inform public health policy worldwide. Aiming to include the most effective, safe, and cost-effective medicines for priority conditions, WHO updates the EML every two years. However, over the past 45 years, updates to the mental health section of the EML have been infrequent, mostly involving the addition of individual medicines. A comprehensive revision of the entire section was never attempted.

Objectives: The aim of this project was to update the mental health section of the EML to identify the most effective and safest medicines for mental disorders in the light of the most up-to-date evidence base.

Methods: A series of nine evidence-based applications were submitted to the WHO Expert Committee on the Selection and Use of Essential Medicines in December 2022, recommending a substantial revision of the entire mental health section.

Results: All of our applications were accepted by the WHO Expert Committee. For psychotic disorders, aripiprazole, olanzapine, paliperidone, and quetiapine were added as therapeutic alternatives to risperidone; short-acting intramuscular chlorpromazine was replaced by short-acting intramuscular olanzapine; first-generation antipsychotics were limited to oral haloperidol and chlorpromazine. For bipolar disorder, the list now includes second-generation antipsychotics such as quetiapine, aripiprazole, olanzapine, and paliperidone. Tricyclic antidepressants for depressive disorders were limited to amitriptyline alone. Treatment options for anxiety and obsessive-compulsive disorder are now expanded to include SSRIs. For anxiety disorders, diazepam and lorazepam became the only benzodiazepines recommended, with the specific caveat that they should only be used for short-term emergency treatment of acute and severe anxiety symptoms. Finally, chlorpromazine and haloperidol are no longer considered essential medications for psychotic disorders in children under 13 years of age.

Conclusions: The WHO released the 23rd EML in July 2023. After decades of minimal and inconsistent updates, groundbreaking changes have been made to its mental health section. The updated mental health section provides a compelling opportunity to improve the quality of medicine selection at the country level, with the goal of increasing the availability of the safest and most effective psychotropic medicines worldwide.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

O0053

Mental Health and Addictions in Pregnancy: Feasibility and Acceptability of a Computerized Clinical Pathway and Prevalence Rates.

R. Carmona Camacho[1]*, J. Chamorro Delmo[1],
M. Alvaro Navidad[2], N. Lopez Carpintero[3], N. Estrella Sierra[4],
R. Guimaraes de Oliveira[5], M. Olhaberry Huber[6],
L. Mata Iturralde[1], R. Álvarez García[7] and E. Baca Garcia[1]

[1]Psychiatry; [2]Obstetrics and ginecology, Jimenez Diaz Foundation; [3]Obstetrics and ginecology, Tajo University Hospital; [4]Psychiatry, Infanta Elena University Hospital, Madrid, Spain; [5]Child and Adolescent Psychiatry, Hassenfeld Children's Hospital at NYU Langone, New York, United States; [6]Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile and [7]Psychiatry, Rey Juan Carlos University Hospital, Madrid, Spain
*Corresponding author.

Introduction: Mental Health problems and substance misuse during pregnancy constitute a serious social problem due to high maternal-fetal morbidity (Cook et al, 2017; JOCG, 39(10) ,906-915) and low detection and treatment rates (Carmona et al. Adicciones. 2022;34(4):299-308)

Objectives: Our study aimed to develop and test the feasibility and acceptability of a screening and treatment clinical pathway in pregnancy, based on the combination of e-Health tools with in-person interventions and, secondly, describe the prevalence of mental illness and substance use problems in this population.

Methods: 1382 pregnant women undergoing her first pregnancy visit were included in a tailored clinical pathway and sent a telematic (App) autoapplied questionnaire with an extensive battery of measures (WHO (Five) Well-Being [WHO-5],Patient Health Questionnaire [PHQ-9], General Anxiety Disorder [GAD-7], Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST], Columbia Suicide Severity Rating Scale [C-SSRS] and specifically designed questions on self-harm and psychopharmacological drugs).

Patients who did not respond to the questionnaire on their own received a counseling call.

Based on the screening results, patients were classified into five groups according to severity (Figure 1) and assigned a specific action pathway (Figure 2) that included a range of intervention intensity that goes from an individual psychiatric appointment to no intervention.

Results: Of the 1382 women included in the clinical pathway, 565 (41%) completed the evaluation questionnaires. Of these, 205 (36%) were screened as positive (Grades III,IV or V. Table 1) and 3(0.5%) were classified as needing urgent care. Of the patients offered on-line groups (100), 40% (40) were enrolled in them.

Concerning prevalence rates, 73 (12,9%) patients endorsed at least moderate anxiety according to GAD-7 ($\geq$10), 65 (11,5%) endorsed at least moderate depression according to PHQ-9 ($\geq$ 10), 17 were positive on DAST (3%) and 63 (11%) patients scored above the threshold in AUDIT-C($\geq$ 3) for alcohol use.

