

and language) probably unconsciously influence how the medical team treats this patient's case. Cultural social factors persistently present as barriers in clinical practice.

Conclusions: Race, language barriers and mental health diagnoses as well as other intersectional factors do have a great impact in the treatment patients receive. There is yet a lot to do when it comes to educating health professionals if we want to offer the best medical assistance.

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EPV0401

Psychopathology without Borders: Transcultural psychiatry and implications in clinical presentation and practice

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Introduction: Existing as an emerging topic in the field and undergoing constant evolution, Transcultural Psychiatry addresses how social and cultural factors influence mental illness. During the second half of the twentieth century, phenomena such as globalization, massive migrations and immigration, occurring in ever increasing frequency, continue to bring this topic to the forefront of discussion as challenges in the treatment of patients from varying cultural backgrounds emerge. Viewed from the biopsychosocial perspective, culture delineates a framework for the evaluation of various expressions of emotion and behaviour as well as defining the limits of what counts as disorder. As border restrictions are lifted, cases which present with these particularities are bound to increase, necessitating an increased attention to the influence that cultural and social factors play in the psychopathological clinical pictures which may present to the practitioner.

Objectives: The authors aim to briefly explore the concept of transcultural psychiatry and its importance in clinical presentation and practice with recourse to various clinical cases of international patients hospitalized in a Portuguese Psychiatry ward during a two-year period.

Methods: A brief non-systematized literature review was performed based on works most pertinent to the topic discussed. As compliment to the topic, a discussion of various clinical cases of hospitalized international patients is presented.

Results: Culture has been demonstrated to contribute to psychopathological presentations in a variety of forms, solidifying the old adage that 'no man is an island' and giving reason to the biopsychosocial approach applied in clinical practice. The impact of sociocultural factors is such that the DSM-5-TR includes in its classification culture-specific syndromes. The cases discussed demonstrate the various nuances necessary not only in exploring psychopathology, but also in implementing appropriate standards of care.

Conclusions: Transcultural psychiatry rises as a relatively recent topic as well as raising important philosophical, theoretical and technical challenges for mental health practitioners. Although existing as a subspecialty, each mental health practitioner should strive to be transcultural, taking into consideration the influence

that these factors exert on mental illness. The patient should be evaluated with consideration to their cultural background, as well as not neglecting how the culture of the practitioner may influence the interpretation of psychopathological presentation.

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EPV0402

Diagnostic delay in mental Experience of the psychiatric hospital Arrazi Salé Morocco

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Introduction: Mental illness is characterized by a major emotional, cognitive, and or behavioral impairment of an individual. It is usually accompanied by distress or functional impairments in important areas.

Mental illness affects 48.9% of the Moroccan population. This makes it a major public health issue but one that is still unrecognized and underestimated in the general population. Because of certain cultural aspects considering mental illness as a taboo or privileging traditional healing.

Objectives: to evaluate the time between the initial symptomatology and the first psychiatric consultation Identify the course of action to be taken in the face of the first symptoms of the illness; Determine the factors responsible for the diagnostic delay;

Methods: We conducted a cross-sectional study to assess the duration between initial symptoms and diagnosis and to identify the responsible factors of diagnostic delay. This study included 200 patients followed at the psychiatry department of the University Hospital Arrazi of Salé, and evaluated by an hetero questionnaire.

Results: The average age of our patients was 29 years, male gender was predominant (84%). The mean diagnostic delay was 46 months. Data analysis showed some significant results: - The Diagnostic delay was longer in male patients. - The diagnostic delay conditioned response to treatment and therefore the prognosis.

Conclusions: In conclusion, public awareness of psychiatric problems, treatment availability, and educational efforts to overcome the social stigma are essential to reduce diagnostic delay and improve the prognosis of schizophrenia.

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EPV0403

Migration, perceived discrimination and the development of psychosis

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Introduction: Migration is a rapidly growing phenomenon in European countries and its association with psychotic disorders is a public health concern. Psychosis is more prevalent among

migrants, which suggests that adverse social experiences play an important role in its pathogenesis. Throughout the migration process, migrants are exposed to several social disadvantages, including in the post-immigration context, where perceived discrimination appears to be an important stressor. In fact, the highest incidence rates of psychosis occur in the most discriminated populations, namely migrants with darker skin complexion, particularly when living in low-ethnic-density neighborhoods, where both discrimination and social isolation are more prominent.

