Conclusions: We would like to thank all employees of the IRCCS Policlinico San Matteo Foundation for their extraordinary efforts during the pandemic.

Keywords: COVID-19 pandemic; metal disorder; Emergency department; intossication and substance abuse

EPP0639

Management of acute disturbance: The intravenous route

M. Castro[1], M. Butler[1,2], A. Thompson[3], S. Gee[4] and S. Posporelis[1,2]*

[1]Psychosis Studies, Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom; [2]Psychological Medicine, South London and Maudsley NHS Foundation Trust, London, United Kingdom; [3]Faculty Of Life Sciences And Medicine, King's College London, London, United Kingdom and [4]Psychological Medicine, King's College Hospital, London, United Kingdom
*Corresponding author.
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Introduction: The intravenous (IV) is one of the main parenteral routes for drug administration. Rapid onset of action, precise titration, patient-specific dosing and bypass of liver metabolism are a few of its advantages, while hypersensitivity reactions, adverse effects, infection risk and a higher overall cost some of its most debated downsides. Unlike other areas of Medicine, IV has been significantly under-utilized in Psychiatry.
Objectives: This systematic review analyzed the evidence for effectiveness and safety behind the use of IV medication used for the management of acute disturbance.
Methods: APA PsycINFO, MEDLINE, and EMBASE databases were searched for eligible studies. Studies were included if they used IV medication to treat acute disturbance, in English language, had participants aged >18. The quality of the included studies was assessed using the National Institutes of Health quality checklist.
Results: 17 studies were deemed eligible. Data analysis was limited to narrative synthesis since primary outcome measures varied significantly between each study. Findings showed strong evidence for efficacy and safety of dexmedetomidine, droperidol, midazolam, and olanzapine. These medications displayed a short time to sedation, reduction in agitation levels, or large percentage of patients adequately sedated with a low number of adverse events. Results did not provide enough evidence for the use of IV ketamine, haloperidol, diazepam, lorazepam, and promethazine.
Conclusions: This review supports dexmedetomidine, droperidol, midazolam, and olanzapine as safe and efficacious options for managing acute disturbance via the intravenous route, particularly in special clinical settings where trained staff, optimal monitoring, resuscitation equipment and ventilators are all at hand.

Keywords: intravenous; liaisonpsychiatry; acutedisturbance; agitation

Epidemiology and social psychiatry

EPP0641

Social stigma and mental health

M. ValverDe Barea*, C. Mata Castro, G.M. Ruiz Martinez and M. O. Solis

Unit Mental Health, Complejo Hospitalario Jaén, Jaén, Spain
*Corresponding author.
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Introduction: Stigma has been associated with various groups, based on certain attributes or characteristics, such as; Race or health status is a complex and dynamic process, a universal phenomenon that is part of all social groups and is maintained by its functions related to the establishment of one's own identity and the facilitation of socialization processes. Many societies throughout history have identified people with a mental health problem as part of a minority group considered inferior to the rest. What has made this population an object of social stigma. With the beginning of community psychiatry, and with the need to integrate people with a serious mental disorder into it, it becomes even more valuable to be able to assess the social stigma towards mental illness in the community.
Objectives: The goal is to examine community attitudes towards people with mental illness.
Methods: Cross-sectional study of 228 people through an anonymous online survey. Sociodemographic variables and questionnaires were collected, such as the Community Attitudes Questionnaire towards people with Mental Illness (CAMI).
Results: 65% of respondents are women and 35% men. 74% have university studies. 18% do not agree that mental illness is an illness like any other. 1% believe that not all people can develop a mental illness. 7% of those surveyed are afraid that people with mental illness reside in their neighborhood and 14% believe that they are more dangerous people than the general population.
Conclusions: Given the results obtained, we observe that the stigma towards people with mental illness is still present in society.

Keywords: Stigma; Mental illness; mental health; community psychiatry

EPP0644

Community mental healthcare in lebanon

R. Charara* and J. El-Khoury

Psychiatry, American University of Beirut Medical Center, Beirut, Lebanon
*Corresponding author.
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Introduction: Lebanon is a medium-income country in the Eastern Mediterranean which has seen a surge in interest in mental health following years of stagnation. The mental health needs of the country for severe psychiatric disorders are underserved.
Objectives: The aim of our study is to describe community mental healthcare services in Lebanon and to address local opportunities and challenges.

Methods: A review of the literature using local resources along with expert opinion was undertaken to synthesize the evidence.

