

Introduction: Previous migrant population studies have shown that immigrants experience high level of psychological load and difficulties in accessing care. This is especially prevalent in those with refugee background. To tackle this issue, the PALOMA2 project (National support system for refugee mental health work and the knowhow dissemination) establishes a National PALOMA Centre of Expertise (PALOMA COE) for mental health work among refugees.

Objectives: The PALOMA COE consists of all five University Hospital Areas and an NGO representative. The PALOMA COE work is becoming a permanent part of the Finnish health care structure. Each represented region has their own specific strengths and challenges, and the formation of Regional PALOMA COEs is planned accordingly. Together these Regional PALOMA COEs form the National PALOMA COE. Here we dive deeper into the Tampere University Hospital Region's formation of PALOMA COE.

Methods: Psychiatric Clinic for Refugees (PCR) has been working for over 24 years in the Tampere City area. PCR has a long history of PALOMA COE work in forms of clinical work, consulting and training professionals working with refugee mental health. From the beginning of 2021, PCR is integrating with Tampere University Hospital.

Results: As a part of the integration process, the PALOMA COE work has a possibility to expand to the entire University Hospital area and better fulfill the specific needs of the entire region.

Conclusions: The integration will improve the resources, quality and access to mental health care among people with refugee background.

Keywords: Refugees; Mental Health Services; Center of Expertise; Migration

EPP0791

Emigration impact on psychiatric disorders

T. Pengili*

Psichiatri, University Hospital Center "Mother Theresa" Tirana, Tirana, Albania

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1090

Introduction: Emigration is a widespread phenomenon in our country for the last three decades. Various risk factors for mental disorders are related to emigration, like social-economic status, language, cultural shock, racism etc.

Objectives: The objectives of this study is assess how much of a risk factor is emigration in the development of psychiatric disorders.

Methods: This is retrospective study done on 178 patient charts from The Community Mental Health Center Nr.3 in Tirana, of patients who during the last 20 years had their first episode of mental health disorder during emigration.

Results: Emigrants before year 2004 had more psychotic disorders, whereas those after that year manifested more mood disorders. The mean age for starting MDD is 35 years old, and the mean age for schizophrenia is 25. Females develop more mood disorders, whereas males manifest more schizophrenia.

Conclusions: Emigration affects deeply mental health, and is a risk factor for developing psychiatric disorders, with females being prone to have mood disorders, whereas males schizophrenia. Schizophrenia start in an earlier age compared to depression.

Keywords: Immigration; impact; psychiatric disorders; Immigration; impact; psychiatric disorders; phenomenon

Neuroimaging

EPP0793

Sex differences in total brain volume in a cognitively unimpaired elderly population

M. Buchpiguel^{1*}, G. Busatto², P. Rosa³, P. Squarzoni², F. Duran², J. Tamashiro-Duran², C. Leite⁴, P. Lotufo⁵, M. Sczufca³ and T. Alves³

¹Faculty Of Medical Sciences Of São Paulo, Santa Casa de São Paulo School of Medical Sciences, São Paulo, Brazil; ²Lim21 Laboratory Of Psychiatric Neuroimaging (lim-21), Department And Institute Of Psychiatry, Faculty of Medicine, University of São Paulo, São Paulo, Brazil; ³Department & Institute Of Psychiatry, Faculty of Medicine, University of São Paulo, São Paulo, Brazil; ⁴Department Of Radiology, Faculty of Medicine, University of São Paulo, São Paulo, Brazil and ⁵Clinical Research And Epidemiology Unity, Faculty of Medicine, University Hospital, University of São Paulo, São Paulo, Brazil

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1091

Introduction: Although a large number of studies have shown brain volumetric differences between men and women, only a few investigations to date have analyzed brain tissue volumes in representative samples of the general elderly population.

Objectives: We investigated differences in gray matter (GM), white matter (WM) and intracranial volumes (ICVs) between sexes in individuals above 66 years old using structural magnetic resonance imaging (MRI).

