EPP0554

Mental health needs of heart and lung transplant recipients in Ireland using the Stanford Integrated Psychosocial Assessment for Transplantation (SIPAT) tool

K. Corrigan[1]*, G. Crudden[1], B. Mohammed[1], R. Duffy[2], A. Doherty[3], Z. Azvee[4] and A. Clarke[5]

[1]Liaison Psychiatry, The Mater Misericordiae University Hospital; [2]Perinatal Psychiatry, Rotunda Hospital; [3]School of Medicine, University College Dublin; [4]Adult Psychiatry, St Vincent's Hospital Fairview and [5]Liaison Psychiatry, The Mater Misericordiae Hospital, Dublin, Ireland

*Corresponding author.

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Introduction: International guidelines recommend that prospective organ transplant patients receive a psychosocial assessment to optimise outcomes. There is limited consensus regarding the criteria for psychosocial evaluation. The Stanford Integrated Psychosocial Assessment for Transplantation (SIPAT) tool was developed to enhance the pre-transplant psychosocial workup. The Mater Hospital is the National Centre for heart and lung transplantation in Ireland. The consultation-liaison psychiatry (CLP) service provides screening of pre-transplant candidates using a biopsychosocial assessment, SIPAT and cognitive screening tools. Post-transplant patients are reviewed on a referral basis.

Objectives: To identify the psychosocial needs of heart and lung transplant recipients and CLP service input over a one year period.

Methods: A review of all heart and lung transplant recipients between January 1st and December 31st 2021 was conducted. The following data were recorded: demographics, pre-existing mental illness, SIPAT scores, and referral to the CLP service within six months of transplantation.

Results: Twenty-eight individuals received a heart/lung transplant in 2021 (7 heart, 19 lung, 1 heart &liver, 1 heart & lung). Prior to transplant 50% (14/28) had a pre-existing mental health diagnosis, 7% (2/28) had attended a psychiatrist, and 28.6% (8/28) were on psychotropic medication. SIPAT scores were available for 20 patients. The overall mean SIPAT score was 10.8 (SD 6.1). The subscales were as follows: Patient Readiness, mean 3.2 (SD 1.7); Social Support System, mean 2.1 (SD: 1.8); Psychological Stability & Psychopathology, mean 1.6 (SD 2.7); and Lifestyle & Substance Misuse, mean 3 (SD 1.5). Based on SIPAT scores, 20% (4/20) were *excellent* candidates, 75% (15/20) were *good* candidates and 1 (1/20) was *minimally acceptable.* Pre-existing mental illness was associated with higher total SIPAT scores (p=0.013) and higher scores on the psychological stability subscale (p=0.032). Post-transplant, 50% (14/28) were referred for psychological support and 21.4% (6/28) were referred to the CLP service. A further 10.7% (*n*=3) were attending CLP prior to transplant. Referrals to CLP occurred (median) 13 days (range 1-275) post-transplant surgery. The reasons for attending CLP were anxiety (5/9), delirium (3/9) and mood (1/9).

Conclusions: SIPAT can be a valuable tool for use in the pre-transplant workup to help identify those that will require intensive psychosocial support post- transplant.

Disclosure of Interest: None Declared

EPP0555

Insight, Narcissism and Diabetes: friends or enemies?

L. Manarte[1]*, A. Correia[1] and A. Andrade[2]

[1]Psychiatry and Mental Health, Faculdade de Medicina and [2]IDMEC, Instituto Superior Técnico, Lisbon, Portugal

*Corresponding author.

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Introduction: Diabetes is one of the diseases in which treatment adherence is most fragile. Several factors seem to contribute to the lack of treatment compliance of the disease, from longer duration of diabetes to mental health issues. In this study, we try to identify the main factors affecting insight for diabetes (clinical, demographic, and narcissistic traits).

Objectives: The main objective is to find clinical, demographic and narcisistic characteristics that differenciate good insight from poor insight diabetic patients.

