

psychiatric treatment who participated in the process of IVF is presented.

**Objectives:** CASE REPORT: A 40-year-old male with paranoid schizophrenia has already been hospitalized thirteen times. He often discontinued therapy, abused drugs and repeatedly exhibited violent behaviour. He already had a child from a past relationship he didn't care of.

**Methods:** During the compulsory psychiatric treatment ordered by the court his mental status improved because his treatment with antipsychotics was supervised. He was in a relationship with a thirty-year-old partner. After unsuccessful attempts to become pregnant, they expressed a desire to conceive with biomedical assistance. Their application was considered and approved by the IVF Commission.

**Results:** The procedure was successful but in the 13th week of pregnancy, the patient's partner changed her mind due to his aggression. Because she was pregnant for more than 10 weeks, she had to submit a request for artificial termination to the Commission for abortion. Her request was granted and the pregnancy was terminated.

**Conclusions:** CONCLUSION: We live in time of endless possibilities. Despite of violent acts in the past and severe form of mental illness, the couple was granted IVF procedure. Everyone has the right to start a family; however, the question that has to be raised is the extent and reasonableness of involvement of medical profession and/or health care system.

**Disclosure:** No significant relationships.

**Keywords:** Abortion; COMPULSORY PSYCHIATRIC TREATMENT IN THE COMMUNITY; IVF; schizophrenia

## EPP0757

### Can we really treat mentally ill patients involuntarily?

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doi: 10.1192/j.eurpsy.2022.922

**Introduction:** The therapeutic alliance is critical to the efficacy of psychiatric treatment and can be weakened by involuntary treatment measures. In Western culture, mental illness is still associated with violence and if significant risk of violence is detected, in Spain a civil court can order the application of involuntary treatments such as Involuntary Outpatient Commitment.

**Objectives:** To discuss the effectiveness of some psychiatric involuntary treatments used in Spain.

**Methods:** - Literature review about involuntary psychiatric treatments used in Spain - Case report about a patient undergoing Involuntary Outpatient Commitment

**Results:** We present the case of a 54-year-old man, diagnosed with schizophrenia, admitted to our acute psychiatric ward more than five times due to violent behavior and psychotic symptoms. Five

years ago, he was submitted to a period of three years of Involuntary Outpatient Commitment. In Spain this measure can include the administration of involuntary medication, an injectable anti-psychotic treatment in this case. At the end of the order, he immediately stops attending consultations and abandoned psychopharmacological treatment.

**Conclusions:** Involuntary Outpatient Commitment is a controversial measure and it stirs up the concepts of stigma, coercion, care, patient autonomy and, globally, the values of humanization in psychiatry.

**Disclosure:** No significant relationships.

**Keywords:** involuntary treatment

## EPP0758

### Impact of childhood trauma on functioning of patients with bipolar disorder

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doi: 10.1192/j.eurpsy.2022.923

**Introduction:** Exposure to severe childhood trauma has been associated with the onset and the severity of bipolar disorder in adults.

**Objectives:** The aim of this study was to examine the relationship between childhood trauma and functioning of patients suffering from bipolar disorder.

**Methods:** We conducted a cross-sectional, descriptive, and analytical study, including sixty-one remitted patients with BD. We used the Childhood Trauma Questionnaire (CTQ-SF) to measure history of traumatic childhood experiences and the Functioning Assessment Short Test (FAST) to assess functioning.

**Results:** The mean age of patients was 43.4. The sex ratio was 2.4. Almost two-thirds of patients (64%) had experienced at least one type of childhood trauma. An overall functional impairment was found in 70.5% of participants. The CTQ total score was significantly associated with low educational level ( $p=0.001$ ), low socioeconomic status ( $P=0.034$ ), a family history of psychosis ( $P=0.022$ ), the number of mood episodes ( $P=0.001$ ), the number of hospitalizations ( $P=0.04$ ), the number of relapses with psychotic features ( $p=0.002$ ) and that of depressive relapses ( $P<0.001$ ), rapid cycling ( $P=0.012$ ), higher rates of suicide attempts ( $P=0.04$ ) and poor functioning ( $P<0.001$ ). The logistic regression analyses showed a significant association of childhood trauma with low educational level ( $p=0.001$ ), high number of depressive episodes ( $p=0.013$ ) and poor functioning ( $p<0.001$ ).

**Conclusions:** Our findings demonstrate that childhood abuse and neglect are risk factors associated with worsening clinical course of bipolar disorder and higher functional impairment. These findings press the urgency for preventive practices and early intervention strategies to diminish the prevalence of childhood trauma and minimize their impact.

**Disclosure:** No significant relationships.

**Keywords:** Childhood Trauma; functioning; bipolar disorder