

Methods: In 2018, 41 French cities enrolled in an intervention program aimed at promoting StopBlues®, a digital health tool that helps prevent mental distress and suicide among the general population. After two years of experimentation, a Multiple Correspondence Analysis (MCA) was performed using quantitative and qualitative data collection methods from institutional sources, questionnaires and web analytics tools.

Results: Finding trends show that higher utilization rates were associated with the involvement of general practitioners (GPs) in the promotion of StopBlues and the use of digital marketing channels. Context-specific characteristics also played an important role in the adoption of the tool.

Conclusions: The local context has a strong influence on how digital tools are locally promoted and accepted. Further research is needed to understand how local actors and specifically GPs can be involved in suicide prevention. More broadly, the challenge today is to ensure acceptance of digital health technology among targeted populations by adapting the digital offer to their needs and promoting the available tools.

Disclosure: No significant relationships.

Keywords: digital health; e-mental health; intervention research; community health

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Eye movement desensitization and reprocessing: Exploratory validation study of the potential of a biofeedback digitized approach for burnout therapy optimization

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Introduction: The Eye Movement Desensitization and Reprocessing (EMDR) therapy has shown to be useful in the treatment of PTSD, general anxiety, stress and burnout. Nonetheless, assessing therapy progress has been limited to subjective appreciations of the patient and therapist, which compromise therapy efficacy, and the continuum of care (clinic and at home) and scalability that digitized approaches can offer.

Objectives: The aim of the present study was to validate the potential of a smartphone-based biofeedback digitized approach for EMDR usage in burnout therapy, as a means to provide quantitative progress assessment and personalized therapy optimization.

Methods: A digitized burnout status assessment app based on Maslach Burnout Inventory was first implemented and tested. Then, an EMDR app was developed by making use of adjustable audiovisual stimuli (e.g. different velocity and horizontal/vertical visual stimuli; and different pitch and left-right surround sound effects) and also of the smartphone's camera photoplethysmography finger recordings from which heart rate, heart rate variability and breathing rate are derived and used for modulating stimuli

(biofeedback). Finally, interviews with several EMDR experts were conducted to assess the potential of the app as a therapeutic adjuvant.

Results: The preliminary interview results showed that the app can be useful for online therapy, to optimize the stimuli presentation, and to quantify the therapy experience and outcomes. The interviews also validated the technical specifications and usability of the tool.

Conclusions: Results so far have shown a promising receptivity and interest from EMDR experts. As such, patient testing is currently on-going.

Disclosure: The work of the present abstract is the basis of the research conducted at the Faculty of Sciences of the University of Lisbon, co-lead with NEVARO, a spin-off company of the same Faculty.

Keywords: EMDR; burnout; Digital therapy; Biofeedback

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“Telepsychiatry: Lessons from the COVID-19 pandemic”

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Introduction: Under the umbrella of e-Mental Health (eMH), Telepsychiatry (TP) keeps its place as the oldest and best-documented application. Legislative issues, and the concerns related to the quality of care and patient safety, have kept TP from broader adoption. COVID19 pandemic seems to be a turning point for TP as well as for the eMH in general. The use of TP has exploded as many regulatory barriers to its use have been temporarily lowered during the COVID-19 pandemic. What has to be done to sustain this momentum?

Objectives: -outline temporary changes in TP regulations made due to COVID19; -discuss which of these should be maintained, modified, or reversed; -suggest additional initiatives needed to facilitate patient and professional use of digital technology.

Methods: Examination of the use of digital technology in the light of regulatory, legislative, and other changes and initiatives made due to COVID 19.

Results: Among several policy changes, the most important is e.g. removal of the “originating site” rule so professionals can be paid for a remote appointment wherever the patient is, including in the patient's home. Further, professionals were allowed to serve patients through everyday communication technologies such as FaceTime, WhatsApp, Viber, or Skype, all compromising patient/data safety.

Conclusions: EPA is perfectly positioned to be the frontrunner for the required initiatives i.e. mandatory lectures related to eMH at medical educational institutions, launching of TP-competency training of mental health professionals, regulatory and statutory changes e.g. unified licensure regulations, etc that are crucial for modernizing mental health care delivery and preparation for future unprecedented events.

