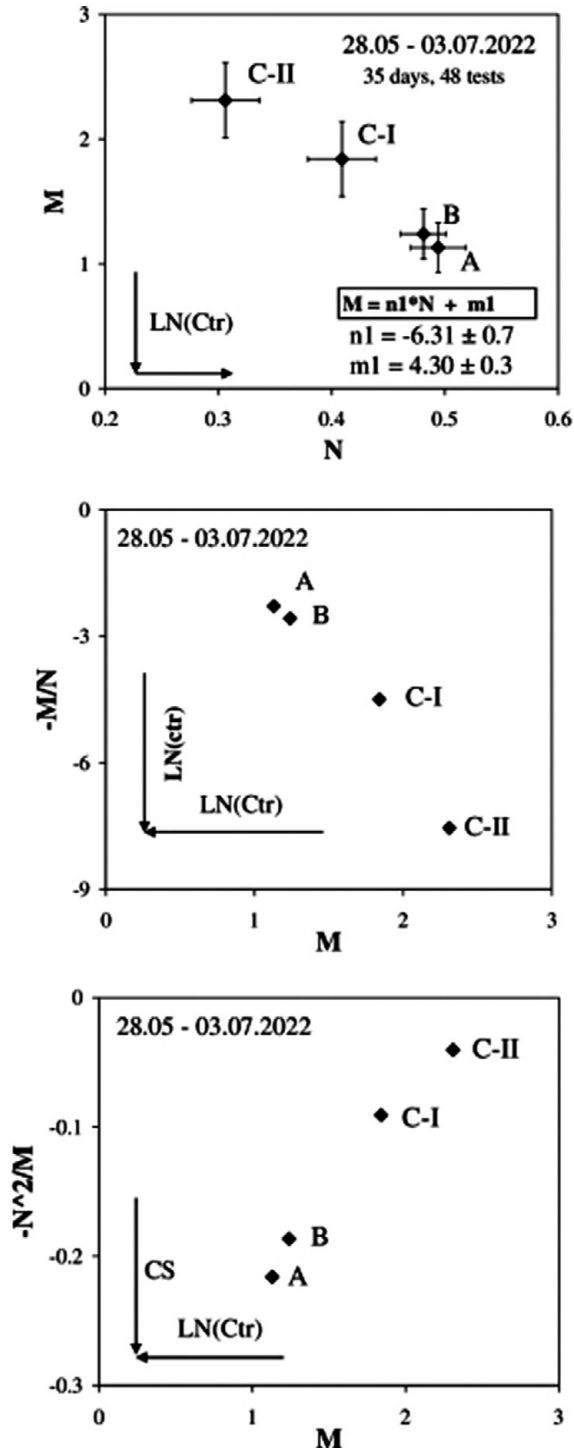


attached figures by using a standard stopwatch created by Mihai Dornea developer at National Instruments on LabView® platform with an accuracy of 10  $\mu$ s. Four distinct behaviors are revealed showing the good evolution of mind by decreasing Ctr and CS and increasing ctr by correct and continuous training.

**Image:**



**Conclusions:** HuPoTest is a highly efficient test and mental training procedure as well applied periodically in view to achieve a good and stable mental performance ensuring also a stable and good body health according to the well known quotations “sound mind in sound body” and “mind is the builder and body is the temple”. Such mental training becomes absolutely necessary taking into account that the survivors of the already started global war culminating at around 2035 will be persons with properly trained minds. I am available without any obligation for help anyone willing to try and practice HuPoTest.

**Disclosure of Interest:** None Declared

EPV0897

### Co-RESPOND - a European federated network of longitudinal cohorts investigating the effects of the Covid-19 pandemic on mental health and resilience

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**Introduction:** European researchers are collaborating in the EU Horizon 2020-funded project “RESPOND” to address the psychological and psychosocial effects of the Covid 19 pandemic in order to prepare health systems for future crises. In the Co-RESPOND subproject, several longitudinal cohorts are contributing to an individual participant data (IPD) meta-analysis.

**Objectives:** Co-RESPOND aims to assess trajectories of mental health and resilience, and to identify relevant moderators using a meta-analysis of individual participant data (“IPD”) approach. Moreover, a research network of European cohorts is being established alongside a sustainable shared IT infrastructure. Co-RESPOND aims to publish the results of the collaboration in a findable, accessible, interoperable and reusable way according to the “FAIR publication” principles.

**Methods:** To achieve these aims, a federated network for remote data analysis is being built. In this talk we describe the steps necessary to join existing cohorts into one network, and which challenges need to be met: First, existing data sets need to be harmonized retrospectively, second, data sharing and processing needs to be done in accordance with the GDPR requirements, and third, a technical solution needs to be found to facilitate joint analyses and publication of the network and its products.

