S0067

Cannabis and cannabinoids for mental health indications: evidence of effect and adverse events

J. G. Bramness on behalf of No Conflicts of Interest

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Abstract: Cannabis and cannabinoids have been marketed and sold for a variety of different psychiatric conditions like e.g., anxiety, sleep problems, ADHD, PTSD, and even psychosis. Some of these indications may be reasonable, but for some a more conservative approach should be upheld. There are quite a few open studies and case reports on effects, while larger blinded RCTs either fail to find these effects or are lacking. The lecture aims at presenting the most recent evidence for the use of cannabis and cannabinoids for psychiatric indications, alongside a presentation of adverse effects.

Disclosure of Interest: None Declared

S0065

Defining and Understanding Treatment Resistance in Obsessive-Compulsive Disorder

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Abstract: Previously considered a rare condition, OCD is now recognized as a common psychiatric disorder, with lifetime prevalence estimates ranging between 2% to 5%. Rates of resistance to first-line OCD treatments have been reported to be as high as 60%. Several clinical, biological and genetic factors have been investigated as treatment response moderators in OCD. These have included age at OCD onset, symptom subtypes, comorbidity patterns, gender and pharmacogenomics. This presentation will explore the definitions of treatment resistance in OCD as well as what is known about the epidemiology and clinical correlates associated with treatment resistance.

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S0066

It works - but how? Influence of a Recovery-oriented concept on coercive measures on acute psychiatric wards

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Abstract: The United Nations Convention on the Rights of Persons with Disabilities as well as the new guidance on community mental health services recently published by the World Health Organization formulate clear goals for the future of psychiatry and psychosocial support. Innovative concepts of psychiatric care that focus on full participation, recovery-orientation and the prevention of coercion play an important role in achieving these goals. Implementing and scientifically evaluating the effects of such models in mental health services needs to be prioritized in national mental health planning and budgeting decisions.

In 2010, a new recovery-oriented treatment concept, the "Weddinger Modell", was developed and implemented at the Psychiatric University Clinic of the Charité in St. Hedwig Hospital (PUK-SHK). After 13 years of working with the Weddinger Model, there are, in addition to good practical experiences, numerous scientific findings that prove its effectiveness with regard to relationship promotion and reduction of coercive measures on various dimensions. These effects have encouraged many clinics, especially in German-speaking countries, to adopt principles of the "best-practice" model.

The "Weddinger Modell" shows that consistent adjustments of clinic structures and a recovery-oriented attitude of staff lead to a comprehensive improvement of treatment (Mahler et al. 2014; Mahler et al. 2019) and thus to a reduction of coercive measures to an absolute minimum (Czernin et al. 2020; Czernin 2021). Additionally, current studies found that coercive measures can be reduced almost exclusively to the first 24 hours of treatment (Cole et al. 2020). Working with the "Weddinger Modell" shows that coercion can be minimized "without evading responsibility for people with severe mental illness and without denying them responsibility for themselves" (Mahler et al. 2014).

In this lecture, the basic components of the "Weddinger Modell", the attitudes behind it, and the scientific data on effects of the model will be presented and discussed.

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S0067

An update on the Pharmacological and Psychotherapeutic Management of Treatment Resistant OCD

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Abstract: Although the rates of response to first-line pharmacological treatments (serotonin reuptake inhibitors – SRIs) are generally twice that of placebo, only 40-60% of patients respond sufficiently or are able to tolerate traditional first-line pharmacotherapy. Augmentation with dopamine antagonist medications is associated with the strongest evidence, yet dopamine antagonists benefit only a minority of those who try them and carry elevated risks of adverse effects. Based on evolving pathophysiologic models of OCD, a variety of agents targeting serotonin, dopamine, norepinephrine, glutamate, and anti-inflammatory pathways have been explored as alternative or adjunctive therapies for treatment-resistant OCD and have at least preliminary evidence of efficacy. Similarly, approximately 50% of patients do not respond optimally to first psychotherapeutic treatments including cognitive

behavioural therapy (CBT) and exposure and response prevention (ERP), even when combined with pharmacotherapy. The psychotherapy outcome literature is heterogeneous and very few psychological strategies have been developed specifically to treat treatment resistant OCD. However, a recent systematic review concluded that CBT improved treatment response in individuals with pharmacotherapy resistance. This presentation will present an update on the pharmacological and psychotherapeutic treatment of refractory OCD including novel strategies such as the use of psychedelics.

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S0068

Irrational polypharmacy and potentially inappropriate medications in patients with dementia: Treatment strategies

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Abstract: Most patients with dementia are treated with irrational polypharmacy, which leads to higher mortality and other negative consequences (higher costs). Nearly 50% of elderly patients take one or more medications that are not medically necessary, which represents another important aspect of medication optimization. Research has established a strong relationship between irrational polypharmacy and its negative clinical consequences, including a negative impact on dementia, especially in patients with excessive polypharmacy (10 or more medications). These patients are underrepresented in the treatment guidelines and randomized controlled trials, although they represent a substantial patient population. The burden of irrational polypharmacy has also been associated with a greater risk of adverse drug events, drug-drug interactions, medication non-adherence and a higher risk of potentially inappropriate medication (PIM) use. Different treatment strategies have been available to reduce irrational polypharmacy in this population. The best intervention for irrational polypharmacy reduction in this population involves an inter-professional approach (collaborative care approach) that often includes special tools, a basic pharmacological approach and collaboration with a clinical pharmacist.

Disclosure of Interest: None Declared

S0069

Coercion rates in different mental health care models: flexible assertive community treatment vs care as usual

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Abstract: Introduction: In 2018, within the Horizon 2020 program, RECOVER-E project activities were initiated in Montenegro. During the years 2019 and 2020 Community mental health team (CMHT) within the Special Psychiatric Hospital Kotor was established. This team became responsible for management of treatment of a group of users with severe mental health illnesses, based on the principles of „Flexible Assertive Community Treatment (FACT – A Dutch model). Objectives: The main objective of this research was to establish whether there were substantial differences regarding the use of seclusions, restraints and forced medication during the hospital readmissions in the group of patients treated by the CMHT, compared to usual mental health care in Montenegro.
Methods: A sample of 202 users of mental health services from Kotor and surrounding municipalities were recruited. Patients were randomized into two similar-sized groups - intervention group, whose treatment was managed by the multidisciplinary CMHT, and control group where treatment as usual was continued (outpatient treatment without field work and hospital readmissions during the psychotic relapses).
To estimate and follow-up the frequency of application of coercive measures in this research, hospital documentation was used.
Results: Patients in the intervention group had statistically significant less coercive intervention (such are mechanical restraining, seclusions, isolations and forced medication) during the study. There were no significant differences in the number of hospital days and readmission rates.
Conclusions: This study showed that CMHT care could reduce some of the coercive measures during the treatment of severe mental illnesses.

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S0070

Prescription of cannabinoids in psychiatry: (how) do we cross that door?

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Abstract: Cannabis policy liberalization has increased the availability of cannabis products for medical and recreational purposes, following a growing public demand. The large number of cannabinoid users reporting self-medication for several mental health-related problems and the limited medical indications for cannabis prescription have led to prescription dilemmas and confronted views between patients and clinicians. This discrepancy in perspectives grows together with a huge terminological confusion regarding medical cannabis, as some subjects use recreational products for medical purposes. In this session we will outline the current controversies of cannabis prescription in psychiatry and discuss how to deal with (il)legitimate patient needs and prescription barriers. Finally, we will discuss research approaches that could shed light on this controversial topic.

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