Disclosure: No significant relationships.

Keywords: COVID19; telepsychiatry; regulations; licensure; malpractice

Eating disorders

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Eating disturbances in subjects with autism spectrum disorder without intellectual disabilities

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Introduction: There is a growing interest in the relationship between Autism Spectrum Disorders (ASD) and Eating Disorders (ED), two relatively common conditions lying on a spectrum from mild to severe clinical features. However, only limited data are available about pathological eating behaviours throughout adults on the autistic spectrum. **Objectives:** The aim of the present study is to assess dysfunctional eating behaviours, including ED manifestations and ASD-related eating disturbances, in a population of adults with ASD with no intellectual disabilities.

Methods: We recruited 115 adults on the autistic spectrum, with no intellectual disability and 114 neurotypical adults (NA). Participants completed the “Eating Attitude Test” (EAT-26), to measure symptoms and concerns characteristic of ED, and the “Swedish Eating Assessment for Autism Spectrum Disorders” (SWEAA), to assess eating behaviours frequently seen within the autistic spectrum.

Results: Subjects with ASD scored significantly higher than NA at the EAT-26 and at the SWEAA. Women reported higher scores than men. Moreover, an interaction effect Group*Gender emerged at the EAT-26 only, with women with ASD scoring higher than men with and than NA overall. ASD subjects scored higher than NA at the EAT-26 subscales Dieting and Bulimia. Furthermore, the higher the SWEAA total score was, the more likely it was that a subject on the autistic spectrum would score above the cut-off of 20 at the EAT-26. **Conclusions:** These results indicate that adults with ASD without intellectual disability presented not only a higher prevalence of eating disturbances typical of autistic spectrum, but also other ED symptoms in comparison to NA.

Disclosure: No significant relationships.

Keywords: Autistic Spectrum Disorder; eating disorders; autistic eating disturbances

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Dysregulated sexuality and childhood trauma in eating disorders: Psychopathological, biological, and behavioural correlates

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Introduction: Sexual dysfunction is common in eating disorders (EDs), but its relevance is often overlooked.

Objectives: To describe different ED clinical subgroups in terms of psychopathology, putative biological correlates, and consequences of dysregulated sexuality, focusing on the role of childhood trauma.

Methods: Healthy controls (n=60), binge-purging (n=38), and restricting patients (n=24) were compared (age- and BMI-adjusted ANOVA; Bonferroni post-hoc tests), using total scores of Eating Disorder Examination Questionnaire (EDE-Q), Emotional Eating Scale (EES), SCL-90-R Global Severity Index (GSI), Barratt Impulsiveness Scale (BIS-11), Difficulties in Emotion Regulation Scale (DERS), Childhood Trauma Questionnaire (CTQ), Female Sexual Functioning Index (FSFI), Hypersexual Behaviour Inventory (HBI), and patients’ hormonal profiles (gonadal and pituitary hormones, ghrelin). Self-reported voluntary termination of pregnancy (VTP) and promiscuous sexual activity were recorded. For ED patients (N=62), regression analyses between significant variables and HBI were carried, applying moderation models for different CTQ scores.

Results: Table 1 outlines significant between-group comparisons (°: different from controls; *: different from restricting patients; p<0.05). Binge-purging patients had higher FSH, LH, and ghrelin levels, more VTPs and promiscuity. HBI showed significant correlations with EES, SCL-90-R-GSI, DERS, CTQ, and ghrelin levels. CTQ moderated interactions for DERS and EES (Figure 1).

	Binge-purging	Restricting	Controls	F
EDE-Q	3.86±1.20°	3.41±1.64°	0.85±0.83	67.32
EES	40.85±22.74**	16.01±15.88	19.87±15.21	7.01
SCL-90-R GSI	1.73±0.65°	1.27±0.69°	0.68±0.44	20.32
BIS-11	62.47±9.91°	60.81±8.56	57.04±10.04	4.99
DERS	106.97±29.15°*	83.97±33.12	78.14±14.12	10.21
CTQ	55.32±21.06°	49.31±10.81°	38.02±8.32	15.24
FSFI	17.32±11.89**	11.70±10.98°	29.32±7.45	24.02
HBI	28.75±13.89*	20.56±3.12	26.11±4.90	4.92

