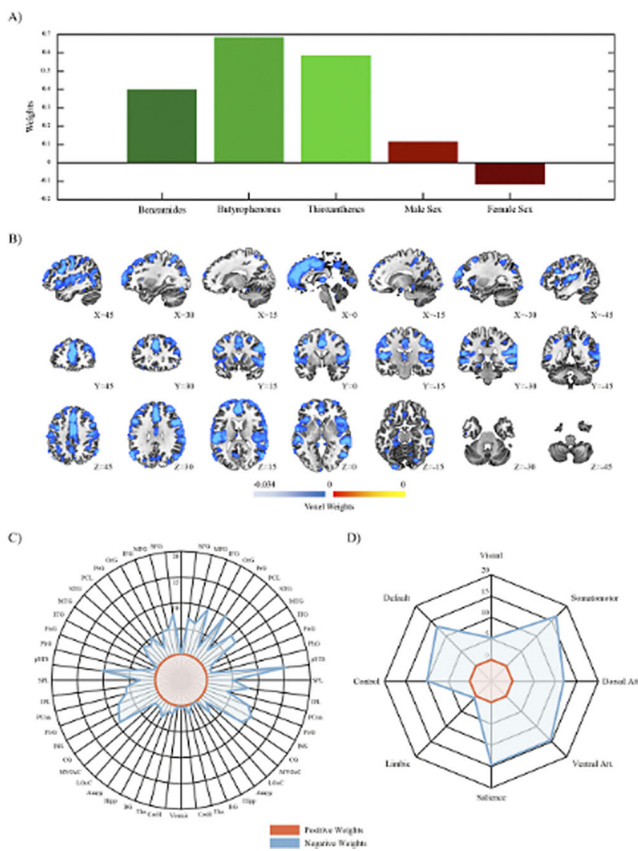


Image:



Conclusions: Psychiatric drug intake over a period of one year was linked to distinct GMV reductions in key cortical hubs. These patterns were already visible in young individuals at early or sub-threshold stages of mental illness and were further linked to childhood neglect and personality traits. Hence, a better and more in-depth understanding of the structural brain implications of medicating young and adolescent individuals might lead to more cautious, sustainable and targeted treatment strategies.

Disclosure of Interest: None Declared

Philosophy and Psychiatry

EPP0423

Humanitarian Love in Values-Based Practice and Health Professionals' Psychosocial Outcomes: Systematic Review

A. L. Batiridou^{1*}, E. Dragioti¹, S. Mantzoukas² and M. Gouva¹

¹Research Laboratory of Psychology of Patients, Families and Health Professionals, Department of Nursing, School of Health Sciences and ²Research Laboratory of Integrated Health, Care and Well-being, Department of Nursing, School of Health Sciences, University of Ioannina, Ioannina, Greece

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.574

Introduction: The literature on Values-Based Practice often neglects the significance of love in therapeutic interactions, sometimes treating it as taboo or crossing professional boundaries.

Objectives: This systematic review investigates the role of humanitarian love in the lives of healthcare professionals and its psychosocial impact, aiming to establish it as a core value in values-based practice.

Methods: We conducted a PRISMA 2020-compliant systematic review, searching databases (CINAHL, PubMed, Scopus) from inception to April 3, 2023, using PEO elements: health professionals (P), love (E), psychosocial impact (O). Two independent reviewers conducted screening, data extraction, and bias assessment. A narrative synthesis of the data was applied. The selection process is presented in Figure 1.

Results: Eight articles met the inclusion criteria, comprising 1,948 participants (median age: 28.55). Humanitarian love encompassed compassionate love, self-compassion, and affection. Humanitarian love showed a negative correlation with burnout, compassion fatigue, self-judgment, and secure attachment, while positively correlating with professional well-being, professional commitment, self-care, patience, diversity acceptance, spirituality, self-kindness, and ethical values. Humanitarian love significantly influenced healthcare professionals' psychosocial well-being. The main outcomes are presented in Figure 2.

Image:

Figure 1. PRISMA flowchart of selection process

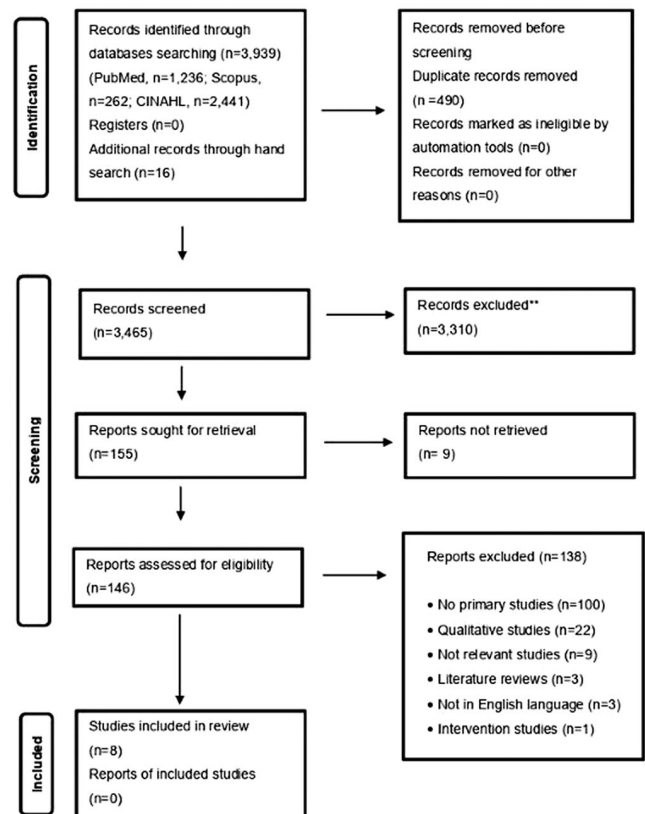
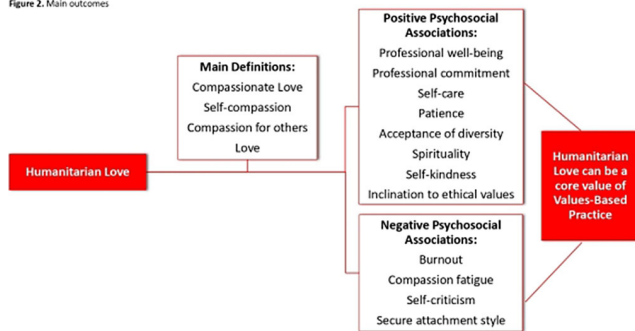


