

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

the full-scale invasion, MH stigma and self-stigma, intention to use professional MH support, beliefs on access to professional MH support, query to change current MH attitudes and practices.

**Methods:** This research was conducted using primary data collection. The online questionnaire consisted of 5 blocks and was designed based on PHQ-9, DASS-21, PCL-5, Brief-COPE and CAMI. 332 civilians underwent the survey in March-April 2023 and were divided by age, gender, location and situation; inclusion criteria were to be >16 y.o. being affected by war and capable of completing the survey in Ukrainian. Relevant ethical measures were applied. Descriptive and correlational analysis was used to analyze the data.

**Results:** The majority of respondents rated their mental health as good. Anxiety was the most prevalent emotion, particularly among younger age groups. Different genders and age groups exhibited varying combinations of emotions, such as fatigue, peace, anger, sadness etc. Many participants felt self-reproach for not doing enough; coping strategies varied among age groups. Females were 8.14 times more likely to seek mental health support, and those inside Ukraine were 0.32 times less inclined. 66.2% never seek any MH services, with older men leading; only 8.7% consult specialists during crises, showing gender differences. Distrust in specialist qualifications is one of the barriers on access in people's beliefs and is more prevalent among older generations. The absence of self-mental health stigma makes individuals 1.91 times more open to accessing support. Location affects openness to change, with Ukraine-based individuals being less open. Lastly, 29.5% consider alternative stress-coping methods, with 40% open to future psychological help.

**Conclusions:** Our findings show differences in populational attitudes towards MH in Ukraine during the war and therefore the importance of any potential intervention to precisely tailor certain subgroups, beliefs behaviors and needs within them to have a higher chance of being accepted and increase MH support utilization in the population overall.

**Disclosure of Interest:** None Declared

## Ethics and Psychiatry

### EPP0578

#### Stigmatizing attitudes of doctors, practicing psychiatry in Slovenia; Eustigma study results

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**Introduction:** The perception that individuals afflicted with mental disorders may exhibit potential harm or unpredictability is common in the general population and, as studies have shown, mental health-related stigma is not confined to the broader public but is progressively emerging as a concern within professional circles as

well, adding additional burden to patients in psychiatric settings who already encounter an array of impediments stemming from societal prejudice.

**Objectives:** In this cross-sectional study, we aimed to investigate the attitudes of adult and child psychiatrists towards people with mental health problems in Slovenia.

**Methods:** The stigmatizing attitudes were measured by an internet-based, anonymous survey using the Opening Minds Stigma Scale for Health Care Providers (total score and three subscales are the following: attitude, disclosure and help-seeking, social distance).

**Results:** Altogether, n=90 practitioners (n=18 males, n=72 females) completed the survey. The bifactor ESEM model showed the best model fit (RMSEA=0.060, CFI=0.970, TLI=0.939); however, exploratory factor analysis results indicated the weakness of items 1 and 11. Those participants who have a possibility to attend case discussion groups are more willing to disclose their own mental health issues or seek help (8 (7-9) vs 9 (8-11.5)); however, they prefer more social distance from their patients (9(7.5-10) vs 7(6-9)). Gender differences were found as well, women seem to keep more social distance (p=0.031). Interestingly, those practitioners who reported spending 75% of their working hours with patients kept less social distance compared to those who engage in other activities (p=0.028).

**Conclusions:** This study is the first to describe the stigmatizing attitude of psychiatric practitioners in Slovenia from their perspective, and it provides directions for anti-stigma interventions.

**Disclosure of Interest:** None Declared

## Epidemiology and Social Psychiatry

### EPP0579

#### Adverse childhood experiences and 8-year trajectories of depressive symptoms in community-dwelling older adults: Results from the English Longitudinal Study of Ageing

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**Introduction:** The negative impact of adverse childhood experiences (ACEs) on mental health has been well documented. While most of the evidence comes from samples of adolescents and young adults, few studies have investigated whether ACEs contribute to poorer mental health among older adults. In particular, depressive symptoms are common in old age, and they display heterogeneous patterns of development across individuals. Therefore, it is important to examine if ACEs are predictive of distinct trajectories of depressive symptoms among older adults.

**Objectives:** Using longitudinal data from the English Longitudinal Study of Ageing (ELSA), we aimed to examine if ACEs could