

Objectives: We aimed to explore the associations between placental DNA methylation and child behavior in order to explore pathways that could link prenatal exposures to child behavior.

Methods: Data including 441 children of 3 years of age from the EDEN mother-child cohort. Child behavior assessed using the Strengths and Difficulties Questionnaire (SDQ). Both hypotheses-driven and exploratory analyses (including epigenome-wide association studies (EWAS) and differentially methylated regions (DMR) analyses) were conducted. The analyses were adjusted for confounding and technical factors and estimated placental cell composition. All the p-values were corrected using a false discovery rate (FDR) procedure for multiple tests.

Results: In the hypothesis-driven analysis, *cg26703534* (*AHRR*), was significantly associated with emotional problems ($p_{FDR} = 0.03$). In the exploratory analyses, *cg09126090* ($p_{FDR} = 0.04$) and *cg10305789* (*PPP1R16B*; $p_{FDR} < 0.01$) were significantly associated with peer-relationship problems and 33 DMRs were significantly associated with at least one of the SDQ subscales. Placental DNA methylation showed more associations with internalizing than externalizing symptoms, especially among girls. DMRs tented to include highly methylated CpGs.

Conclusions: This study investigated for the first time the associations between placental DNA methylation and internalizing and externalizing symptoms in preschoolers. Further analyses, such as consortium meta-analyses would be necessary to confirm and extend our results.

Disclosure of Interest: None Declared

EPP0844

Is childhood trauma associated with loneliness, mental health symptoms and social exclusion in adulthood? A UK Biobank Study

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Introduction: Childhood trauma has been linked to adult psychosocial outcomes including social exclusion, loneliness, and psychological distress.

Objectives: To explore the associations between childhood trauma and social exclusion in adulthood with consideration of loneliness and symptoms of anxiety and depression in the UKBiobank database.

Methods: Hierarchical multiple regression analysis of 87,545 participants (mean age=55.68[7.78], 55.0% female, 97.4% white) enrolled in the UK Biobank. The main predictor variable was occurrences of traumatic childhood experiences. Current loneliness and symptoms of anxiety (GAD-7) and depression (PHQ-9) were included as secondary predictors. The outcome variables were 'limited social participation', 'area deprivation', 'individual deprivation' and (combined) 'social exclusion'.

Results: We found small associations between childhood trauma and social exclusion, explaining between 1.5% and 5.0% of the variance. Associations remained significant when loneliness, anxiety, and depression were entered in the models. These findings

support a relationship between early-life adversity and socioeconomic deprivation including heightened risks of homelessness, antisocial behaviour and lower social mobility in adulthood.

Loneliness was the strongest predictor of 'limited social participation.'

Depression was the strongest predictor of 'individual deprivation,' 'area deprivation' and 'social exclusion,' closely followed by childhood trauma.

Anxiety symptoms protected against 'individual deprivation' and 'social exclusion' in adulthood. Given the composition of the 'individual deprivation' dimension (i.e. employment, education, income) this may tentatively suggest that low levels of anxiety could have a positive impact on individuals' pursuit of education and employment, potentially in line with the theory that the Yerkes and Dodson law (i.e., there is an inverted U-shaped relationship between arousal and cognitive performance; Yerkes & Dodson, 1908) may apply to anxiety symptoms. In other words, higher vigilance may help seeking a way out of childhood adversity and increase cognitive performance if anxiety is low level, thus possibly playing a role in resilience. This may particularly be the case given that average levels of anxiety were low in the current sample (only 5% had a clinically significant GAD-7 score of above 10).

Conclusions: Trauma and neglect in childhood are associated with an increase of social exclusion in adulthood.

Loneliness and depression make this association stronger.

Anxiety symptoms may lead to better performance in education and employment and hence play a protective role against individual level social deprivation - higher vigilance and cognitive performance can occur in low level anxiety and may increase resilience in adulthood.

Disclosure of Interest: None Declared

EPP0845

Torsade de Pointes: are psychotropic drugs at the heart of the matter? A retrospective case-control study led at the Montreal Heart Institute

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Introduction: Psychotropic drugs are the first-line medications in the treatment of psychosis, bipolar, anxiety and depressive disorders. Some of these psychoactive agents are suspected to be linked to rare, but lethal, ventricular arrhythmias, known as Torsade de Pointes (TdP). Most of the studies found an association between these classes of psychiatric agents and a prolongation of the corrected QT interval. However, QTc prolongation remains an imperfect, though well-established marker of risk for TdP and little is known about the relation between psychotropic drugs and TdP. Some physicians hence refrain from prescribing psychotropic medications to their patients for fear of cardiac adverse events, which can severely undermine the management of underlying

psychiatric conditions. It is thus crucial to evaluate the relation between psychotropic medication use and the occurrence of TdP.

