

**Introduction:** Many researchers have turned their attention to studying the relation between the gut microbiota to mood disorders. In fact, studies in the last 5 years have shown that the change in microbiota in animals can cause anxiety a depression –like behaviors.

In humans, considering the fact that there was a difference between in human gut microbiota between depressed persons and healthy controls, many clinicians suggest different treatment ways to compensate the microbiome imbalance such as Fecal microbiota transplantation (FMT).

FMT is an ancient tool that used to treat food poisoning and severe diarrhea. Recent studies have shown its efficacy in autism spectrum disorders but not enough studies have shown its contribution in treating mood disorders.

**Objectives:** The aim is to explore and understand the use of fecal microbiota transplantaion in the mood disorder treatment

**Methods:** We conducted a literature search for English articles on PubMed using the keywords : mood disorder, Fecal microbiota transplantation, treatment.

**Results:** 13 results were initially found on the pubmed database. we identified 4 eligible studies.

02 case studies reported that patients diagnosed with bipolar disorder type 2 improved after repetitive FMT treatment, 01 randomised controlled trial concluded good tolerability and feasibility of FMT in major depression disorder but was not designed to measure clinical outcomes. Finally, 01 study protocol is still conducting on the efficacy and safety of FMT n in a population with bipolar disorder during depressive episodes.

**Conclusions:** No results have shown the efficacy of FMT in treating mood disorders yet. However, it is considered well tolerated and safe. Further studies are needed to conclude its efficacy.

**Disclosure of Interest:** None Declared

## EPP0542

### A spark of genius and a flash of madness: Nikola Tesla and his struggles with mental illness

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**Introduction:** An example of the unification of the contrast between artistic creativity and discipline of science, Nikola Tesla engineer and physicist, was also a prolific inventor that contributed to the transformation of modern society. Having resurfaced in the mainstream culture as a mythical figure, he appears to be enjoying a renaissance of posthumous recognition and praise. Through accounts available directly from his autobiography and descriptions offered by those who worked with him, the existence of the inventor's *eccentricities* appear to reveal the existence of mental health disorder.

**Objectives:** The authors explore Tesla and the psychopathology that accompanied him throughout his periods of brilliance and as well as hardship.

**Methods:** The authors conducted a brief non-structured narrative literature review. The keywords used during the research, alone or in combination, included: Nikola Tesla, psychopathology and mental illness. The works consulted included: news articles, autobiographies and biographies. Of these, those that were written in the English language and deemed most pertinent to the explored theme were chosen for review in this work.

**Results:** The popular image of the *mad scientist*, which describes a brilliant but solitary and eccentric individual focused on their work is one that could be applied to Tesla. Documents reveal that he suffered a nervous breakdown, as well as having symptoms that point to a probably presence of obsessive-compulsive disorder, of which included counting and cleanliness rituals, exacerbated by chronic insomnia.

**Conclusions:** There appears to be anecdotal evidence pointing to an eventual relationship between creative genius and mental pathology. Although not formally evidenced through the scientific literature, exploring the life and accomplishments of Tesla serve as a significant example of a spark of genius perhaps ignited by mental illness. Tesla demonstrated suffering associated with his symptoms especially when considering the end of his life. At the time, adequate mental health interventions and treatments were not widely available, with his diagnosis probably being considered the quirks of genius and not the symptoms of disease.

**Disclosure of Interest:** None Declared

## EPP0543

### Health Outcomes and Health Services Utilization Evaluation Protocol: Assessing the Impact of the Nova Scotia Rapid Access and Stabilization Program

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**Introduction:** Emergency psychiatric care, unplanned hospital admissions, and inpatient health care are the costliest forms of mental health care. According to Statistics Canada (2018), almost 18% (5.3 million) of Canadians reported needing mental health support. However, just above half of this figure (56.2%) have reported their needs were fully met. To further expand capacity and access to mental health care in the province, Nova Scotia Health has launched a novel mental health initiative, the Rapid Access, and Stabilization Program (RASP).

