

University Hospital, Århus N, Denmark; ³Department Of Clinical Medicine, Aarhus University Hospital, Århus N, Denmark and ⁴Department Of Clinical Medicine, Aarhus University, Aarhus, Denmark

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.631

Introduction: With regard to glycemic control in type 2 diabetes (T2D), treatment with antidepressant drugs is a double-edged sword. Real-world, population-based data on the impact of antidepressant treatment on glycemic control in T2D is absent from the literature.

Objectives: To estimate the impact of treatment initiation or termination with an antidepressant on HbA_{1c} levels in individuals with T2D.

Methods: Population-based, within-subject, study design examining HbA_{1c} levels in the 16 months leading up to - and the 16 months following - antidepressant treatment initiation or termination, respectively. All individuals with newly developed T2D between 1 January 2000 and 31 October 2016 were identified. Study population 1 consisted of individuals that initiated antidepressant treatment after incident T2D and age- and sex matched individuals with T2D and without antidepressant treatment. Study population 2 consisted of individuals with prevalent antidepressant use at the time of incident T2D, who terminated antidepressant treatment during follow-up, and age- and sex matched individuals with T2D and without antidepressant treatment.

Results: Antidepressant treatment initiation was associated with a decrease in HbA_{1c} levels (7.05% to 6.89%). The age- and sex matched individuals did not have a change in mean HbA_{1c} levels after the matched date. Antidepressant treatment termination was associated with a decrease in HbA_{1c} levels (7.05% to 6.73%). Age- and sex matched individuals did not see a change in HbA_{1c} levels after the matched date.

Conclusions: These findings suggest that antidepressant treatment initiation is not associated with adverse effects with regard to glycemic control in T2D. Rather, the data are indicative of a beneficial effect.

Conflict of interest: Aarhus University funded the study. CR was supported by the Danish Diabetes Academy, funded by the Novo Nordisk Foundation, grant number NNF17SA0031406. The funders had no role in the study design, data analysis, interpretation of data, or writing of the

Keywords: Depression; Type 2 Diabetes; Glycemic control; Population-based study

EPP0205

Characteristics of hallucinatory-paranoid disorders in patients with vascular dementia of different stages of development

N. Maruta^{1*} and K. Shevchenko-Bitenskiy²

¹Borderline Psychiatry, "Institute of Neurology, Psychiatry and Narcology of NAMS of Ukraine" SI, Kharkiv, Ukraine and ²Psychiatry, Narcology And Psychology, Odesa National Medical University, Odesa, Ukraine

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.632

Introduction: The most frequent and severe non-cognitive disorders in dementia are hallucinatory-paranoid disorders (HPD), which cause social dysfunction and financial burden of this pathology.

Objectives: To study the features of HPD in vascular dementia (VD), an approach using clinical-psychopathological, psychometric, psychodiagnostic and mathematical-statistical methods was used.

Methods: The study was based on the examination of 75 patients with HPD in VD and 63 patients with VD without HPD.

Results: In patients with VD in the middle stage of development in the structure of clinical manifestations was dominated by frequent paranoid and paranoid disorders (in 75.6% of patients, $p < 0.05$) with a systemic delusional plot (in 70.1% of patients, $p < 0.01$), material damage, robbery, theft (in 26.8% of patients, $p < 0.01$), relationships (in 21.9% of patients, $p < 0.01$) and jealousy (in 17.1% of patients, $p < 0.01$), which ran in the form of paranoid delusional disorder (63.4%), acute paranoia (12.2%) and hallucinations (24.4%). In patients with VD in the late stage of development, the clinical and psychopathological structure of GPR was characterized by a predominance of frequent, hallucinatory disorders (82.4% of patients, $p < 0.01$) in the form of healthy (23.5%, $p < 0.1$), tactile (20.6%, $p < 0.01$) and auditory (26.5%, $p < 0.5$) hallucinations, which took the form of hallucinations (44.2%, $p < 0.05$), confusion (61.5%, $p < 0.05$) and paranoid delusional disorder (17.6%, $p < 0.01$).

Conclusions: The study of the clinical and psychopathological structure of HPD in patients with dementia of different stages of development revealed their dependence on the stage of development of the pathological process.

Keywords: vascular dementia; hallucinatory-paranoid disorders

EPP0207

Depression and anxiety disorders in chronic hemodialysis patients

W. Bouali*, R. Omezzine Gniwa, R. Ben Soussia, A. Hadj Mohamed and L. Zarrouk

Department Of Psychiatry, University Hospital Of Mahdia, Tunisia., Psychiatry, Mahdia, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.633

Introduction: Depression and anxiety are among the most common comorbid illnesses in people with end-stage renal disease. They are under-recognized in hemodialysis (HD) patients.

Objectives: The aim of this study was to assess the prevalence of depression and anxiety disorders among HD patients and its associated factors.

Methods: A cross-sectional study including patients on hemodialysis at the dialysis unit of the University Medical Center of Mahdia, Tunisia, conducted from December 2016 to January 2017. A standard self-administered questionnaire-the Hospital Anxiety and Depression Scale (HADS) was used in the study to measure the presence and severity of anxiety and depression in the study population.

Results: were collated from 55 patients. Overall, 32.7% of patients reported depression and 23.6% reported anxiety. Among symptoms, depression had a significant correlation with diabetes, high blood pressure, and duration of dialysis ($p < 0.05$). Regarding anxiety, this significant correlation was only seen with the duration of dialysis.

