

anonymized electronic mental health records (“CRIS secondary care database”) were extracted on preconception risk factors including BMI, smoking, alcohol, substance misuse, micronutrient deficiencies and physical health diagnoses for women aged 15-40 with an episode of secondary mental health care (January 2008-December 2018) and no pregnancy codes (n=3,633) and a 4:1 age-matched comparison cohort (n=14,532).

Results: Women in contact with mental health services (whether with or without SMI diagnoses) had a higher prevalence of all risk factors and physical health diagnoses studied after adjustment for deprivation and ethnicity. Women from minority ethnic groups [79.5% of total sample] were less likely to be diagnosed with depression in primary care compared to White British women [adj OR 0.66 (0.55- 0.79) p<0.001] and Black women were more likely to have a severe mental illness [adj OR 3.41(2.63-4.43), p<0.001]. Black and Asian women were less likely to smoke or misuse substances and more likely to be vitaminD deficient. Black women were also significantly more likely to be overweight [adj OR 4.56(3.96-5.24 p <0.001] and have two or more physical health conditions [adj OR 2.98(2.19-4.07) p<0.001] than White British women after adjustment for deprivation and SMI diagnoses.

Conclusions: Our results highlight a need for culturally centered integrative models of care across primary and secondary mental health services.

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Keywords: Race; multi-morbidity; preconception; ethnic inequalities

Ethics and Psychiatry

EPV0761

Primum non nocere: psychosurgery in a case of severe anorexia nervosa. A case report

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Introduction: Bilateral cingulotomy and anterior capsulotomy are two neurosurgical procedures which are reserved as a last resort for cases of severe OCD in Spain; these procedures are not approved in cases of AN.

Objectives: We present the case of a 29-year-old female patient who was diagnosed with anorexia nervosa (AN) when she was 15 (2006). Due to the severity of the case the patient needed to be hospitalized for many months due to excessive weight loss. She was also treated in an out-patient department and started several intensive psychotherapeutic procedures. In 2015 the patient’s family took her to a private clinic where she was diagnosed with Obsessive-compulsive disorder (OCD) and had a bilateral cingulotomy and anterior capsulotomy.

Methods: A case report where the ethical implications of the case are weighed alongside a review of the relevant literature regarding neurosurgical treatments of AN.

Results: There were no significant short or long term improvements in terms of Body Mass Index or reduction of symptoms, the patient’s cognitive functions showed a decline in neuropsychological tests. Contrary to that the patient has needed hospitalizations for at least 9 months per year since the surgery and has needed admission in the Intensive Care Unit at least 3 times because of extreme malnutrition. Due to her need for chronic hospitalization was institutionalized in a long-stay psychiatric hospital.

Conclusions: Psychosurgery is a controversial therapy which has limited evidence in cases of AN. Our case shows the way in which neurosurgical procedures can do more harm than good and worsen the prognosis of patients.

Disclosure: No significant relationships.

Keywords: Ethics; psychosurgery; Anorexia nervosa

EPV0762

Bulletin of the Regional Medical Chamber as a forum for ethical discourse in psychiatry and sexology

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Introduction: Since last year there has been a lively ethical discussion in Poland about the influence of religion and new cultural currents on medical ethics. There are many ways to work towards increasing ethical sensitivity in education of mental health care professionals.

Objectives: This paper presents the ethical discourse in the bulletin “Primum” of Bydgoszcz Medical Chamber (24 chambers in Poland associate doctors and dentists): www.bil.org.pl/primum - English translations: www.dropbox.com/s/xthu7wyt56ecjwp/Primum_translations.docx?dl=0.

Methods: All texts dealing with issues described were collected and divided into three groups: promoting new currents of thought, faithful to tradition, others. Presented views were analyzed basing on Polish Code of Medical Ethics (nil.org.pl/uploaded_images/1574857770_kodeks-etyki-lekarskiej.pdf) and compared with dominating philosophical schools.

