Methods: A review of the literature using local resources along with expert opinion was undertaken to synthesize the evidence.
Results: Political instability, chronic underfunding and widespread stigma have contributed to maintaining a traditional model of private clinics affiliated with inpatient and long-stay psychiatric units. A number of initiatives have been launched to cater for patients with psychotic disorders and to offer partial hospitalization for others with mood-related conditions. In parallel, the Ministry of Public Health, with international funding, has been instrumental in efforts to standardize care at a national level, particularly for early detection and treatment in primary care. The priorities of the national mental health programme are consistent with the global trend in shifting services to the community. Hurdles remain, in line with those facing countries with similar socio-demographics and resources. These include limited third-party coverage of mental health, absence of training opportunities in multidisciplinary community settings and some clinicians' reluctance to update their ways of working.
Conclusions: Development of a local workforce dedicated to providing a patient-centred approach in the least restrictive settings, is essential for consolidating community care in Lebanon. This would be reinforced by (overdue) legislation and implementation of a mental health law.

Keywords: Eastern Mediterranean; global mental health; community mental health; psychiatric services

EPP0646

Dosage of antipsychotics in China routine practice

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doi: 10.1192/j.eurpsy.2021.980

Introduction: The antipsychotic dosage of Chinese schizophrenia patients has rarely been studied, although nonstandard dosage has impact on prognosis.
Objectives: To describe the dosage of antipsychotics in China routine practice.
Methods: This was a retrospective cohort study using de-identified data from a Chinese mental health hospital. The included patients were adults (≥18 years) with at least one diagnosis of schizophrenia (ICD-10: F20) and one prescription of any antipsychotic between 2014 and 2019. Date of first identified antipsychotic prescription was defined as index date, patients were followed up until last prescription of antipsychotics, end of 2019, or discontinuation (>60 days without antipsychotic prescription), whichever was earliest. Dosage was summarized using defined daily dose (DDD), calculated by cumulative average daily dose (CAD) with a unit of DDDs/day, i.e., total DDDs of all antipsychotics in follow-up period divided by total days of follow-up. CAD was categorized into low (<0.5 DDDs/day), moderate (0.5-1.5 DDDs/day), and high (>1.5 DDDs/day) groups.
Results: 13554 patients were included with an average follow-up of 269.9 days. Median CAD was 0.8 DDDs/day (IQR=0.5-1.3), patients with hospitalization during follow-up and used multiple antipsychotics at the same time had larger median CAD, 1.0 DDDs/day and 1.2 DDDs/days, respectively. There were 3245 (23.9%), 7627 (56.3%), and 2682 (19.8%) patients in low, moderate, and high groups, respectively. The median CAD of high dosage group was 2.5 DDDs/day (IQR=1.9-10.5).
Conclusions: CAD of most Chinese schizophrenia patients was low or moderate. Association between CAD and hospitalization and multiple concurrent antipsychotics merit further research.

Keywords: DDD; dosage; antipsychotic; real-world database

EPP0647

Do we really listen?

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doi: 10.1192/j.eurpsy.2021.981

Introduction: The improvement perceived by the patients is a subjective measure of the psychic state, while the clinical evaluation corresponds to an objective evaluation of the psychopathological improvement performed by a psychiatrist. It is therefore relevant to evaluate whether these parameters evolve in a common way after patients have undergone an intervention in Day Hospital focusing on first psychotic episodes.
Objectives: Study the relationship between subjective improvement and clinical evaluation.
Methods: This is a prospective study, which includes consecutive patients admitted to the Day Hospital during 2018. Their objective clinical improvement was assessed by means of the PANSS and GAF scales at admission and discharge. Subjective clinical improvement was assessed using an anonymous Likert scale with a score between 1 and 7. Sociodemographic data and other satisfaction parameters were also collected. A statistical analysis was performed using Pearson's correlation.
Results: A total of 73 patients were included. The perception of improvement on the part of the patients is very high presenting average values close to the maximum in almost all the evaluated items. The correlation between subjective improvement and PANSS variation presented a Pearson value 0.008; p = .957 and with the GAF variation presented a Pearson correlation of -0.066; p = .578 which indicates that there is no significant correlation between the variables.

Diagnostic groups		
	Frequency	Percentage
Drugs	1	1,4
Psychosis	37	50.7
Affective	21	28.8
Neurosis	10	13.7
Personality	3	4.1
Total	72	

Conclusions: Clinical evaluation and subjective perception of improvement are independent parameters.

