

Results: The mean age of the patients was 31.41 years (\pm 5.15). The average gravidity was 2.47 (\pm 1.43). More than half of the patients had no living children ($n=41$). The majority of patients had no notable pathological history. Six patients had been followed in psychiatry, and five had a history of subfertility. The majority of patients ($n=61$) reported having good marital relationships.

Among the participants, 20% ($n=14$) had a high Perinatal Grief Scale (PGS) score (PGS \geq 91) at five weeks post-loss and were subsequently referred for psychiatric consultation.

At one year, all participants had a PGS score $>$ 91, demonstrating the effectiveness of psychiatric management. Multivariate analysis identified four independent factors associated with a high PGS score at five weeks: absence of living children (OR=0.59; 95% CI [0.36-0.98]; $p=0.04$), quality of marital relationship (OR=1.2; 95% CI [1.1-3.9]; $p=0.02$), family support (OR=2.52; 95% CI [1.55-4.12]; $p<0.001$), and quality of loss disclosure (OR=2.52; 95% CI [1.32-3.77]; $p=0.003$).

Conclusions: To identify patients at high risk of developing complicated grief and improve the quality of psychological care, it is necessary to implement appropriate protocols, provide training to healthcare personnel, and establish well-equipped healthcare facilities.

Disclosure of Interest: None Declared

EPP0314

Covid-19 pandemics effects on postpartum depression in the Hungarian Baby-Mother-Father Unit

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Introduction: Our Baby-Mother-Father Unit program in Saint John's Central Hospital (Budapest) offers mothers and fathers a unique opportunity to get better, receive psychiatric care (hospitalization or outpatient) without being separated from their babies. The Covid-19 pandemic had a strong impact on the whole population, including the parents of babies. During everyday operation the whole team experienced the increased need for health care, but we were not aware of the exact number of this change.

Postpartum psychiatric conditions have two main categories that stand out: postpartum psychosis and postpartum depression. As there are better quantifiable tools for measuring depression and strong scientific evidence supporting that the pandemic having increased mood disorders' intensity and numbers (Chen et al., 2022; Harrison et al., 2023), postpartum depression was chosen as the locus of investigation. Due to the respectively high numbers of parents with babies showing up at our Unit, we wished to get a clearer picture on pandemics effects on these people.

Objectives: Getting a more clear picture of pandemics effects on our Baby-Mother-Father Unit care. Defining numbers of patients, interactions and comparing test results of depression scales before and after the pandemic.

Methods: A retrospective study of years 2019 and 2022 was performed. The total number of patients (2019: 173, 2022: 278) and the total number of documented patient-doctor/psychologist interactions (2019: 963, 2022: 1919) were measured. Depression scales' (BDI, EPDS, PHQ-9), hopelessness scales (HS) results were compared. Due to our samples not showing normal distribution, a deeper analysis of test result categories was carried out by using Mann-Whitney test.

Results: The results showed that depression (BDI: $W=3165,5$, $p=0,17$; EPDS: $W=1693$, $p=0,42$; PHQ-9: $W=2502$, $p=0,39$) and hopelessness (RS: $W=976,5$, $p=0,52$) average points seem quite constant regardless of the pandemic and showed no significant differences. More detailed data analysis of result categories revealed pattern-like differences, which might tell us more about the subjective experiences of the individuals. The number of patients and patient-doctor/psychologists interactions increased dramatically. Furthermore the number of individual therapeutic sessions rose greatly (2019: 359; 2022: 1182), along with parents receiving therapeutic care (2019: 40, 2022: 95).

Conclusions: From our findings, assumptions can be made that besides the obvious rise of numbers of patients and interactions, during the pandemic postpartum depression's and hopelessness' structure changed.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPP0315

Clozapine to treat aggression and agitation in advanced dementia

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Introduction: Agitation and aggression are a serious problem in clinical psychiatry, especially in multimorbid patients of advanced age, including those with dementia.

Objectives: We wanted to investigate to what extent clozapine could be an option in the treatment of selected refractory patients.

Methods: A retrospective study included patients with a diagnosis of dementia who were treated with clozapine in a specialist geriatric psychiatry unit between August 2018 and February 2022, and medical records were systematically reviewed. The Clinical Global Impressions Scale was used for the assessment of improvement and the Pittsburgh Agitation Scale for the assessment of symptom reduction. In addition, there was detailed documentation of side effects and clinical features.

Results: A total of 31 patients with a median age of 82 years were identified.