Objectives: The primary objective of this study is to assess the relative contribution of psychotropic medications (antidepressants, antipsychotics) among all TdP risk factors (e.g. sex, hypokalemia, antiarrhythmic drug use). We hypothesize that psychotropic drug use will indeed be associated to TdP, but that this association is negligible compared to other TdP risk factors.

Methods: A retrospective case-control study (1 :3 ratio) of patients hospitalized at the Montreal Heart Institute was carried out (n=444).

Results: Antidepressant and antipsychotic medication use proportions among the cases are 27% and 12% respectively, compared to 17% and 5% in controls ($p=.018407$ and $p=.016326$). In our study, patients who take antidepressants [OR=1.83; 95% CI 1.10-3.04] or antipsychotics [OR=2.47; 95% CI 1.16-5.26] are more likely to experience TdP. Patients with a psychotropic polypharmacy are also more prone to TdP [OR=5.67; 95% CI 2.58-12.42]. However, cases are also significantly more likely ($p=.000281$) to take concomitant medications associated with QTc prolongation (based on CredibleMeds, July 2022 list). Female sex [OR=2.40; 95% CI 1.55-3.71], hypokalemia [OR=3.46; 95% CI 1.65-7.26], kidney failure [OR=1.61; 95% CI 1.05-2.48], a QTc interval greater or equal to 500 ms [OR=5.89; 95% CI 3.59-9.65] are also associated with TdP.

Conclusions: In this study, psychotropic drug use is indeed associated to TdP. Further analyses, *i.e.* multivariate logistic regressions, will determine psychotropic drugs' relative contribution among the identified risk factors for TdP.

Disclosure of Interest: None Declared

Forensic Psychiatry 02

EPP0846

Mental health during the covid-19 pandemic and domestic violence from the point of view of work at the institute of forensic psychiatry

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Introduction: The Institute of Forensic Psychiatry is an institution which, with the orders of the courts, evaluates the mental state of persons who have committed criminal offenses of all kinds.

From 2019, with the entry into force of the new penal code in Kosovo, even domestic violence is a criminale offense punishable by law up to three years in prison.

Objectives: With the beginning of the pandemic and the measures that have been put into place by the government, which also meant the complete closure of many institutions and businesses with the aim of preventing the spread of the disease, restrictions on movement, and the presentation of many other problems such as the economy, the purchasing power, the loss of jobs that led to an increase in requests made by the courts to the Forensic Psychiatric Institute for the evaluation of the mental state of many perpetrators of domestic violence.

Methods: Data were collected retrospectively from March 2019 to March 2020 in the time before the pandemic. March 2020 to March 2021 during the Lock Down, and March 2021 to March 2022, the time after the pandemic when we did not have these measures. These data have been provided by the archive of the Forensic Psychiatric Institute by collecting all the cases - the orders of the courts where the persons have been accused of the crime of domestic violence under Article 248 of the Criminal Code of the Republic of Kosovo.

Results: During the Lock Down, there was an increase in cases of domestic violence. The number of requests from the Courts in the Forensic Psychiatric Institute increased from 494 before the pandemic to 648 orders during the pandemic and a slight decrease to 562 orders after the pandemic. The criminal offense with which they were accused most often was domestic violence from 119-23.68% of cases before the pandemic, in 202-3.17% of cases during the lockdown and a slight decrease after the pandemic in 156-27.75% of cases.

An increase in domestic violence caused by the female gender was also observed from 19 cases - 16.23% of all cases referred before the pandemic 61 cases - 30.19% of cases during the pandemic and a slight decrease in the time after repentance in 29 cases - 19.86%.

Conclusions: During the pandemic, domestic violence experienced a significant increase that was a consequence of the government's lock down measures to prevent the spread of the disease.

The number of cases of reoccurrence of violence in the family also increased among people who have had problems with mental health before.

There has also been a significant increase in domestic violence caused by the female gender, which was unexpected for our culture.

Disclosure of Interest: None Declared

EPP0847

Adverse incidents and therapy options for opioid use disorders in forensic psychiatry

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Introduction: Patients admitted into Forensic Clinics for Dependency Diseases (FCDD) in Germany are diagnosed with at least one substance use disorder. Opioid use disorders is common in this clinical population. Surprisingly, data on the availability and practice of opioid substitution treatment (OST) options in German FCDD according to Sect. 64 of the German Criminal Code (StGB) is scarce. Additionally, important data on the prevalence of adverse incidents such as violent behavior, relapse or escape from the clinic are missing for this highly specific treatment setting.

Objectives: Our aim was to describe the clinical practice regarding opioid substitution therapy in forensic psychiatry in Germany and to identify the prevalence of relevant adverse incidents during the therapy process.

Methods: We conducted an observational study including all FCDD units in Germany via a questionnaire. We assessed the clinical practice and total number of patients that received an OST, clinical reasons for beginning and ending the OST, number of treatments terminated without success, number of successful treatments and