

in individuals with anorexia nervosa (AN) altering hedonic processing over food. Likewise, endocannabinoids such as Anandamide (AEA) and 2-Arachidonoylglycerol (2-AG) have been involved in rewarding aspects of food intake.

**Objectives:** To identify nucleus accumbens (NAcc) functional connectivity with whole-brain comparing between individuals with AN and controls. Furthermore, in a sub-study, to explore the interaction between NAcc functional connectivity and peripheral AEA and 2-AG levels.

**Methods:** A total of 60 adult women (18 to 56 years of age) took part in the present study. Twenty-six individuals belonged to the AN group (BMI<18) and 34 to the HC group (BMI=18-24.99). All participants underwent functional magnetic resonance in resting-state, and blood samples were obtained in fasting.

**Results:** Negative functional connectivity was observed in the AN group compared with the control group between the NAcc and the cerebellum (pFWE<.001), between the NAcc and the insula (pFWE<.001), between the NAcc and the supramarginal gyrus (pFWE=.019), and between the NAcc and the postcentral gyrus (pFWE=.010). Analyses exploring the association between NAcc functional connectivity and peripheral endocannabinoids levels displayed altered NAcc-cerebellum functional connectivity was negatively associated with peripheral 2-AG levels in the AN group ( $r = -.553$ ;  $p = .011$ ).

**Conclusions:** Understanding the interaction between the reward system and peripheral endocannabinoids in patients with AN could contribute to better elucidate the pathophysiology of this disorder. Future studies will need to further investigate the clinical and therapeutic implications of these findings in patients with AN.

**Disclosure:** No significant relationships.

**Keywords:** nucleus accumbens; Endocannabinoids; resting-state functional connectivity; Anorexia nervosa

## Mental Health Care 1 / Cultural Psychiatry

### O0077

#### Attitudes and knowledge of the tunisian medical staff towards LGBT patients

S. Sediri<sup>1</sup>, M. Chahed<sup>1</sup>, I. Bouguerra<sup>2\*</sup>, A. Maamri<sup>1</sup> and H. Zalila<sup>1</sup>

<sup>1</sup>Razi hospital, Emergency And Outpatient Psychiatry Departement, Manouba, Tunisia and <sup>2</sup>Razi Hospital, F Adult Psychiatry Department, Manouba, Tunisia

\*Corresponding author.

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**Introduction:** Sexual minorities have been coming out more than ever before. However, Tunisian laws and society are still not supportive of LGBT (lesbian, gay, bisexual and transgender) rights. To this day, Tunisian doctors are requisitioned to carry out anal tests as part of expert testimonies in cases of conviction for homosexuality.

**Objectives:** Assess Tunisian physicians' attitudes and knowledge towards LGBT patients.

**Methods:** We conducted a cross-sectional study in October 2021, among 445 Tunisian physicians and medical students. Data were collected via an anonymous self-administered online questionnaire including sociodemographic data and the LGBT Development of Clinical Skills Scale (LGBT-DOCSS).

**Results:** The overall LGBT-DOCSS score was quite good (4.47 ±0.85). The attitudes of Tunisian doctors were better than their knowledge ( $p=0.01$ ;  $t=2.6$ ), which was better than their clinical preparedness ( $p<10^{-3}$ ;  $t=25$ ) in treating LGBT patients. Doctors who self-identify as sexual minorities and those who interacted with LGBT people in their daily lives, were less stigmatising, more able to treat them and had better knowledge of their needs. Those who had had sexology training (5%) had better LGBT-DOCSS score ( $p=0.013$ ), better knowledge ( $p=0.045$ ) and preparedness ( $p<10^{-3}$ ) in treating LGBT patients but did not appear to be less stigmatising than the rest of the group ( $p=0.9$ ). Religiosity was associated with a more stigmatising attitude ( $p<10^{-3}$ ), but had no impact on knowledge or preparedness.

