European Psychiatry \$581

increased risks of comorbidities due to premature birth and low birth weight. Fig.2

Image 1:

Figure 1: Prevalence of Comorbidities in Children
With and Without Tourette Syndrome

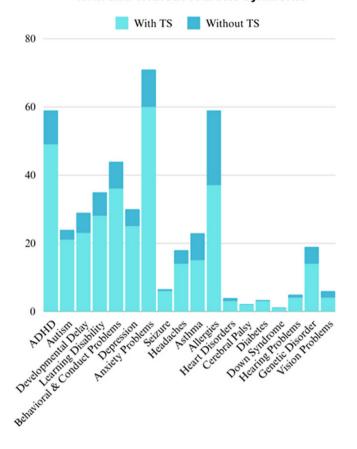
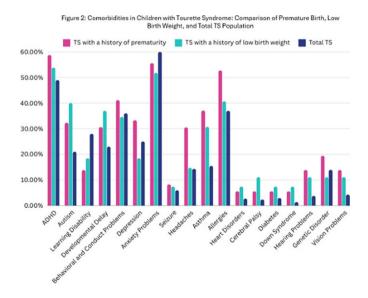


Image 2:



Conclusions: The study highlights significant socio-demographic disparities and the increased burden of comorbid conditions in children with TS. These findings emphasize the need for early diagnosis and comprehensive management strategies to address the complex challenges of TS, particularly the high prevalence of neurodevelopmental, psychiatric, and physical health comorbidities.

Disclosure of Interest: None Declared

Classification of Mental Disorders

EPV0403

"Unspecified Dissociative Disorder: A Case Report"

F. J. Gonzalez Zapatero¹, L. Del Canto Martinez¹, M. B. Arribas Simon^{1*}, P. Martinez Gimeno¹, B. Rodriguez Rodriguez¹, M. A. Andreo Vidal¹, M. Rios Vaquero¹, A. Monllor Lazarraga¹, M. P. Pando Fernandez¹, M. Calvo Valcarcel¹, N. Navarro Barriga¹, M. Fernandez Lozano¹, M. J. Mateos Sexmero¹ and L. Rojas Vazquez¹

¹Hospital Clinico Universitario de Valladolid, Valladolid, Spain *Corresponding author.

doi: 10.1192/j.eurpsy.2025.1187

Introduction: Psychosis is a complex mental disorder characterized by a profound impairment in reasoning, emotional regulation, memory, and daily functioning. It is often accompanied by symptoms such as delusions and hallucinations, which can significantly disrupt an individual's ability to engage in everyday activities. This case study focuses on a 37-year-old Senegalese woman who presented with disorganized behavior and incoherent speech, illustrating the challenges in diagnosing and treating unspecified psychosis. Objectives: The primary aim of this study is to analyze the clinical presentation, differential diagnosis, and treatment outcomes of a patient diagnosed with unspecified psychosis. Additionally, it seeks to highlight the importance of cultural considerations and language barriers in psychiatric assessment.

Methods: The patient arrived at the emergency department in a distressed state, accompanied by a friend due to her inability to communicate in Spanish. Clinical assessment revealed disorganized speech, severe anxiety, and potential auditory hallucinations. The clinical interview indicated that the patient had exhibited increasingly erratic behavior over several weeks, including withdrawing from work and engaging in bizarre actions such as throwing objects and speaking to herself. Comprehensive laboratory tests, including routine blood work and urine analysis, were conducted to exclude other psychiatric and medical conditions.

Results: The laboratory results were largely normal, with the exception of a positive serology for hepatitis B. A thorough differential diagnosis ruled out other psychiatric disorders, including schizophrenia, substance-induced psychosis, and major depressive episodes. After establishing the diagnosis of unspecified psychosis, the treatment regimen was initiated with Amisulpride (100 mg) and Lorazepam (1 mg). Following treatment, the patient demonstrated a significant reduction in delusional thoughts and an improvement in her overall psychiatric condition.

Conclusions: The findings support the effectiveness of atypical antipsychotic medication in treating unspecified psychosis,

S582 E-Poster Viewing

particularly in alleviating delusional ideas and associated psychiatric symptoms. Furthermore, this case underscores the critical role of family support and the necessity for ongoing monitoring and follow-up in the management of psychotic disorders. It emphasizes the need for culturally sensitive approaches to psychiatric care, especially in cases involving language barriers.

This case illustrates the complexities involved in diagnosing and treating unspecified psychosis, particularly in patients from diverse cultural backgrounds. Early intervention and a combination of pharmacological and psychosocial support are essential for improving patient outcomes. Continued research and awareness are necessary to enhance the understanding and management of psychotic disorders in various populations.

