

Conclusions: Even though the variables regarding healthy lifestyles have not reached statistical significance, their importance should not be underestimated. Mental well-being is closely linked to physical health and therefore a holistic approach to health should be emphasized and the rate of burnout should be regularly monitored.

Disclosure: No significant relationships.

Keywords: depressive symptomatology; burnout; lifestyle; SMBM

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Psychopathological and psychosocial factors influencing physical health of people with mental disorders

F. Zinno^{1*}, C. Palumbo¹, L. Giannelli^{1,2}, A. Pitocco¹, A. Carello^{1,2}, E. Barone^{1,3}, V. Giallonardo^{1,2}, G. Sampogna¹, M. Luciano¹, V. Del Vecchio¹ and A. Fiorillo⁴

¹Department Of Psychiatry, University of Campania “Luigi Vanvitelli”, Naples, Italy; ²Department Of Psychiatry, University of Campania “Luigi Vanvitelli”, Naples, Italy; ³Department Of Psychiatry, University of Campania “Luigi Vanvitelli”, Napoli, Italy and ⁴Department Of Psychiatry, University of Campania, Naples, Italy

*Corresponding author.

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Introduction: Severe mental disorders (SMD) are associated with higher morbidity rates and poorer health outcomes compared to the general population. They are more likely to be overweight, to be affected by cardiovascular diseases, and to have higher risk factors for chronic diseases.

Objectives: To assess physical health in a sample of patients with SMD and to investigate which mental health-related factors and other psychosocial outcomes could be considered predictors of poor physical health.

Methods: Patients referring to the psychiatric outpatients unit of the University of Campania “L. Vanvitelli” were recruited, and were assessed through validated assessment instruments exploring psychopathological status, global functioning and stigma. Physical health was assessed with an ad-hoc anthropometric schedule. A blood sample has been collected to assess levels of cholesterol, blood glucose, triglycerides, and blood insulin.

Results: 75 patients have been recruited, with a mean age of 45.63±11.84 years. 30% of the sample had a diagnosis of psychosis, 27% of depression and 43% of bipolar disorder. A higher BMI is predicted by higher number of hospitalizations, a reduced score at MANSA ($p<.000$), and PSP ($p<.05$), and higher score at ISMI and BPRS ($p<.05$). A higher cardiovascular risk is predicted by a reduced MANSA score ($p<.000$), a higher ISMI score and a poorer adherence to pharmacological treatments ($p<.05$). Higher ISMI score ($p<.0001$) and number of hospitalizations ($p<.05$) are predictors of insulin-resistance.

Conclusions: Our study shows that psychosocial domains negatively influence physical health outcome. It is necessary to disseminate an integrated psychosocial intervention in order to improve patients’ physical health.

Disclosure: No significant relationships.

Keywords: Stigma; Mental disorders; Physical health; chronic diseases

Psychoneuroimmunology

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Pro-inflammatory cytokine alterations in unaffected first-degree relatives of schizophrenia patients

A. Kurtulmus^{1,2*}

¹Psychiatry, Istanbul Medeniyet University Goztepe Research and Training Hospital, Istanbul, Turkey and ²Psychiatry, Bezmialem Vakif University, Istanbul, Turkey

*Corresponding author.

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Introduction: A growing body of evidence in both chronic and first-episode schizophrenia report increased expression of pro-inflammatory substances in the blood and cerebrospinal fluid of patients. However, there is not much data in the literature on immune alterations in unaffected first-degree relatives (FDRs) of the patients.

Objectives: We aimed to evaluate inflammatory aberrancies in patients with schizophrenia, their unaffected first-degree relatives (FDRs) and healthy controls.

Methods: 50 chronic, stable schizophrenia patients, 42 FDRs and 40 healthy subjects with no family history (HCSs) were recruited to the study. IL-1 β , IL-6, TNF-a and CRP levels were measured. Complete blood counts, fasting glucose and lipid levels were analyzed and neutrophil-lymphocyte ratio (NLR) were calculated.

Results: There was a significant group difference in all cytokine levels after controlling for age, gender, smoking status, comorbid medical diseases, BMI and blood glucose and tyriglyceride levels ($p<.001$). FDRs showed significantly higher serum levels of cytokines than HCs, in the same way as the corresponding schizophrenia patients but a lower level. Pairwise comparisons revealed that the differences were significant between each group after controlling for confounders ($p<.001$ for all comparisons). However, NLR and CRP levels were not different between groups.

Conclusions: Our results support the role of inflammatory aberrancies in the pathophysiology of schizophrenia. The finding of abnormal cytokine levels both in schizophrenic patients and FDRs indicates that such immunological alterations are not exclusive to the patients and can be possible endophenotypes for the disorder.

Disclosure: No significant relationships.

Keywords: endophenotype; cytokines; schizophrenia

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Hyperbaric oxygenation of autoimmune manifestation in conversational disorders

D. Labunskiy*, S. Kiryukhina, V. Podsevatkin, E. Govsh and V. Kolmykov

Neurology And Psychiatry, Ogarev Mordovia State University, Saransk, Russian Federation

*Corresponding author.

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Introduction: Study of conversion disorders is urgent problem in psychiatry due to high prevalence of hysterical manifestations, both

in structure of various mental diseases and in general somatic network: among population it is from 0.5 to 2%.

