Conclusions: Professionals working in crisis care are able to offer IHT with the same effect as other crisis care interventions at lower costs. IHT seem to be cost-effective compared with CAU over 52 weeks follow-up for patients who experience psychiatric crises.

Disclosure: No significant relationships.
Keywords: economic evaluation; randomized controlled trial; intensive home treatment; emergency psychiatry

O137

Longitudinal course of affective disorders in patients presenting with catatonia in a psychiatric emergency setting

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Introduction: Catatonia, a complex psychomotor syndrome and psychiatric emergency, is encountered across various psychiatric disorders. Most findings have been derived in the context of schizohrenia, warranting more comprehensive understanding in affective disorders.
Objectives: To evaluate the longitudinal course of affective disorders presenting with catatonia and factors influencing the same.
Methods: Medical records of 439 patients presenting with catatonia to the psychiatry emergency from 2014 to 2017 were reviewed till June 2020. 135 patients with a final diagnosis of affective disorder (67 bipolar and 68 unipolar) were identified. Poisson regression and survival analysis were used for longitudinal data.
Results: 77.6% of bipolar patients were initially diagnosed under psychotic spectrum disorders compared to 3% in unipolar. Bipolar patients had a significantly younger age of first catatonic episode, earlier illness onset, and longer duration of illness. Survival analysis showed no significant difference between groups in time to recurrence of mood episode, readmission or catatonia relapse, with both groups demonstrating a greater likelihood of catatonia relapse in first 20 months. Poisson regression showed that bipolar patients had fewer catatonic relapses longitudinally over 2.5-6.5 years (RR: 0.64, CI: 0.43-0.96), but warranted more electroconvulsive therapy sessions for catatonic relapses (RR: 2.33, CI: 1.49-3.50), with fewer episodes resolving with lorazepam (RR: 0.62, CI: 0.40-0.95) compared to unipolar patients over same time period.
Conclusions: Bipolar disorders appear to have an earlier onset but fewer episodes of catatonia over illness course. Poorer lorazepam response and higher number of ECT sessions for catatonia resolution longitudinally suggest a differential treatment response of catatonia in bipolar disorder.

Disclosure: No significant relationships.
Keywords: Catatonia; Affective disorders; longitudinal course; emergency psychiatry

O141

Which psychotherapy is effective in panic disorder? Findings and reflections from a systematic network meta-analysis

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Introduction: Panic disorder is among the most prevalent anxiety diseases. Although psychotherapy is recommended as first-line treatment for panic disorder, little is known about the relative efficacy of different types of psychotherapies.
Objectives: To evaluate the effectiveness and acceptability of different types of psychotherapies for adults suffering from panic disorder, with or without agoraphobia.
Methods: We are conducting a systematic network meta-analysis of randomized controlled trials examining panic disorder. A comprehensive search was performed to identify relevant studies. The primary efficacy outcome is anxiety symptoms at study endpoint. The primary acceptability outcome is all-cause trial discontinuation at endpoint. Pairwise and network meta-analysis will be conducted. We are considering any kind of psychotherapy delivered by any therapist, as long as they were trained to deliver the therapy, or as self-help.
Results: To date we have identified 126 panic disorder and agoraphobia trials. The publication time span ranges from 1968 to 2020. We are now extracting data to provide an overview of the included study characteristics. The statistical analysis will be conducted between December 2020 and January 2021, and its results presented for the first time at the forthcoming 2021 EPA congress.
Conclusions: 126 trials on psychotherapy for panic disorders in adults are available. Because of this huge body of knowledge, it is important that the results of these studies are summarized using network meta-analytic techniques. The findings of this study will guide future research as knowledge gaps will be easily identified. Moreover, policymakers will have the opportunity to use this summarized knowledge to inform evidence-based decision making.

