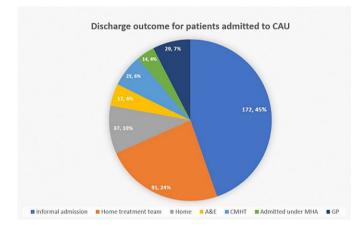
Image 2:



Conclusions: CAU offers the opportunity to engage and re-assess service users to allow consideration of least restrictive options for on-going care. CAU has financial benefits in way of saving cost on time spent in ED awaiting review and cost for agency staff to provide 1:1 support.

The success of CAU has led to collaboration in the developpment of other acute services in London including that of the Recovery Space which offers community support for service users following discharge from hospital after an acute mental health crisis. Service user feedback has been positive and reflects the importance of the service and its suitability for its target group.

Disclosure of Interest: None Declared

O0030

Eating cognitions, emotions and behaviour under treatment with second generation antipsychotics: A systematic review and meta-analysis

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Introduction: Weight gain and metabolic disturbances are frequent in people treated with second generation antipsychotics (SGA).

Objectives: We aimed to investigate the effect of SGAs on eating behaviors, cognitions and emotions, as a possible contributor to weight gain and metabolic disturbances.

Methods: A systematic review and meta-analysis was conducted following the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines. Original articles measuring outcomes relating to eating cognitions, behaviours and emotions, during treatment with SGAs were included in this review. A total of 92 papers with 11,274 participants were included from three scientific databases (PubMed, Web of Science and PsycInfo). Results were synthesized descriptively except for the continuous data where meta-analyses were performed and for the binary data where odds ratios were calculated.

Results: Hunger was increased in participants treated with SGAs with an odds ratio for appetite increase of 1.51 (95% CI [1.04, 1.97]; z=6.40; p<0.001)(see Figure 1.). Compared to controls, our results showed that craving for fat and carbohydrates are the highest among other craving subscales. There was a small increase in dietary disinhibition (SMD=0.40) and restrained eating (SMD=0.43) in participants treated with SGAs compared to controls and substantial heterogeneity across studies reporting these eating traits (See figure 2 and 3). There were few studies examining other eating-related outcomes such as food addiction, satiety, fullness, caloric intake and dietary quality and habits. Image:

Study	Treatment		Control			Log Odds-Ratio	Weight
	Yes	No	Yes	No		with 95% CI	(%)
Aman et al., 2005	40	9	20	32		1.96 [1.05, 2.88]	25.48
Black et al., 2014	22	44	4	25		1.14 [-0.03, 2.31]	15.46
Guardia et al., 2004	7	22	3	28		1.09 [-0.37, 2.55]	9.94
Litten et al., 2012	12	93	1	112		2.67 [0.61, 4.73]	5.02
McCracken et al., 2002	36	10	15	20		1.57 [0.60, 2.54]	22.65
Roerig et al., 2005	6	10	4	12		0.59 [-0.93, 2.11]	9.23
Snyder et al., 2002	8	45	2	55		1.59 [-0.01, 3.19]	8.32
Srivastava et al., 2012	24	1	22	3		1.19 [-1.15, 3.52]	3.90
Overall						1.51 [1.04, 1.97]	
Heterogeneity: $\tau^2 = 0.00$,	$I^2 = 0.0$	0%,	$H^2 = 1$	00.1			
Test of $\theta_i = \theta_i$: Q(7) = 4.3	8, p = 0	.74					
Test of 0 = 0: z = 6.40, p	= 0.00						
					2 0 2	4	

Random-effects DerSimonian-Laird mode

Image 2:

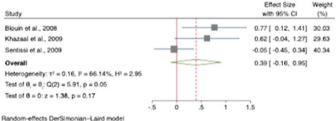
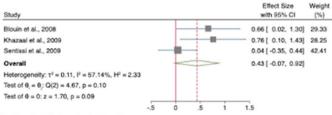


Image 3:



Random-effects DerSimonian-Laird mode

Conclusions: Understanding the mechanisms associated with appetite and eating-related psychopathology changes in patients treated with antipsychotics is needed to reliably inform the development of effective preventative strategies.

