

outcomes around 8 hours after treatment or upon receiving any additional treatment.

**Results:** There were no significant statistical differences in the demographic and clinical characteristics (e.g., age, gender, number of hospitalizations, duration of illnesses, psychiatric diagnosis, comorbidity) of the patients between the two groups ( $p > 0.05$ ).

Before treatment, there were no statistical differences in the severity of clinical symptoms (CGI-S) between the two groups [CGI-S (Mean  $\pm$  SD):  $5.32 \pm 1.09$  vs.  $5.38 \pm 1.4$ ,  $p = 0.8$ ].

However, in the Clothiapine group, a statistically significant clinical improvement (CGI-I) was observed after treatment [CGI-I (Mean  $\pm$  SD):  $2.42 \pm 0.9$  vs.  $1.96 \pm 1.16$ ,  $p = 0.029^*$ ].

There were no significant differences in the need for physical restraint or additional medication following the initial treatment between the two groups ( $p > 0.05$ ).

Furthermore, there were no statistically significant differences in the major side effects of the drugs, the necessity for referral to the general emergency room, or incidents of falls ( $p > 0.05$ ).

**Conclusions:** When dealing with a psychotic state marked by severe agitation or threats to oneself and others, the use of IM Clothiapine as a treatment option may offer certain advantages over IM Lorazepam. Importantly, these advantages come without significant exposure to side effects or potential risks associated with Clothiapine.

**Disclosure of Interest:** None Declared

## Ethics and Psychiatry

### EPP0575

#### Euthanasia - A Novel Intricacy for Psychiatry's Purview?

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**Introduction:** Numerous countries, notably within Europe, have sanctioned the practice of euthanasia. Extant legal frameworks meticulously define the extent, essence, and application of euthanasia, encompassing divergent characterizations, explications of entitlements, procedural modalities, and provisions for access. Nonetheless, the precise function of psychiatrists within these legislative contours remains conspicuously nebulous.

**Objectives:** The present inquiry undertakes a comprehensive evaluative review of the euthanasia phenomenon vis-à-vis the intricate tapestry of European legislative paradigms, with an emphasis on elucidating the multifaceted involvement of psychiatry within this evolving landscape.

**Methods:** A nuanced narrative review is undertaken, encapsulating the contemporary state-of-affairs, fundamental conceptual architectures, the tenets of the Spanish Organic Law 03/2021, and the pharmaceutical armamentarium deployed in the orchestration of euthanasic practices. Additionally, the methodological blueprint

employed within a prominent tertiary healthcare institution situated in Madrid is meticulously expounded.

**Results:** To date, euthanasia has garnered legal imprimatur across diverse jurisdictions including, but not limited to, the Netherlands, Belgium, Colombia, Canada, Spain, and New Zealand. The ambit of assisted death and its application to the domain of mental infirmities is meticulously deconstructed. Within the overarching realm of foundational concepts, a rigorous delineation is rendered between euthanasia, medical succor in the throes of mortality, assisted self-termination, facilitated demise, provision of mortal release, judicious calibration of therapeutic enterprise, and the contours of palliative sedation. Distinction between the principal executor and the advisory consultant is rendered salient. The rubric of conscientious objection emerges as an inviolable entitlement of healthcare practitioners enmeshed in the provisionary matrix.

The enduring incumbency of the psychiatrist as a pivotal appraiser of cognitive and volitional faculties holds firm. The conspicuous influence of psychopathological constellations upon the contours of euthanasia eligibility precipitates cogent deliberation.

**Conclusions:** As the frontiers of euthanasia expand to encompass an augmented array of legal jurisdictions, this study underscores the increasingly intricate role inhabited by psychiatrists in the matrix of evaluative assessments. The proclivity of mental maladies to exert a substantial gravitational pull upon determinations of eligibility for euthanasia accentuates the exigency for refined explication of roles and responsibilities within this evolving sphere, a clarion call resonant not only within the precincts of psychiatry but reverberating across the broader firmament of medical praxis.

**Disclosure of Interest:** None Declared

## Emergency Psychiatry

### EPP0576

#### Mental health assessment during the full-scale invasion within the general Ukrainian population: state, beliefs and behaviors, query to change (cross-sectional study)

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**Introduction:** The Russian invasion in Ukraine has significantly affected the mental health (MH) of the local population while access to mental health support remains limited due to multiple reasons coming from both the provider and acceptor sides. The war obviously negatively impacts MH but has also paradoxically given an "open window" for shifting current practices both in the healthcare system and within society. Investigation of current people's attitudes on this matter should be the primary step to address the issue and initiate any change.

**Objectives:** 5 main objectives identified to analyze within the convenience sample were: MH state and self-care behaviors during