

by similar neural phenotypes such as atypical structure and function in social brain regions found in both disorders [3].

Aim of the study: The aim of the present study is to explore the relationship between ED and ASD traits in a sample of Spanish participants diagnosed with AN, bulimia nervosa (BN), binge-eating disorder (BED) and other eating disorders (OED). Specifically, we aim to explore possible differences within the different ED and its particular transdiagnostic features in association with autistic traits.

Methods: Our sample consisted of 33 patients with AN from the ED unit (Department of Psychiatry, Hospital de Sant Pau, Barcelona) and 15 healthy controls (HC) without any current or lifetime history of mental disorder. HC were recruited via university ads or professional acquaintances. Patients with language or intellectual impairment, and those with history of other psychiatric diagnosis besides ED were excluded. All participants were women. Different questionnaires were used: the Eating Attitudes Test (EAT, Garner et al., 1979) and the Eating Disorder Inventory (EDI, Garner, 1983) to evaluate ED symptoms, and the Autism Questionnaire (AQ) to evaluate autism characteristics in general population. All participants gave written informed consent and the study was approved by the local research ethics committee in accordance with the Declaration of Helsinki. A cross-sectional independent groups design was employed to compare autistic traits between ED and HC and between specific ED diagnosis and HC (ANOVA). We also used Pearson's correlations to explore the correlation between ASD and ED symptoms in the ED group. All analyses were performed using SPSS v23.

Results: Patients obtained higher scores on AQ compared to HC ($M=20.60 \pm 6.8$ for patients, $M=12.13 \pm 5.2$ for HC, $F= 18.4$; $p<0.01$). Specifically, general score of EAT was significantly correlated with higher score of AQ. Regarding EDI sub-scales, body dissatisfaction, low self-esteem, perfectionism significantly correlated with the higher autism traits, whereas the presence of bulimic symptoms was not correlated with AQ.

Conclusion: Patients with ED have more autism spectrum traits than healthy controls. Among the ED symptoms body dissatisfaction, low self-esteem, perfectionism and general score on EAT questionnaire correlated with the presence of autism traits. Results are consistent with previous studies, although more research in the field is needed. Therapeutic strategies targeting both spectrum of symptoms, such as radically open dialectical behaviour therapy, might be useful in this group of patients.

No conflict of interest

References

- [1] Gillberg, C., 1983. Are autism and anorexia nervosa related? *The British Journal of Psychiatry* 142 (4), 428.
- [2] Dell'Osso, L., Carpita, B., Gesi, C., Cremone, I.M., Corsi, M., Massimetti, E., et al., 2018. Subthreshold autism spectrum disorder in patients with eating disorders. *Comprehensive Psychiatry* 81, 66-72.
- [3] Zucker, N.L., Losh, M., Bulik, C.M., LaBar, K.S., Piven, J., Pelphrey, K.A., 2007. Anorexia nervosa and autism spectrum disorders: guided investigation of social cognitive endophenotypes. *Psychological Bulletin* 133 (6), 976.

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P.156

Attitudes of students of dentistry towards mentally ill patients

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Background: The attitudes of society towards psychological disorders have not changed significantly through history, although the diagnosis and the possibility of their treatment have significantly improved. The results of many studies indicate that mental disorders and their treatment are less socially accepted than disorders of an organic nature [1]. Evidence suggests that people with mental illness are more vulnerable to dental neglect and poor oral health. Health care professions including dentists are not immune to social prejudices and share the general public's attitude attributed to people with mental illness, affecting quality of care [2].

Aim: The aim of this study was to examine some possible changes in attitudes in a population of students of dentistry towards psychiatric patients after classes in psychiatry.

Methods: The study sample included 102 students of the third year of dentistry (37.3 % male). Their mean age was 22.28 ± 0.89 . The sociodemographic questionnaire, questionnaire about psychiatric experience and Opinions about mental illness (OMI) questionnaire [3], were administered. We were followed instruction from the questionnaire author and divided it into five subscales: Authoritarianism, Benevolence, Mental hygiene ideology, Social restrictiveness, Interpersonal etiology. Questionnaire about psychiatric experience consist of questions: "Did you have any psychiatric problems?", " Are any of the family member psychiatric patient"?, " Are you afraid of psychiatric patients"? Participants were interviewed before and after classes on psychiatry. Study was approved from ethic committee of institution.

Results: We paired average scores of five subscales before and after classes on psychiatry. Statistical significant change of score was found just in subscale Benevolence (1.618 ± 6.55 , $p<0.05$) in whole sample. These subscale reflect positive attitude. After that, we paired all subscales with sociodemographic variables (gender, place of inhabitancy) and with questions about psychiatric experience (positive psychiatric anamnesis, fear of psychiatric patients). We got a statistical significant change between genders in subscale Interpersonal etiology. Women got higher scores on this subscale ($U= 9.13$, $p<0.05$).