Image 2:

Figure 2. Main outcomes



Conclusions: This review highlights humanitarian love's potential to enhance the psychosocial well-being of healthcare professionals and emphasizes its significance as a core value in values-based practice. Cultivating humanitarian love among healthcare professionals through research and interventions could bolster their resilience, job satisfaction, and overall fulfillment in their roles.

Disclosure of Interest: None Declared

Precision Psychiatry

EPP0424

Treatment adherence across different psychiatric disorders: findings from a large patient cohort

N. Girone^{1*}, B. Benatti^{1,2}, M. Cocchi¹, F. Achilli¹, C. Viganò¹, M. Vismara¹ and B. Dell'Osso^{1,2,3}

¹Department of Mental Health, Sacco University Hospital; ²Center for Neurotechnology and Brain Therapeutic, "Aldo Ravelli" Center, University of Milan, Milan, Italy and ³Department of Psychiatry and Behavioral Sciences, Bipolar Disorders Clinic, Stanford University, California, United States

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.575

Introduction: Medication adherence was defined by the WHO as "the extent to which a person's behavior coincides with the medical advice given" (WHO, 2003). Existing literature indicates that approximately 49% of patients with major psychiatric disorders do not fully adhere to their prescribed psychopharmacological therapy (Colom et al, 2002). Non-adherence can lead to partial therapeutic responses or treatment resistance, increased risk of relapse, re-hospitalization, elevated suicide risk, and overall poorer functioning, thereby compromising the patient-doctor therapeutic relationship (García et al, 2016).

Objectives: The aim of the present study was to assess potential differences in terms of clinical features related to adherence to treatment in a large cohort of psychiatric patients of an Italian psychiatric department.

Methods: The study included 307 psychiatric patients, of any gender or age, diagnosed with unipolar depression (UD), bipolar

depression (BD), anxiety disorders (AD), schizophrenic spectrum disorders (SS) or a primary diagnosis of personality disorders (PD), based on DSM-5 criteria. Patients were consecutively recruited from the Department of Psychiatry at Luigi Sacco University Hospital, in Milan. The patient's adherence to treatment was evaluated using the Clinician Rating Scale (CRS), with a cut-off of ≥ 5 defining adherence subgroups (A+: score ≥ 5 ; A-: score < 5). Comparative and predictive analysis were performed for the whole sample and the two adherence subgroups.

Results: Overall, nearly one-third of the whole sample reported suboptimal medication adherence. Specifically, rates were approximately 35.3% and 32.7% for BD and SS, respectively, followed by 30.8% for PD, 28% for AD and, 20.3% for UD (see Figure 1). Patients with A- showed significantly higher current substance abuse (17.8% vs 4.5%, $p < .001$), along with a higher rate of lifetime substance abuse, although with a trend towards significance (31.5% vs 20.5%; $p = .057$). Moreover, the A- group had a significantly higher number of lifetime hospitalizations (1.35 ± 1.8 vs 0.73 ± 1.11 ; $p < .001$) and higher rate of previous psychotropic treatment dropouts compared to the A+ group (90% vs. 36.2%; $p < .001$, see Figure 2).

Image 2:

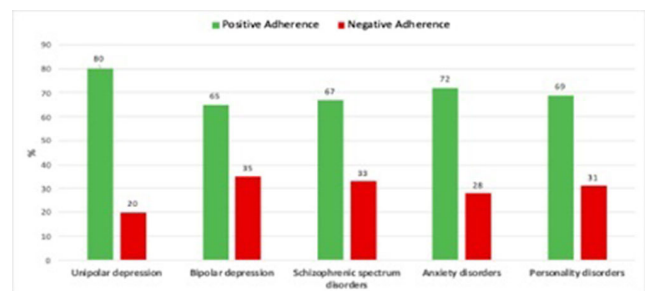


Image 2:



Conclusions: Approximately one-third of the whole sample reported a suboptimal medication adherence, with varying rates across different diagnoses. Current and lifetime substance abuse appears to be an unfavorable transdiagnostic factor. Additionally, severe outcomes such as increased hospitalizations and a more