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O0031

Analyzing life narratives of transsexual people from a developmental point of view

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Introduction: Transsexuality is a form of gender identity, where persons experience a strong dysphoria or dissatisfaction with the original sexual organs and body they are born with, and believe that they belong to the opposite sex -- so many of such persons undertake sex reassignment surgery. Correlates of transsexuality do not suggest causality but they make it possible to better understand transsexuality and its etiology.

Objectives: It has been shown by previous studies that some signs of transsexuality begin to emerge well before puberty. In our study we wanted to track how transsexual individuals develop from early childhood through adolescence and young adulthood regarding their preferred childhood games and toys, dressing and activities, later sexual partners and social responses to their trans identity.

Methods: 59 persons participated as volunteers, who have applied to sex-reassignment surgery and the psychiatric evaluation necessary for the surgery, completed a spontaneously written life narrative as an argument for receiving psychiatric approval for the surgery at the Clinique of Psychiatry and Psychotherapy at Semmelweis University, Budapest, Hungary. Narratives were contentanalyzed and coded regarding signs of transsexuality occurring in early childhood, elementary school-age, and puberty, conflict with friends, and family, sexual life, and love-life. All participants have signed the informed –consent form, and agreed to the scientific use of their data. The study has been approved by the local ethical committee.

Results: Our results show that there were 24 female-to male, and 35 male-to female transsexual participants in our sample. 45.7% wanted to dress in clothes of the opposite sex in early childhood, whereas only 1.4% said that he/she did not. 41.4% befriended

children who were members of the opposite sex, rather than befriending members of the same sex (4.3%), both (7.1%) or none (4.3%). As a young child 55.7% claimed that they preferred toys and games of the opposite sex, whereas 7.1% claimed they did not. The reaction of their families to signs of transsexuality or unusual behavior was supportive, rejecting, indifferent, or mixed in about equal proportion. In elementary school they befriended members of the opposite sex in 37.1% of the time, whereas they befriended members of the same sex in 1.4% of the time, and did not have friends in 22.9%. In elementary school they preferred activities included those of the opposite sex in 45.7%, and they wanted to dress in clothes of the opposite sex in 54.3% of the cases. In adolescence 10% rejected their biological sex, 40% not merely rejected, but desired the body of the opposite sex, and 25.7% was thinking about body/sex alteration procedures.

Conclusions: We can conclude that signs of gender dysphoria emerge in early childhood, and transsexuality may be characterized and anticipated based on such early signs by parents and care takers.

Disclosure of Interest: None Declared

O0032

Sexual disorders and psychotropic drugs :about 250 cases

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Introduction: The effect of psychotropic drugs on sexuality is difficult to evaluate because psychiatric disorders are frequently accompanied by sexual dysfunction, independently of any drug intake. However, the iatrogenic aspects of psychotropic drugs linked to their side effects should not be underestimated since they are an important cause of treatment discontinuation.

Objectives: The aim is to show the type of sexual impairment observed according to the different psychotropic drugs used and the means to remedy it. Psychiatric disorders are accompanied by sexual dysfunctions which can be aggravated by psychotropic drugs, and the associated risk factors can be sought or aggravate this undesirable effect.

Methods: This is a cross-sectional study, concerning patients followed at ArRazi hospital under antipsychotic treatment. We used the "International Index of Erectile Dysfunction" scale, and the data were analyzed by SPSS software.

Results: 68% are men, Age: 71% are between 20 and 50 years old. Marital status: 43% are single, 24% are married, 34% are divorced. 83% have a low socioeconomic level, 45% have a family history of a psychiatric disorder.

58% of patients have a substance use disorder.

38% of patients consulted for a psychotic syndrome, 23% for a depressive syndrome, 17% for a manic syndrome, 11% for a behavioral disorder, 6% for a suicide attempt.

46% of the medications are antipsychotics, 18% are antidepressants, 15% are mood regulators.

83% of the sexual disorder appeared in the first 5 years.