Conclusions: Based on our results and a good reliability of questionnaire (Cronbach $\alpha > 0.7$) about attitudes we can conclude that students of the third year of dentistry achieved higher scores on subscales who reflect negative attitudes and they did not change their attitudes towards

psychiatric patients globally after two months of classes in psychiatry and meeting with psychiatric patients. It is good that score of subscale Benevolence who reflect positive attitude was higher after classes in psychiatry. It is interesting that female achieved higher scores on subscale Interpersonal etiology than male participants because this subscale have a paternalistic view on psychiatric patients. There is a need for organising classes of psychiatry for at least one semester and additional education about the doctor-patient relationship, because attitudes that health workers have in relation to mental disorders represent an essential part of the attitude towards their patients and are important for reducing the stigmatisation of patients.

No conflict of interest

References

- [1] Rasmina, V., Hafeeq, B., Uvais, N.A., Sreeraj, Vs, 2019. Attitudes of Dental Interns Towards Mental Illness. *International Journal of Medicine & Public Health* 9 (1), 28 [s. l.]v.n.
- [2] Patterson, S., Ford, P., 2014. Dentistry students' views about mental illness and impact of a targeted seminar on knowledge and attitudes: A mixed-method study. *The Journal of Mental Health Training, Education and Practice* 9, 190-202. doi:10.1108/JMHTEP-05-2014-0013.
- [3] Cohen, J., Struening, E. L., 1963. Factorial invariance and other psychometric characteristics of five opinions about mental illness *Educational and psychological measurement* Vol. XXIII, No. 2.

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P.160

Associations between selective serotonin reuptake inhibitors and violent crime in adolescents, young, and older adults - a Swedish register-based study

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Background: Selective Serotonin Reuptake Inhibitors (SSRIs) are one of the most commonly prescribed medications in many countries. While there is a documented risk of aggression and violence associated with SSRI use in young people, it is not clear whether this association extends to adults, or whether it might differ over time after treatment initiation and discontinuation.

Aims: The main aim was to investigate the association between SSRI use and violent crime and how it might differ by age group. A secondary aim was to investigate how the associations might vary over time after SSRI treatment initiation and discontinuation.

Method: This study identified individuals ever dispensed an SSRI aged 15-60 years during 2006-2013, using Swedish national registers. The outcome was violent crime conviction. Throughout, analyses were carried out overall and as stratified by age. The age groupings were 15-24-year-olds, 25-34-year-olds, 35-44-year-olds, and 45-60-year-olds. Follow-up started on January 1st 2006 or at attainment of age 15, whichever occurred last, and ended on December 31st 2013, at attainment of age 60, first emigration, or death, whichever occurred first. Each individual could therefore experience more than one event over follow-up. All analyses were conducted using Cox proportional hazards models. Between-individual analyses were carried out, where the risk of violent crime during periods on SSRI treatment were compared to the risk during periods off treatment between individuals. The main statistical analyses assessed risks of violent crime during all periods on compared to off SSRI treatment, stratified on the individual ("within-individual"). Within-individual analyses were also used to investigate the risk over time in relation to SSRI treatment initiation and discontinuation. Here, on-treatment periods were divided into 0-28 days, 29-84 days, and >84 days after treatment initiation; off-treatment periods were divided into 0-28 days, 29-84, and >84 days after treatment discontinuation; and the reference category was the time before any treatment with SSRI medication.

Summary: The study identified 785,337 individuals (64.2% female), experiencing 32,203 violent crimes in 5,707,293 person-years. Between-individual analyses found statistically significantly elevated Hazard Ratios (HRs) overall (HR=1.10), and in 15-24 and 25-34 year-olds (HR=1.19 and 1.16), but non-significant HRs in 35-44 and 45-60-year-olds (HR=1.02 and 1.04). In within-individual analyses, where 2.6% of SSRI users were informative, hazards were elevated overall (HR=1.26, 95% CI=1.19, 1.34), and across age groups (HR of 1.35 [95% CI=1.19, 1.54] in 25-34-year-olds to 1.15 [95% CI=0.99, 1.33] in 35-44-year-olds). In the overall cohort, the within-individual HRs were significantly elevated throughout treatment (HRs of 1.24 to 1.35) and for up to 12 weeks post-discontinuation (HRs of 1.37 and 1.20).

Conclusions: While questions on causality remain, these results indicate that there may be an increased risk of violent crime during SSRI treatment in a small group of individuals. It may persist throughout medicated periods, across age groups, and after treatment discontinuation. Further confirmation is needed from studies with different designs, and clinical focus should be on high-risk individuals, as a majority of SSRI-users (97% in our cohort) will not commit violent crimes.

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P.162

Characteristics, circumstances, and mental health service utilization of adult suicide: psychosocial autopsy study in Lithuania

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