Conclusions: In conclusion, clozapine was effective and well tolerated in 23 patients. This suggests that low-dose clozapine may help alleviate the suffering of difficult-to-treat multimorbid patients with

advanced dementia and their carers. However, adverse effects, particularly in patients with cardiovascular and pulmonary impairment, should be carefully monitored.

Disclosure of Interest: None Declared

EPP0316

Older Adults in Psychedelic-Assisted Therapy Trials: A Systematic Review

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Introduction: Growing clinical interest in psychedelic-assisted therapies has led to a second wave of research involving psilocybin, LSD, MDMA and other substances. Data suggests that these compounds have the potential to treat mental health conditions that are especially prevalent in older adults such as depression, anxiety, existential distress and post-traumatic stress disorder.

Objectives: The goal of this study was to quantify the prevalence of older adults enrolled in psychedelic clinical trials and explore safety data in this population.

Methods: A systematic review was conducted following the 2020 PRISMA guidelines. Search criteria included all trials published in English using psychedelic substances to treat psychiatric conditions, including addiction as well as existential distress related to serious illness. Articles were identified from literature searches on PubMed, EBSCO and EMBASE.

Results: 4,376 manuscripts were identified, of which 505 qualified for further review, with 36 eventually meeting eligibility criteria. Of the 1,400 patients enrolled in the 36 studies, only 19 were identified as 65 or older, representing less than 1.4% of all trial participants. For 10 of these 19 older adults, detailed safety data was obtained. No serious adverse events (AEs) occurred in any older adults and only transient mild-to-moderate AEs related to anxiety, gastrointestinal upset, and hypertension were reported during the psychedelic dosing sessions.

Conclusions: While existing data in older adults is limited, it suggests that psychedelic-assisted psychotherapy is safe and well tolerated in older adults. Therefore, psychedelic-assisted psychotherapy should be more rigorously investigated for the treatment of psychiatric conditions in this population.

Disclosure of Interest: None Declared

EPP0317

Psychotropic Medication Prescriptions and Polypharmacy in Geriatric Patients Followed up in a Home-based Health Care Setting

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Introduction: By 2050, one out of every six people in the world will be 65 years or older. Chronic diseases and associated multiple drug use are common in elderly. The use of five or more drugs is called polypharmacy and it's reported between 40-90% in the elderly. The Beers Criteria is the American Geriatrics Association's guide to current recommendations regarding the safety of pharmacotherapy in older age. Being a part of community-based health services in Türkiye since 2005, "Home-based Health Care Services" is a program in which patients, who are mostly elderly and have difficulty in accessing health institutions, access medical services at their homes.

Objectives: In our study, it was aimed to examine the chronic disease diagnoses and prescriptions of patients aged 65 and over, registered in a home-based health care unit, in terms of psychotropic drugs and polypharmacy, and to evaluate the compliance of their psychiatric prescriptions with the Beers Criteria.

Methods: Sociodemographic, psychiatric diagnosis and treatment prescription and home-based health service-specific data were collected from the electronic files of home-based health care unit patients. Chronic diseases were scored according to the Modified Charlson Comorbidity Index (mCCI). The last 6-month prescriptions obtained from the electronic patient files were scanned and included in the analysis. In statistical analysis using SPSS Version 25, a p-value of significance <.05 was determined.

Results: As of February 2023, 229(83.2%) of 275 patients aged 65 and over constituted the research sample. The mean age of the sample, half of whom were considered as oldest-old(85 years and older), was 83±7.97(median=86,IQR=10.75), 69.9%(n=160) were women and 97.8%(n=224) were diagnosed with at least one chronic disease. The mean mCCI scores were 5.30±1.11(median=5.50, IQR=1.0). Polypharmacy was detected in 78.6% of the sample(n=180), among half(n=114) of whom at least one psychotropic was prescribed, drugs not recommended to be prescribed according to the Beers Criteria in elderly patients were 46%(n=52). Prescription rates were as follows: anti-dementia- 21.5%(n=49), antidepressants- 31.1%(n=71), antipsychotics- 21.5%(n=49) and benzodiazepines- 5.3%. Most frequently prescribed antidepressant was escitalopram 49.2%, while most frequently prescribed antipsychotic was quetiapine 29.4%. The frequency of quetiapine prescription increased significantly in patients with dementia ($X^2(1)=29.54, p<.001$) and insomnia ($X^2(1)=13.11, p<.001$).

Conclusions: The frequency of polypharmacy was found to be closer to the higher values reported previously. Almost half of the sample had a prescription for psychotropic drugs, and one out of two of these prescriptions did not meet the Beers Criteria. Considering the aging population, it will be of great importance for clinicians to carefully evaluate psychotropic prescriptions and polypharmacy.

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