(TURGAY) forms filled out online. Clinical diagnosis and progress are obtained through archieve records by The Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) and Clinical Global Impression (CGI) scales. Approval number is 22-6T/7, Ege University Ethics Committee.
Results: In 35 patients;15 female patients completed all the forms. The mean age was 16.67±1.63 years. 11 (73.33%) patients have at least one comorbidity; 7 (46.66%) patients have major depressive disorder, 3 (20.00%) anxiety disorder, 2 (13.33%) attention deficit and hyperactivity disorder, 1 (6.66%) mood disorder. The SCARED score was 37.23±12.67, and the CDI score was 17.23±10.85. When comparing the pre-pandemic period, obsession level (z=-2.254, p=.024), exercise level (z=-2.508, p=.012), technology exposure (z=-2.290, p=.022) is increased; level of social activity (z=-2.206, p=.027), the quality of education (z=-2.167, p=.030), and the perception of learning (z=-3.301, p=.008) decreased during pandemic. Quality of life scores was inversely correlated with eating attitudes scores (r=-.601, p=.039). It was noteworthy that number of admissions from the first appointments was higher in participants, compared to the patients who did not participate in the study (n=20) (p=.033). The first admission BMI values were negatively correlated with CGI scores of the patients (r=-.743, p=.002).
Conclusions: As a result, Covid-19 has negative psychosocial effects in anorexia nervosa symptoms such as increased excercise at home and technology exposure; decreased in social activity. Sharing clinical experiences about our patients' mental health may be beneficial in planning the treatment processes and approach for further unexpected extraordinary situations.

Disclosure of Interest: None Declared

EPP0619

Treatment Approaches to Eating Disorders Among LGBTQIA+ Population: A Narrative Review

S. Tempia Valenta*, C. Bronte, F. Panariello, F. Bonazzoli, D. De Ronchi and A. R. Atti

Department of Biomedical and Neuromotor Sciences, University of Bologna, Bologna, Italy
*Corresponding author.
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Introduction: Historically, eating disorders (ED) have been regarded as the diseases of heterosexual, affluent white women. Instead, research shows that the population most at risk of ED is lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual/aromantic/agender (LGBTQIA+). Indeed, in addition to many of the same sociocultural influences on body dissatisfaction faced by their peers, LGBTQIA+ individuals experience unique body- and gender-related concerns as well as high levels of stress due to interpersonal prejudice and discrimination.
Objectives: This narrative review presents an overview of current research on treatment approaches to ED among LGBTQIA+ individuals.
Methods: We conducted a PubMed search for studies published after 1990 using terms that aimed to represent the primary concepts of "eating disorder" and "LGBTQIA+" and "therapy." Next, we inductively created relevant macro-themes by synthesizing the data from the included articles.
Results: Of 123 PubMed studies, we included 12 studies and identified three relevant macro-themes. The first macro-theme, "ordinary treatments," focused on efficacy studies of conventional ED therapies applied to this category of patients. In particular, the first study proved the efficacy of the dissonance-based intervention, engaging participants to induce cognitive dissonance concerning the thin-ideal standard of beauty; the second study showed that sexual minorities patients accessing day hospital treatment reported greater overall ED and comorbid symptoms but started treatment with higher scores and improved at a faster rate compared to heterosexual patients; the third study provided evidence that transgender/nonbinary individuals and cisgender individuals showed similar improvement in ED symptoms during higher levels of care treatment, but the first group had less improvement in depression and no improvement in suicidality during ED treatment. The second macro-theme, "relational approach," investigated newer treatment paradigms involving family and school support, both revealing positive implications for eating and weight-related behaviors. The third macro-theme, "gender-affirming therapy," focused on medical and surgical treatment toward gender transition, which has been shown to correlate with improvements in body image, ED psychopathology, and psychological functioning.
Conclusions: Members of the LGBTQIA+ community are at greater risk for ED; to our knowledge, there is no targeted treatment that considers the entirety of their experience. These findings denote the need to focus future research efforts on effective treatment strategies specific to sexual and gender identity groups.

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Forensic Psychiatry 01

EPP0620

Criminal responsibility evaluations: Benchmarking in different countries

H. Al-Taiar

Oxford Health NHFT, Oxford, United Kingdom
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Introduction: Forensic psychiatrists, as well as other mental health professionals, provide the legal system with clinical information and assessments concerning the offenders' functioning, mental state and capacities at the time of the alleged offense and/or trial. These forensic assessments play a crucial role in court, influencing subsequent decision-making on sentencing, placement, or treatment of mentally disordered offenders.
Objectives: Determining criminal responsibility at the time of arrest Exploring the role of psychiatric disposals in different countries.
Methods: The information was primarily gathered through written sources: peer review articles, reports, and legislation. A literature search was performed in PubMed and PsycINFO using the following keywords: criminal responsibility (reports/evaluations), pre-trial assessment,psychiatric expert, (forensic) psychiatric assessment, sanity evaluation and insanity defense. Additional articles were identified through reference lists This resulted in 36 peer review articles and nine reports or book chapters. In addition, a leading expert (i.c. psychiatrist) from every country was contacted

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for providing information and validating the information from this article pertaining to their country. They suggested eight more articles or book chapters. The respondents represent the authors of this article.
Results: See table.
Conclusions: In summary, it appears that there are distinct differences between the abovementioned countries with respect to criminal responsibility assessments. Although Canada is considered a pioneer with regard to forensic mental health, Britain, the Netherlands and Sweden appear to have a well-established system in conducting these assessments. In Sweden the system is very strict, meaning that all reports are delivered by a governmental agency with their own staff. The court orders the report from the agency and not from the experts.

