

Results: Fourteen reviews met inclusion criteria, comprising 16,277 cases and 77,586 controls. Psychological trauma met TRANSD criteria as a transdiagnostic factor across different diagnostic criteria and spectra. There was highly suggestive evidence of an association between psychological trauma at any time-point and any mental disorder (OR=2.92) and between childhood trauma and any mental disorder (OR=2.90). Regarding specific trauma types, convincing evidence linked physical abuse (OR=2.36) and highly suggestive evidence linked sexual abuse (OR=3.47) with a range of mental disorders, and convincing evidence linked emotional abuse to anxiety disorders (OR=3.05); there were no data for emotional abuse with other disorders.

Image:

Table 1: Application of TRANSD Criteria to assess psychological trauma as a transdiagnostic construct across mental disorders.

Domain	Subdomain	Evidence
(T) Transparent definition	Gold standard	Diagnosis according to DSM-III, DSM-III-R, DSM-IV, DSM-5 or ICD 9, 10, or 11
	Diagnostic types	Anxiety Disorders (diagnostic group comprising Generalized Anxiety Disorder, Panic Disorder and Social Anxiety Disorder), BD, BPD, OCD, MDD, Psychosis (diagnostic group comprising Psychotic Disorder, Schizophrenia, Schizoaffective Disorder), PTSD,
	Primary or secondary diagnoses	Primary diagnoses
(R) Report	Primary outcome	Psychological trauma as a risk factor for mental disorder
	Study design	Meta-analyses or Systematic reviews including case control studies
	Transdiagnostic construct	Psychological trauma
(A) Appraise the conceptual framework	Transdiagnostic type	Across diagnoses, across several spectra
(N) Numerate the diagnostic categories, spectra and non-clinical samples	Number of diagnoses	7
	Number of spectra	7
	Non-clinical sample	1 (Healthy controls without mental disorder)
(S) Show the degree of association	Diagnostic-specific Odds Ratios (ORs)	Anxiety Disorders (OR=2.66; 95% CI 2.39, 2.97) BD (OR=2.79; 95% CI: 1.98, 3.93) BPD (OR=15.66; 95% CI: 7.23, 33.95) OCD (OR=4.94; 95% CI: 3.34, 7.31) MDD (OR=2.88; 95% CI: 1.57, 5.31) Psychosis (OR=2.66; 95% CI: 1.99, 3.56) PTSD (OR=4.42; 95% CI: 2.19, 8.93)
	Transdiagnostic	Any mental disorder (OR = 2.92; CI: 2.60, 3.28) No significant difference in individual vs pooled effect size subgroup metaanalyses, except in the case of BPD ($z = 4.19$; $p < 0.001$). Psychological trauma associated with mental disorder replicated in 78 of 106 case control studies (null hypothesis rejected).
(D) Demonstrate the generalizability	Results replicated across at least 2 independent RCTs	

Key: BD: Bipolar Disorder; BPD: Borderline Personality Disorder; MDD: Major Depressive Disorder; OCD: Obsessive Compulsive Disorder; PTSD: Post-Traumatic Stress Disorder.

Image 2:

Psychological trauma in childhood is a transdiagnostic risk factor for mental disorder across diagnoses and spectra (OR = 2.92; 95% CI 2.60, 3.28)							
Diagnoses	Anxiety Disorders (diagnostic group comprising Generalized Anxiety Disorder, Panic Disorder and Social Anxiety Disorder)	Bipolar Disorder	Major Depressive Disorder	Obsessive-Compulsive Disorder	Borderline Personality Disorder	Psychosis (diagnostic group comprising Psychotic Disorder, Schizophrenia and Schizoaffective Disorder)	Post-traumatic Stress Disorder
Spectra	Anxiety Disorders	Bipolar Disorders	Depressive Disorders	Obsessive-Compulsive Related Disorders	Personality Disorders	Schizophrenia Spectrum Disorders	Trauma- and Stressor-Related Disorders

Conclusions: These findings highlight the importance of preventing early traumatic events and providing trauma-informed care in early intervention and psychiatric services.

Disclosure of Interest: None Declared

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Caregiver burden and its associated factors among family caregivers of persons with dementia in Athens, Greece: a cross sectional study

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Introduction: Studies have shown that dementia family caregivers to be significantly more burdened than non-dementia caregivers.

Objectives: The aim of the present study was to analyze factors affecting the quality of life and the burden of dementia family caregivers.

Methods: 70 dementia family caregivers who lived in the Attica Region, Greece participated in the study from February to April 2022. An anonymous questionnaire was used including 16 items regarding demographic and socio-economic factors. The 22 -item Zarit Burden scale was used to estimate the burden of dementia family caregivers. Statistical analysis was performed with SPSS 21.

Results: 1.4% of caregivers showed minimal to no burden (n = 1). 28% of caregivers (n = 20) a mild to moderate burden. 40.6% (n = 29) presented a moderate to severe burden, while 28% (n = 20) a very serious burden. According to the results of the present study, there are three main factors that affect the quality of life of caregivers. Caregivers who spend more time with the patient have an increased burden compared to caregivers who spend less time. The patient’s low Mini Mental score is associated with an increase in burden. Caregivers who have attended training and management programs for the care of a patient with dementia have a lower burden than those who have not attended programs.

Conclusions: The study highlights an increased burden on caregivers. Social supports with multiple coping strategies focusing on different levels of patients with dementia and caregivers’ needs should be planned to relieve the caregiver burden.

Disclosure of Interest: None Declared

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ADVANCES IN THE FIELD OF GENETICS AND DIFFICULTIES IN THE DIAGNOSIS OF DI GEORGE SYNDROME.

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Introduction: The spectacular progress of the last decade in the field of genetics is allowing a new development of medicine and the ability to make a better diagnosis. A great example of this is the