**Results:** We identified the Maelstroem guidelines for retrospective data harmonisation of epidemiologic studies as appropriate guidance to carry out and document the transformation of individual data sets. The OBiBa software suite is used to build the IT infrastructure of the project by connecting local data servers of the study sites and making them available for remote analyses by other partners. As of autumn 2022, data transformation is finalized and data sets uploaded on the local servers. A platform on the internet is created where the main characteristics of all participating cohorts (“meta-data”) are catalogued to help them gain visibility and make

them findable for future joint projects. The Co-RESPOND network will be open for more partner cohorts to join.

**Conclusions:** The Covid pandemic has stimulated lots of international remote collaborations, and federated networks for data analyses are increasingly used as a means of enhancing the value of existing data sets. User-friendly and cost-free software solutions are already available (e.g., OBiBa) to facilitate such endeavours. However, researchers initiating cohort studies should be aware of such technology and methods and consider the use of their data in overarching collaborations from the start. We conclude with concrete recommendations how to optimize the design of epidemiologic data collections to enhance their interoperability with other cohorts, e.g., by using international coding standards.

**Disclosure of Interest:** None Declared

## EPV0898

### Epilepsy hospitalizations and psychiatric comorbidities: a study protocol for a nationwide inpatient analysis

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**Introduction:** Psychiatric comorbidities are highly frequent in patients with epilepsy and are associated with negative outcomes. These comorbid conditions can lower the seizure threshold, increase the risk of treatment-resistant epilepsy, and reduce function and quality of life. Additionally, patients with epilepsy have an increased risk of premature mortality, including due to suicide. In this context, although hospitalizations are common in patients with epilepsy, little information on healthcare utilization associated with comorbid psychopathology is available.

**Objectives:** To characterize psychiatric comorbidities among all hospitalizations with a primary diagnosis of epilepsy and to analyze their association with key-hospitalization outcomes, including length of stay, in-hospital mortality, estimated hospital charges, and readmissions.

**Methods:** An observational retrospective study will be performed using an administrative database that comprises de-identified routinely collected hospitalization data from all Portuguese mainland public hospitals. All episodes of inpatients, discharged between 2008-2015, with a primary diagnosis of epilepsy (ICD-9-CM code 345.X) will be selected. Psychiatric comorbidities as secondary diagnoses will be identified, grouped into broader categories as

defined by the Clinical Classifications Software for ICD-9-CM, and computed into binary variables. Descriptive, univariate, and multivariate analyses will be used.

**Results:** Descriptive and analytical statistics will be conducted to describe and characterize this sample of hospitalizations. Socio-demographic variables such as age at admission, sex, and place of residence will be characterized. Multivariate models will be used to quantify the association between psychiatric comorbidities and hospitalization outcomes, and results will be presented as crude and adjusted odds ratios.

**Conclusions:** With this nationwide analysis, we expect to better understand the additional burden of psychiatric comorbidities on epilepsy-related hospitalizations, including psychiatric diagnoses that have not been extensively investigated.

**Disclosure of Interest:** None Declared

## EPV0899

### Online versus in-person Eating Disorder Examination for adolescents with eating disorders: Empirical verification of data equivalency

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**Introduction:** In the last ten to fifteen years, it has become common for researchers to collect both quantitative (Sue & Ritter, 2012) and qualitative data (Jowett, Peel, & Shaw, 2011) online. The Covid-19 pandemic has increased the importance of this process and accelerated it in many disciplines (Torrentira, 2022).

In addition to convenience, recent work suggests that online data collection may be more valid than face-to-face data collection for some populations. This would mean that online data collection may be the most valid and effective for this age group (Barratt, 2012).

**Objectives:** Adolescents with an eating disorder tend to be more open about their symptoms via impersonal online data collection than they are in a face-to-face conversation. Symptom underreporting has been documented in face-to-face interviews, because “of feelings of shame elicited by the loss of anonymity during face-to-face interviews” leading to face-to-face denial, whereas a self-report questionnaire allows for more privacy and hence honesty while answering questions (Berg et al. 2011). This is especially key in the diagnosis of Anorexia Nervosa (AN), as AN patients minimize, deny, and/or fail to recognize their symptoms (Passi, Bryson and Lock 2003).

Given the benefits of collecting data online for both researchers and participants, it is important to determine the quality of the data collected online to guide its use and interpretation. More evidence is needed to confirm the equivalence of online and face-to-face interview data. The current study examines the equivalence of semi-structured interview data collected online versus original face-to-face interviews.

**Methods:** The Eating Disorder Examination (EDE), assessing psychopathology of eating disorders, was administered to