Objectives: To conduct an updated review about the association between migration, perceived discrimination and psychosis, aiming to better understand the mechanisms involved.

Methods: Narrative literature review using the keywords “migration”; “psychosis”; “discrimination”; “racism” on PubMed database, in conjunction with presentation of a clinical case concerning a patient from Guinea-Bissau, admitted to our hospital in the context of first-episode psychosis (FEP), with onset months after completing the Mediterranean migration route to Europe.

Results: Literature suggests that experiences of racism and social exclusion contribute to feelings of imminent danger, fear and general anxiety, which may develop into paranoid ideas of ubiquitous persecution. Furthermore, intense social defeat experiences, common in migrants, are associated with more distressing forms of delusional content, with delusions of psychological persecution being more common. However, there is also evidence that migrants with FEP have better occupational and social functioning profiles compared to natives, suggesting that, in these patients, there is a higher burden of social-environmental risk factors, with the onset of psychosis occurring only when this burden overcomes a higher threshold. Our patient fits this description. After completing his migratory route and while living in an Italian refugee camp, he described suffering experiences of severe discrimination. Real or not, these experiences escalated to become delusional ideas of persecution involving European governments, thought to seek for his humiliation. Despite the presence of psychotic symptoms, this patient was able to maintain a reasonable level of functioning during years, up to his psychiatric admission.

Conclusions: Given the notorious effect of perceived discrimination and racism on the increased risk of psychosis in immigrants, it is urgent to adopt policies that promote the social protection of these vulnerable groups, namely through enhancing their integration in the host countries.

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Depressive Disorders

EPV0404

Effectiveness and Tolerability of Intranasal Esketamine in Treatment-Resistant Depression: Report of Two Clinical Cases

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Introduction: Major depressive disorder (MDD) is a mental health disorder characterised by persistently low mood; anhedonia; feelings of worthlessness and guilt; altered appetite, weight and sleep and suicidal ideation. About one-third of patients do not respond to available antidepressants (AD). Treatment-resistant depression (TRD) is a clinical term used to define a lack of response to two or more AD in patients with MDD that do not respond to other lines of treatment either. TRD is associated with an increased risk of relapse, hospitalisation and suicide. Esketamine is a non-competitive NMDAR antagonist that acts as an antidepressant by modulating glutamatergic neurotransmission, disturbed in MDD patients. It has recently been approved by the European Commission as a fast-acting nasal spray therapy for depression and suicidal ideation after showing effectiveness in TRD patients (Papakostas *et al.* JCP 2020; 81 4).

Objectives: The aim of this study is to determine the effectiveness, safety and tolerability of intranasal esketamine in two TRD-diagnosed patients and to assess their clinical evolution.

Methods: A prospective study was conducted describing the evolution of two TRD patients treated with intranasal esketamine. We used The Hamilton Depression Rating Scale (HDRS) to quantify the severity of their symptoms and assess their recovery over time, analyzing the score change from baseline to endpoint as a primary outcome of the study. We also applied the Addensbrooke Cognitive Examination (ACE-III) as a tool to establish their cognitive condition before therapy and its evolution. Changes in dosage during treatment, adverse effects, time required for onset of action, clinical outcomes and other variables were also measured.

Results: Intranasal esketamine was administered twice a week during the first 4-week induction phase and weekly during the following 6-month maintenance phase. Dosage of antidepressant was determined depending on each patient's age and clinical evolution, being 56 mg the initial dose for case 1 (57 years old) and 28 mg for case 2 (71 years old). This antidepressant was effective in both patients in a fast-acting way, with the onset of action occurring within the first two weeks. During the course of treatment, the HDRS score significantly decreased, associated with improvement and remission of depressive symptoms. Cognitive performance got better in both cases. None of the patients discontinued treatment due to adverse effects or lack of efficacy.

Conclusions: Our data suggest that intranasal esketamine therapy is a good alternative in TRD patients, being effective, fast-acting and well-tolerated, with a manageable safety profile. Clinical stability was also observed in the medium-term follow-up after the end of treatment. This presents esketamine as a promising therapeutic and effective strategy in MDD patients who are either treatment-resistant or acutely suicidal.

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