

type I at the age of 16 when she experienced her first manic episode in her country of origin. Subsequently, during her first pregnancy, she required hospitalization for electroconvulsive therapy (ECT) treatment, with a positive response after a single session. She remained stable for several years without maintenance pharmacological treatment or follow-up until the ninth week of her second pregnancy when she experienced a manic episode requiring hospitalization.

Results: She was initially treated with Olanzapine and Lorazepam with a positive response, but three weeks later, she was readmitted with a similar episode. These decompensations occurred almost monthly, leading to the consideration of introducing mood stabilizers after the first trimester. However, due to the patient's severe hyperemesis gravidarum, this stabilizing treatment was ruled out due to the difficulty in controlling its blood levels and the associated risk of intoxication. During the fifth admission at the 20th week of gestation, the decision was made to initiate ECT treatment, which yielded an excellent response and subsequent maintenance.

Conclusions: The indications for electroconvulsive therapy (ECT) during pregnancy are the same as in the rest of adult patients. In individuals with a psychiatric history, it is possible for a relapse of mental illness to occur during pregnancy, although the risk is considerably higher during the postpartum period. ECT is considered an effective and safe treatment option in all three trimesters of pregnancy and the postpartum period. During the informed consent process, patients should be informed about the potential impact of ECT as well as alternative treatment options.

Disclosure of Interest: None Declared

EPP0038

The impact of hormones on emotional and social development: a study in adolescent daughters of women with polycystic ovary syndrome

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Introduction: Polycystic Ovarian Syndrome (PCOS) is the most prevalent endocrine disorder in adolescents. It affects brain maturation, specially in highly neuronal plasticity periods. However, there is a lack of information about the impact of this exposure during brain plasticity windows.

Objectives: Characterize the consequences of hyperandrogenism in emotional status and social cognition (SC) on adolescents daughters of women with PCOS (dPCOS).

Methods: Analytical cross sectional study. dPCOS and controls between ages of 12 to 25 years old were recruited. Participants underwent a complete clinical evaluation, plasmatic hormones determinations (including total testosterone, SHBG, androstenedione and 17-OH-progesterone) and ovarian ultrasound

characterization. SC was estimated by: measurements of affects (PANAS), strength and difficulties (SDQ), self-reported empathy (EQ/SQ and AQ), and gaze patterns for autonomic response measurement via Eye-Tracking.

Results: 33 participants were recruited, 15 cases and 18 controls. Median age was 17 and 18 years, respectively. The dPCOS presented a larger anogenital distance (cm) (9.7 vs 7.8; $p=0.014$), Ferryman-Gallwey score mean (13.0 vs 2.0; $p<0.001$) and free androgen index value (7.5 vs 4.1; $p=0.004$), suggesting hyperandrogenism exposure during intrauterine and adolescence periods. Regarding SC, dPCOS exhibited a predominantly negative affective status (PANAS 8.0 vs 2.0, $p=0.049$) and a higher score in socio-emotional problems (SDQ 2.5 vs 1.5; $p=0.047$). The eye-tracking registration showed that dPCOS presents longer time to first fixation in areas of interest (s) (0.35 vs 0.28; $p=0.037$), which was associated with a worse endpoint in emotional recognition ($aR^2=-0.920$; $f=19.48$; $Pr >|t|<0.049$). Furthermore, the 2D:4D ratio (intrauterine marker of androgen exposure) was correlated with a predominance of negative affect ($\rho=0.51$; $p=0.019$) and less prosocial behaviors ($\text{coef}=-2.39$; $P>|t|=0.049$).

Conclusions: Clinical and hormonal markers suggest that dPCOS are exposed to hyperandrogenism during the most critical neuroplasticity periods. This exposure is associated with negative affects, more social-emotional difficulties and less score on emotional recognition and prosocial behavior. Due to a high psychiatric comorbidity in PCOS patients, these findings are relevant and emphasize the importance of early mental health treatment in these patients.

Disclosure of Interest: None Declared

EPP0040

Diversity and gender at the largest European university hospital: The effects of discrimination on mental health

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Introduction: Discrimination is known to have different effects on health. In particular the mental health of affected people diminishes. Although it is known that marginalized groups are discriminated against more, at present only research on gender and ethnicity has been done. Further diversity domains like socioeconomic status, care responsibilities, sexual orientation, disability, mental and physical health, and their intersections have been scarcely looked at.

Objectives: The aim of the study was to determine the effects of discrimination on the mental health for employees and students of a university hospital taking diversity domains into account.

