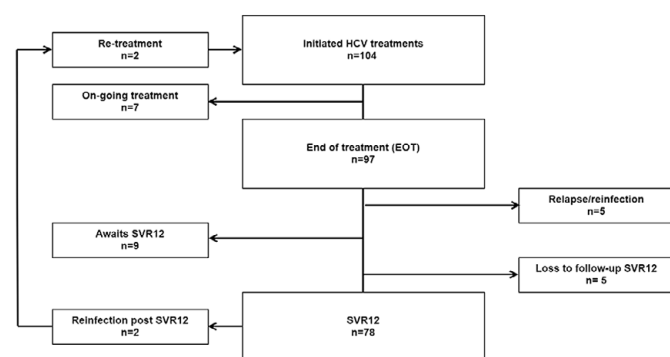


investigated through medical charts. In January 2018, psychiatrist-led HCV treatment (with consultation support from infectious diseases specialists) was introduced at the clinic. Prospective treatment results, numbers of reinfections and incidence rates between January 2018 and April 2021 were further investigated.

**Results:** Baseline data (n=418), showed that 46% were not tested for HCV. Of those tested (n=225), 64% had a chronic HCV infection. By January 2021, 104 HCV treatments were initiated. 97/97 (100%) were HCV RNA negative at end-of-treatment. 78/88 (89%) reached SVR12. Overall, 2 reinfections were noted after SVR12 corresponding to a reinfection rate of 3.5/100 PY. Numbers of HCV treatment did not decrease during the COVID-19 pandemic.



**Conclusions:** To enhance the HCV treatment cascade, targeted HCV diagnosis efforts are needed. Bringing HCV treatment to OAT clinics enhance the HCV care cascade. HCV treatment education for psychiatrists/addiction specialists makes HCV treatment more sustainable, as specifically noted during the COVID-19 pandemic.

**Disclosure:** This study was partly funded by Gilead Nordic Fellowship 2020. The funders had no role in study design, data collection and analysis, decision to publish or preparation of the poster/manuscript.

**Keywords:** Cascade of care; Opioid agonist treatment; People who inject drugs; Hepatitis C

## EPP0154

### Trichotillomania in adulthood, a case report.

L. Navarro<sup>1\*</sup>, T. Fernández<sup>2</sup>, L. Tardon<sup>2</sup>, O. Marco<sup>2</sup>, N. Arbelo<sup>2</sup>, N. Baldaqui<sup>3</sup> and M. Caveró<sup>4</sup>

<sup>1</sup>HOSPITAL CLÍNICA DE BARCELONA, Psychiatry, BARCELONA, Spain; <sup>2</sup>Hospital Clínic Barcelona, Psychiatry, Barcelona, Spain;

<sup>3</sup>Hospital Clínic de Barcelona, Consultation Liaison Psychiatry, Barcelona, Spain and <sup>4</sup>Hospital Clínic, department Of Psychiatry And Psychology, Barcelona, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.469

**Introduction:** Trichotillomania is a disorder (estimated prevalence 0.5-2.0%) with common onset in childhood, rarely seen in adulthood, characterized by the repetitive pulling out of one's own hair leading to hair loss and functional impairment, associated with

other comorbidities: major depression (39-65%), anxiety disorder (23-32%), SUDs (15-19%), OCD (13-27%).

**Objectives:** To present a case of late-onset trichotillomania in a 60-year-old woman.

**Methods:** The present study is a case report of a patient visited in outpatient psychiatry for trichotillomania. We also searched previously case reports, series and systematic reviews of clinical trichotillomania using a pubmed query.

**Results:** This is a 60-year-old morbidly obese woman diagnosed with dysthymia, binge eating disorder and histrionic personality disorder. She explained a worsening of anxiety associated with work problems of one year of evolution and, for six months, the beginning of the plucking of eyebrow hairs and scabs to decrease this symptom, with inability to avoid the behaviour and without eating the hairs. The mental evaluation highlighted psychic anxiety, hypothyria, low self-esteem and feelings of failure and did not suggest a delirium. We started treatment with topiramate up to 150mg/day which was not successful. After that we switched to fluoxetine up to 60mg/day associated to psychotherapy observing a slight gradual improvement.

