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

S. Varghese[1]*, S. Reddi[1], K.P. Muliyala[1], B. S[2] and D. Guna[2]

[1]Department Of Psychiatry, National Institute of Mental Health and Neuroscience, Bangalore, India and [2]Department Of Biostatistics, National Institute of Mental Health and Neuroscience, Bangalore, India

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.335

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

D. Papola[1]*, G. Ostuzzi[1], C. Gastaldon[2], M. Purgato[1], C. Del Giovane[3], A. Pompoli[4], E. Karyotaki[5], M. Sijbrandij[5], T. Furukawa[6], P. Cuijpers[5] and C. Barbui[1]

[1]Department Of Neuroscience, Biomedicine And Movement Sciences, University of Verona, Verona, Italy; [2]Neuroscience, Psychological And Psychiatric Science, Science Of Bio Movement, University of Verona, Verona, Italy; [3]Institute Of Primary Health Care (biham), University of Bern, Bern, Switzerland; [4]-, Psychiatric Rehabilitation Clinic Villa San Pietro, Trento, Italy; [5]Department Of Clinical, Neuro And Developmental Psychology, Vrije Universiteit, Amsterdam, Netherlands and [6]Departments Of Health Promotion And Human Behavior, Kyoto University, Kyoto, Japan

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.336

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

C.S. Wong*, W.C. Tang, W. Chang, C.L. Hui, S.K. Chan, E.H. Lee and E.Y. Chen

https://doi.org/10.1192/j.eurpsy.2021.336 Published online by Cambridge University Press