Results: Political instability, chronic underfunding and widespread stigma have contributed to maintaining a traditional model of private clinics affiliated with inpatient and long-stay psychiatric units. A number of initiatives have been launched to cater for patients with psychotic disorders and to offer partial hospitalization for others with mood-related conditions. In parallel, the Ministry of Public Health, with international funding, has been instrumental in efforts to standardize care at a national level, particularly for early detection and treatment in primary care. The priorities of the national mental health programme are consistent with the global trend in shifting services to the community. Hurdles remain, in line with those facing countries with similar socio-demographics and resources. These include limited third-party coverage of mental health, absence of training opportunities in multidisciplinary community settings and some clinicians' reluctance to update their ways of working.

Conclusions: Development of a local workforce dedicated to providing a patient-centred approach in the least restrictive settings, is essential for consolidating community care in Lebanon. This would be reinforced by (overdue) legislation and implementation of a mental health law.

Keywords: Eastern Mediterranean; global mental health; community mental health; psychiatric services

EPP0646

Dosage of antipsychotics in China routine practice

T. Zhang[1]*, R. Chi[2], T. Wu[1], Y. Xu[2] and W. Dong[2]

[1]Epidemiology, Janssen Research and Development, Beijing, China and [2]Peking University The Sixth Hospital, Institute Of Mental Health; National Clinical Research Center For Mental Health Disorders & Key Laboratory Of Mental Health, Ministry Of Health, Peking University, Peking University the Sixth Hospital, Beijing, China
*Corresponding author.
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Introduction: The antipsychotic dosage of Chinese schizophrenia patients has rarely been studied, although nonstandard dosage has impact on prognosis.

Objectives: To describe the dosage of antipsychotics in China routine practice.

Methods: This was a retrospective cohort study using de-identified data from a Chinese mental health hospital. The included patients were adults (≥18 years) with at least one diagnosis of schizophrenia (ICD-10: F20) and one prescription of any antipsychotic between 2014 and 2019. Date of first identified antipsychotic prescription was defined as index date, patients were followed up until last prescription of antipsychotics, end of 2019, or discontinuation (>60 days without antipsychotic prescription), whichever was earliest. Dosage was summarized using defined daily dose (DDD), calculated by cumulative average daily dose (CAD) with a unit of DDDs/day, i.e., total DDDs of all antipsychotics in follow-up period divided by total days of follow-up. CAD was categorized into low (<0.5 DDDs/day), moderate (0.5-1.5 DDDs/day), and high (>1.5 DDDs/day) groups.

Results: 13554 patients were included with an average follow-up of 269.9 days. Median CAD was 0.8 DDDs/day (IQR=0.5-1.3), patients with hospitalization during follow-up and used multiple antipsychotics at the same time had larger median CAD, 1.0 DDDs/day and 1.2 DDDs/days, respectively. There were 3245 (23.9%), 7627 (56.3%), and 2682 (19.8%) patients in low, moderate, and high groups, respectively. The median CAD of high dosage group was 2.5 DDDs/day (IQR=1.9-10.5).

Conclusions: CAD of most Chinese schizophrenia patients was low or moderate. Association between CAD and hospitalization and multiple concurrent antipsychotics merit further research.

Keywords: DDD; dosage; antipsychotic; real-world database

EPP0647

Do we really listen?

P. García Vázquez* and R. Gomez Martinez

Psiquiatría, Complejo Asistencial Universitario León, León, Spain
*Corresponding author.
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Introduction: The improvement perceived by the patients is a subjective measure of the psychic state, while the clinical evaluation corresponds to an objective evaluation of the psychopathological improvement performed by a psychiatrist. It is therefore relevant to evaluate whether these parameters evolve in a common way after patients have undergone an intervention in Day Hospital focusing on first psychotic episodes.

Objectives: Study the relationship between subjective improvement and clinical evaluation.

Methods: This is a prospective study, which includes consecutive patients admitted to the Day Hospital during 2018. Their objective clinical improvement was assessed by means of the PANSS and GAF scales at admission and discharge. Subjective clinical improvement was assessed using an anonymous Likert scale with a score between 1 and 7. Sociodemographic data and other satisfaction parameters were also collected. A statistical analysis was performed using Pearson's correlation.

Results: A total of 73 patients were included. The perception of improvement on the part of the patients is very high presenting average values close to the maximum in almost all the evaluated items. The correlation between subjective improvement and PANSS variation presented a Pearson value 0.008; p = .957 and with the GAF variation presented a Pearson correlation of -0.066; p = .578 which indicates that there is no significant correlation between the variables.

Diagnostic groups		
	Frequency	Percentage
Drugs	1	1,4
Psychosis	37	50.7
Affective	21	28.8
Neurosis	10	13.7
Personality	3	4.1
Total	72	

Conclusions: Clinical evaluation and subjective perception of improvement are independent parameters.

Keywords: satisfaction; clinical evaluation; subjective; Day hospital