

## EPV0280

### Enhancing Physical Health in Patients with Severe Mental Disorder: Addressing Physical Multimorbidity

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**Introduction:** Over the last two decades, a growing volume of research has discovered a correlation between severe mental disorders (SMD) and early mortality. This is attributed to the elevated incidence of chronic physical illnesses and multimorbidity, resulting in a reduction of life expectancy by 10-20 years. Individuals with SMD exhibit lower rates of prevention, diagnosis, and treatment for medical comorbidities when contrasted with the general population (GP). **Objectives:** The objective is to assess the prevalence of CPM and its impact on psychiatric treatment outcomes in individuals with SMD, and to propose preventive interventions to enhance physical health.

**Methods:** This nested cross-sectional study enrolled 343 SSD patients and 620 GEP.

**Results:** Individuals diagnosed with SMD encounter CPM earlier in life compared to the GP. Notably, individuals under 35 years old within the schizophrenia spectrum disorder have almost three times higher odds for experiencing CPM compared to their GP counterparts, a difference that is both clinically and theoretically significant. This disparity is especially pronounced among younger women, with the gap widening the younger the patient is in comparison to peers in the general population. CPM has been identified as a factor affecting the outcomes of psychiatric treatment.

**Conclusions:** The treatment approach for SMD should be tailored to accommodate the diverse physical multimorbidity patterns of patients. It's imperative for future research to delve into how CPM impacts the outcomes of SMD treatments. There's a pressing need for detailed treatment guidelines addressing CPM in patients with SMD.

**Disclosure of Interest:** None Declared

## EPV0281

### A Study on Irritable Bowel Syndrome (IBS) in Mental Health Professionals and the Psychosocial Factors Affecting This

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**Introduction:** The present study investigates irritable bowel syndrome in mental health professionals and the characteristics of psychosocial factors that affect this.

**Objectives:**

**Methods:** The present study selected an irritable bowel syndrome group among 291 mental health professionals based on the Rome III criteria, and investigated demographic variables. The Hospital Anxiety Depression Scale (HADS), Psychosocial Well-being Index (PWI), and Korean Occupational Stress Scale (KOSS) were used to evaluate psychosocial factors. An independent t-test and chi-square test were used to determine differences between the groups, and a

logistic regression analysis was used to determine the odds ratio (OR) of IBS based on occupational stress. SPSS 21.0 (IBM Statistical Package for the Social Sciences 21.0) was utilized for all statistics.

**Results:** Differences in demographic variables based on IBS group were not statistically significant. Depressive symptoms ( $t = -4.767$ ,  $p < 0.001$ ) and anxiety ( $t = -4.068$ ,  $p < 0.001$ ) were higher in the IBS group, and psychosocial well-being was lower ( $t = 2.288$ ,  $p < 0.05$ ). The OR of IBS based on depressive symptoms was 5.737 (95% CI = 2.24–14.69). There were significant differences in occupational stress based on IBS within the subordinate domains of physical environment ( $t = -3.160$ ,  $p < 0.01$ ), job demand ( $t = -3.273$ ,  $p < 0.01$ ), interpersonal conflict ( $t = -2.295$ ,  $p < 0.05$ ), job security ( $t = -3.005$ ,  $p < 0.01$ ), and lack of reward ( $t = -2.046$ ,  $p < 0.05$ ). The OR of IBS based on the subordinate domains of occupational stress was 3.708 (95% CI = 1.20–11.41) in physical environment, and 3.759 (95% CI = 1.33–10.56) in job demand.

**Conclusions:** The results of the present study verify that psychosocial factors in mental health professionals have a close correlation with IBS. Accordingly, improvements in both IBS symptoms and quality of life should occur through proactive intervention in these variables.

**Disclosure of Interest:** None Declared

## EPV0282

### Role of mental health and quality of life in adherence and effectiveness of a motivational exercise program to improve weight and functionality: “The way to change diabetes”.

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**Introduction:** Exercise and other lifestyles are key treatment strategies to improve diabetes outcome, prevent cardiovascular risk and may also result in further results in quality of life and emotional symptoms.

**Objectives:** To evaluate the effectiveness of an exercise intervention program for people with diabetes or cardiovascular risk.

