O0123

Comparison of PTSD prevalence between immigrants and locals with psychotic disorders

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Introduction: Due to the global humanitarian crisis, there has been a significant increase in global immigration.(1)
The migration process typically involves multiple trauma exposures that are sustained over time(2), which may result in an impact on the mental health of these individuals(3), such as posttraumatic stress disorder(3). A recent meta-analysis estimated that 25% of migrants had PTSD(15), which is significantly higher than the 0.2% to 3.8 percent prevalence data found for the general population(4). In addition, a number of meta-analyses indicate an increased risk of psychosis among immigrants(5). Despite this rise, there is a gap in trauma research in non-refugee immigrants, particularly those with psychotic disorders.
Objectives: To describe and compare PTSD diagnosis between immigrants and locals recruited from mental health services in Barcelona.
Methods: Patients who have presented, according to DSM-V criteria, one or more non-affective psychotic episodes, were recruited in Acute and Chronic inpatients units at Hospital del Mar (Barcelona) from November 2019 to June 2021, leading to a total sample of 199 patients.
Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through a questionnaire. Database information was completed with electronic medical records. Global Assessment of Posttraumatic Stress Questionnaire (EGEP-5) was used as an instrument to assess PTSD diagnosis, main trauma nature and PTSD symptoms. Comparative analysis was performed with IBM SPSS Statistics (Chicago INC) using Chi-Square Test for qualitative variables and t-Student test for continuous variables. Covariate adjustment with demographic and clinical variables was performed by ANOVA test. Study received local ethics committee approval "CEIC" (No. 2019/8398/I).
Results: From the total sample of 199 individuals, 98 were immigrants and 98 locals. From the total sample 39 individuals (19.69%) presented PTSD. 32.3% of the immigrants with psychotic disorders presented PTSD compared to 7.1% of the locals with psychotic disorders (F1=19.9, p=0.00). Most traumatic events related to PTSD in immigrants were: "murder of relatives" (33.1%), Physical violence (21.9%) and Terrorism (15.6%) in locals were: "physical violence" (28.6%). Immigrants and locals with psychotic disorders showed similar averages of symptoms, except for avoidance symptoms where locals showed a mean of 5.1 compared to a mean of 3.5 in the immigrant group. Finally, immigrants showed one more functionality affected area by PTSD (5.1) when compared to locals (4) (F7=3.9, p=0.05).
Conclusions: According to our results there are important differences in PTSD prevalence between immigrants and locals with psychotic disorders. These findings ought to be taken into consideration for programs that are both clinically and sociopolitically tailored to improve assessment and treatment for this population.

Disclosure of Interest: None Declared

O0124

Development and validation of the Illness Representation Interview (IRI)

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Introduction: It has been several years since the World Health Organization (WHO) advocated for shared decision-making(-SDM) models when developing treatment plans for individuals with mental illnesses. It is emphasizing the importance of actively involving patients in expressing their opinions and sharing treatment-related information. However, few clinicians accept patients' subjective views in clinical practice. Given that patients' subjective beliefs about their symptoms significantly impact treatment satisfaction, prognosis, and adherence, it is essential to assess these perceptions. However, few studies have been conducted to assess patients' subjective beliefs, their mental representation, of their disease. Therefore, this study aims to develop Interview that enable the utilization of patients' cognitive representations of their mental illnesses in clinical practice.
Objectives: The primary objective of this study is to develop a semi-structured interview and a self-report scale to evaluate patients' mental representations of their illnesses. Subsequently, validate the reliability and validity of these tools as psychological assessments.
Methods: An initial structure for both the semi-structured interview and self-report scale was established through a literature review of existing disease representation measurements. Subsequently, expert panel discussions and further literature reviews were conducted to refine the structure and content of both tools. Content validity for both the interview and self-report scale was assessed by a panel of nine experts and a group of ten students. Following this, the developed interview tool was subjected to a validity analysis with clinical patients using Missick's six validity criteria(Content, Substantive, Structural, Generalizability, External, Consequential).
Results: Content validity index (CVI) values for the overall structure indicated that all subdomains scored above 0.8, demonstrating the appropriateness of the interview tool's five subdomains: symptoms, causes, temporal aspects, impact, and treatment and control. Content validity assessment for individual items revealed that some items within the "causes of the disease" subdomain, specifically stress-related factors, scored below 0.6, prompting necessary item modifications. All other factors achieved CVI scores of 0.6 or higher. Facial validity assessment yielded favorable results for all items in the self-report scale. All validity was demonstrated to be satisfactory.
Conclusions: This study has provided evidence that the developed tools are reliable and valid instruments for measuring patients'

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perceptions of their illnesses, offering a trustworthy means to assess these vital cognitive representations in clinical practice.

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Others

O0126

Understanding the Occurrence of Psychiatric Disorders in Epilepsy in Brazil: An Epidemiological Investigation

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Introduction: Epilepsy is one of the most common serious brain illness, with symptoms influenced by multiple risk factors and a strong genetic predisposition, rather than having a single expression and cause[1]. Neuropsychiatric symptoms in epilepsy can encompass manifestations such as mood alterations, anxiety, sleep disturbances, psychosis, and behavioral disorders. While the motor and sensory manifestations of epileptic seizures are widely recognized, neuropsychiatric symptoms accompanying epilepsy are often underestimated. Therefore, it is essential to understand the most prevalent epidemiological profile of these patients to improve the diagnosis and management of these symptoms.
Objectives: Our goal was to evaluate the neuropsychiatric behavior of epilepsy patients in Brazilian over the past 3 years through hospitalization data in order to outline an epidemiological and behavioral profile.
Methods: A cross-sectional, descriptive, retrospective, and quantitative study was conducted on hospitalizations of individuals simultaneously diagnosed with epilepsy, schizotypal and delusional disorders, and mood disorders in all five regions of Brazil (South, Southeast, Midwest, North, and Northeast) between February 2020 and December 2022. Data from January 2020 were not available. The data used were collected through the Department of Health Informatics of the Brazilian Unified Health System (DATASUS) in the "Hospital Information System of SUS" section, gathering information regarding the nature of care, age range, gender, and ethnicity of the patients.
Results: The analysis covers the years 2020 to 2022, totaling 503,045 hospitalizations. In 2022, the highest number of cases occurred (≈ 37.55%), followed by 2021 (≈ 33.62%) and 2020 (≈ 28.81%). Urgent hospitalizations represented ≈ 90.85% of the total. The most affected age group was 30 to 39 years old (≈ 18.30%). Men were more affected than women (≈ 52.03% and ≈ 47.96%, respectively), and Caucasians accounted for ≈ 36.07% of the hospitalizations. The average length of stay was 19.1 days, and the mortality rate was 1.4%.
Conclusions: Thus, there is a gradual and annual increase in the number of hospitalizations during the observed period. While there is a minimal disparity between the affected genders, it is evident that the profile of male, caucasian, and adult patients is the most prevalent. Moreover, the predominantly urgent nature of hospitalizations points to an alarming scenario regarding this issue. From the analysis of the data obtained in the study, there is a clear need for interventions capable of reducing the prevalence of hospitalizations for neuropsychiatric symptoms in epilepsy patients in Brazil.

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