

efficacy of e-CBT has been observed across various populations, it is warranted for future studies to investigate the role of gender in treatment availability and help-seeking.

**Disclosure of Interest:** E. Moghimi: None Declared, M. Omrani Shareolder of: OPTT inc, A. Shirazi: None Declared, J. Jagayat: None Declared, C. Stephenson: None Declared, N. Alavi Shareolder of: OPTT inc

## EPV0577

### First-admissions in Psychiatry: a cluster analysis of a sample of inpatients from 2019 to 2021

E. La Spina<sup>1\*</sup>, M. Mastrangelo<sup>1</sup>, B. Montalbani<sup>1</sup>, I. Mancinelli<sup>2</sup>, A. Del Casale<sup>3</sup>, A. Comparelli<sup>2</sup> and M. Pompili<sup>3</sup>

<sup>1</sup>Psychiatry Residency Training Program, Faculty of Medicine and Psychology, Sapienza University of Rome; <sup>2</sup>Department of Psychiatry, Sant'Andrea Hospital of Rome and <sup>3</sup>Department of Neurosciences, Mental Health and Sensory Organs, Faculty of Medicine and Psychology, Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1902

**Introduction:** Only a few studies analyse the clinical and psychopathological characteristics of first-admitted inpatients regardless of diagnosis.

**Objectives:** Describing the psychopathological, demographic, and clinical characteristics of inpatients with acute symptomatology identifying groups with common features using factors extracted from the Brief Psychiatric Rating Scale (BPRS).

**Methods:** We selected 103 (48 F) inpatients from the psychiatric ward of the Sant'Andrea Hospital in Rome from January 2019 to December 2021. We assessed psychopathological characteristics and suicide risk with BPRS, Global Assessment of Functioning, and Columbia-Suicide Severity Rating Scale and gathered the anamnestic and demographic data. We conducted descriptive analyses and factor analysis on BPRS items. Then we used the BPRS factors as variables to perform a cluster analysis.

**Results:** Major Depressive Disorder (MDD) was the most frequent diagnosis. We obtained five factors: "Psychotic dimensions" (FI); "Anxiety" (FII); "Hostility and lack of cooperation" (FIII); "Depression" (FIV); "Flattening of affectivity" (FV). We identified two clusters (cluster 1 n=31; cluster 2 n=72). Patients in cluster 1 reported higher average scores in FI and FIII while the average scores of cluster 2 patients in FII and FIV were higher than patients in cluster 1. We called cluster 1 "psychotic and hostile patients compulsory admitted with a low risk of suicide". Cluster 2 patients are "affective patients with a high risk of suicide". The two clusters share an average age of 38-39 yo and an average GAF score indicating severe impairment and inability to function in almost all areas. They differ in the psychiatric diagnosis represented: respectively, Schizophrenia Spectrum Disorder and Bipolar Disorder with low suicidal risk, MDD, and Personality Disorders with a high suicidal risk. 39% of patients in cluster 1 were involuntarily admitted.

**Conclusions:** The results of our study show that patients admitted for the first time usually are admitted for psychotic symptoms and a high risk of suicide. Psychotic patients more often show hostility and lack of cooperativeness which can explain the higher rate of

involuntary admissions. Patients with predominant affective symptoms show a higher risk of suicide. Our analyses do not consider categorical diagnosis highlighting that exist transdiagnostic groups of patients with specific needs.

**Disclosure of Interest:** None Declared

## EPV0578

### Evaluating the implementation of the perinatal maternal route in a group of students of the psychology program of two Universities in Colombia during the period 2022

E. P. Ruiz Gonzalez<sup>1\*</sup>, M. N. Muñoz Argel<sup>1</sup>, J. J. Vicuña Romero<sup>2</sup>, T. Noguera Morales<sup>3</sup> and M. Y. Acevedo Rodríguez<sup>4</sup>

<sup>1</sup>Universidad Pontificia Bolivariana, Montería; <sup>2</sup>Universidad Pontificia Bolivariana, Medellín; <sup>3</sup>Universidad Pontificia Bolivariana, Palmira and <sup>4</sup>Universidad Pontificia Bolivariana, Bucaramanga, Colombia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1903

**Introduction:** Reducing maternal and newborn mortality is apriority on the health agenda. Priority, integral, integrated and barrier-free care a attention to the population frames the spirit of the route. The Comprehensive Care Route in Perinatal Maternal Health (CRPMH) proposes "to promote health and the improvement of maternal and perinatal health outcomes, through comprehensive health care, including coordinated action FROM the state, THE society and the family on the social and environmental determinants of health inequities" (Minsalud).

**Objectives:** To evaluate the implementation of the CRPMH in a group of maternal students from 0-12 months.

**Methods:** Qualitative, through semi-structured interview techniques and focused groups (FG) referenced from the CRPMH (table 1) in 11 undergraduate students in psychology over 18 years from 2 Colombian universities.

**Results:** Qualitative analysis evaluates convergences/divergences by percentages of questionnaire responses and axial text analysis (FG). In preconception attention 100% of mothers do not report signs of health risk, however, caesarean section was performed in 83.3% of cases, this safer method is perceived for the mother and fetus, and is justified taking into account that the pain of childbirth is very strong (FG).

In gestational health they indicate prenatal control, medical appointments, formation in the condition of the fetus, guidelines on care, respectful upbringing and breastfeeding in 100%. In contrast, the focus group reports low empathy of doctors toward levels their fears, reduced time to address concerns, negative information about labor and satisfaction with medical procedures, considering caesarean section a humanized strategy.

Access to CRPMH is known by 50% of mothers, they do not know the preconceptional consultation. In the GF they conclude that the information on preparation for maternity and paternity is ineffective.

Psychological support is absent during childbirth and postpartum. There is a greater knowledge about breastfeeding 83.3%

**Discussion:** The successful implementation of the route could reduce the risks of physical and psychological impact on perinatal maternal health by facilitating decisions about motherhood and its practice in the university educational environment. There was