Methods: Using FreeSurfer version 5.3, we automatically obtained the ICVs, GM and WM volumes from MRI datasets of 84 men and 92 women. To correct for interindividual variations in ICV, GM and WM volumes were adjusted with a method using the residuals of a least-square-derived linear regression between raw volumes and ICVs. We then performed an ANCOVA comparing men and woman including age and years of schooling as confounding factors.

Results: Women had a lower socioeconomic status overall and fewer years of schooling than men. The comparison of unadjusted brain volumes showed larger GM and WM volumes in men. After the ICV correction, the adjusted volumes of GM and WM were larger in women.

Conclusions: After the ICV correction and taking into account differences in socioeconomic status and years of schooling, our results confirm previous findings of proportionally larger GM in women, as well as larger WM volumes. These results in an elderly population indicate that brain volumetric differences between sexes persist throughout the aging process. Additional studies combining MRI and other biomarkers are warranted to identify the hormonal and molecular bases influencing such differences.

Keywords: Magnetic Resonance Imaging; Grey Matter; White Matter; Sexual Dimorphism

EPP0794

Resting state fMRI connectivity of amygdala and hippocampus in women with breast cancer prior to chemotherapy.

A. D’Imperio^{1*}, C. Sicuso², M. Fiorelli¹ and C. Mainero³

¹Department Of Human Neuroscience, Sapienza University of Rome, Roma, Italy; ²Department Of Radiology, Humanitas Clinical ad Research Center, Rozzano, Italy and ³Athinoula A.martinos Center For Biomedical Imaging, Massachussetts General Hospital, Charlestown, United States of America

*Corresponding author.

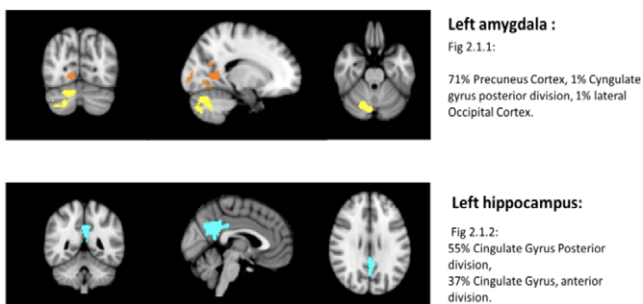
doi: 10.1192/j.eurpsy.2021.1092

Introduction: Cognitive complaints and psychological distress are common in oncologic patients, in particular many studies have focused on women with breast cancer. Patients presenting the phenomenon of “chemofog” show changes after chemotherapy with regard to memory and emotional regulation.

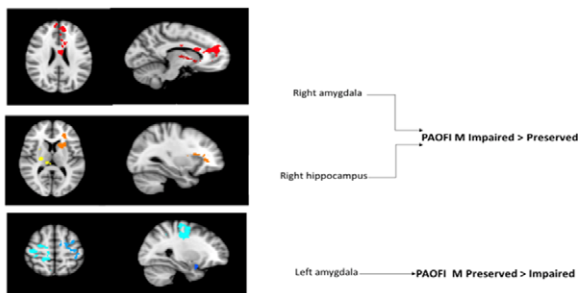
Objectives: To explore brain connectivity prior to chemotherapy that nevertheless, is understudied.

Methods: We used fMRI to investigate the resting state connectivity in 24 patients before chemotherapy and 15 controls. Patients were assessed with self-administered questionnaires, such as the Patient’s Assessment of Own Functioning Inventory (PAOFI) that quantifies the decrease in perceived functioning in memory, language and problem solving (Image 1). We used a preliminary structural analysis in order to choose which neuropsychological test was affected in correlation with a significant anatomical volume alteration, as showed in the p-value table. Therefore, patients were ranked and divided into two groups of “Impaired vs Preserved”, measured using the median of the questionnaire results. Higher scores indicate a poor cognitive self-perceived performance.