Objectives: Our aim was to study the effect of complex therapy, combining traditional psychopharmacological drugs and hyperbaric oxygenation, on indicators of acid-base balance of blood, neurotransmitter metabolism, immune and hormonal status in experimental modeling of stress, as well as reduction of psychopathological symptoms in various forms of hysterical disorders.

Methods: Studies were conducted with the participation of 160 patients (145 women and 15 men), average age 33.5 ± 6.1 years, Content of adrenaline, norepinephrine, dopamine, serotonin was determined by concentration of prolactin, thyroid-stimulating hormone (TSH), free thyroxine (T4 light), cortisol using ELISA. Immune status was assessed according to following indicators: determination of level of immunoglobulins of classes A, M and G by the method of radial immunodiffusion in a gel; study of total complementary activity of blood serum by hemolytic method.

Results: It is necessary to highlight a significant increase in the concentration of Ig G and Ig A, a higher level of large, medium and small circulating immune complexes, which does not exclude the development of autoimmune reactions as a result of a long course of the mental process, which occurs with damage to the own cells of the nervous tissue.

Conclusions: Revealed changes in the immune and endocrine reactions upon admission, under the influence of HBO treatment indicate involvement of these structures in the pathogenetic mechanisms.

Disclosure: No significant relationships.

Keywords: Conversational Disorders; Hyperbaric Oxygenations; Immunoglobulins

O225

Psychiatric manifestations of anti-NMDAR encephalitis

D. Martins^{1*}, R. Faria¹, S. Rodrigues² and M. Pinho¹

¹Department Of Psychiatry, Hospital de Magalhães Lemos, Porto, Portugal and ²Department Of Child And Adolescent Psychiatry, Centro Hospital e Universitário do Porto, Porto, Portugal

*Corresponding author.

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Introduction: Anti-N-methyl-D-aspartate receptor (NMDAR) encephalitis is an autoimmune disorder characterized by neuropsychiatric symptoms before progressing to seizures, complex movement disorder, autonomic dysfunction and hypoventilation.

Objectives: Presenting a review of the psychiatric manifestations of anti-NMDAR encephalitis.

Methods: Search on Pubmed® and Medscape® databases with the following keywords: “psychiatric”, “anti-NMDA receptor encephalitis” and “anti-NMDAR encephalitis”. We focused on data from systematic reviews and meta-analyses. The articles were selected by the authors according to their relevance.

Results: Studies show that 77% to 95% of patients with anti-NMDAR encephalitis initially present psychiatric manifestations. Age and sex distribution are young women, and the frequency of cases is lower after 40 years of age. The most common psychiatric symptoms are agitation (59%) and psychotic symptoms (54%). The psychotic symptoms more common are visual (64%), auditory

(59%) hallucinations and persecutory delusions (73%). Catatonia is described in 42% of patients. Antipsychotic treatment induces an adverse drug reaction (33%), the neuroleptic malignant syndrome represents 22% of the cases. Delays in distinguishing this disease from a psychiatric disorder can have serious complications, with a mortality of up to 25% in patients receiving limited or delayed immunotherapy.

Conclusions: It's important to consider anti-NMDAR encephalitis in the differential diagnosis of patients with an acute onset psychosis or unusual psychiatric symptoms. Antipsychotic treatment should be use with caution when suspected or confirmed anti-NMDAR encephalitis. Without appropriate treatment, patients may suffer a protracted course with significant long-term disability or death. A clinical index of suspicion is required to identify patients who would benefit from cerebrospinal fluid testing and immunotherapies.

Disclosure: No significant relationships.

Keywords: anti-NMDAR encephalitis; psychiatry; psychiatric manifestations

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Relationship between internalizing and externalizing symptoms trajectories and perinatal risk factors in an epidemiological sample: Preliminary results from the remind project

S. Grazioli^{1*}, E. Rosi¹, F. Villa¹, M. Mauri¹, P. Brambilla², C. Bonivento³, M. Molteni¹ and M. Nobile¹

¹Developmental Psychopathology, Scientific Institute Eugenio Medea, Associazione La Nostra Famiglia, Bosisio Parini, Italy; ²Department Of Pathophysiology And Transplantation, University of Milan, Milan, Italy and ³Associazione La Nostra Famiglia, Scientific Institute, IRCCS E. Medea, Pesian di Prato, Italy

*Corresponding author.

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Introduction: Our 15-years follow-up ReMIND project aims to re-assess an epidemiological and a clinical sample of adults (Wave 3), who were assessed in preadolescence (Wave 1) and adolescence (Wave 2), to evaluate symptoms trajectories and their relationship with genetic/epigenetic data, environmental risk factors and neuroimaging measures.

Objectives: Here, we depict preliminary results regarding the epidemiological sample.

Methods: We assessed internalizing and externalizing symptoms in 40 Italian subjects (25 F) from general population at three waves (W1 mean age: 12 ± 0.82 ; W2 mean age: 17 ± 0.88 , W3 mean age: 28 ± 1), through the Child Behavior Checklist (W1 and W2) or the Adult Self Report (W3), and perinatal risk factors through a socio-anamnestic questionnaire, by a new online platform (MedicalBit). We analyzed symptoms trajectories and their relation with perinatal risk factors through a repeated measures multivariate analysis of variance (rm-MANOVA).

Results: rm-MANOVA results show that high number of perinatal risks was significantly associated with higher internalizing symptomatology in preadolescence but not in adolescence and adult life. The mean difference was 8 T-points. The same trend is evident in