Methods: A cross-sectional study was developed with inclusion of 100 patients with diabetes, aged over 18 years, carried out at the Associação Protetora dos Diabéticos de Portugal (APDP). All the participants gave their informed consent. Patients were submitted to DAS (Diabetes Awareness Scale), and NPI-13 (Narcissistic Personality Inventory-13), the two most used evaluations for insight in diabetes and narcisic personality traits. The clinical and demographic factors were obtained by the records from APDP whose Ethic Comittee gave permission for this study.

Results: The clinical and demographic characteristics of the sample of 100 patients with diabetes, are described in Table 4.1.

Positive and statistically significant correlations were found between HbA1c and total DAS ($r = 0.420$, $p < 0.001$), Symptom Attribution ($r = 0.362$, $p < 0.001$), Awareness of Negative Consequences ($r = 0.229$, $p = 0.025$), and Awareness of Need for Treatment ($r = 0.210$, $p = 0.040$) - Table 5. In other words, patients who were metabolically poorly controlled and had higher levels of serum HbA1c, showed higher levels of insight into the disease.

There was a statistically significant negative low-moderate affect correlation between Symptom Attribution of the DAS and the E/E (Empowerment/Explorativeness) sub score of the NPI-13 ($r= -0.243$, $p=0.05$)-Table 8.

Image:

Table 4.1. Clinical and demographic characteristics of the sample

Sample	100
Gender (% Female)	57%
Phenotype	Asian 3 Caucasian 93 Black 4
Type of diabetes	Diabetes 1-22 Diabetes 2-73 MODY-1 LADA-4
Insulin Therapy	83
Family history in 1st degree	63
	Mean, (Standard Deviation), Variance
Age, % ≥ 60	64.5, (12.9), 31-88 - 72%
BMI	28.3, (5.2), 20-46
HbA1c (%) N=97	8.27, (1.65)
Years of Evolution	23.8, (9.9), 4-58
Age at onset	41.1, (15.9), 3-68
Number of complications	1.09, (1.47), 0-6

Image 2:

Table 5. HbA1c-DAS Correlations

		HbA1c	DAS_total	DAS_IA	DAS_SA	DAS_ANT	DAS_ANC
HbA1c	Pearson Correlation	1	0.420**	0.122	0.362**	0.210*	0.229*
	Sig. (2 ends)		<0. 001	0.237	<0.001	0.040	0.025
	N	97	97	97	97	97	97
**. The correlation is significant at the 0.01 level (2 ends).							
*. The correlation is significant at the 0.05 level (2 ends).							

Image 3:

Table 8. NPI13-DAS Correlations

	L/A	G/E	E/E	DAS_total	DAS_IA	DAS_SA	DAS_ANT	DAS_ANC
L/A	1	0.469**	0.600**	-0.077	-0.054	-0.072	-0.047	-0.005
G/E	0.469**	1	0.382**	-0.127	0.029	-0.092	-0.130	-0.086
E/E	0.600**	0.382**	1	-0.148	0.011	-0.243*	-0.040	-0.006
NPI-13	0.874**	0.756**	0.797**	-0.140	-0.010	-0.159	-0.088	-0.039
**. The correlation is significant at the 0.01 level (2 ends).								
*. The correlation is significant at the 0.05 level (2 ends).								

Conclusions: Our results allowed us to conclude that the capacity for insight may sometimes arise in the context of already existing consequences of diabetes, in patients with poor metabolic control. Some studies had already highlighted the dubious role of increased individual perception of illness with diabetes regulation, while others were consistent with our observations, regarding the role of gender and family history in insight.
Despite these results, we propose that the knowledge of the profile of patients with insight and the anticipation of a low insight to the disease at the time of diagnosis or during follow-up allows the individualization of medical practice and the use of insight as a tool for better metabolic control of patients, ideally should arise before the development of vascular complications.
However, further studies are needed, ideally with a larger and more diverse, to understand if there are other factors that may be related to insight in the disease, as well as the development of techniques for acquisition of insight in patients with diabetes.