Methods: A web-based survey between June 22 to October 23 was conducted using the PHQ-4 and WHO-5 as well as innovative Diversity Minimal Item set to measure different diversity domains.

Results: Preliminary data shows that discrimination among employees and students is common, widespread and most frequent

based on gender, ethnicity and health. The mental health of those who feel discriminated against tends to be poorer, especially looking at the intersectionality of diversity domains.

Conclusions: The results of this study suggest that both more measures to prevent discrimination in a university hospital have to be implemented and individuals from marginalized groups need special psychosocial support to ensure a safer working environment. In addition, greater attention to diversity and inclusion in medical research is needed to develop appropriate responses and interventions, including diversity policies.

Disclosure of Interest: None Declared

Others

EPP0043

Piled-up Risk Factors: a Case Report of Diogenes Syndrome

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Introduction: Diogenes Syndrome (DS) is an uncommon neuro-behavioral syndrome characterized by social isolation, extreme neglect of personal care and a tendency to excessively accumulate useless objects in the home, usually leading to unsanitary living conditions. It is further characterized by a lack of insight into the condition, leading to a refusal to seek assistance.

Objectives: To outline the clinical features of primary DS, unassociated with other psychiatric conditions, emphasizing key risk factors contributing to its development.

Methods: Descriptive report of a case of DS, based on an interview with the patient, review of his clinical file, and a non-systematic literature review using the PubMed database.

Results: We report a case of a 62-year-old man, widowed since the age of 33, without children, living alone in a rural area in the north of Portugal. Currently retired, he worked as a Philosophy Professor. He had no known psychiatric history until 2015, when he attended two psychiatric appointments, due to anxiety and changes in sleep pattern. He has since lost psychiatric follow-up and in May 2022 he was brought to the emergency department by his neighbor, due to changes in his behavior. He was seen several times rummaging through trash and he didn't leave the house for a few weeks, resulting in a cluttered and unsanitary living space. He looked malnourished, unkempt and dirty. Despite not recognizing his behavior as problematic, he accepted hospitalization. No obsessive-compulsive, depressive or psychotic symptoms were detected, nor were dysfunctional personality traits. Reversible causes of dementia were excluded, a cranioencephalic CT scan revealed no abnormal findings and a neuropsychological assessment showed no changes in cognitive functions. Post-discharge, local health services provided home support, with meal delivery and house cleaning. However, he did not buy the medication and canceled the home support service several times, ending up being hospitalized again. After this second hospitalization in August 2023, he went to live with his brother in another city and has

remained stable, medicated with an SSRI and low dose Aripiprazole.

Conclusions: Primary Diogenes Syndrome is rare and its etiopathogenesis remains poorly understood. It is known that there is no distinction between genders, profession or socioeconomic status, and that it is more common in the elderly, single people, widowers and people with poor or non-existent social links with their local community. Familiarity with DS characteristics enables earlier recognition of such individuals, thereby facilitating prompt provision of social and clinical support in order to reduce morbidity, mortality, and enhance public health.

Disclosure of Interest: None Declared

EPP0045

Community psychiatric care for people with mental disorder and homelessness, with the involvement of peer support. Cooperation of the Awakenings Foundation and BMSZKI

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Introduction: A person diagnosed with a psychiatric illness, must face labels and discrimination most of the time. Fear of these undermines the motivation of people in need to seek help. A special example of this phenomenon is the case of people experiencing homelessness and mental disorder, avoiding the additional stigma of homelessness and therefore do not seek any help for their mental ill-health. Availability of the specific services complicates their problem.

Fear of stigma, trauma, and previous bad experiences of using services also keep people experiencing homelessness away from services.

In Hungary, the February Third Working Group (F3) Report on the 2020 Homelessness Survey After the Penal Code - Before the Pandemic Homelessness - Services Perspectives by Péter Győri shows in his summary paper that only 29% had received psychiatric treatment.

Objectives: Methodology Center of Social and Its Institutions (BMSZKI), in collaboration with the Awakenings Foundation, developed a complex rehabilitation service for people experiencing homelessness and mental disorder. This presentation aims to present this good practice.

Methods: Complex rehabilitation based on the methodology of community psychiatric care with the involvement of peer support.

Results:

- provision of community psychiatric care for people experiencing homelessness and mental disorder,
- introduction of screening for effective care of undiagnosed persons with mental disorders,
- provision of outpatient and day hospital care
- focus of care in accommodation services on persons with mental disorders,
- the involvement of peer-support work in the service,