Results: A total of 33 articles were published: 20 presenting new approach to medical ethics, supported by the Editorial Board (72% of the total), 7 embedded in traditional values (22%), 6 without a clear stand or denying the discourse on ethical issues (6%). Articles presented philosophical views (personalism, virtue ethics, utilitarianism, constructionism), discussed ethical standards, actions contrary to the dignity of medical profession, value of human life, compliance of arguments with medical knowledge, principles of dealing with patients in terminal states, the duty of care for the pregnant woman and her child.

Conclusions: All texts show dilemmas in our environment, reflect views in Polish society and in ethical discourse around the world. Thanks to them, readers familiarize themselves with the contemporary ethical debate and form their own opinions; also they are encouraged to reach for the indicated sources and their own research.

Disclosure: No significant relationships.

Keywords: ethics; debate; multidisciplinary; ethical code

EPV0764

Hospitalization in Psychiatry: Patients' experiences at Arrazi Psychiatric Hospital in Morocco

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Introduction: Hospitalization in psychiatry is marked by the use of care without consent.

We therefore proposed to study from this perspective the feelings and opinions of patients on such an experience.

Objectives: The objective of this work is to explore the experiences of patients and their perception of the effects of this hospitalization, through 3 fundamental ethical principles: Autonomy, beneficence and non-maleficence.

Methods: This study will be conducted at Arrazi Psychiatric Hospital, in patients at the end of their stay, via a questionnaire.

Results: A total of 122 patients attended the study. A very large proportion of patients were satisfied with the premises, space planning, and had knowledge of a structured planning of the organization of care. A senior doctor was identified by 95% of them. Eighty five per cent were free to move around in the hospital. The information on the care offered was perceived by 83.7%. The rates are lower with respect to clear explanations received on the disease, the effects of drugs and the type of hospitalization.

Regarding the feelings experienced during the stay, 83% of people who spoke mentioned a painful experience. The feelings that prevailed were a feeling of helplessness, fear, worthlessness. On the other hand, a majority of patients expressed that the hospitalization had protective effects towards themselves and towards others, but that it wasn't justified.

Conclusions: These results suggest that autonomy and beneficence are respected. Therefore, an attention should be paid to various information given during the stay.

Disclosure: No significant relationships.

Keywords: psychiatry; Ethical perspectives

EPV0765

the impact of shared medical decision making on patient satisfaction in psychiatry

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Introduction: The era of the paternalisation of the patient is over, gradually giving way to new models, in particular that of "shared

medical decision making", with the aim of responding to the growing desires of the patient and giving priority to his autonomy.

Objectives: to establish the influence of the new active position of the patient in the therapeutic process on the satisfaction of the psychiatric patient.

Methods: This is a descriptive cross-sectional study that took place over a period of 5 months from April 2019 to August 2019 in two university hospital psychiatry departments of Razi Hospital in Tunisia . The questionnaire was administered outside any period of hospitalisation, in order to increase the reliability of responses. We used a pre-established form including socio-demographic data, clinical data concerning the patient's mental disorder followed by a patient satisfaction questionnaire regarding the quality of care received in a psychiatric setting.

Results: The patients interviewed in our study reported a good level of satisfaction (67.5%) with their involvement in the therapeutic process. However, 45.5% of the patients expressed dissatisfaction with the information provided to them by their doctor about their mental health status. The majority of the subjects surveyed expressed satisfaction with the quality of the interviews conducted during hospitalisation (71%) and with the time spent with the doctor (67%).

Conclusions: Despite the fact that providing information to patients with mental health problems is a key element of patient satisfaction, not enough doctors actually include it in their daily practice.

Disclosure: No significant relationships.

Keywords: psychiatric care; shared medical decision making; the therapeutic process; the satisfaction

Forensic Psychiatry

EPV0766

Hospitalization time is associated with weight gain in forensic mental health patients

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Introduction: Previous studies have found substantial weight gains in forensic mental health patients (FMHP) during hospitalisation. However, previous studies have not compared in- and outpatients, thus the weight change could be a general change over time. Research on the association between proportional hospitalization time (PHT) and weight change is lacking.

Objectives: To investigate the association between time hospitalized and weight change among FMHP.

Methods: Retrospective cohort study including FMHP with schizophrenia or bipolar disorder treated in the Region of Southern