**Conclusions:** This study points to gaps, identified by doctors themselves when faced with an LGBT patient. A more inclusive health system requires better matching of health services to the needs of the whole population without discrimination.

**Disclosure:** No significant relationships.

**Keywords:** stigma; Sexual Minorities; quality of care; medical education

### O0078

#### A cross-sectional study of factors associated with life satisfaction in Thai elderly

S. Joowong\*, B. Junsirimongkol, P. Khaektao, T. Doungyota and K. Paomee

Suansaranrom Psychiatric Hospital, Department Of Mental Health, Suratthani, Thailand

\*Corresponding author.

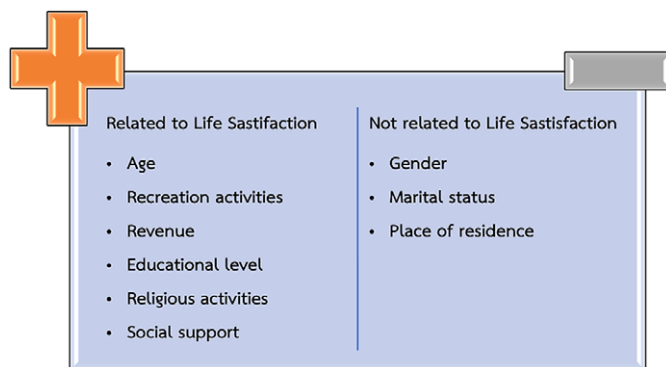
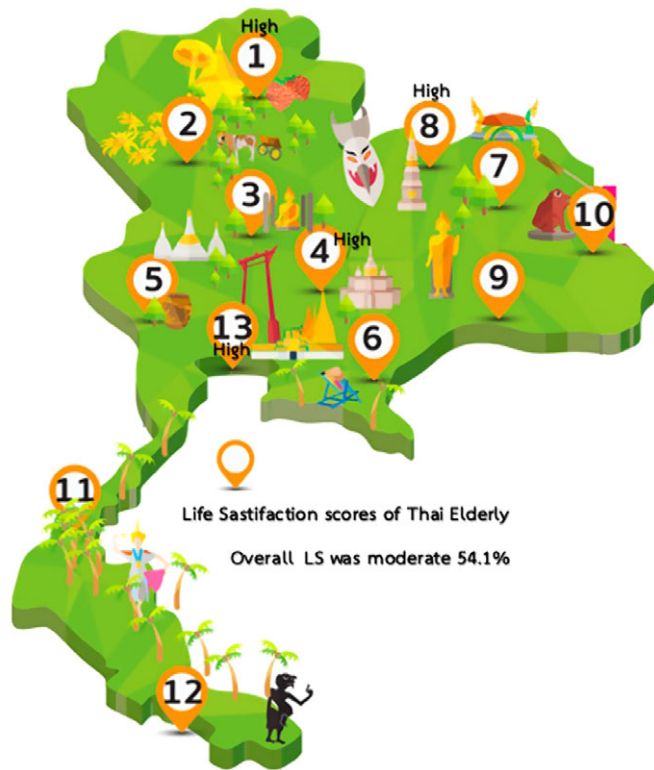
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**Introduction:** Aging raises wide-ranging issues within social, economic, welfare, and health care systems. Life satisfaction is regarded as an indicator of the quality of life which, in turn, is associated with mortality and morbidity in older adults.

**Objectives:** Life Satisfaction is a dimension of happiness and well-being which represents the quality of life in both literacy and every aspect of a person. The purpose of the article is to assess the level of life satisfaction and the factors associated with life satisfaction in old age.

**Methods:** This research was conducted in a cross-sectional study using 36 items from Satisfaction and Well-being of Elderly (Thai semi-structured in-depth interviews) tools to collect data. The population used in this study was Thai people over 60 and used multistage probability sampling, were held with 2000 elderly individuals from 13 health regions of Thailand.

