

Introduction: Psychiatric patients, especially those with psychotic disorders, face an increased metabolic and cardiovascular risk, which ultimately leads to higher mortality from cardiovascular disease and reduced life expectancy. This is due to a multitude of risk factors, including those related to the course of the mental illness, lifestyle, socioeconomic and cultural circumstances, and the use of certain medications, such as atypical antipsychotics. This underscores the need for structured interventions during hospitalization to identify and manage these risks. Non-pharmacological interventions, such as physical activity and dietary education, have shown to be beneficial in managing weight and improving cardiovascular health. Pharmacological treatments, particularly the use of metformin and aripiprazol, have demonstrated efficacy in reducing metabolic disturbances such as weight gain, dyslipidemia, and hyperglycemia. The implementation of structured protocols to mitigate metabolic risk in psychiatric inpatients is recommended.

Objectives: The main goal of the protocol is to guide the assessment, diagnosis, and therapeutic management of metabolic and cardiovascular risk factors in psychiatric inpatients. It also aims to guide the follow-up of these patients after discharge and coordination with other medical specialties.

Methods: The protocol was developed in an interdisciplinary manner, involving the specialties of Psychiatry, Endocrinology, and Internal Medicine, and is based on recent guidelines and recommendations from other countries on this matter. The protocol was also adapted to the current conditions of the psychiatric inpatient setting.

Results: The protocol involves a thorough clinical evaluation, including medical history, physical examination, and extensive laboratory analysis to identify comorbidities. Cardiovascular risk is calculated using the SCORE2, PRIMROSE and QRISK3 models. Non-pharmacological interventions include physical activity programs and nutritional counseling, while pharmacological interventions involve adjusting antipsychotic medications, selecting antipsychotics with more favourable metabolic profiles, and the adjuvant use of medications like metformin, aripiprazol, and topiramate. These evaluations are conducted at regular intervals, including post-discharge, to assess the efficacy of these interventions.

Conclusions: Psychiatric inpatients, especially those on atypical antipsychotics, face significant metabolic and cardiovascular risks. A comprehensive assessment of risk factors and early intervention during hospitalization, combining lifestyle modifications and pharmacological treatments, can significantly reduce these risks and improve patient outcomes. Continued monitoring and coordination with outpatient services post-discharge are essential for sustained management of these health risks.

Disclosure of Interest: None Declared

Classification of Mental Disorders

EPP111

Inter-rater reliability of psychiatric diagnosis: a systematic review and metaanalysis

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Introduction: Psychiatric diagnosis plays a key role in the mental health care. One of the critical factors that influence the diagnostic process is inter-rater reliability, the degree to which different raters agree on the diagnosis when assessing the same patient. Despite the availability of standardized diagnostic manuals, variability in psychiatric diagnoses persists. The assessment of inter-rater reliability involves calculating statistical measures which quantify the level of agreement between raters beyond what would be expected by chance. Improving inter-rater reliability in psychiatric diagnoses is necessary for optimizing both patient care and research quality in mental health.

Objectives: Assess inter-rater reliability across main psychiatric disorders and identify the sources of variability.

Methods: This study was performed according to the PRISMA guidelines and a total of ninety-three studies were included. Regarding inclusion criteria, (1) the articles had to focus on inter-rater reliability, (2) study participants had to have an average age greater than 18 years, and (3) the reported diagnoses had to refer to a diagnostic manual. Quality scores were assessed for all included studies (Armijo-Olivo *S et al.* J Eval Clin Pract. 2012; 18 12-8). Seven different meta-analysis were conducted, one for each psychiatric diagnosis detected. The heterogeneity between studies was quantified using Cochran's Q and I^2 . Funnel plots was analyzed to assess the possible influence of publication and location biases (Higgins&Green. BMJ. 2011;343). To account for publication bias, the Eggers' test and the Fail-Safe Number³¹ was applied.

Results: Psychotic disorder: ($k=0.70$; 95% CI: 0.66-0.75) ($I^2=97\%$).

Anxiety Disorders: ($k=0.65$; 95% CI: 0.60-0.70) ($I^2=91\%$).

Obsessive-Compulsive Disorder (OCD): ($k=0.73$; 95% CI: 0.64-0.82) ($I^2=76\%$)

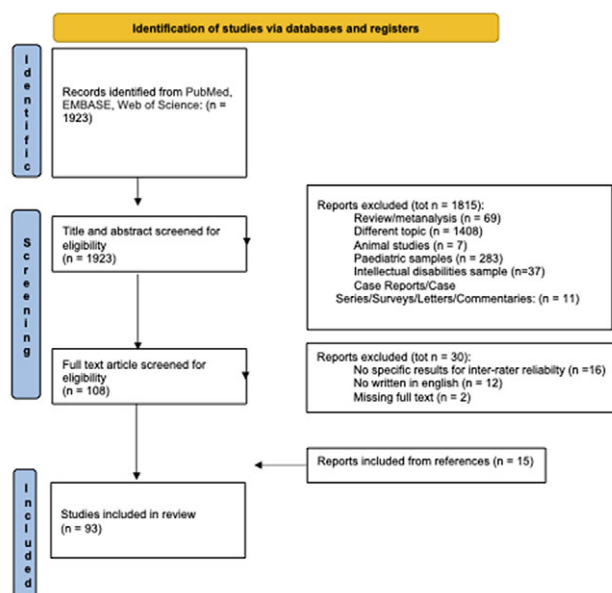
PTSD: ($k=0.60$; 95% CI: 0.52-0.66) ($I^2=84\%$).

