

suggests that class-based identities can also lead to density associations with mental health, but that it is the symbolic signifiers of class, and not material aspects, which activate class identities in this way.

P68 ANTIDEPRESSANT AND ANTIPSYCHOTIC DRUG PRESCRIBING AND COMPLICATIONS OF DIABETES: A SYSTEMATIC REVIEW OF OBSERVATIONAL STUDIES

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Background The prescribing of antidepressant and antipsychotic drugs is increasing worldwide for a range of indications including mental ill-health. Numerous side effects have been associated with these drugs, including increased risk of cardiovascular complications. People with diabetes are more likely to be prescribed these drugs but few studies have investigated the effect of these drugs in this specific population. We therefore conducted a systematic review of studies that investigated the association between antidepressant and/or antipsychotic drug prescribing and vascular complications or mortality in people with diabetes.

Methods We systematically searched PubMed, EMBASE, and PsycINFO for observational studies examining the association between use of antidepressant and/or antipsychotic drug use and vascular disease (including cardiovascular disease and microvascular complications) and all-cause and cause-specific mortality among adults with type 1 or 2 diabetes. Secondary outcomes of interest included cardiometabolic risk factors. Data extraction was performed independently by two reviewers using standardised data collection forms.

Results Our search retrieved 9,833 articles, of which 13 were included in the review. Studies were heterogenous in design, population, and outcomes. Six studies were cohort design, two were case control, and five were cross-sectional. Some studies included an unselected population and others included only people with particular mental illnesses or excluded people with mental illness. Six studies reported on vascular complications, six studies reported on cardiometabolic risk factors (including glycaemic control), and one study reported on both vascular complications and cardiometabolic risk factors. Study population size ranged from 265 to 241,787. Whilst study heterogeneity makes comparability difficult and findings were mixed, there was some evidence that antidepressant and antipsychotic drugs may lead to a reduced risk of cardiovascular morbidity, possibly more so among women than men. There was also evidence that antidepressant use may lead to a reduced risk of diabetic retinopathy in women. There was evidence that antidepressants can lead to improved glycaemic control among people with depression, but there may be an increased risk of hospitalisation for hyperglycaemia in people using antipsychotics.

Conclusion Few studies have examined the effect of antidepressant and antipsychotic drugs on complications of diabetes, with mixed findings reported. These drugs may have a protective effect potentially mediated by their therapeutic effects on mental health and adherence to lifestyle advice and other treatment. It is also possible that there is effect modification by sex, with some protective effects observed

in women but not in men. More research on this topic is required.

P69 A COMPREHENSIVE SYSTEMATIC REVIEW AND MULTILEVEL META-ANALYSIS OF THE ETHNIC DENSITY EFFECT IN PSYCHOSIS

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Background An ethnic density effect in psychosis has been observed whereby the risk of psychosis in minority group individuals is inversely related to the neighbourhood-level proportion of others belonging to the same group. However, there is conflicting evidence over whether this effect differs between minority groups and limited investigation into other moderators. We aimed to conduct a comprehensive systematic review and meta-analysis of the ethnic density effect in psychosis and examine moderators.

Methods Four databases were systematically searched. A narrative review was conducted, and a three-level meta-analysis was performed. The potential moderating effect of crudely and specifically defined minority groups was assessed. Country, time, area size, and whether studies used clinical or non-clinical outcomes were also tested as moderators.

Results Thirty-two studies were included in the narrative review and ten in the meta-analysis. A ten percentage-point decrease in own-group density was associated with a 20% increase in psychosis risk [OR=1.20 (CI_{95%}=1.09–1.32), $p<0.001$]. The pooled effect was moderated by crudely defined minority groups [$F_{6,68}=6.86$, $p<0.001$], with the strongest associations observed in Black populations, followed by a White Other sample. Greater heterogeneity was observed when specific minority groups were assessed [$F_{25,49}=7.26$, $p<0.001$].

Conclusion This is the first review to provide meta-analytic evidence that the risk of psychosis posed by lower own-group density areas is not equally distributed across minority groups. The most robust associations were observed in Black individuals. Heterogeneity in effect sizes may reflect distinctive social experiences of specific minority groups. Mechanisms are discussed, along with the implications of findings and suggestions for future research.

P70 SUBSTANCE USE AMONG SEXUAL MINORITIES IN THE USA – LINKS TO SOCIOECONOMIC VULNERABILITY AND UNMET NEED FOR MENTAL HEALTH TREATMENT

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Background Sexual minority groups (SM) have specific substance use patterns that remain widely unknown. We investigated the potential association between substance use among SM adults in the United States (USA) and social inequality, with an additional focus on disparities in unmet need for mental health treatment.