Disclosure of Interest: None Declared

EPP0556

Evaluation of cognitive functions, emotional disturbances and acceptance of the disease in patients with cardiovascular disorders and type D personality

M. Piegza[1], L. Kunert[2*], P. Dębski[1], K. Podkowska – Kurpas[1], A. Szczecina[3], A. Leksowska[1], J. Piegza[4] and P. Gorczyca[1]

[1]Department of Psychiatry, Faculty of Medical Sciences in Zabrze; [2]Department of Psychoprophylaxis, Faculty of Medical Sciences in Zabrze; [3]Students Scientific Association by the Department of Psychiatry, Faculty of Medical Sciences in Zabrze, Medical University of Silesia in Katowice, Tarnowskie Góry and [4]Third Department of Cardiology, Faculty of Medical Sciences in Zabrze, Medical University of Silesia in Katowice, Zabrze, Poland
*Corresponding author.
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Introduction: The majority of people with cardiovascular disorder meets the criteria of type D personality. Its prevalence, however, favours experiencing negative emotions and avoiding social connections [Kupper et al. Int J Cardiol. 2013;166(2) 327-33]. Cardiovascular disorders' steady morbidity growth entitles to search for the factors, which have an impact on functioning, acceptance of the disorder and obeying doctor's orders among patients with this diagnosis [Leu et al. J Formos Med Assoc. 2019;118(3) 721-729]. One of the factors, which largely determines mental efficiency, except for anxiety and depression symptoms, is cognitive functioning [Burkauskas et al. Cogn Behav Neurol.2016;29(2)91-9, Schiffer et al. Eur J Heart Fail. 2008;10(8) 802-10].
Objectives: Evaluation of cognitive functioning, acceptance of the disorder, intensifying of anxiety and depression symptoms among people who suffer from cardiovascular diseases with type D personality and seeking for relationships between those parameters.
Methods: 102 people took part in the study, including 63 men and 39 women, the average age amounting to 65,471 (SD±10,567). Patients were divided according to the presence of type D personality, gender and cardiological diagnoses. The DS-14 scale was used to assess the type D personality, the HADS scale to assess the symptoms of anxiety and depression, and also the AIS scale to assess the acceptance of the disease and MoCA 7.2 scale for cognitive functions. The original questionnaire was used to collect the necessary sociodemographic data, data on the type and course of the main disease, comorbidities and medications taken.
Results: About 37% of respondents meet the criteria of type D personality. The AIS scores correlate negatively with age, disease duration, and with both components of the DS-14 scale (negative emotions-Ne and social inhibition-Hs). Both DS-14 subscales correlate positively with HADS-A and HADS-D, and the DS-14 (Ne) subscale is also positively associated with age. The results of the MoCA scale negatively correlate with age and duration of the disease. People without personality traits of type D have higher AIS scores, lower HADS-A (fig.1) and HADS-D scores (fig.2), and higher MoCA scores (fig.3) than those with type D personality. There were no differences between patients with ischemic heart disease and patients with ischemic heart disease and heart failure. In the subscale of social inhibition DS-14 (Hs), women obtained a higher result.
Image:

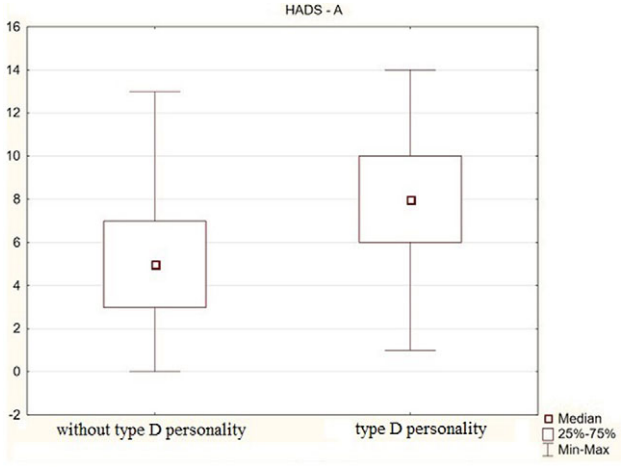

Figure 1. Differences in the intensity of symptoms of anxiety between patients with personality type D and without