**Results:** Of the 2000 samples, the overall life satisfaction was moderate (54.1%). Upon data analysis, ten categories were extracted. However, there are 7 factors that significantly influence the level of life satisfaction of the Thai elderly at  $p < 0.05$ : Age, Occupation, Recreational activities, Revenue, Education level, Religious activities, and Social Support. Moreover, when tested with Pearson Correlation found that the relationship between and Thai brief screening for depression (2Q) was low correlated ( $r -0.121$ ,  $P = 0.000$ ).



The main categories held a pivotal role in relation to life satisfaction in Thai elderly

FACTORS	RESULT
GENDER	Not related to level of life satisfaction
AGE	Being advance aged creates low life satisfaction for the elderly
Marital Status	Not related to level of life satisfaction
Participation In Recreation activities	Positive amusement was also considered influential on life satisfaction
Occupational	Employment has a positive impact on person dignity
Revenue	Economic issues play an influential role here
Place of residence	Not related to level of life satisfaction
Educational level	More higher education is increase life satisfaction scores
Participation In Religious activities	Spirituality and participation in religious gatherings was also considered influential on life satisfaction
Social Support	Emotional – mental needs are provided through love-seeking which addressed its significant

**Conclusions:** Aging should be foreseen and forethought to increase life satisfaction. The following can be effective in increasing life satisfaction in the elderly: Placing greater emphasis on spiritualism in life, employment of the elderly, and promoting positive leisure in the elderly.

**Disclosure:** No significant relationships.

**Keywords:** happiness; Elderly; life satisfaction

O0079

**E-health treatments for Dual Disorders on pregnancy**

R. Carmona Camacho<sup>1\*</sup>, N. Lopez Carpintero<sup>2</sup>, I. Caro-Cañizares<sup>3</sup>, L. Albarracín García<sup>1</sup>, E. Baca García<sup>1,4</sup> and M. Sanchez Alonso<sup>1</sup>

<sup>1</sup>Hospital Fundación Jiménez Díaz, Psychiatry, Madrid, Spain; <sup>2</sup>Tajo University Hospital, Gynecology And Obstetrics, Aranjuez, Spain;

<sup>3</sup>Universidad a Distancia de Madrid (UDIMA), Psychology, Collado Villalba, Spain and <sup>4</sup>Universidad Autonoma MAdrid, Psychiatry, Madrid, Spain

\*Corresponding author.

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**Introduction:** Dual pathology during pregnancy, described as the co-occurrence of substance use and mental health problems, is one of the leading preventable causes of maternal and perinatal mortality and morbidity; however, effective and accessible treatments are lacking.

**Objectives:** As part of the WOMAP(Woman Mental Health and Addictions on Pregnancy) initiative, our study aimed to evaluate the effectiveness of an e-health-based psychotherapeutic program compared to enhanced usual care.

**Methods:** This effectiveness clinical trial was conducted between 2016-2020 in 5 hospitals in the Madrid (Spain) metropolitan area. 2014 pregnant women under 26 weeks of pregnancy were screened. Eligible participants(n=120) were those who screened positive for co-occurring symptoms (AC-OK screener) and were not receiving specialized behavioral treatment. Participants were assessed in depth at baseline, 2,4,8 and 12 months(PHQ-9;GAD-7; PCL-5;AUDIT;DAST;Fagerström) and randomized to the usual care control group(n=38) or to two groups of a 10-session pregnancy-adapted psychotherapeutic program, one delivered by App/internet(n=41) and one by telephone(n=41). Intent-to-treat analyses assessed effectiveness.

**Results:** Statistically significant effects of the intervention were found for mental health symptoms in the telephone group as compared to the control and App/internet groups, with an improvement effect starting earlier (2 months) and lasting longer (figures 1-3). Regarding substance use, due to the lack of other substances consumption, only smoking and alcohol cessation rates were analyzed. Patients in the App/internet and telephone groups discontinued significantly more, earlier and for a longer period compared to the control group(figures 4-5).