Disclosure: No significant relationships.
Keywords: network meta-analysis; panic disorder; psychotherapy

O142

Constructing socioeconomic index (SEI) in predicting mental health in young adults

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Introduction: Socioeconomic status (SES) are well known to be associated with mental health. Previous studies are often restricted by the use of individual SES indicators, while contextual measures aggregating multiple dimensions would present a better picture of SES in multivariate context.
Objectives: The present study aims to construct the socioeconomic index (SEI) by integrating significant socioeconomic factors in predicting mental health of young adults in Hong Kong.
Methods: Data were drawn from the Hong Kong Youth Epidemiological Study of Mental Health (HKYES), a population-based psychiatric study of young people in Hong Kong. The present study exacted data of 1,164 participants who had completed baseline interviews between April 2019 to August 2020. Socioeconomic characteristics including age, gender, education years, income, expenditure, home ownership, housing type, household crowdedness and parental occupation were collected. Data were checked for the assumptions for normality, linearity and homoscedasticity before the standardized SEI were derived using Principal Component Analysis (PCA). Logistic regression analyses were performed to further examine the association between SEI and mental health outcomes.
Results: Our results identified five significant socioeconomic factors (education years, personal income, home ownership, housing type and household crowdedness) which together explained 67.7% of the total variation. SEI was associated with depression (OR=0.671, p=.003) and anxiety (OR=0.667, p=.015) after adjusting for potential confounders.
Conclusions: The PCA-generated SEI took account of the multiple dimensions of SES in younger adults including education, income, expenditure and housing. The indices would provide meaningful contextual information of SES across geographical areas or different groups of interest.

Disclosure: No significant relationships.
Keywords: Socioeconomic index; mental health; Young adults

O143

Prejudice against and desired social distance from refugees, people with mental illness and patients with COVID-19 in athens

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Introduction: Stigma is omnipresent in human societies, both globally and historically; while it is also discerned in other primates. On these grounds, it has been suggested to be the product of natural selection and therefore to protect against threats to effective group functioning. Nonetheless, in contemporary society, stigma raises fundamental ethical concerns, while it actually impinges on public health
Objectives: To explore prejudicial attitudes and desired social distance from recovered COVID-19 patients, people with mental illness and refugees in Athens region.
Methods: A convenience sample of 360 residents of Athens region participated in the study, after being recruited from social media. The questionnaire was distributed online and encompassed: i) the Prejudicial Attitudes Survey, (ii) the Social Distance scale, (iii) the Interpersonal Reactivity Index and information about respondents' sociodemographic characteristics and personal experience with the three population subgroups. The stigma measures were included three times, one for each out-group.
Results: Repeated ANOVA revealed that negative attitudes were predominantly expressed for refugees. On the contrary, positive attitudes were predominantly expressed for people with mental illness. Interestingly, desired social distance was greater from people with mental illness (mean = 32.37) compared to refugees (mean = 25.47) and recovered COVID-19 patients (mean = 24.17).
Conclusions: Stigma towards people with mental illness and refugees is still prevalent in Greece. Anti-stigma efforts should target prejudices in the case of refugees and social distance in the case of mental illness. To date, no stigma attached to COVID-19 has been discerned in the country

Disclosure: No significant relationships.
Keywords: social stigma; Refugees; Mental illness; coronavirus

O145

Death associated with coronavirus (COVID-19) infection in individuals with severe mental disorders in sweden during the early months of the outbreak

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Introduction: Individuals with severe mental disorder (SMD) have a higher risk of somatic comorbidity and mortality than the rest of the population.
Objectives: To assess whether individuals with SMD had a higher risk of death associated with a COVID-19 infection (COVID-19 associated death) than individuals without SMD.
Methods: Exploratory analysis with a cross-sectional design in the framework of a population-based register study covering the entire Swedish population. The Swedish Board for Health and Welfare (Socialstyrelsen) provided anonymised tabulated summary data for further analysis. We compared numbers of COVID-19 associated death in individuals with SMD (cases) and without SMD (controls). We calculated the odds ratio (OR) for the whole sample and by age group and four potential risk factors, namely diabetes, cardiovascular disease, hypertension, chronic lung disease.
Results: The sample comprised of 7,923,859 individuals, 103,999 with SMD and 7,819,860 controls. There were 130 (0.1%) COVID-

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