and tardive dyskinesia than SGAs, whereas SGAs generally cause more weight gain and cardiometabolic adverse effects.

Objectives: Aim of this observational study was to describe the socio-demographic and clinical features of the patients receiving new AP treatment and the features of the pharmacological treatment itself in "real world" context. Furthermore, we aimed to compare socio-demographic and clinical characteristics of the subjects who were prescribed either FGAs or SGAs.

Methods: Data were collected on the latest new AP prescriptions issued across different settings (two psychiatric wards; five outpatients clinics; and one rehabilitation community) belonging to ASST Fatebenefratelli Sacco (located in Milan) in reverse chronological order from May 2023.

Socio-demographic and clinical variables of the subjects who received new AP treatment were collected through medical records. We compared age, age at onset, age at first pharmacological treatment, duration of illness, duration of untreated illness, treatment duration, number of hospitalization and admissions to Day Hospital services, involuntary commitments and suicidal attempts in patients who received either FGAs or SGAs. Chi-square was used for qualitative variables and t-test for quantitative variables. Data were collected anonymously and analyzed using SPSS v.27.

Results: The sample included 155 new AP prescriptions, out of which 29.2% were formulated in the psychiatric wards, 66.9% in the outpatient clinics e 3.9% in the rehabilitative community. Mean age of the subjects was 41.1 ± 16.9 years, 53.2% were male.

The most represented diagnoses were psychotic disorders (32.2%), personality disorders (24.8%), bipolar disorder (16.1%) and depressive disorder (12.8%).

90.7% of new AP prescriptions were SGAs. The most prescribed were aripiprazole (30.5%), quetiapine (21.2%) and olanzapine (15.2%); while the most prescribed FGAs were haloperidol (5.3%), zuclopenthixol (2%) and chlorpromazine (1.3%). 26.2% of the prescriptions were in monotherapy and 83.8% were for oral administration.

The reasons for introduction were partial or absent response to previous treatments (52.3%), disease onset (23.5%), non-compliance (8.3%), adverse effects to previous treatments (6.8%) or other (9.1%). Patients treated with FGA had a longer duration of untreated illness (p<0,001) and a greater number of lifetime hospitalizations (p<0,001) and involuntary commitments (p=0,002).

Conclusions: Patients treated with SGAs have a shorter duration of untreated illness and also lower chance of lifetime hospitalization and involuntary commitment.

Disclosure of Interest: None Declared

Introduction: The Crisis and Home Treatment Teams (CRHT) in psychiatry manages patients with risk to self and others in the community. The number of patents under CRHT who attempt or die of suicide is high in the UK (Hunt et al BJPsych Bull. 2016;40:172-4). The CRHT is an option to help support patients in managing their risk using various interventions and also aim to prevent admission to acute psychiatric wards where possible.

Objectives: We intended to study the change in risk to self and others and the factors associated with it during the intervention from a CRHT taking care of adult patients in the West Midlands region of England.

Methods: The study was conducted as a service evaluation of patients admitted under the CRHT. Data was collected from the case records, for 100 patients for whom details were available. Risk to self and others were checked, along with overall risk as red (highest risk), amber (intermediate risk) and green (low risk). Demographic and clinical information was collected and the data quality was checked.

Results: There were 46 male and 54 female patients in the study, with mean age of 40.4 ± 12.4 and 40.2 ± 12.8 Years respectively (not significant). They were comparable in number of diagnoses (mean 1.2 each) and number of days (22.2 ± 13.1 v 20.2 ± 17.8) in CRHT respectively. There was no significant association of risk with gender (56.3% females and 44.2% of males), being on benefits or type of accommodation the service users live at. Similarly, there was no significant difference of risk of self-harm based on ethnicity; it was noted that 61.2% of patients of British White ethnicity had a risk of self on admission compared to 41.7% Black and ethnic minority patients. On admission, 89% of patients were categorised as red, amber 8% and 1% green; which changed to 18%, 2% and 77% respectively (missing data was not included, so percentages do not add up to 100%). The risk to self was present in 46% on admission and 18% on discharge (p<0.005); and in 14% this risk continued without change. The risk to others on admission was recorded in 12% which was at 1% on the point of discharge (p<0.05). Eight people had both risk to self and others. In 15 patients the risk continued to remain in red category, while in two patients it changed from amber to red.

Conclusions: The risk levels for patients admitted under the CRHT improved. The majority with overall high risk changed to majority presenting as low risk on discharge. The percentage of patients portraying a risk to self and others also decreased from admission to discharge. Although there was considerable decrease in risk, a proportion of patients did not have any change, or even an increase in their risk, which highlights need for additional risk management strategy for these patients in CRHT.

