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significant. The analyses in DZ twins converged with the results in MZ twins, with the exception of two of the subdomains: emotional abuse (B = 0.05; [95% CI 0.02; 0.08]) was associated with suicidal ideation, emotional neglect (B = -0.00; [95% CI -0.03; 0.03]) was not statistically significantly associated with suicidal ideation.

**Discussion:** This study provides evidence for associations between overall as well as subdomains of childhood trauma and suicidal ideation. Furthermore, within-pair differences of childhood trauma were associated with within-pair differences of suicidal ideation in DZ and MZ twin pairs. As MZ twins share identical DNA, the association between within-pair differences in childhood trauma and suicidal ideation among MZ twins suggests that at least part of the association is not attributable to genetic predisposition.

**No conflict of interest**

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**P.0873**

Gender-based analysis of the psychological impact of the COVID-19 pandemic on healthcare workers in Spain

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**Purpose:** This study aims to analyze from a gender perspective the psychological distress experienced by the medical workforce during the peak of the pandemic.

**Introduction:** The COVID-19 pandemic has been a source of distress for the medical workforce. In our region, the pandemic was particularly distressful, as Spain ranked first in the number of healthcare workers infections during the period of our study. However, multiple studies on the psychological impact of the pandemic show that the levels of distress are not equally distributed, and women are more severely affected than men. Most studies found significant differences in stress and anxiety symptoms by gender and job category (2,3,4,5,6,7,8,9,10,11); the latter is usually subject to gender segregation, as women tend to occupy lower-paid jobs such as nursing. Meta-analytic studies demonstrate that being a woman and lower-paid jobs, such as nursery, are risk factors for higher psychological distress during the pandemic (12,13,14).

**Methods:** This is a single-center, observational analytic study that took place during May and June 2020. The study population comprised all associated health workers of the Cruces University Hospital, invited by email. It consisted of a questionnaire with four parts: the first included demographic data, followed by the general health questionnaire-28 (GHQ-28), the perceived stress scale (PSS-14), and finally, a survey for coping methods. A gender analysis was used to design and interpret data following the Sex and Gender Equity in Research (SAGER) guidelines. Statistical analysis was carried out using IBM® SPSS® Statistics version 25.0 (IBM GmbH, Enningen, Germany). Categorical data were presented as frequencies and percentages, and continuous variables as median and standard deviation. The non-parametric Mann-Whitney U test and Kruskal-Wallis were applied to compare two or more groups, respectively. We conducted a Spearman’s Rho correlation test between age and the PSS-14 score. A p-value of <0.05 was considered statistically significant.

**Results:** Women made 74.6% of our sample, but their proportion was higher in lower-paid positions such as nursery (89.9%). The percentage of women categorized as cases with the GHQ-28 was 78.4%, a proportion significantly higher than in the male population (61.3%, p < 0.001). We found significant differences in the Perceived Stress Scale respecting gender (e.g., median PSS scores among females vs. males: 10.44 [6.34] vs. 7.06 [6.33], p < 0.01). Orderly staff had the highest scores among all job categories, differences that were statistically significant.

The multivariant regression analysis showed that being female, lower-paid jobs, and having a past psychiatric history were risk factors for higher scores in both the GHQ-28 and PSS-14. The effect of gender was not influenced by age, marital status, or covid-19 infection.

**Conclusion:** Females and lower-paid positions are at risk of higher psychological distress and worse quality of life within the medical workforce due to the pandemic. Gender analysis must be incorporated to analyze better and explain this fact.

**No conflict of interest**

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30-day psychiatric readmission in an acute inpatient psychiatry unit in Spain: a descriptive study

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Introduction: Hospital readmission within 30 days of discharge usually represents a negative clinical outcome for patients with mental disorders [1] and it has been used for some years by the OECD as an indicator of quality of care [2]. However, since readmission rates vary considerably between countries [3] and difficult international comparison, psychiatric rehospitalisation data have recently been discontinued [4]. These data can be very useful to become aware of the behaviour of a local population and compare it with other nearby populations with similar characteristics, but studies on this issue in our country are scarce.

Objective: To describe the characteristics of patients who were readmitted to our acute psychiatric unit in a period of less than 30 days after discharge.

Methods: We identified all individuals aged 18 or older who were discharged in the Inpatient Psychiatric Department of Santa Maria Hospital (Lleida) from 1st January 2010 to 31st December 2019 (N = 9709). The individual’s first discharge during the study period was adopted as the index admission and readmissions within 30 days of less after discharge were selected. 121 readmissions were removed because they were within 24h of the last discharge and thus considered as planned admission or planned patient transfer. Sex, age, diagnosis and length’s hospitalization were collected. We only included admissions with primary diagnoses of mental disorder (ICD-10 code: F00-F99). Statistical analyses were performed using IBM-SPSS v.23. Descriptive statistics was used to analyse the data. Normal distribution was evaluated using the Shapiro-Wilk test. Mann-Whitney U test was used to analyse sex differences in quantitative variables. Correlation analysis was performed using Spearman correlation test.

Results: The 30-day psychiatric readmission rate was 7.2% (704/9709). Fifty two percent of the readmitted were