To evaluate the influence of previous mental health and quality of life status in the results.

**Methods:** 61 people with a type 2 diabetes or cardiovascular risk factors were recruited from health primary health centers in

Ponferrada (EL Bierzo), including patients from the mental health association. After informed consent they were included in a 20 week, twice a week supervised walking training program to improve exercise and other lifestyles. A poster used for advertisement of the activity (“the way/walk to change diabetes”) is displayed in image 1). Baseline and after 20 weeks BMI and Waist perimeter were assessed, quality of life was evaluated with EQ-5D-5L and WHO-5 scales and the weekly steps walked were recorded previously and after the intervention with the subject usual mobile device.

Differences in the variables were compared with Paired Ts and repeated ANCOVAs measures adjusted by gender, age and initial steps.

**Results:** 46 subjects (75.4%) completed more than 90% of the sessions and 3 more 70-90%. The 19.7% that did not complete had worse scores in SF-12 Role Physical (t:2.261, p=0.041) and Role Emotional (t:2.048, p=0.045) and Mental Component Summary (t:2.313; p=0.036) and WHO5 Total Score (t:2.101; p=0.040) at Baseline. Main reasons for dropout (Image 2) were health related problems (50%) and adherence to exercise and motivation problems (31.25%).

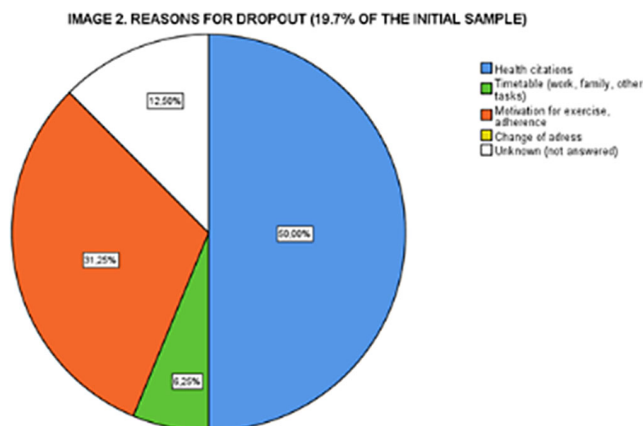
Those who completed the training improve number of weekly steps (baseline: 42022,92 +- 18836,35, final: 66448.06 +-28914,58; t:5.038; p<0.001), BMI (29.45 +-4.66 to 28.25 +-4.09 kg/m2; t:5.629; p<0.001), waist (from 107,34 + 9.98 to 102,88 +9,79 cm; t:6,840; p<0.001) and the EoQ-5D-EL VAS (from 72.88 to 82.42; t:6.122; p<0.001, image 3). The increase in the steps correlated directly with the improvement in the EoQ VAS (r:0.308; p=0.033).

**Image:**

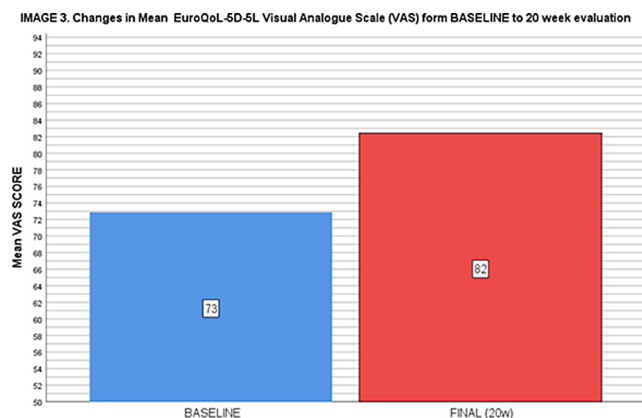
Image 1. Poster used to advertise the activity in the health centers



**Image 2:**



**Image 3:**



**Conclusions:** Exercise and lifestyle supervised intervention programs appear to be useful to improve physical health, wellbeing, emotional symptoms and quality of life in people with diabetes and cardiovascular risk.

Factors associated to higher dropout rates were previous limited quality of life scores and mental health worse status. These could be related with limited motivation and adherence to the program and may be of interest to develop specific strategies for these high-risk groups.

Studies focused on the long-term effect of the program are warranted.

**Disclosure of Interest:** None Declared