

that several of the identified variants influence gene-expression levels or participate in chromatin interactions in brain areas implicated in affective disorders. In the next step these findings should be investigated in patient samples, and in other models of affective disorders and related phenotypes.

Disclosure: No significant relationships.

Keywords: affective disorders; Genetics; GWAS; affective temperaments

Adult Patients With ADHD at the Interface of General and Forensic Psychiatry

S0020

ADHD in Prisoners.

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The risk rate of criminality is increased in ADHD, especially in children who, in addition to ADHD, express externalizing behavior of oppositional defiant disorder (ODD), later followed by conduct disorder (CD), substance misuse and antisocial personality disorder (ASPD). Studies report ADHD to be about ten times more common in prison populations than in the general adult population. Prisoners with ADHD have compared to prisoners without ADHD, an earlier onset of offending, higher rates of coexistent psychiatric disorders, and are more often incarcerated due to violent- and drug-related offences. Within prison settings, inmates with ADHD are more often reported for intra-institutional aggression and they are often experienced as more difficult to manage and costly to rehabilitate. Further, they relapse comparably more often and faster into criminality after being conditionally released. Despite high prevalence rates of ADHD within prisons and serious consequences related to untreated ADHD, few controlled trials have evaluated methylphenidate treatment in prisoners with ADHD and coexistent disorders. Evidence and clinical experience of pharmacological and psychosocial interventions of prison populations with ADHD will be presented briefly.

Disclosure: No significant relationships.

Keywords: adhd; Prison; Treatment; Prevalence

S0021

Impact of ADHD as a Risk and a Treatment Factor in Intimate Partner Violence.

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Intimate partner violence (IPV) has a very high prevalence (25%) in society and has serious consequences for its victims. As former studies showed minimal effectiveness of therapeutic interventions addressing IPV, the Dutch guideline for Familial/Domestic Violence (NVVP, 2008) recommends to focus more on systemic factors and on individual risk factors of IPV. ADHD is one of these

individual risk factors. This presentation focuses on the association between ADHD and IPV, presenting data and clinical examples. ADHD was missed in 56% of a sample of forensic outpatients. Reasons for this issue of underdiagnosis of ADHD in case of aggression and IPV are discussed. Also, data of the ITAP (impact of treatment of ADHD on IPV) study are presented, showing that ADHD in offenders of IPV with ADHD scored higher on minor physical aggression, minor and severe psychological aggression and clinician-rated IPV than offenders without ADHD. Further, after a one year treatment of ADHD and IPV, decrease in IPV was mainly associated with decrease in ADHD symptoms. The importance of screening and treatment of ADHD symptoms in all IPV offenders is discussed to make treatment of IPV more effective.

Disclosure: No significant relationships.

Keywords: Intimate Partner Violence; adhd; Treatment; Underdiagnosis

Novel Options to Treat Cognitive Dysfunction in Schizophrenia?

S0022

Psychotherapy of Biases in Cognition in Schizophrenia: the SlowMo Randomised Controlled Trial for Paranoia, Outcomes and Mechanisms

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Reasoning biases, specifically jumping to conclusions and belief inflexibility, may play a causal role in persistent paranoia. SlowMo, a new digitally supported blended cognitive-behavioural therapy, targets these biases. Adopting the terms 'fast' and 'slow thinking' as a heuristic to support therapy, SlowMo encourages people to notice a tendency to fast thinking, and to slow down for a moment to reduce paranoia. SlowMo therapy is the first digital blended therapy for paranoia, employing face to face therapy sessions with interactive digital content, and using mobile technology to promote generalisation to daily life. We report a randomised controlled trial with N=362 participants with distressing and persistent (3+months) paranoia, comparing 8 sessions of SlowMo plus Treatment as Usual (TAU) with TAU alone. We examined SlowMo's effectiveness in reducing paranoia and improving reasoning biases; its mechanisms of action; usability; and acceptability (Garety et al., 2021). Outcomes: SlowMo was beneficial for paranoia: 10 /11 paranoia measures at 12 weeks and 8/11 at 24 weeks demonstrated significant effects, and sustained moderate effects were observed on all observer-rated measures of persecutory delusions. Improvements in self-esteem, worry, wellbeing and quality of life were also reported. Mediation: Consistent with the theory-driven design and treatment rationale, improvements in slower thinking were found to mediate change in paranoia at 12- and 24-week follow-ups. However contrary to hypothesis, reduced fast thinking did not mediate change in paranoia, whereas worry did. These findings highlight the potential therapeutic mechanisms of action of SlowMo which are discussed further. Garety P, Ward T,