**Conclusions:** The clinical presentation suggested the diagnosis of trichotillomania in the context of dysthymia. No particular medication demonstrates efficacy in the treatment of trichotillomania. Preliminary evidence suggests treatment effects of clomipramine, NAC and olanzapine based on individual trials with small sample sizes. Research findings also recommend psychotherapy based on habit reversal.

**Disclosure:** No significant relationships.

**Keywords:** Trichotillomania

## EPP0155

### Role of nurses in the initiation and the monitoring of Lithium

M. Moalla\*, A. Larnaout, D. Skhiri, R. Lansari, N. Staali and W. Melki

Razi Hospital, Psychiatry D, Manouba, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.470

**Introduction:** Lithium is the oldest known treatment of bipolar disorders and remains the gold standard. Nevertheless, it remains difficult to handle, largely due to its narrow therapeutic index and its long-term side effects. Thus, it requires special initiation and monitoring measures.

**Objectives:** This study aims to assess nurses' knowledge and attitudes regarding lithium. A protocol on Lithium initiation and monitoring will be established.

**Methods:** This is a descriptive study including 20 nurses in a psychiatry department conducted from January to May 2021 based on an self-assessment questionnaire that was established to assess nurses' knowledge about Lithium, its side effects, initiation and monitoring.

**Results:** None of the recruited nurses had any training regarding the use of lithium. The vast majority of subject (85%) said that lithium's dosage must be individualized and adaptable to each patient throughout a specific blood test. 90% recognized renal failure as the most common contraindication of lithium. Complete Blood Count (CBC), and renal check-up were the only tests

recognized as necessary by all the sample subjects. 90% answered that lithium is toxic and 65% answered that it is fatal. In case of toxicity by lithium all subjects (100%) agreed to call the responsible doctor of the patient, 25% of them chose it as a unique measure and 75% thought it was necessary to stop the lithium immediately as well.

**Conclusions:** Lithium is considered as a double-edged sword largely due to its narrow therapeutic index. Nevertheless, nurses are undertrained when it comes to its use and manipulation.

**Disclosure:** No significant relationships.

**Keywords:** monitoring; Nurses; initiation; Lithium

## EPP0156

### Success rates of smoking cessation therapies to patients with mental illness by video consultants or by treatment in the community: A Randomized Controlled Trial

M.K. Sorensen<sup>1\*</sup>, M. Rasmussen<sup>2</sup>, P. Hjorth<sup>2</sup> and R. Christiansen<sup>1</sup>

<sup>1</sup>Psykatrien i region syddanmark, Lokalspsykiatrien Vejle, Vejle, Denmark and <sup>2</sup>Region of Southern Denmark, Department Of Psychiatry Vejle, Vejle, Denmark

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.471

**Introduction:** Smoking is probably the one single factor with the highest impact on reducing the life expectancies of patients with mental illness. In Denmark, 38.8% of patients with persistent mental health problem are smoking. Patients may have problem in participating in ordinary smoking cessation programs offered in the community, but they are concerned about the impact of tobacco use on their health and finances and are motivated to stop smoking. Videoconferencing addressing smoking cessation might be an alternative to ordinary consultation at the clinic because the patients can access the treatment at home.

**Objectives:** Compare rates of smoking cessation in two interventions.

**Methods:** Patients diagnosed with schizophrenia, bipolar disorders or depression in 3 outpatient clinics are eligible for inclusion. Primary outcome is changes in number of cigarettes smoked pr. patients per day in at 6-month follow-up. Secondary outcome is abstinence from smoking at 6-month follow-up. This is a two-arm randomized controlled trial. 1. Daily video consultants at the start of smoking cessation and the months after. 2. Treatment as usual consistent of smoking cessation treatment in the community by weekly consultants.

