**Introduction:** Medication is primary tactics in schizophrenia treatment. First and second generation antipsychotics (FGA and SGA respectively) affect on core symptoms. Unfortunately, it causes side effects. Metabolic syndrome one of them and includes large number of affections like body mass index changes, lipidemias, hypertension and others.
**Objectives:** To study the role of polymorphic variants FTO gene in metabolic syndrome in schizophrenia patients.
**Methods:** We were investigated 480 patients. Main criteria for inclusion in study was using antipsychotics, verified diagnosis of schizophrenia and metabolic syndrome. Mean age was 42,1±1,4 years. The metabolic syndrome was assessment based on clinical data. Standard phenol-chloroform protocol for DNA isolation was used. Genotyping was carried out on six SNP's of FTO gene with real-time PCR. Statistical analysis was carried out with R 3.6.2 with basic functions and SNPassoc package.
**Results:** The distribution of genotypes for variants rs7185735 and rs9939609 was not in according to Hardy-Weinberg equilibrium (a p-value less than 0.05) and excluded from further analysis. Patients with schizophrenia were divided into two groups: patients with metabolic syndrome and patients without it. We did not identify any statistically significant associations between genotypes and alleles of FTO gene and metabolic syndrome.
**Conclusions:** We did not find any associations of alleles and genotypes of FTO gene with metabolic syndrome in schizophrenia patients from Siberia region. Metabolic syndrome needs more further studies with larger number of samples and different populations. Conflict of interest. The authors declare no conflict of interests. Supported by Grant of RSF 19-75-10012.

**Keywords:** Metabolic syndrome; polymorpism; FTO gene; schizophrénia

## Guidelines/guidance

### EPP0709

### Policies, recommendations and training to respond to patient microaggressions and hate speech aimed at healthcare professionals: A systematic review

D. Wittkower[1,2,3]*, J. Bryan[3,4,5] and A. Asghar-Ali[2,3,5]

[1]Psychology, university of Houston, Houston, United States of America; [2]Mirecc, VA South Central Mental Illness Research, Education and Clinical Center (MIRECC), Houston, United States of America; [3]Mirecc, Micheal E DeBakey VA, Houston, United States of America; [4]Mirecc, VA South Central Mental Illness Research, Education and Clinical Center, Houston, United States of America and [5]Menninger Department Of Psychiatry And Behavioral Sciences, Baylor College of Medicine, Houston, United States of America

*Corresponding author.
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**Introduction:** Patient microaggressions and hate speech affect practitioners in all fields of healthcare. In some facilities, 100% of healthcare workers report experiencing harassment and hate speech, with the aggressors most frequently being patients. To date, there has been no systematic review of policies, recommendations and trainings on patient microaggressions and hate speech against healthcare professionals.
**Objectives:** A systematic review was conducted to identify recommendations and solutions for healthcare professionals on responding to patient microaggressions and hate speech. Additionally, websites of major healthcare professional organizations and the 6 largest healthcare systems were checked for policy statements related to discrimination by patients towards healthcare providers.
**Methods:** A literature search of PubMed, PsycINFO, Medline, ERIC and MedEdPORTAL. Articles that contained recommendations and trainings for responding to microaggressions and hate speech were retained. 13 Leading professional organizations and 6 healthcare systems were checked for policies on discrimination by patients.
**Results:** Our review identified 27 studies providing recommendations and trainings for healthcare professionals to address patient hate speech and microaggressions. Three professional organizations but no healthcare systems had policies on discrimination by patients.
**Conclusions:** Seven trainings that equip providers with tools to address patient microaggressions and hate speech were identified. Trainings included the ERASE framework; Stop, talk, and roll; interrupting microaggressions; and the OWTFD tool. Nineteen studies outlined recommendations for healthcare professionals and systems on how to respond to patient offenses. Professional organizations and healthcare systems need to create policies to support healthcare professionals who face microaggressions and hate speech.
**Keyword:** Patient discrimination and microaggressions and hate speech and training

## Intellectual disability

### EPP0710

### Intellectual disability and antipsychotics.

I. Cuevas Iñiguez* and M.D.C. Molina Lietor

Psiquiatría, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain

*Corresponding author.
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**Introduction:** Intellectual disability is a condition of cognitive impairment and deficit in adaptive skills. Mental illness is frequent in people with intellectual disability. As a result antipsychotics are often prescribed to treat not only mental illness but also problem behaviors.
**Objectives:** Perform a literature search about intellectual disability and antipsychotics.
**Methods:** A non-systematic literature review was performed on PubMed using the keywords "intellectual disability" and "antipsychotics". All papers published between 2015 and 2020 were evaluated.
**Results:** A review of the literature reveals that antipsychotics are the most frequently prescribed psychotropic drugs in people with intellectual disability. However, results from the studies are ambiguous. Several studies showed that antipsychotics are effective in improving problem behaviours, nevertheless some recent studies showed no significant difference in the outcomes between antipsychotics and placebo
**Conclusions:** Even though antipsychotics are prescribed in people with intellectual disability, evidence to support their use is lacking. In consequence, clinicians should consider the pharmacological approach as a part of an integrative treatment. Assessing adverse

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events, drug effects and the possibility of decreasing dose of antipsychotics is crucial.