Disclosure of Interest: None Declared

EPV0406

Detecting childhood trauma in MDD patients through automated speech and language analysis

A. König^{1,2*}, E. Ettore³, H. Lindsay¹, J. Tröger¹, M. Benoit³ and P. Robert⁴

¹ki:elements, Saarbrücken, Germany; ²Université Côte d'Azur, Centre Hospitalier et Universitaire, Clinique Gériatrique du Cerveau et du Mouvement, Centre Mémoire de Ressources et de Recherche; ³Université Côte d'Azur, Centre Hospitalier et Universitaire, Département de Psychiatrie, Nice, France and ⁴CobTek lab, Université Côte d'Azur, Nice, France

*Corresponding author. doi: 10.1192/j.eurpsy.2025.1188

Introduction: Speech patterns offer valuable insights into cognitive and emotional states, particularly in mental health conditions such as Major Depressive Disorder (MDD). Traditional assessments often fail to capture its full severity, prompting the need for objective, non-invasive tools.

Objectives: The objective of this study is to explore the potential of automatic speech analysis as a new method for distinguishing between varying severities of Major Depressive Disorder (MDD), and to assess how childhood trauma may further influence speech characteristics in individuals with depression.

Methods: Participants were recruited from the psychiatric clinic at the University Hospital in Nice, France. The cohort consisted of 27 patients diagnosed with MDD, divided into mild-to-moderate and severe depression groups based on Beck Depression Inventory (BDI) and Montgomery-Åsberg Depression Rating Scale (MADRS) scores. Speech recordings from semi-structured (V0) and free (V1) clinical interviews were analyzed using automatic speech recognition and feature extraction. Linguistic, prosodic, and spectral features were examined. Additionally, childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ), and associations with speech characteristics were explored. Results: In the severe depression group, longer pause durations and lower word frequency were observed in V0 interviews. Word frequency and proper noun usage were significantly different between groups, but the small differences in means made interpretation difficult. Free speech analysis (V1) showed that more severe depression correlated with fewer repetitions and reduced semantic richness. In BDI-based analysis, severe depression was associated with lower F2 frequency and bandwidth, alongside lower Harmonics-to-Noise Ratio (HNR), which persisted in both V0 and

V1. Prosodic parameters revealed less speech duration and articulatory effort in severe cases. Analysis of childhood trauma showed that traumatic load correlated with longer speaking time and greater discourse complexity, in contrast to depression severity, which was associated with shorter speech and fewer repetitions.

Conclusions: Speech parameters, particularly pause duration and word frequency, demonstrate potential for distinguishing depression severity. Childhood trauma influences linguistic complexity, suggesting different underlying mechanisms between trauma and depression. Further studies are needed to validate these findings and explore the clinical applicability of speech analysis in psychiatric assessments.

Disclosure of Interest: A. König Employee of: Employee at the company ki:elements, E. Ettore: None Declared, H. Lindsay: None Declared, J. Tröger: None Declared, M. Benoit: None Declared, P. Robert: None Declared

Climate Change

EPV0407

Assessing the Mental Health Effects of Climate Change: A Narrative Review

H. J. Gomes¹*, M. Pires², C. Freitas³, M. Albuquerque³ and R. M. Freitas³

¹Department of Psychiatry and Mental Health, Nordeste Local Health Unit, Bragança; ²Department of Psychiatry and Mental Health, Guarda Local Health Unit, Guarda and ³Integrated Responsability Center -Mental Health, Hospital Pedro Hispano, Matosinhos Local Health Unit, Matosinhos, Portugal

*Corresponding author. doi: 10.1192/j.eurpsy.2025.1189

Introduction: Climate change refers to any change in climate over time, whether due to natural variability or human activity. It is estimated that between 2030 and 2050, climate change will cause an additional 250,000 deaths annually. Therefore, climate change has emerged as one of the most pressing global challenges of the 21st century, with far-reaching environmental, social, and economic consequences. Beyond its direct physical impacts, growing evidence links climate change to adverse mental health outcomes.

Objectives: This review aims to synthesize current research on the impact of climate change on mental health, identifying key mental health disorders associated with climate-related stressors and highlighting vulnerable populations.

Methods: We performed a narrative literature review by searching PubMed, Google Scholar, and ScienceDirect articles published in English in the last ten years.

Results: Climate change significantly affects mental health, with literature suggesting that for every one-degree Celsius increase in temperature, the incidence of mental health problems rises by approximately 0.9%. Extreme weather events like hurricanes, floods, and wildfires linked to climate change can negatively impact mental health, particularly by contributing to higher rates of depression and post-traumatic stress disorder. Additionally, more gradual shifts in climatic conditions, such as rising temperatures and declining air quality, have also been found to harm mental wellbeing, contributing to "eco-anxiety" and feelings of helplessness. Vulnerable populations, such as children, the elderly, the mentally