Conclusions: The current study showed that the prevalence of depression and anxiety in hemodialysis patients is important and correlates with clinical variables, so effective interventions for mental health should be taken into consideration and the impact of these interventions should be investigated.

Keywords: Depression; Anxiety; Hemodialysis; Associated factors

EPP0208

Depression and anxiety among diabetics in primary care : a cross-sectional study

R. Gniwa Omezzine¹, W. Bouali^{2*}, A. Belguith Sriha³ and L. Zarrouk²

¹Department Of Family Medicine. Tunisia., Monastir Faculty of Medicine, Mahdia, Tunisia; ²Department Of Psychiatry, University Hospital Of Mahdia, Tunisia., Psychiatry, Mahdia, Tunisia and

³Department Of Community Medicine, Monastir Faculty of Medicine, Mahdia, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.634

Introduction: Diabetes mellitus is one of the most frequent chronic diseases in Tunisia. Individuals with diabetes mellitus may have concurrent mental health disorders and are shown to have poorer disease outcomes.

Objectives: The aim of this study was to determine the prevalence of depression and anxiety in diabetics attending the primary care setting.

Methods: This was a cross-sectional survey carried out over two months and including diabetic patients followed up at the consultation for chronic diseases at the primary care center of Hiboun, in Mahdia, Tunisia. The validated Hospital Anxiety and Depression scale (HAD) questionnaire was used as a screening tool for the symptoms of depression and anxiety.

Results: A total of 64 patients (24 men and 40 women) was enrolled. The average age was 54.5 ± 7.2 years. The mean duration of diabetes was 8.2 ± 2.3 years. The average HbA1c level was 9.1%. Over 48% of patients were overweight. The prevalence of Depression and anxiety among patients with diabetes from our study was 29.6% and 40.6%, respectively. Depression was found to be significantly associated with marital status of widowed, HbA1c level of more than 8.5%, and a family history of psychiatric illness. anxiety was significantly associated with females, unemployment and HbA1c level of more than 8.5%.

Conclusions: Screening of high risk Type II diabetics for depression and anxiety symptoms in the primary care setting is recommended at regular intervals.

Keywords: diabetes; anxiety; depression; cross-sectional study

EPP0209

Depressive symptoms and related factors in elderly diabetic patients

R. Gniwa Omezzine¹, W. Bouali^{2*}, A. Belguith Sriha³ and L. Zarrouk²

¹Department Of Family Medicine. Tunisia., Monastir Faculty of Medicine, Mahdia, Tunisia; ²Department Of Psychiatry, University Hospital Of Mahdia, Tunisia., Psychiatry, Mahdia, Tunisia and

³Department Of Community Medicine, Monastir Faculty of Medicine, Mahdia, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.635

Introduction: Diabetes is a major public health problem in Tunisia. Its prevalence increases with age. In addition, depression, at the top of mental disorders list, mainly remain undiagnosed, in particular in the elderly and consequently untreated.

Objectives: The aim of this study was to estimate depressive symptoms and related factors in elderly diabetic patients.

Methods: This is a cross-sectional study, conducted among type 2 diabetic patients aged ≥ 60 years old, attending Mahdia's primary health center, from January 2019 to March 2019. Depressive symptoms were assessed by using the Geriatric Depression Scale (GDS).

Results: 95 diabetic patients were recruited. The average age was 75 ± 7.4 years and the sex ratio was 0.9. In our sample, 68.4% of patients were categorized according to having depressive symptoms. The proportion of participants with mild and severe depression symptoms were 25.3% and 43.1%, respectively. Analytical results demonstrate many factors which were significantly associated with depressive symptoms: female gender, living alone, history of hypertension, presence of complication, and using insulin ($p < 0.05$).

Conclusions: Our study shows that depressive symptoms are common in elderly subjects with diabetes, and there have been many significant risk factors associated with it. So there is need for physicians to detect, confirm, and treat depression in elderly diabetic patients.

Keywords: diabetes; depression; elderly

EPP0211

Morbidity and mortality in schizophrenia with comorbid substance use disorders in Finland and Sweden

M. Lähteenvuo^{1*}, A. Batalla², J. Luykx³, E. Mittendorfer-Rutz⁴, A. Tanskanen⁴, J. Tiihonen⁴ and H. Taipale⁴

¹Department Of Forensic Psychiatry, Nivanniemi hospital, Kuopio, Finland; ²Psychiatry, University Medical Centre Utrecht, Utrecht, Netherlands; ³Department Of Psychiatry, Utrecht University, Utrecht, Netherlands and ⁴Department Of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.636

Introduction: Schizophrenia is highly comorbid with substance use disorders (SUD) but large epidemiological cohorts exploring the prevalence and prognostic significance of SUD are lacking.

Objectives: To investigate the prevalence of SUD in patients with schizophrenia in Finland and Sweden, and the effect of these co-occurring disorders on risks of psychiatric hospitalization and mortality.

Methods: 45,476 individuals with schizophrenia from two independent national cohort studies, aged <46 years at cohort entry, were followed during 22 (1996-2017, Finland) and 11 years (2006-2016, Sweden). We first assessed SUD prevalence (excluding smoking). Then we performed Cox regression on risk of psychiatric hospitalization and mortality in patients with schizophrenia and SUD compared with those without SUD.

Results: The prevalence of SUD in specialized healthcare ranged from 26% (Finland) to 31% (Sweden). Multiple drug use and