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EPP0621

Empathy in patients with schizophrenia and antisocial personality disorder

K. Tasios, A. Douzenis, R. Gournellis and I. Michopoulos*

[1]2nd Department of Psychiatry, Medical School, "Attikon" Hospital, National and Kapodistrian University of Athens, Athens, Greece
*Corresponding author.
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Introduction: Violent behavior has been linked to deficits in social cognition, namely cognitive and affective aspects of empathy. Schizophrenia and antisocial personality disorder have been associated with violence and empathy deficits.
Objectives: Our main objective is to search for differences in empathy between patients with schizophrenia who have committed a violent offence, patients with schizophrenia with no history of violent offence and patients with antisocial personality disorder.
Methods: A total sample of N=100 participants was divided into four groups: 1) 27 patients with schizophrenia and history of committing a violent offence, 2) 23 patients with schizophrenia with no history of committing a violent offence, 3) 25 participants with antisocial personality disorder and 4) 25 general population participants comprising the control group. Symptoms of schizophrenia were rated using the Positive(P), Negative(N) and General Psychopathology (G) subscales of the Positive and Negative Syndrome Scale (PANSS). Empathy was evaluated using a) The Empathy Quotient (EQ). Theory Of Mind was evaluated using a) The First Order False Belief task, b) The Hinting task, c) The Faux pas Recognition Test and d) The Reading the Mind in the Eyes Test (Revised).
Results: The four groups differed in PANSS scoring ($p<0.001$), EQ scoring ($p<0.001$) and Theory of Mind tests ($p<0.001$), but this difference was only significant between the controls and the three groups of patients. The three groups of patients did not differ to each other in any of the Theory of Mind tests. No difference was also found between the two groups of psychotic patients.
Conclusions: Patients with antisocial personality disorder, schizophrenia and schizophrenia with a history of violent offence do not seem to perform differently in affective and cognitive empathy tests.

Disclosure of Interest: None Declared

EPP0622

Are clinical severity and real-world functioning associated to committing crimes in people with severe mental illness? Results from a cross-sectional study on three cohorts of forensic and non-forensic patients

I. Calzavara Pinton[1]*, V. Stanga[2], M. Di Noto[1], E. Butti Lemmi Gigli[1], C. Cerati[1], A. Savorelli[1], N. Necchini[1], G. Nibbio[1], G. Deste[1], S. Barlati[1], C. Turrina[1] and A. Vita[1]

[1]Department of Clinical and Experimental Sciences, University of Brescia and [2]Department of Mental Health and Addictions, ASST Spedali Civili of Brescia, Brescia, Italy
*Corresponding author.
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Introduction: In Italy, subjects with severe mental illness (SMI) considered "in danger of posing a threat to others" are hospitalized into structures known as "*REMS–Residenze per l'Esecuzione delle Misure di Sicurezza*", designed to provide rehabilitating programs. There are also specialized forensic teams to support Community Mental Health Centers (CMHC) in helping patients who committed crimes. A better characterization of clinical and real-world functioning of forensic patients represents a topic of clinical interest (Caruso R *et al.* Curr Psychiatry Rep 2021; 7 29; Barlati *et al.* Eur Arch Psychiatry Clin Neurosci 2022, *in press*; Fazel *et al.* Br J Psychiatry. 213 609-614).
Objectives: Aims were to compare clinical and psychosocial functioning characteristics in three cohorts of SMI patients.
Methods: A total of 29 patients hospitalized in REMS facilities were included into this study; starting from this first group an equal number of individuals matched for sex, age, and diagnosis were included in other two groups of outpatients cared for by the forensic team and of non-forensic outpatients treated by CMHC. Clinical severity was measured through the Clinical Global Impression scale – Severity (CGI-S) and real-world functioning was measured through the Personal and Social Performance scale (PSP). Analyses included Chi-Square test for categorical variables and Kruskall-Wallis test for continuous variables with Mann-Withney U test for post/hoc comparisons. P values < 0.05 were considered significant.
Results: Significant between-groups differences emerged regarding psychosocial functioning ($p=0.013$): that was more compromised in the REMS group (mean:34.0) when compared to the forensic team subjects (mean:41.3) and to the subjects in the CMHC group (mean:47.7).
Results concerning clinical severity point in the opposite direction: more severe symptoms were observed in the CMHC group (mean:4.7) compared to the REMS group (mean: 4.3) and the forensic outpatients (mean:3.5). The difference in the CGI-S mean scores is significant for the forensic outpatients when compared to the REMS group ($p=0.011$) and to the CMHC group ($p<0.001$).
Conclusions: Specialized teams are central in the managing of forensic patients: of particular interest are the data regarding clinical symptoms severity, which could also be read with a de-stigmatizing focus, highlighting that a worse clinical severity is not associated with being more dangerous to other people and to the society in general.

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