Keywords: satisfaction; clinical evaluation; subjective; Day hospital

EPP0649

Gender matters

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doi: 10.1192/j.eurpsy.2021.982

Introduction: Recently, the seasonal pattern of bipolar disorder has been accepted, with the clinical, diagnostic, treatment and prognostic consequences that this entails. It is interesting to study its epidemiological characteristics, such as the influence of gender on this pattern.
Objectives: To study the influence of gender in the Seasonal Pattern of Bipolar Disorder.
Methods: A systematic review was carried out by means of a bibliographic search in Ovid MEDLINE of articles published in the last ten years (2010-2020), using the following keywords: bipolar disorder, seasonal pattern and gender: Those studies carried out in patients who presented a seasonal pattern were selected, and the influence of gender on this was studied.
Results: The initial search showed a total of 92 articles, of which 7 met the inclusion criteria. It was found that, indeed, gender influences both the clinical characteristics and the course, management and prognosis of the seasonality of bipolar disorder.
Conclusions: The diagnosis of the Seasonal Pattern in Bipolar Disorder continues to be an important challenge. Women more frequently present PE, associated with manic, depressive or mixed episodes, while men in depressive episodes. Men are more frequently associated with Bipolar Disorder type II and depressive episodes, and women with rapid cycling and eating disorders. Male manic episodes are associated with psychotic symptoms, and with greater severity in admissions. Women have a higher risk of Seasonal Pattern than men, with the clinical and prognostic repercussions that this entails.

Keywords: bipolar disorder; seasonal pattern; Gender

EPP0650

Evaluation of a newly implemented crisis-resolution and home-treatment team in munich – a mixed-methods-analysis

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doi: 10.1192/j.eurpsy.2021.983

Introduction: Challenged by the lack of collaboration between treatment sectors in psychiatric care in Germany, a legal basis for the implementation of Stationsäquivalente Behandlung (StäB), a programme for crisis resolution and home treatment (CRHT), was formed in 2017. It offers intensive care to patients with severe mental illness in their own living environments, carried out by a team of diverse professionals.
Objectives: The present analysis is the first to evaluate the CRHT-program that has been established in the greater Munich area in 2018.
Methods: Qualitative and quantitative data were collected within the framework of a mixed-methods-analysis. Records of all patients (N=139) included in the CRHT over a thirteen-month period ('18–'19) were examined regarding sociodemographic, clinical parameters, and treatment data. A focus group with StäB-employees (N=8) and individual interviews with patients (N=10) were conducted, then transcribed, and analysed using thematic analysis.
Results: 139 patients (74% female) were treated in 164 cases for 38 days on average. Main diagnoses were schizophrenic diseases (43%) and mood disorders (35%), with patients ranging from markedly to severely ill (mean CGI-S: 5.8). 9.4% were in postpartum. Qualitative analysis is still in progress. Preliminary results demonstrate positive responses to individual treatment and environmental integration, whereas frequently changing contacts and the logistical effort were seen critically.
Conclusions: Work is still in progress. We expect StäB to be an adequate alternative to inpatient treatment for women in puerperium and a new opportunity for patients who need intensive treatment but refuse hospitalisation.

Keywords: integrated care; crisis resolution and home treatment; Germany

EPP0651

Adverse childhood experiences, family relationship and generalized anxiety in the youth population in Hong Kong

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doi: 10.1192/j.eurpsy.2021.984

Introduction: Adverse childhood experiences (ACEs) are shown to be risk factors for developing anxiety later in life. However, one's family relationship acts as a protective factor between ACEs and anxiety.
Objectives: The present study examines the interaction between ACEs and family relationship and their effect on generalized anxiety (GA) amongst the youth population in Hong Kong.
Methods: Participants aged 15-24 were recruited from a population-based epidemiological study in Hong Kong. GA in the past two weeks was assessed using GAD-7, while ACEs were measured using the childhood section of Composite International Diagnostic Interview screening scales (CIDI-SC), encompassing parental psychopathology, physical, emotional, sexual abuse, and neglect before age 17. Family relationship was measured by the Brief Family Relationship Scale (BFRS). Linear regression and a two-way ANCOVA were conducted to examine the association between ACEs, family relationship and GA, while adjusted for age and gender.
Results: 633 (70.7%) out of 895 participants had any ACEs. ACEs significantly predicted GAD-7 scores (B=1.272, t(891)=4.115, p<.001). Two-way ANCOVA reported a significant interaction effect of ACEs and family relationship on GA (F(1, 889)=4.398, p=.036), namely those who had any ACEs and poorer family relationship scored higher in GAD-7 (p<.001), whereas there was no difference in family relationship for those without ACEs on GA (p=.501).
Conclusions: ACEs increases the vulnerability to GA later in life. However, its effect on anxiety decreases when one has a better family relationship. This suggests a possible moderating role of family relationship in developing GA among younger people.

Keywords: youth population; adverse childhood experiences; family relationship; generalized anxiety

https://doi.org/10.1192/j.eurpsy.2021.982 Published online by Cambridge University Press