

eating disorders. Recently, we have shown, for the first time, that there is a relationship between perfectionism and generalized problematic internet use/GPIU (Sobral et al. 2020). Specifically, we found that the role of perfectionism in psychological disorder is partially mediated by GPIU. On the other hand, it has been suggested that the widespread use of digital media can lead to negative body image perception and abnormal eating attitudes and behaviors.

Objectives: To explore, for the first time, the relationship between perfectionism, GPIU and disordered eating behavior.

Methods: 475 university students (78.9% girls; mean age 20.22 ± 1.695) answered the Portuguese validated versions of: Composite Multidimensional Perfectionism Scale, GPIU Scale and Eating Attitudes Test-25. SPSS and Hayes' Process Macro (2020) were used.

Results: Bulimic Behaviours/BB significantly and moderately correlated with Perfectionist efforts ($r=.263$), Perfectionist concerns ($r=.284$) and GPIU ($r=.25$) (all $p<.001$). The mediation analyses revealed that GPIU is a partial mediator of the relationship between both perfectionism dimensions and BB.

Conclusions: The evidence that both negative and "positive" perfectionism dimensions are associated to eating pathology is in line with our previous research. The present study adds, for the first time, that one of the perfectionism pathways of influence on BB operates through UGPI. Assessment and intervention to diminish eating psychopathology should focus on perfectionism and compulsive traits which could be involved in both ED and GPIU and in their comorbidity.

Disclosure: No significant relationships.

Keywords: Perfectionism; Generalized problematic internet use; Bulimic Behaviours

O134

ECG changes associated with lithium intoxication – a study based on the lisie project

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Introduction: It currently remains unclear in how far supratherapeutic lithium serum concentrations can affect the cardiac conduction system. Prolonged QT interval, arrhythmias and cardiac death have all been anecdotally reported, but the systematic studies are few.

Objectives: To examine ECG changes occurring with supratherapeutic lithium concentrations that have given rise to lithium toxicity.

Methods: We examined all episodes of lithium intoxication defined as serum lithium level (≥ 1.5 mmol/L). We analyzed ECG before, during and after intoxication and recorded ECG changes. These, we then assessed according to type of intoxications, clinical and other pharmacological characteristics. The study is based on 20-year data (1997-2020) from the retrospective cohort study (LiSIE) in the Swedish region of Norrbotten.

Results: Of 1101 patients treated with lithium, 77 patients had experienced lithium intoxications. 12 patients had more than one episode of intoxication, yielding 91 episodes. 39 had ECG available both as reference and during lithium intoxication. We found no statistically significant prolongation of the QTc interval during lithium intoxication, compared to respective reference ECG ($p = 0.364$). Heart rate during lithium intoxication was significantly lower, mean 73 beats/min (SD 16,8, range 43 - 112), compared to the reference ECG, mean 79 beats/min (SD 15,3, range 48-112; $p = 0.006$). No patient died. All findings were independent of whether an intoxication was acute or chronic.

Conclusions: In our study, heart rate was significantly lower during episodes of intoxication. However, this decrease was of no clinical relevance in most cases. Lithium intoxication was not associated with prolonged QT time.

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Keywords: ECG; Lithium intoxication

Emergency psychiatry

O135

Intensive home treatment in comparison with care as usual: Cost-utility analysis from a pre-randomized controlled trial in the netherlands

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Introduction: The implementation of Intensive Home Treatment (IHT) aims to decrease the pressure on acute inpatient services that could lead to prevent hospitalization and reduce the number of hospitalization days and, ultimately, reduce cost in the mental health services. Although there are studies assessing the effectiveness of IHT, there is a shortage of research studying the cost-effectiveness.

Objectives: The aim of this study is to present an cost-utility analysis of IHT compared to care as usual (CAU)

Methods: Patients between 18 and 65 years of age whose mental health professionals considered hospitalization were included. These patients were pre-randomized in either IHT or CAU and followed up for 12-months. For this study, the base case analysis was performed from the societal and healthcare perspective. For the cost-utility analyses the Euroqol 5D was used to calculate quality adjusted life years (QALYs) as a generic measure of health gains.

