

(SD=7.93 years). Thirty-seven BP (60.7%) had a history of psychotic symptoms. The WMT score was significantly lower among BP than HC ($p<0.001$). The female gender, the type II of BD and the history of psychotic symptoms correlated with a poorer performance on WMT ($p=0.019$; 0.017 and 0.002, respectively).

Conclusions: BP have shown significant impaired performance in WM even during euthymia. Female gender of patient, type II of BD and psychotic symptoms seem to be the predictors of this impairment.

Disclosure: No significant relationships.

Keywords: working memory; euthymic patients; bipolar disorder; Associated factors

EPP0754

Overlapping of clinical symptoms between schizophrenia and bipolar disorder

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Introduction: Schizophrenia (SCH) and bipolar affective disorder (BP) are complex disorders that overlapping both in their clinical symptoms and certain familiar characteristics. They share some common characteristics but there are also key differences. The frequency of overlapping symptoms between these diseases could give us more information about the current validity of the diagnosis based on existing diagnostic criteria. Similarities within and between these two disorders in the future, can possibly redefine greater reliability of diagnosis.

Objectives: The aim of the study was to investigate the frequency of overlapping symptoms between BP and SCH.

Methods: The sample included 159 patients diagnosed with SCH and 61 with BP who were followed over a two year period. The research was conducted at the UCCS Psychiatric Clinic. Assessment of clinical symptoms and diagnosis were performed using a structured clinical interview (SCID I), a list of operationalized criteria (OPSCRIT), a scale for the assessment of positive and negative symptoms (PANSS), a scale for the assessment of manic symptoms (YMRS).

Results: The overall PANSS score was significantly higher in patients with SCH compared to patients with BP, but on the general psychopathology there are no significant differences between SCH and BP. Symptoms of mania are significantly more pronounced in patients with BP compared to those with SCH.

Conclusions: Our results of overlapping of individual symptoms between SCH and BP can speak in favor of the theory of disease continuum. And can also help us in understanding symptoms and guide us to develop optimal treatment strategies.

Disclosure: No significant relationships.

Keywords: schizophrenia; YMRS; PANSS; Bipolar Affective Disorder

EPP0755

Initiative for ethical media reporting about mental health

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Introduction: As a part of continuous destigmatization of mental illness and people with mental disorders significant importance has media reporting, especially in modern times.

Objectives: Media reports about mental health (MH) are still an issue of a great discussion concerning their content especially in ethical matters. Many initiatives in different countries resulted in various changes in attitudes and influenced on this topic. But the image of mental illness as well as psychiatry in general are still burdened with the shadow of stigma.

Methods: To show development of one of initiatives in Bosnia and Herzegovina (BH) supported by policy makers through the creation and broad distribution of recommendations for ethical media reporting about mental disorders.

Results: In 2019 Task Force appointed by both entities' ministries of health in BH developed an publication with recommendation for ethical reporting about mental health topics with special highlights on specific mental disorders (schizophrenia, depression, suicide, addictions, etc.). It was widely distributed to media and health institutions in the country and was officially adopted as the recommendation of the national Regulatory Agency for Media. Through five rounds of educational workshops in 2019 and 2021 more than 150 media and mental health professionals were introduced with the publication as well as practical implementation of this recommendations (as is exercises of giving statement).

Conclusions: In BH is developed very useful tool for more quality media reporting about MH topics as one of important ways for reducing the stigma and discrimination of people with mental disorders as well as promotion of good mental health

Disclosure: No significant relationships.

Keywords: Media; mental health; Ethics

EPP0756

In vitro fertilization and a patient in compulsory psychiatric treatment in the community

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Introduction: INTRODUCTION: According to the Universal Declaration of Human Rights, everyone has the right to start a family. Under the Slovenian Infertility Treatment Act, everyone has the right to infertility treatment. A case of a patient in compulsory

psychiatric treatment who participated in the process of IVF is presented.

Objectives: CASE REPORT: A 40-year-old male with paranoid schizophrenia has already been hospitalized thirteen times. He often discontinued therapy, abused drugs and repeatedly exhibited violent behaviour. He already had a child from a past relationship he didn't care of.