Table 1: Grade distribution of those screened as positives

Grade III	97 (17,2%)
Grade IV	105 (18,6%)
Grade V	3 (0,5%)

Image:

Figure 1: Severity Groups and Intervention

Grade I: No intervention.
No psychopathology
Grade II: Primarycare follow-up
Mild anxiety and affective symptoms, smoking, low risk alcohol consumption.
Grade III: Online psychological intervention
Anxiety, Depression
Grade IV: In-person intervention
Alcoholism, addictions, suicide risk, adjustment of pharmacological treatment.
Grade V: Urgent care
High risk of suicide, Severe psychosis

quironsalud

Image 2:

Figure 2: Action Pathway

Conclusions: High prevalence rates suggest that effective detection and treatment mechanisms should be integrated into usual care. The use of standardized clinical pathways can help with this aim, allowing better clinical management and referral to treatment, but still face challengues to increase retention. The use of e-health tools offers the opportunity to improve accessibility and therapeutic outcomes through online interventions.

Disclosure of Interest: None Declared

O0054

The association between prenatal cannabis use and congenital birth defects in offspring: A systematic review and meta-analysis

A. W. Tadesse[1*], G. Ayano[2], B. A. Dachew[1], B. S. Tusa[1], Y. Damtie[1], K. Betts[1] and R. Alati[1]

[1]School of Population Health, Curtin University, Perth, Australia and [2]School of Population Health, Curtin University, Perth, Austria
*Corresponding author.
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Introduction: A body of research has examined the association between prenatal cannabis use and congenital birth defects in offspring; however, these studies have not been synthesised. We performed a comprehensive synthesis of existing research to test whether there is an association between prenatal cannabis use and congenital birth defects in exposed offspring.
Objectives: The aim of this study was to conduct a comprehensive systematic review and meta-analysis of existing evidence to synthesise the association between prenatal cannabis use and congenital birth defects in exposed offspring.
Methods: In line with the preregistered protocol (PROSPERO: CRD42022368623), we systematically searched PubMed/Medline, CINHAL, EMBASE, Web of Science, ProQuest, Psych-Info, and Google Scholar for published articles until 4 April 2023. The methodological quality of the included studies was appraised by the Newcastle-Ottawa Quality Assessment Scale (NOS). A meta-analysis was carried out to report the pooled effect estimates from the included studies. We further performed subgroup, leave-one-out sensitivity, and meta-regression analyses, which increased the robustness of our findings.
Results: Thirty observational studies (i.e., fifteen case-control and fifteen cohort studies) with 229,930 cases of birth defects and 26,826,741 controls (healthy babies) were included in the final analysis. We found that offspring exposed to maternal prenatal cannabis had a 56%, 69%, 47%, 23%, and 13% increased risk of any birth defects (irrespective of specific body system) [RR = 1.56: 95 % CI 1.28 – 1.92], defects of the gastrointestinal [RR = 1.69: 95 % CI 1.37 – 2.09], cardiovascular/heart [RR = 1.47: 95 % CI 1.09 – 1.97], central nervous systems [RR = 1.43: 95 % CI 1.09 – 1.89], and facial/oral cleft [RR = 1.13: 95 % CI 1.08 – 1.18], respectively.
Conclusions: The findings from the current study suggest that maternal prenatal cannabis exposure is associated with a higher risk of birth defects in offspring. The findings highlight the importance of promotive and preventive strategies to reduce cannabis use during pregnancy that contribute to minimising the risk of birth defects in offspring.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

O0055

Traits of narcissistic vulnerability in adults with Autism Spectrum Disorders without intellectual disabilities

G. Broglia[1*], V. Nistico'[1,2,3], B. Di Paolo[1], R. Faggioli[4], A. Bertani[5], O. Gambini[1,3,4] and B. Demartini[3,3,4,4]

[1]Health Science Department, University of Milan; [2]Department of Psychology, University of Milan Bicocca; [3]Aldo Ravelli Research Center for Neurotechnology and Experimental Brain Therapeutics, University of Milan; [4]UO Psichiatria 51 e 52 and [5]Centro Giovani Ettore Ponti, ASST Santi Paolo e Carlo, Presidio San Paolo, Milan, Italy
*Corresponding author.
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Introduction: The relationship between Autism Spectrum Disorders (ASD) and Narcissistic Personality Disorder (NPD), considering the dimensions of narcissistic grandiosity and vulnerability, represents an important differential diagnosis and potential ground of comorbidity, since both conditions show high grades of pervasiveness, a life-long course, ego-syntonic traits, and difficulties in building up and sustaining interpersonal relationships Although the co-diagnosis rates, according to the categorical criteria in use, are limited (0%-6.4%), it is common to encounter diagnostic doubts in clinical practice.
Objectives: Here we aimed to explore both the dimensions of narcissistic vulnerability and grandiosity in a group of adults diagnosed with ASD without intellectual disabilities.
Methods: 87 individuals with ASD completed the Pathological Narcissism Inventory-52 Items (PNI-52). The mean scores of our sample were compared with the normative distribution available in the literature. Participants also underwent a detailed sociodemographic and anamnestic interview, along with an assessment for autistic traits, comprising the "Ritvo Autism and Asperger Diagnostic Scale-Revised" (RAADS-R) and the Autism Quotient (AQ).
Results: Individuals with ASD scored significantly higher than neurotypical controls at the Total Score and at the Vulnerable Narcissism subscale, but not at the Grandiose Narcissism subscales. Demographic features did not influence these results. Vulnerable narcissism was significantly associated with the RAADS-R subscale Social Relatedness.
Conclusions: Our findings could potentially be indicative of a greater comorbidity rate between the two disorders with respect