PATIENTS VS CONTROLS, group analysis results: Yellow to red contrast for clustermask number 1 and higher connectivity pattern; Light blue to blue contrast for clustermask number 2 and lower connectivity pattern.



PAOFI M IMPAIRED vs PRESERVED, group analysis results: Yellow to red contrast for clustermask number 1 and higher connectivity pattern; Light blue to blue contrast for clustermask number 2 and lower connectivity pattern.



Results: Connectivity was altered in amygdala and hippocampus, in the subgroup of patients with higher subjective cognitive complaints i.e with a high PAOFI Memory score. More specifically, we found an association between memory impairment and the increase of the resting state connectivity of both right structures, as opposed to a reduction in left amygdala (Image 3).

ANATOMICAL STRUCTURES

A significant p-value is found for both amygdala and hippocampus volumes

Correlations (p values)	Cortical thickness	Thalamus	Hippocampus	Amygdala
Cognitive Index	0.378 (0.033)	0.525 (0.002)	0.340 (0.057)	0.130 (0.480)
Beck Depression Index	0.118 (0.321)	-0.232 (0.263)	-0.056 (0.790)	-0.306 (0.137)
Impact of event scale	-0.044 (0.845)	-0.013 (0.954)	-0.141 (0.533)	-0.191 (0.306)
Multiple fatigue scale	0.394 (0.047)	-0.175 (0.393)	0.208 (0.308)	0.048 (0.817)
STAI state	-0.305 (0.130)	-0.368 (0.070)	-0.464 (0.020)	-0.333 (0.104)
STAI trait	0.018 (0.930)	0.137 (0.514)	0.029 (0.889)	0.308 (0.134)
PAOFI memory	0.034 (0.868)	-0.124 (0.548)	-0.590 (0.002)	-0.396 (0.045)
PAOFI language	0.042 (0.837)	-0.148 (0.469)	-0.344 (0.085)	-0.116 (0.573)
PAOFI sensory	-0.112 (0.586)	-0.299 (0.138)	-0.001 (0.995)	-0.134 (0.514)
PAOFI executive	-0.011 (0.957)	-0.302 (0.133)	-0.317 (0.115)	-0.370 (0.063)
PSQI	0.234 (0.263)	-0.162 (0.461)	-0.200 (0.361)	-0.173 (0.431)

Conclusions: These findings may suggest a potential effect on brain functional connectivity of the psychological awareness and stress of cancer itself. We found connectivity alterations for both amygdala and hippocampus, two structures belonging to the limbic system, that is involved in the interplay between cognition and emotions, such as anxiety and fear.

Keywords: Resting state fMRI; amygdala and hippocampus connectivity; PAOFI-Memory; subjective cognitive impairment

EPP0795

Psychiatric manifestations of huntington’s disease: Two case reports

D. Göy*, Ö. Şahmelikoğlu Onur and N. Karamustafaloğlu
Psychiatry, Bakirkoy Research & Training Hospital for Psychiatry, Neurology and Neurosurgery, İstanbul, Turkey

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1093

Introduction: Huntington’s disease (HD) is a progressive neuro-psychiatric and degenerative disorder that shows an autosomal dominant inheritance pattern. The principal symptoms of HD are progressive movement disorders, cognitive deterioration, dementia, and certain psychiatric manifestations, which may occur in many different forms, such as depression, psychosis, personality changes.

Objectives: In this presentation, two female HD patients with psychotic components complicated with suicidal and homicidal thoughts will be reported to better illustrate psychiatric components of HD.

Methods: Hospitalization records of these two patients with genetically verified HD diagnosis indicated that their psychiatric health precipitously deteriorated in the last decade.

Results: While the first patient suffered from severe depression, anxiety, suicidality; persecution ideas, suspiciousness, hostility were noted more prominently in the latter. Moreover, both cases had a positive family history for psychiatric diseases which is one of the