Disclosure of Interest: None Declared

EPV0500

Change in risk status of psychiatric patients admitted to Crisis and Home Treatment Team: an evaluation in the UK

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EPV0501

The Sense of Resilience of health care professionals in Latvia measured by Antonovsky's Sense of Coherence Scale

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Introduction: In this research work the sense of resilience was studied, which is an essential factor in reducing the stress of health care workers, it also helps to maintain the sustainability of the work of medical specialists and prevents the burnout syndrome. Aaron Antonovsky's Sense of Coherence scale was used in this study, which helps to determine how health care professionals are able to preserve their mental and physical health.

Objectives: This study is aimed to determine the differences in components of Antonovsky's Sense of Coherence scale for various health care specialists and to describe the factor structure of Coherence scale for health care specialists in Latvia, that forms the sense of resilience for health care specialists.

Methods: The questionnaire used in the study is Antonovsky's Sense of Coherence scale's (Antonovsky, 1987) Latvian version, that was translated into Latvian and adapted in the research work of A. Veylande, N. Bahmačova (2000). 202 respondents who are representatives of medical professions took part in this study. The obtained data were entered into the MS Excel computer program and were statistically processed using the SPSS 22 computer program.

Results: Looking at the obtained results of this study, it can be stated that Medical Doctors- Specialists have statistically significantly higher Comprehensibility scores than Medical Orderlies (p = 0.01, r = 0.24), while Medical Doctors- Specialists and Medical Doctors-Residents have statistically significantly higher Manageability scores than Medical Orderlies (p= 0.04, r=0.21). Based on the analysis of the results, it has been determined that Doctors-Specialists (p=0.00, r=0.32) and Doctors-Residents (p=0.00, r=0.34) have statistically significantly higher Meaningfulness indicators than Medical Orderlies, as well as Doctors-Specialists (p=0.00, r=0.29) and Doctors-Residents (p=0.00, r=0.31) have statistically significantly higher Meaningfulness scores than Medical Nurses.

Conclusions: Higher scores of the three components of Antonovsky's scale for Medical Doctors-Specialists and Medical Doctors-Residents compared to Medical Orderlies and Medical Nurses could be explained by a lower overall time that Doctors spend in the department with patients. Higher education helps to overcome stress at work and to become aware of possible strategies for improving the joy of life, ways to reduce stress at work and to relax from work.

Disclosure of Interest: None Declared

EPV0502

Descriptive study of patients admitted to a Psychiatric Home Hospitalization Unit in Santa Coloma de Gramenet and Badalona

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Introduction: Hospital at home for psychiatric patients is a new emerging resource of delivering acute mental health care in the community. The main objective of this program is to provide intense care to patients with severe mental disorders at home as an alternative to acute admission.

Although home hospitalisation has begun to develop widely in recent years there is a notable lack of studies
The CAEM Psychiatric Home Hospitalization Unit (HAD-CAEM) has been operating since 2018 and takes place in Santa Coloma de Gramenet; and from March 2022 also in a part of Badalona. Both are sociodemographically depressed areas near Barcelona.

Objectives: The aim of this study is to describe the characteristics of patients attended at the Psychiatric Home Hospitalization Unit of our hospital and to study differences according to area and place of referral.

Methods: Socio-demographic and clinical data were collected retrospectively at admission and discharge of all patients treated at HAD-CAEM between March 2022 to february 2023.
Statistical analysis was performed by using SPSS program.

Results: 85 patients were included in the study. 45.9% were women. The mean age was 45.5 years (SD 15.58 years). The main diagnoses of the sample were psychosis and schizophrenia (38.8%), Bipolar disorder (23.53%), Depressive disorder (21.18%), schizoaffective disorder (8.24%) and others (8,24%).
54 (63.53%) patients were from Santa Coloma area and 35 (41.18%) from Badalona area.
The total mean duration of admission was 40.22 days (SD 26.18 days), with a mean follow-up of 10.09 visits (SD 5.39 visits) and 2.41 teleassistence (SD 2.62).
The mean duration of admission for Santa Coloma patients was 43.98 days (SD 28.59), and for Badalona patients 33.68 days (SD 20.13). Trend without significance is observed (t= 1.77, p=0.08) We found differences in the mean duration of admission according to referral location. Acute psychiatric unit 33.25 days (SD 18.06), Mental health Center 51.93 days (SD 33.45), Emergencies 34.28 days (SD 19.69) (F=5.1, p=0.008).

Conclusions: Sociodemografic and clinical característics obtained in our study are consistent with those reported in previous studies. The duration of admission of patients referred from the mental health center is longer than those referred from the acute psychiatric or emergency unit. Home hospitalization teams have been increasing in recent years, being an alternative to traditional hospitalization.

Disclosure of Interest: None Declared

EPV0504

Sociodemographic and Clinical Determinants of Psychiatric Hospitalization in Northern Greece: A descriptive study

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Introduction: According to data, psychiatric re-admissions rates vary from 10%-80%, while they negatively affect the patients' quality of life and life expectancy. The limitation of multiple psychiatric hospitalizations represents a clinical challenge for all mental health professionals.

Objectives: To investigate risk factors of hospitalization in a sample of psychiatric patients in Northern Greece.