

Conclusions: Delusions and hallucinations were more likely to be recorded in people with schizophrenia and schizoaffective disorder, and cognitive features were more likely to be recorded in people with dementia. However, mood symptoms were frequently recorded across all diagnoses illustrating their importance as a transdiagnostic clinical feature. NLP-derived clinical information could enhance the potential of EHR data to generate real-world evidence in mental healthcare.

Disclosure: This study was funded in full by Holmusk.

Keywords: RWE; NLP; EHR; RWD

O0097

Giving a leg up part 2: the ethical challenges of Body Integrity Dysphoria

G. Dumais-Lévesque^{1*} and S. Pham Thi-Desmarteau^{1,2}

¹Université Laval, Département De Psychiatrie Et Neurosciences, Québec, Canada and ²Hôpital de l'Enfant-Jésus, Consultation-liaison Psychiatrie, Quebec, Canada

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.287

Introduction: Body Integrity Dysphoria (BID) is a diagnosis, newly described in ICD-11, “characterised by an intense and persistent desire to become physically disabled in a significant way... accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration”. Patients with BID may request the amputation of healthy limbs but this raises multiple ethical challenges.

Objectives: By the end of the presentation, participants 1) will better understand the new diagnosis of Body Integrity Dysphoria; 2) will be able to have some landmarks to evaluate and manage this rare condition 3) will discern the ethical challenges raised by an elective or emergent amputation request.

Methods: We present a complex case we faced in Quebec City, Canada. A young adult admitted to the intensive care and burn unit was referred to our Consultation Liaison (CL) team. For the second time in a year, the individual deliberately burned his leg, with the intention of having an amputation. Based on the available literature and our experience, we explore the ethical aspects of this case.

Results: For this situation, the multidisciplinary team faced uncertainty and ambivalence toward the best treatment options. Deontological concerns and ethical issues emerged from the patient's request for amputation.

Conclusions: We outline how ethical concepts helped us to gain a shared comprehension of the patient's extraordinary request, both during treatment and afterwards.

Disclosure: No significant relationships.

Keywords: Rare condition; Body integrity dysphoria; Ethics; Consultation-Liaison psychiatry

O0098

Trajectories of psychiatric care in an innovative outpatient program designed for transitional age youth (16 to 24 years old) in French-speaking Belgium: results of a retrospective study

S. Marchini^{1,2*}, J. Reis^{1,3}, I. Hussein^{1,4} and V. Delvenne¹

¹Queen Fabiola Children's University Hospital, Child And Adolescent Psychiatry, Brussels, Belgium; ²Erasmus Hospital, Child And Adolescent Psychiatry, Brussels, Belgium; ³Service de Santé Mentale à l'ULB, Child And Adolescent Psychiatry, Brussels, Belgium and ⁴Brugmann University Hospital, Adult Psychiatry And Medical Psychology, Brussels, Belgium

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.288

Introduction: Transitional age youth (TAY), from 16 to 24 years old, are a particularly at-risk population in mental health. They have specific needs, not currently covered between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS), mainly because of existing barriers.

Objectives: This retrospective study was carried out to describe sociodemographic and clinical characteristics of 243 patients who attended a new TAY-tailored outpatient psychiatric program.

Methods: Outcomes related to trajectories of psychiatric care were analysed, such as leading symptom, consultation's referral and requester, and final orientation.

Results: The sample was mainly composed by female; the average age was 18.7 (\pm 2.0) years. Leading symptoms were divided into three dimensions: internalizing (67.5%), externalizing (21.8%) and psychotic (10.7%). Leading symptom differed according to sex ($p < 0.001$), with internalizing symptoms more frequent in women, externalizing and psychotic symptoms more frequent in men. Patients presenting psychotic symptoms were significantly older than both those with internalizing ($p = 0.016$) and externalizing symptoms ($p = 0.008$). After first assessment, 81.5% of youth were followed-up in our specific outpatient program, without any difference according to sex ($p = 0.081$) or leading symptom ($p = 0.092$). Overall and final psychiatric orientation are showed in the flowchart.