**Results:** By September 2021, we have included 64 patients. Among patients, receiving video 26% has stopped and 15% has stopped from treatment as usual. Many patients has reduced their smoking considerably. The patients in general express that they are satisfied with both interventions.

**Conclusions:** Smoking cessation delivered by daily short video consultants seems to be the best and most effective way to help patients with serious mental illness to stop smoking.

**Disclosure:** No significant relationships.

**Keywords:** schizofrenia; affektiv disorder; Randomized Controlled Trial; smoking cessation

## EPP0157

### Further Validation of the Short Form of the Self-Compassion Scale in a sample of Portuguese Medicine Students

F. Carvalho<sup>1\*</sup>, A. Macedo<sup>1,2,3</sup>, A. Manão<sup>1</sup>, C. Cabacos<sup>1,2</sup>, J. Azevedo<sup>1</sup>, C. Marques<sup>3</sup>, M. Marques<sup>1,2</sup>, M. Carneiro<sup>1,2</sup>, D. Telles Correia<sup>4</sup>, F. Novais<sup>4</sup>, C. Carvalho<sup>5</sup>, A. Araújo<sup>1,2,3</sup> and A. T. Pereira<sup>1,3</sup>

<sup>1</sup>Faculty of Medicine of University of Coimbra, Institute Of Psychological Medicine, Coimbra, Portugal; <sup>2</sup>Centro Hospitalar e Universitário de Coimbra, Department Of Psychiatry, Coimbra, Portugal; <sup>3</sup>Coimbra Institute for Biomedical Imaging and Translational Research, -, Coimbra, Portugal; <sup>4</sup>Lisbon University, Faculty Of Medicine, Lisbon, Portugal and <sup>5</sup>University of Azores, Department Of Psychology, Ponta Delgada, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.472

**Introduction:** The Short Form of the Self-Compassion Scale (SCS-SF; Raes et al. 2011) is composed of 12 items that evaluate the same six dimensions (Self-Kindness/SK, Self-Judgement/SJ, Common Humanity/CH, Isolation, Mindfulness/M, Over-Identification/OI) as the long scale (26 items). The Portuguese version of the SCS-SF (Castilho et al. 2015) was validated in a vast sample from clinical and general populations, the latter being composed of students, other than from medicine courses.

**Objectives:** To analyze the psychometric properties of the Portuguese version of the SCS-SF in a sample of Medicine/Dentistry students.

**Methods:** Participants were 666 Portuguese medicine (82.6%) and dentistry (17.4%) students (81.8% girls); they answered an online survey including the SCS and other validated questionnaires from the OECD Study on Social and Emotional Skills/SES: Stress resistance, Emotional control, Optimism and Persistence.

**Results:** Confirmatory Factor Analysis showed that the model composed of six factors, two second order factors (positive and negative) and one third order factor (total) presented good fit indexes ( $\chi^2/df=3.013$ ; RMSEA=.0066,  $p<.001$ ; CFI=.970; TLI=.948, GFI=.947). The Cronbach's alfas were .892, .869 and .877 respectively for the total, self-compassion and self-criticism dimension. Pearson correlations of the SCS-SF total score, self-compassion and self-criticism dimensional scores were moderate to high with the SES measures, from .272/- .236/.247 with Persistence to .709/- .634/.615 with Optimism.

**Conclusions:** Although reduced to less than half than the original SCS, the SCS-SF is a valid and useful alternative to measure general self-compassion and their positive and negative components in an ongoing longitudinal research with medicine/dentistry students.

**Disclosure:** No significant relationships.

**Keywords:** validation; medicine students; self-compassion; SCS-SF

## EPP0158

### 'MALADAPTIVE DAYDREAMING': An introduction to a new condition

C. Thorburn

Peterborough City Hospital, The Cavell Centre, Peterborough, United Kingdom

doi: 10.1192/j.eurpsy.2022.473