Emsley R, et al. Effects of SlowMo, a Blended Digital Therapy Targeting Reasoning, on Paranoia Among People With Psychosis: A Randomized Clinical Trial. *JAMA Psychiatry*. 2021;78(7):714–725. doi:10.1001/jamapsychiatry.2021.0326

Disclosure: No significant relationships.

Keywords: Paranoia; Reasoning biases; Blended digital therapeutic; fast and slow thinking

COVID-19 Pandemic: The Necessity of Family Mental Health Interventions During Pregnancy

S0023

The Importance of Cognitive Appraisal and Social Support in Pregnancy During COVID-19 from an Interdisciplinary View.

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Aim: To describe how a US-based psychiatric Mother-Baby Unit adopted a virtual platform during the pandemic. **Objectives:** When the Covid-19 pandemic descended, mental health clinicians worldwide were faced with maintaining access and care delivery. Pregnant and newly postpartum women experienced the pandemic and lockdown through the lens of impending parenthood and new parenthood--amplifying distress, isolation, and lack of social and family support. The lockdown prevented those with most acute illness from accessing daily treatment in our structured, supportive intensive treatment setting. We acknowledged the urgency of developing a method to continue to treat our patients in a group environment that offered psychotherapy, psychopharmacology, dyadic and family intervention, and social support. **Methods:** The hospital purchased "Zoom for Health" platform to ensure compliance with regulatory guidelines. Cameras for individual computers were purchased with philanthropy funds, obtaining them quickly, compared to waiting for hospital funding. The clinical team designed a schedule of groups and individual sessions, each with their own zoom link. Each morning, a team member, sent the daily schedule through the patient portal of the EMR. **Conclusion:** Before the pandemic, the census was 12 pts per day. The full-day program paused for 7-10 days although individual sessions and medication management were conducted by phone as the virtual platform was constructed. Once established, census resumed normal levels. Challenges to running the Day Hospital virtually included: technology glitches, family demands and distractions, and privacy concerns. Overall, the program was a success wherein women requiring intensive treatment were able to receive treatment and social support.

Disclosure: No significant relationships.

Keywords: Partial Hospital; Virtual Treatment; Postnatal Depression; Mother-Baby Unit

S0024

Eating Disorders in Pregnancy.

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Eating Disorders are common psychiatric disorders, and their occurrence is not rare in pregnancy. The aim of this presentation will be to provide an overview of eating disorders in pregnancy. I will first cover prevalence and nature of eating disorders and their symptoms in pregnancy. I will present quantitative and qualitative data from my own research. I will then present research on the effects of eating disorders on pregnancy and obstetric outcomes. I will conclude discussing issues around identification of eating disorders in pregnancy; in particular research from my lab on gaps in identification, and how to improve identification of eating disorders in pregnancy.

Disclosure: No significant relationships.

Keywords: post-partum; Eating Disorders; identification; Pregnancy

S0025

Reviewing Evidence for the Usefulness of Family Interventions for Depression During and After the COVID-19 Pandemic

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There has been a significant increase in the incidence of depression in countries around the world during the COVID-19 pandemic. Identified concerns include: loss of family members, fear of getting sick, finances, decreased social connections, deteriorating relationships at home and decreased ability to practise previously helpful coping skills. Family/couples interventions alone or in combination with individual therapy and/or pharmacotherapy have been shown to be helpful in diminishing symptoms of depression and in improving family functioning. This presentation will review evidence examining the effectiveness of family/couples therapy in treating adults with depression and outline therapy processes that have been shown to be effective.

Disclosure: No significant relationships.

S0026

The Usefulness of Telemedicine in Perinatal Mental Health Services During and after COVID-19 Pandemic. Detailed Experience of the Team of „Together” Baby-Mother-Father Unit in Budapest.

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