

younger than 44 y.o.; The odds were statistically significantly higher in respondents with diagnosed severe anxiety (vs. no anxiety, aOR 26.0, $p < 0.001$), alcohol use disorder (vs. no disorder, aOR 7.9, $p = 0.004$) and suicidal behaviour disorder (vs. no suicidality, aOR 5.3, $p = 0.01$).

Conclusions: One-month prevalence of OCD in Latvian general adult population is 0.6%. Young age, diagnosed severe anxiety, suicidal behaviour and alcohol use disorder are significantly associated with the OCD.

Disclosure of Interest: None Declared

EPP0204

Bipolar and obsessive-compulsive disorders psychopathological intersection: An exploratory study

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Introduction: Bipolar Mood Disorder (BD) and Obsessive-Compulsive Disorder (OCD) are psychiatric conditions that frequently co-occur and express a challenging phenomenology for treatment and diagnosis, since obsessive-compulsive symptoms tend to fluctuate according to mood phases of BD patients. Understanding the shared psychopathology of this comorbidity has relevant implications for the treatment of these patients, and the hypothesis that BD and OCD would have a shared neurobiology is currently being discussed. Most studies of this comorbidity have examined differences between BD and BD/OCD patients or between OCD and BD/OCD patients. This study aimed to analyze in detail the clinical, phenomenological and psychopathological characteristics of patients with BD, OCD, and BD/OCD.

Objectives: This study aimed to analyze in detail the clinical, phenomenological and psychopathological characteristics of patients with BD, OCD, and BD/OCD.

Methods: This study consisted of a sample of 21 BD patients, 21 OCD patients and 21 BD/OCD patients who underwent the application of the MINI, Y-BOCS, DY-BOCS, HAM-D, HAM-A, YMRS, of Sensory Phenomena (USP), as well as questions about sociodemographic characteristics, personal and family psychiatric history. We performed the YBOCS scale asking patients with BD to respond 3 times the scale: in the current time (during euthymia) and retrospectively for previous manic or depressive episodes.

Results: BD/OCD group had a higher rate of having stopped working due to comorbid disorders, a higher history of family suicide attempt and completed family suicide, a higher prevalence of substance use disorder in the family, and a higher prevalence of hoarding symptoms. In the BD sample, 47,6% had obsessive-compulsive symptoms. The presence of OCD conferred a higher prevalence of sensory phenomena. Patients reported a 19% (median, 0.19, range -1.00 to 1.88) worsening of OCD during depression, and a 9.5% worsening (median, 0.095, range of -1.00 to 1.36) during the manic phase.

Conclusions: The results suggest that BD/OCD patients have greater loss of functionality, higher rates of hoarding symptoms, family history with greater suicidality and higher rates of substance

use disorder (SUD) and worsening of OCD in both mania and depression. The psychopathological findings of this study allow us to conclude that BD/OCD patients have higher morbidity.

LIMITATIONS: Small size sample and possible recall bias in the interview, as questions were asked retrospectively.

Disclosure of Interest: None Declared

Old Age Psychiatry 02

EPP0205

Prevalence of neuropsychiatric disorders in internally displaced persons with dementia during wartime in Ukraine

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Introduction: During the second wave of Russia-Ukraine war, around 8 million were internally displaced. Negative mental health impact of the war cannot be underestimate. Among internally displaced persons (IDPs), particularly vulnerable category is people with neurocognitive deficits. Stress associated with displacement may cause a change not only in cognitive functions, but also affect the onset or evaluation of behavioral and psychological symptoms. **Objectives:** to study the prevalence of neuropsychiatric disorders in hospitalized patients with dementia, who were internally displaced and to compare with general population frequency.

Methods: 64 IDPs with dementia (moderate and severe neurocognitive deficits) who were examined during March-September 2022. Cases of newly arrived persons were taken into account, after 1 to 30 days had passed since their relocation. The diagnosis was verified based on the ICD-10 criteria (F00-F01). The degree of neurocognitive deficit was determined using the MMSE and MoCA tests. Affective pathology was studied using the HAM-D, HAM-A, PHQ-9, AES scales. Psychotic symptoms and behavioral disorders were studied based on clinical examination and medical records. The study was conducted in Lviv Regional Psychiatric Hospital.

Results: among the examined patients, 60 (94% of all examined) had neuropsychiatric disorders. Among this sample, neuropsychiatric symptoms (an isolated symptom or a combination of two or more symptoms) occurred with the following frequency: apathy 16 (26.7%), anxiety 49 (81.7%), depressive symptoms 32 (53.3%), agitation and aggression 41 (68.3%), hallucinatory symptoms 8 (13.3%), delusional disorders 34 (56.7%), wandering and disorientation 18 (30%), refusal of food and medicine 12 (20%)

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