DCA: ($k=0.73$; 95% CI: 0.67-0.79) ($I^2=76\%$).

Personality disorder (PD): two different meta-analysis were conducted because many studies used Intraclass Correlation Coefficient (ICC) as a value to express inter-rater agreement. [$k=0.65$ (95% CI: 0.59, 0.7)] ($I^2=96\%$) (ICC=0.85; 95% CI: 0.82-0.87) ($I^2=66\%$).

Image 1:

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only



Conclusions: The lower Kappa for **schizoaffective disorder** (Kappa < 0.7) compared to other psychiatric disorders underscores the diagnostic challenges posed by this category, given its overlapping symptoms with both mood and psychotic disorders. As regards personality disorder, **antisocial and borderline PD** showed highest agreement potentially due to its well-defined diagnostic criteria. The lowest agreement (k=0.60) of **PTSD** emphasizes the variability of his clinical presentation. In conclusion, studies show variability across disorders, highlighting the need for further research to improve diagnostic accurac (Regier *et al.* Am J Psychiatry. 2009;166 645-50) thereby enhancing clinical and research outcomes.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPP112

Multidimensional Study of the Attitude towards Euthanasia of Older Adults with Mixed Anxiety-Depressive Disorder

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Introduction: Euthanasia is an ancient theme that, especially since individual autonomy became the health paradigm in contemporary societies, has sparked profound reflections and declared dissensions between different socio-ideological quadrants. The experience of the countries where it is decriminalised shows a tendency to broaden the clinical, age and legal assumptions for its access. Older adults with psychiatric disease, a clinically and socially idiosyncratic group, where physiological weaknesses and social losses accumulate, and the chronological proximity to death becomes progressively more self-aware, are a group of particular concern.

Objectives: Our research aimed to reflect on the Constitutional feasibility of Euthanasia in Portugal, make available a validated psychometric instrument to assess attitudes towards euthanasia and do a multidimensional study of the attitudes towards euthanasia of older adult patients with mixed anxiety-depressive disorder.

Methods: The field research study applied a paper questionnaire composed of a sociodemographic section and a battery of scales (to assess depression, anxiety, cognitive performance, suicide risk, therapeutic adhesion, functionality, loneliness, attitude towards euthanasia, decision pattern, personality, empathy and health status) in the Psychogeriatric Unity of Senhora da Oliveira Hospital in Portugal. The sample was collected by convenience. The multidimensional study included 114 patients and 25 controls of the same age. Six months later, a reassessment was conducted. Patients and controls were compared using descriptive statistics and a multiple-regression model.

Results: The Constitution of the Portuguese Republic does not prohibit medically assisted death. The results support the validated scale's usefulness and validity. Eighty-one point six per cent of patients had four or fewer years of schooling. Contrary to controls, they presented mild depressive and anxiety symptoms, loneliness

feelings, worse cognitive performance, a more fragile personality, higher personal distress and a poorer health state. No statistically significant differences were found between controls and patients regarding their attitudes towards euthanasia. Patients more favourable to euthanasia had higher empathic concern, conscientiousness and fantasy and lower personal distress.

Conclusions: When addressing euthanasia in older adult patients with mixed anxiety and depressive disorder, it is crucial to ensure they are fully self-determinate and that all the necessary treatment and support are available. It may not be the case when the educational level is low and mild disease persists, significantly affecting their well-being and cognitive performance.

Disclosure of Interest: None Declared

Research Methodology

EPP114

Recruiting hard-to-reach populations for surveys: A case of people with schizophrenia and coexisting diabetes

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Introduction: In research, recruitment challenges are common and lead to delays and reduce sample size and power. People with schizophrenia are often described as hard to reach and retain in research, and in particular, studies targeting people with chronic comorbidities such as diabetes, meet difficulties related to recruitment.

Objectives: This study aims to describe challenges and strategies to recruitment of Danish adults with schizophrenia and type 2 diabetes to a cross-sectional survey study about psychosocial health and support.

Methods: The recruitment process was tracked in a register where all relevant information was synthesized systematically. This included information on how eligible participants were identified and invited for the study and reasons for declining. Two recruitment strategies were applied for recruiting participants to complete a questionnaire: 1) Through mental health professionals in psychiatric outpatient clinics in Region Zealand, Denmark, and 2) Through phone calls to eligible participants. Descriptive analyses of the recruitment data were conducted.

Results: Three types of challenges were found and described: 1) Identifying eligible participants, 2) Challenges with having mental health professionals to recruit, and 3) Participants' lack of ability to complete a questionnaire. The challenges were met by several practical approaches: 1) Identifying eligible participants though