**Keywords:** intellectual disability; Antipsychotics

## EPP0711

## Cognitive styles and specific learning disorders in children and adolescents

D. Galletta[1]*, M. D'Amaro[2], S. Celentano[2], C. Santoriello[1] and R. Passerini[2]

[1]Department Of Head-neck Care Unit Of Psychiatry And Psychology "federico Ii" University Hospital Naples, "Federico II" University Hospital Naples, Italy, Naples, Italy and [2]Sanitary Pole, LA FILANDA LARS, SARNO, Italy

*Corresponding author.
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**Introduction:** Learning Difficulties relates to significant and unusual difficulties in the acquisition and use of one or more of the following areas: listening, speaking, reading, writing and mathematical skills. In the last twenty years, following the research conducted by cognitive psychology, from neuropsychology, from pedagogy and from the confrontation between educators and psychologists, the attention was focused on the cognitive modalities of the subjects engaged in learning tasks.
**Objectives:** Thanks to the study of cognitive styles and Learning Styles thelearning subject was placed at the center of the educational project, stimulating from on the one hand there is also reflection on teaching styles and the most appropriate ones methodologies, teaching methods and methods of approaching the individual disciplines and, on the other hand, prompting clinicians to research around the intellectual peculiarities of each subject and a outline a descriptive criterion of his / her cognitive functioning profile.
**Methods:** The intellectual scale (WISC IV) of 32 children (aged between 7 and 15 years) with specific learning disabilities was analyzed, in order to highlight the underlying intellectual functioning and any cognitive styles.
**Results:** According to the international scientific literature, the results show a greater fall in the area of working memory, followed by the cognitive domain concerning processing speed.
**Conclusions:** In detail, by analyzing the individual subtests, greater difficulties are noted, at all ages, in the processes of abstraction and conceptualization, in short-term auditory memory, in the speed of processing and visual-praxic motor coordination.

**Keywords:** COGNITIVE STYLES; LEARNING DISORDERS; INTELLECTUAL FUNCTIONING; Working memory

## EPP0713

## It might not be just an intellectual disability: Change of behavior masking the diagnosis of cancer in a psychiatry unit

O. Nombora*

Psychiatry And Mental Health Service, Vila Nova de Gaia/Espinho Hospital Centre, Vila Nova de Gaia, Portugal

*Corresponding author.
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**Introduction:** Intellectually disabled people are vulnerable to somatic and mental illnesses, often presenting behaviour changes. Moreover, difficulties in describing symptoms can limit their access to healthcare system and adequate treatment.
**Objectives:** Through a case report, we aim to provide an overview on behaviour changes in people with intellectual disability (ID), emphasizing the screening for organic conditions.
**Methods:** Description of a clinical case and a qualitative review about the assessment of behaviour changes in persons with ID, using PubMed database.
**Results:** We present a clinical case of a 57-year-old man with history of ID, alcohol and tobacco abuse and Epilepsy. He had previous acute psychiatric admissions due to behaviour disorganization and irritability. In January he was admitted with disorganized behaviour and caregiver exhaustion, and stabilized with Olanzapine 20mg/day. On the 28th day of hospitalization, he fell of his of bed and suffered a mild traumatic brain injury. Cerebral CT scan revealed two metastatic lesions in the brain. Further investigations found out primary neoplastic lung lesion and multiple metastasis. Afterwards, his relatives mentioned a heavy familiar history of cancer and that he had postural instability signs that they did not value.
**Conclusions:** Although psychiatric disorders are common in patients with ID, we must always remind that behaviour changes can mask the presentation of an organic disease. Despite a long follow-up in Psychiatry, organic conditions should be considered when patients with ID present behaviour changes. Further studies are needed in the assessment of this particular population to provide proper medical, psychological and social care.

**Keywords:** intellectualdisability; mentalretardation; Behaviourchanges; cancerdiagnosis

## EPP0714

## Children with intellectual disabilities: Support in inclusive practice

Y. Afanasyeva[1]*, M. Bratkova[1,2] and Y. Sidneva[2,3]

[1]Institute Of Special Education And Psychology Institute Of System Projects Institute Of Lifelong Learning Directorate Of Educational Programs Institute Of Education Content, Methods And Technology, Moscow City University, Moscow, Russian Federation; [2]Department Of Rehabilitation, Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPST), Moscow, Russian Federation and [3]Psychiatric Research Group, N.N.Burdenko National Medical Research Center of Neurosurgery, Moscow, Russian Federation

*Corresponding author.
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**Introduction:** The inclusion process allows children with special educational needs to be included in a normative environment. A large group consists of children with intellectual disabilities and behavioral disorders, hey need medical and pedagogical rehabilitation due to their low learning ability, neurotic disorders, and mental distortion.
**Objectives:** Study of psychophysical characteristics of children with intellectual disability and behavioral disorders.
**Methods:** 140 children with intellectual disabilities who have impairments in the neuro-psychological sphere (2017-2020 r.r.).