a more productive way, while allowing them to observe the effects of the TCP's interventions in a less judgmental way.

**Conclusions:** Two-eyed seeing allowed a rich dialogue between CMHP's and TCP's that enabled each to appreciate the other's perspectives, leading to greater cooperation and collaborative treatment. Outcomes improved.

**Disclosure:** No significant relationships.

**Keywords:** Indigenous people; two-eyed seeing; mental health; philosophy

### EPV0238

#### An exploration of the elements of effective cultural healing in North America

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