**Objectives:** This study evaluates the effectiveness and impact of the RASP on high-cost health services utilization (e.g. ED visits, mobile crisis visits, and inpatient treatments) and related costs. It also assesses healthcare partners' (e.g. healthcare providers, policy-makers, community leaders) perceptions and patient experiences and satisfaction with the program and identifies sociodemographic characteristics, psychological conditions, recovery, well-being, and risk measures in the assisted population.

**Methods:** This is a hypothesis-driven program evaluation study that employs a mixed methods approach. A within-subject comparison will examine health services utilization data from patients attending RASP, one year before and one year after their psychiatry assessment at the program. A controlled between-subject comparison will use historical data from a control population will examine whether possible changes in high-cost health services utilization are associated with the intervention (RASP). The primary analysis involves extracting secondary data from provincial information systems, electronic medical records, and regular self-reported clinical assessments. Additionally, a qualitative sub-study will examine patient experience and satisfaction, and examine health care partners' impressions.

**Results:** The results for the primary, secondary, and qualitative outcome measures to be available within 6 months of study completion. We expect that RASP evaluation findings will demonstrate a minimum 10% reduction in high-cost health services utilization and corresponding 10% cost savings, and also a reduction in the wait times for patient consultations with psychiatrists to less than 30 calendar days. In addition, we anticipate that patients, healthcare providers, and healthcare partners would express high levels of satisfaction with the new service.

**Conclusions:** This study will demonstrate the results of the Mental Health and Addictions Program (MHAP) efforts to provide stepped-care, particularly community-based support, to individuals with mental illnesses. Results will provide new insights into a novel community-based approach to mental health service delivery and contribute to knowledge on how to implement mental health programs across varying contexts.

**Disclosure of Interest:** None Declared

## Addictive Disorders

### EPP0544

#### Is gaming disorder related to psychological trauma? A scoping review

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**Introduction:** Gaming disorder has become a global concern and it could have a variety of health and social consequences. The trauma model has been applied to the understanding of different types of addictions as behavioral addictions can sometimes be conceptualized

as self-soothing strategies to avoid trauma-related stressors or triggers. However, much less is known about the relationship between trauma exposure and gaming disorder.

**Objectives:** To inform prevention and intervention strategies and to facilitate further research, we conducted the first scoping review to explore and summarize the literature on the relationship between trauma and gaming disorder.

**Methods:** A systematic search was conducted on the Web of Science, Scopus and ProQuest. We looked for original studies published in English that included a measure of trauma exposure and a measure of gaming disorder symptoms, as well as quantitative data regarding the relationship between trauma exposure and gaming disorder.

**Results:** The initial search generated 412 articles, of which 15 met the inclusion criteria. All of them were cross-sectional studies, recruiting participants from both clinical and non-clinical populations. Twelve of them (80%) reported significant correlations between trauma exposure and the severity of gaming disorder symptoms ( $r = 0.18$  to  $0.46$ ,  $p < 0.010$ ). Several potential mediators, including depressive symptoms and dissociative experiences, have been identified. One study found that parental monitoring moderated the relationship between trauma and gaming disorder symptoms. No studies reported the prevalence of trauma or trauma-related symptoms among people with gaming disorder.

**Conclusions:** There is some evidence supporting the association between trauma and gaming disorder, at small to medium effect sizes. Future studies should investigate the mediators and moderators underlying the relationship between trauma and gaming disorder. The longitudinal relationship between trauma exposure and the development of gaming disorder should be clarified. A trauma-informed approach may be a helpful strategy to alleviate gaming disorder symptoms.

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### EPP0547

#### Similar cognitive characteristics between gaming disorder and other psychiatric disorders

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**Introduction:** Cognitive characteristics that differentiate normal from problematic gaming need to be identified, owing to the growing popularity of internet games and the rapid rise in mental health problems. Gaming disorder (GD) involves playing games despite their negative effects and is often related to unsuccessful attempts to reduce gaming. GD frequently results in adverse outcomes related to education, employment, and social responsibilities, thereby significantly influencing daily life.

**Objectives:** We aimed to elucidate the neurocognitive features underlying GD development and preservation, and possible overlapping features between GD and other psychiatric disorders.

**Methods:** We performed a literature search to identify GD-related studies. We focused on two key aspects: (a) altered executive functions