Results: Data of 198 patients were used. From a societal perspective, the cost-utility analysis resulted in an incremental cost-effectiveness ratios (ICERs) of €58 730, and a 37% likelihood that IHT leads to higher QALYs at lower costs. The probability of IHT being cost-effective was >50% if there was no willingness to pay more for extra QALY than in the current situation under CAU.

Conclusions: Professionals working in crisis care are able to offer IHT with the same effect as other crisis care interventions at lower costs. IHT seem to be cost-effective compared with CAU over 52 weeks follow-up for patients who experience psychiatric crises.

Disclosure: No significant relationships.

Keywords: economic evaluation; randomized controlled trial; intensive home treatment; emergency psychiatry

O137

Longitudinal course of affective disorders in patients presenting with catatonia in a psychiatric emergency setting

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Introduction: Catatonia, a complex psychomotor syndrome and psychiatric emergency, is encountered across various psychiatric disorders. Most findings have been derived in the context of schizophrenia, warranting more comprehensive understanding in affective disorders.

Objectives: To evaluate the longitudinal course of affective disorders presenting with catatonia and factors influencing the same.

Methods: Medical records of 439 patients presenting with catatonia to the psychiatry emergency from 2014 to 2017 were reviewed till June 2020. 135 patients with a final diagnosis of affective disorder (67 bipolar and 68 unipolar) were identified. Poisson regression and survival analysis were used for longitudinal data.

Results: 77.6% of bipolar patients were initially diagnosed under psychotic spectrum disorders compared to 3% in unipolar. Bipolar patients had a significantly younger age of first catatonic episode, earlier illness onset, and longer duration of illness. Survival analysis showed no significant difference between groups in time to recurrence of mood episode, readmission or catatonia relapse, with both groups demonstrating a greater likelihood of catatonia relapse in first 20 months. Poisson regression showed that bipolar patients had fewer catatonic relapses longitudinally over 2.5-6.5 years (RR: 0.64, CI: 0.43-0.96), but warranted more electroconvulsive therapy sessions for catatonic relapses (RR: 2.33, CI: 1.49-3.50), with fewer episodes resolving with lorazepam (RR: 0.62, CI: 0.40-0.95) compared to unipolar patients over same time period.

Conclusions: Bipolar disorders appear to have an earlier onset but fewer episodes of catatonia over illness course. Poorer lorazepam response and higher number of ECT sessions for catatonia resolution longitudinally suggest a differential treatment response of catatonia in bipolar disorder.

Disclosure: No significant relationships.

Keywords: Catatonia; Affective disorders; longitudinal course; emergency psychiatry

O141

Which psychotherapy is effective in panic disorder? Findings and reflections from a systematic network meta-analysis

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Introduction: Panic disorder is among the most prevalent anxiety diseases. Although psychotherapy is recommended as first-line treatment for panic disorder, little is known about the relative efficacy of different types of psychotherapies.

Objectives: To evaluate the effectiveness and acceptability of different types of psychotherapies for adults suffering from panic disorder, with or without agoraphobia.

Methods: We are conducting a systematic network meta-analysis of randomized controlled trials examining panic disorder. A comprehensive search was performed to identify relevant studies. The primary efficacy outcome is anxiety symptoms at study endpoint. The primary acceptability outcome is all-cause trial discontinuation at endpoint. Pairwise and network meta-analysis will be conducted. We are considering any kind of psychotherapy delivered by any therapist, as long as they were trained to deliver the therapy, or as self-help.

Results: To date we have identified 126 panic disorder and agoraphobia trials. The publication time span ranges from 1968 to 2020. We are now extracting data to provide an overview of the included study characteristics. The statistical analysis will be conducted between December 2020 and January 2021, and its results presented for the first time at the forthcoming 2021 EPA congress.

Conclusions: 126 trials on psychotherapy for panic disorders in adults are available. Because of this huge body of knowledge, it is important that the results of these studies are summarized using network meta-analytic techniques. The findings of this study will guide future research as knowledge gaps will be easily identified. Moreover, policymakers will have the opportunity to use this summarized knowledge to inform evidence-based decision making.

Disclosure: No significant relationships.

Keywords: network meta-analysis; panic disorder; psychotherapy

O142

Constructing socioeconomic index (SEI) in predicting mental health in young adults

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