

students with a rank over than 100 ($p=0.029$). It was negatively correlated with LASSI-TM score ($p<0.001$; $r=-0.706$).

Conclusions: Considering the heavy load of work that the students undergo, it would be prudent to arrange for group trainings and workshops that will cultivate students with strategies and skills for effective time management, so that the tendency to procrastinate will be managed and their academic performance would improve.

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EPP0888

Metaverse and mental health, what about the future?

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Introduction: The metaverse is a digital world created using different technologies like virtual reality (VR), augmented reality (AR), cryptocurrency and the internet.

Interest in the metaverse has grown in recent months in different fields and it could have potential application in the treatment of mental health disorders.

Objectives: To gain a better understanding of metaverse and to explore its possible applications on mental health.

Methods: Review of recent literature about the implications of the metaverse users in mental health.

Results: Metaverse is a virtual universe where people can interact with other users, objects, and environments personifying an avatar. VR, AR and mixed reality (MR) have been used in the treatment and diagnosis of various mental health disorders for last years. Attention deficit hyperactivity disorder, eating disorders, anxiety, phobias and post-traumatic stress disorder have been already benefited from VR. Also, there are results to treat persecutory delusions in psychosis. On the other hand, we know that to spend a significant amount of time playing 3D immersive games and using social media, could lead to insecurity, anxiety, depression and behavioural addiction.

The lack of evidence and these risks could be limitations to implement Metaverse for the therapeutic management of mental health. Many companies have already started to develop virtual mental health clinics with mental health professionals serving patients in real time, some spaces have already offer group therapy sessions. Other immersive spaces have also been created for practising mindfulness, meditation, or yoga.

Conclusions: The new technologies have changed the way that we socialise, work, and interact, even the way that we receive medical treatment. The metaverse could prove useful in the management of the mental health disorders that have already benefited from VR, but at the same time we could potentially lead to the worsening of others.

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Psychopharmacology and Pharmacoeconomics 03

EPP0889

Differences In Antipsychotic Prescriptions In Relationship To Physician Demographics And In-patient Setting At An Inner-city hospital – A Prospective Cohort Study

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Introduction: Antipsychotics are medications with an array of FDA approved indications in the field of psychiatry including Schizophrenia, Bipolar Mania, Bipolar Depression, Maintenance treatment for Bipolar Disorder, Schizoaffective Disorder, as well as an Adjunct treatment in Unipolar Depression and Tic disorders, among other indications for non-adult patients. Antipsychotics are widely used in psychiatric inpatient units throughout the United States, and globally. We observed trends of antipsychotic use in 3 different adult inpatient units with the same patient demographics located within one inner city hospital in the Bronx over a period of 4 months. We correlated the choice of antipsychotic to the prescribing physician's period of training/date of graduation from psychiatry residency and reported the results.

Objectives: Identify the choice of antipsychotics used by different psychiatrists.

Correlate the dates of each psychiatrists residency training to the antipsychotics they chose.

Identify whether the psychiatry residency training occurred in different decades has influenced psychiatrists to pick certain antipsychotics.

Methods: We obtained the dates of psychiatric residency training for each of 3 psychiatrists (Physicians 1, 2 and 3) assigned to one of 3 different inpatient psychiatric units which share the same patient demographics in an inner-city hospital in the Bronx. We obtained a record of total psychiatric inpatient hospitalizations from February 10th 2022 to June 10th 2022 in all 3 psychiatric inpatient units. The principal diagnoses for the total hospitalizations (300 patients) were reviewed and patients with diagnoses that do not have FDA approval for antipsychotic use were excluded. Among the remaining patients (267) we compared antipsychotic prescription trends and grouped patients according to antipsychotic of choice. We then correlated the antipsychotic of choice groups to one of three units/prescribing physician and the years of psychiatry residency training. The trends for antipsychotic of choice were compared to training dates and presented in a table.

Results: Physician 1 who trained from 1980 to 1984 prescribed: 87% HALDOL and 13 % Chlorpromazine. Physician 2 who trained from 1992 to 1996 prescribed: 91 % PALIPERIDONE and 9% Risperidone. Physician 3 who trained from 2003 to 2007 prescribed: 60 % ABILIFY and 40% Olanzapine.

Conclusions: The physician with the earliest graduation date used mainly HALDOL, a first-generation antipsychotic, to treat disorders with FDA approval for antipsychotic use. The physician