

them findable for future joint projects. The Co-RESPOND network will be open for more partner cohorts to join.

Conclusions: The Covid pandemic has stimulated lots of international remote collaborations, and federated networks for data analyses are increasingly used as a means of enhancing the value of existing data sets. User-friendly and cost-free software solutions are already available (e.g., OBiBa) to facilitate such endeavours. However, researchers initiating cohort studies should be aware of such technology and methods and consider the use of their data in overarching collaborations from the start. We conclude with concrete recommendations how to optimize the design of epidemiologic data collections to enhance their interoperability with other cohorts, e.g., by using international coding standards.

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EPV0898

Epilepsy hospitalizations and psychiatric comorbidities: a study protocol for a nationwide inpatient analysis

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Introduction: Psychiatric comorbidities are highly frequent in patients with epilepsy and are associated with negative outcomes. These comorbid conditions can lower the seizure threshold, increase the risk of treatment-resistant epilepsy, and reduce function and quality of life. Additionally, patients with epilepsy have an increased risk of premature mortality, including due to suicide. In this context, although hospitalizations are common in patients with epilepsy, little information on healthcare utilization associated with comorbid psychopathology is available.

Objectives: To characterize psychiatric comorbidities among all hospitalizations with a primary diagnosis of epilepsy and to analyze their association with key-hospitalization outcomes, including length of stay, in-hospital mortality, estimated hospital charges, and readmissions.

Methods: An observational retrospective study will be performed using an administrative database that comprises de-identified routinely collected hospitalization data from all Portuguese mainland public hospitals. All episodes of inpatients, discharged between 2008-2015, with a primary diagnosis of epilepsy (ICD-9-CM code 345.X) will be selected. Psychiatric comorbidities as secondary diagnoses will be identified, grouped into broader categories as

defined by the Clinical Classifications Software for ICD-9-CM, and computed into binary variables. Descriptive, univariate, and multivariate analyses will be used.

Results: Descriptive and analytical statistics will be conducted to describe and characterize this sample of hospitalizations. Socio-demographic variables such as age at admission, sex, and place of residence will be characterized. Multivariate models will be used to quantify the association between psychiatric comorbidities and hospitalization outcomes, and results will be presented as crude and adjusted odds ratios.

Conclusions: With this nationwide analysis, we expect to better understand the additional burden of psychiatric comorbidities on epilepsy-related hospitalizations, including psychiatric diagnoses that have not been extensively investigated.

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EPV0899

Online versus in-person Eating Disorder Examination for adolescents with eating disorders: Empirical verification of data equivalency

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Introduction: In the last ten to fifteen years, it has become common for researchers to collect both quantitative (Sue & Ritter, 2012) and qualitative data (Jowett, Peel, & Shaw, 2011) online. The Covid-19 pandemic has increased the importance of this process and accelerated it in many disciplines (Torrentira, 2022).

In addition to convenience, recent work suggests that online data collection may be more valid than face-to-face data collection for some populations. This would mean that online data collection may be the most valid and effective for this age group (Barratt, 2012).

Objectives: Adolescents with an eating disorder tend to be more open about their symptoms via impersonal online data collection than they are in a face-to-face conversation. Symptom underreporting has been documented in face-to-face interviews, because “of feelings of shame elicited by the loss of anonymity during face-to-face interviews” leading to face-to-face denial, whereas a self-report questionnaire allows for more privacy and hence honesty while answering questions (Berg et al. 2011). This is especially key in the diagnosis of Anorexia Nervosa (AN), as AN patients minimize, deny, and/or fail to recognize their symptoms (Passi, Bryson and Lock 2003).

Given the benefits of collecting data online for both researchers and participants, it is important to determine the quality of the data collected online to guide its use and interpretation. More evidence is needed to confirm the equivalence of online and face-to-face interview data. The current study examines the equivalence of semi-structured interview data collected online versus original face-to-face interviews.

Methods: The Eating Disorder Examination (EDE), assessing psychopathology of eating disorders, was administered to