

duration and remission period. Reported improvements were clinically significant in the six studies and statistically significant in three papers. With psilocybin intervention, two studies reported a decrease in headache attack frequency, three studies reported a decrease in intensity, and one study indicated a decrease in duration. The greatest benefit reported was for psilocybin taken during a remission period, with the average length of that remission period between headaches extending for 91% of participants. One study focused on the dosages of psilocybin in relation to its efficacy, indicating that there was more headache pain relief amongst macrodosers, with a difference of 12.3% of participants experiencing pain reduction 3 days after dosage in comparison to microdosers. 18% of participants who experienced essential headaches also experienced hallucinations as a result of ingested psilocybin. Others showed a temporary increase in symptoms of anxiety and pain - 5.3% with microdosing and 14.1% macrodosing. One study observed an increase in average arterial pressure after ingestion.

Conclusions: Six of eight screened papers showed that psilocybin was clinically significant in the treatment of headaches as captured through self-reports. While the first controlled study for psilocybin use for headaches was detailed in this study, psilocybin remains illegal in many countries, presenting a need for further regulated research.

Disclosure of Interest: None Declared

EPP1012

Suicidality in adolescents with Complex Regional Pain Syndrome (CRPS)

S. Moustakil*, P. Guillaume and A. Letessier-Selvon

Child and adolescent Psychiatry Department, Pyrenees Hospital Center, Pau, France

*Corresponding author.

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Introduction: Complex regional pain syndrome (CRPS) is a rare condition associated with chronic pain. It is an inflammatory and neuropathic disorder principally characterized by involvement of the autonomic nervous system. The etiology of the syndrome is not clear and the known treatment modality is also very complicated.

Objectives: Extant literature has shown the relationship between CRPS and suicidal behaviours in adults but less data are available in adolescents. This literature review aims to synthesize and evaluate the existing studies assessing suicidality in CRPS adolescents.

Methods: A narrative review of the literature focusing on CRPS and chronic pain in adolescents and their associations with suicidal behavior including suicidal ideations, suicide attempts and death by suicide.

Results: The studies of suicidality factors in adolescents evaluated chronic pain in general. Those who studied CRPS specifically did not look for its association with suicide risk. In fact, adolescents who suffer from chronic pain present increased risk for suicide ideations and suicidal attempts. Furthermore, no available data

have demonstrated the association between chronic pain and suicide. Additionally, among adolescents with CRPS, the risks of somatization, anxiety, and depression are higher. The duration of pain, depression and eating disorders has been shown to be associated with increased suicidality.

Conclusions: Our findings suggest that CRPS is associated with higher risks for suicidal ideation, suicidal attempts compared to the general population. The risk factors underlying suicidal behavior in CRPS patients are not studied enough and require further investigation.

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EPP1013

Are auditory verbal hallucinations in schizophrenia just “voices” or something different?: Clinical, empirical and phenomenological perspectives

A. U. Parnas

Psychiatry, University Health Centre Amager, Copenhagen, Denmark
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Introduction: Auditory verbal hallucinations (AVH) form a central symptom in the current diagnosis of schizophrenia in the DSM-5 and ICD-10. In both international classifications, hallucinations are considered an erroneous perception without external stimulation. AVH are often viewed as a well-defined entity in itself with certain quasi objective properties. They seem not to arise from nothing but are preceded and accompanied by the anomalies of subjective experiences such as e.g. feeling different, thought aloud and thought interference and experiences difficult to distinguish these phenomena from “hearing voices”. Several recent reviews point to the complexity of the nature of AVH and advocate the involvement of contextual issues and co-occurring psychopathology.

Objectives: The aims of this study were to examine the qualitative aspects of the experience of hearing voices, the period of disclosure of AVH and the concomitant subjective experiences (self-disorders) in a group of readmitted patients with a diagnosis of paranoid schizophrenia and experiencing AVH.

Methods: We performed an empirical qualitative and phenomenologically oriented investigation of the experiential and existential aspects of AVH. Twenty patients with AVH and fulfilling the ICD-10 criteria of schizophrenia were interviewed with semi-structured questionnaire, covering the aims of this study. The interview encouraged the patients to reflect and express themselves freely. We used 26 items (domains stream of consciousness and basic self) from the Examination of Anomalous Self-Experience (EASE).

Results: The disclosure of AVH happened when the patient arrived at a situation of subjective suffering or dysfunction in life, often several years after their beginning. Several participants were not able to determine whether voices were in the “internal” or “external” space. They did not consider their AVH as being analogous to a perception of an external object. The patients were continuously in doubt whether their experiences merited the name of voices or merely thoughts. The terminological status of

the AVH as “voices” was typically acquired in the psychiatric setting.

Conclusions: AVH themselves are not a sufficient sign of mental disturbance unless it is an aspect of a profound change in the structure of consciousness. There is an apparent continuity between thinking and hallucinations. AVH articulate themselves within the intimate sphere of the patient in another dimension and not in the shared social world as a real perception. The patient’s difficulties to describe the detailed features of hallucinations could be an expression of the psychiatrist’s insistence on framing the hallucination in the perceptual space to which it does not belong leading to a risk of missing the phenomenon.