Methods: During the compulsory psychiatric treatment ordered by the court his mental status improved because his treatment with antipsychotics was supervised. He was in a relationship with a thirty-year-old partner. After unsuccessful attempts to become pregnant, they expressed a desire to conceive with biomedical assistance. Their application was considered and approved by the IVF Commission.

Results: The procedure was successful but in the 13th week of pregnancy, the patient's partner changed her mind due to his aggression. Because she was pregnant for more than 10 weeks, she had to submit a request for artificial termination to the Commission for abortion. Her request was granted and the pregnancy was terminated.

Conclusions: CONCLUSION: We live in time of endless possibilities. Despite of violent acts in the past and severe form of mental illness, the couple was granted IVF procedure. Everyone has the right to start a family; however, the question that has to be raised is the extent and reasonableness of involvement of medical profession and/or health care system.

Disclosure: No significant relationships.

Keywords: Abortion; COMPULSORY PSYCHIATRIC TREATMENT IN THE COMMUNITY; IVF; schizophrenia

EPP0757

Can we really treat mentally ill patients involuntarily?

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Introduction: The therapeutic alliance is critical to the efficacy of psychiatric treatment and can be weakened by involuntary treatment measures. In Western culture, mental illness is still associated with violence and if significant risk of violence is detected, in Spain a civil court can order the application of involuntary treatments such as Involuntary Outpatient Commitment.

Objectives: To discuss the effectiveness of some psychiatric involuntary treatments used in Spain.

Methods: - Literature review about involuntary psychiatric treatments used in Spain - Case report about a patient undergoing Involuntary Outpatient Commitment

Results: We present the case of a 54-year-old man, diagnosed with schizophrenia, admitted to our acute psychiatric ward more than five times due to violent behavior and psychotic symptoms. Five

years ago, he was submitted to a period of three years of Involuntary Outpatient Commitment. In Spain this measure can include the administration of involuntary medication, an injectable anti-psychotic treatment in this case. At the end of the order, he immediately stops attending consultations and abandoned psychopharmacological treatment.

Conclusions: Involuntary Outpatient Commitment is a controversial measure and it stirs up the concepts of stigma, coercion, care, patient autonomy and, globally, the values of humanization in psychiatry.

Disclosure: No significant relationships.

Keywords: involuntary treatment

EPP0758

Impact of childhood trauma on functioning of patients with bipolar disorder

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Introduction: Exposure to severe childhood trauma has been associated with the onset and the severity of bipolar disorder in adults.

Objectives: The aim of this study was to examine the relationship between childhood trauma and functioning of patients suffering from bipolar disorder.

Methods: We conducted a cross-sectional, descriptive, and analytical study, including sixty-one remitted patients with BD. We used the Childhood Trauma Questionnaire (CTQ-SF) to measure history of traumatic childhood experiences and the Functioning Assessment Short Test (FAST) to assess functioning.

Results: The mean age of patients was 43.4. The sex ratio was 2.4. Almost two-thirds of patients (64%) had experienced at least one type of childhood trauma. An overall functional impairment was found in 70.5% of participants. The CTQ total score was significantly associated with low educational level ($p=0.001$), low socioeconomic status ($P=0.034$), a family history of psychosis ($P=0.022$), the number of mood episodes ($P=0.001$), the number of hospitalizations ($P=0.04$), the number of relapses with psychotic features ($p=0.002$) and that of depressive relapses ($P<0.001$), rapid cycling ($P=0.012$), higher rates of suicide attempts ($P=0.04$) and poor functioning ($P<0.001$). The logistic regression analyses showed a significant association of childhood trauma with low educational level ($p=0.001$), high number of depressive episodes ($p=0.013$) and poor functioning ($p<0.001$).

Conclusions: Our findings demonstrate that childhood abuse and neglect are risk factors associated with worsening clinical course of bipolar disorder and higher functional impairment. These findings press the urgency for preventive practices and early intervention strategies to diminish the prevalence of childhood trauma and minimize their impact.

Disclosure: No significant relationships.

Keywords: Childhood Trauma; functioning; bipolar disorder