Disclosure of Interest: None Declared

EPP1014

The vineyard as a therapeutic landscape of the mind: preliminary results of a pilot study

E. Rossero^{1*} and A. Barbieri²

¹Eclectica+ Research and Training, Turin and ²Mental Health Department, ASL CN1, Cuneo, Italy

*Corresponding author.

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Introduction: Young people represent a vulnerable population, with 75% of mental disorders first emerging before 25 years of age. This pilot stems from the acknowledged need to design and test non-stigmatizing programs that are appealing to young people and suited for the protean mental health problems that they experience.

Objectives: The study involves a group of youths (aged 16-25) with different forms of mental ill-health in a locally and culturally meaningful activity, namely hand-harvesting grape in the renowned area of Langhe (Italy). The aim is to investigate viticultural practices as possibly effective in supporting recovery by promoting social interaction and fostering a sense of belonging in the broader process of winemaking.

Methods: The project is multidisciplinary in its design and implementation, involving psychiatrists, psychologists, rehabilitation specialists and sociologists. Research methods include clinical assessment, participant observation, and semi-structured interviews with the participants.

Results: During the harvest season, a stable group of participants has been involved in a one-to-one relationship with professional vine growers. This relational geometry was built around the performance of a practical task: that of filling in a box with manually harvested grape and moving it along the rows of vines. Within each dyad, which represents the most fragile and intimate of all social forms, practical knowledge has been conveyed from the experienced worker to the youth. Most importantly, the repeated encounters provided an opportunity for human interaction and exchange that went beyond the activity being performed, involving the gradual disclosure of self, the ability to listen, connect and empathize with personal stories from diverse backgrounds. Participants’ narratives collected during and after the pilot describe the vineyard as a psychic more than a physical place – a landscape of the mind, structured around the emotional and sensorial contents of the experience. The study’s core finding emerging from fieldwork and youths’ accounts is the beneficial effects of the intervention

on transdiagnostic factors such as social anxiety symptoms, low self-efficacy and poor social skills.

Conclusions: The pilot provides suggestions to orient meaningful and non-stigmatising programs for vulnerable young people, hosted in landscapes that can become therapeutic not by virtue of their aesthetic features, but because of the access they provide to social (i.e. opportunities for new relationships), material (occasions to create and share something tangible) and affective (promotion of positive emotions, containment of loneliness and feelings of inadequacy) resources.

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EPP1016

A real-world data analysis of Clinical Global Impression-Severity (CGI-S) as a transdiagnostic predictor of psychiatric hospitalisation

E. Palmer^{1*}, M. Taquet², K. Griffiths¹, S. Ker¹, C. Liman¹, S. N. Wee¹, S. Kollins¹ and R. Patel³

¹Holmusk, New York, United States; ²University of Oxford, Oxford and ³Institute of Psychiatry, Psychology & Neuroscience, King’s College London, London, United Kingdom

*Corresponding author.

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Introduction: Preventing psychiatric admissions holds benefits for patients as well as healthcare systems. The Clinical Global Impression-Severity (CGI-S) scale is a 7-point measurement of symptom severity, independent of diagnosis, which has shown capability of predicting risk of hospitalisation in schizophrenia. Due to its routine use in clinical practice and ease of administration, it may have potential as a transdiagnostic predictor of hospitalisation.

Objectives: To investigate whether early trajectories of CGI-S scores predict risk of hospitalisation over a 6 month-follow-up period.

Methods: A retrospective cohort study was conducted, analysing Electronic Health Record (EHR) data from the NeuroBlu Database (Patel et al. *BMJ Open* 2022;12:e057227). Patients were included if they had a psychiatric diagnosis and at least 5 recorded CGI-S scores within a 2-month period, defined as the ‘index’ period. The relationship between early CGI-S trajectories and risk of hospitalisation was investigated using Cox regression. The analysis was adjusted for age, gender, race, number of years in education, and psychiatric diagnosis. Early CGI-S trajectories were estimated as clinical severity (defined as the mean CGI-S score during the index period) and clinical instability (defined as a generalised Root Mean Squared Subsequent Differences of all CGI-S scores recorded during the index period). The primary outcome was time to psychiatric hospitalisation up to 6 months following the index period. Patients who had been hospitalised before or within the index period were excluded.

Results: A total of 36,914 patients were included (mean [SD] age: 29.7 [17.5] years; 57.3% female). Clinical instability (hazard ratio: 1.09, 95% CI 1.07-1.10, $p < 0.001$) and severity (hazard ratio: 1.11, 95% CI 1.09-1.12, $p < 0.001$) independently predicted risk of hospitalisation. These associations were consistent across all psychiatric diagnoses. Patients in the top 50% of severity and/or instability were at a 45% increased risk of hospitalisation compared to those in the bottom 50% (Figure 1).