

Introduction: The driver's job is a safety job requiring a meticulous neuropsychological assessment, which can affect the decision on fitness to drive. Professional driving benefits from codified regulations concerning neuropsychological disorders.

Objectives: To describe the socio-professional characteristics of drivers with psychiatric illnesses

To specify the impact of these pathologies on decisions on fitness for work

Methods: Retrospective descriptive study of drivers with psychiatric disorders who consulted the occupational pathology and fitness for work department of the Charles Nicolle Hospital for fitness for work assessment during the period from January 2016 to January 2023.

Results: Out of 98 drivers who consulted our department for an aptitude assessment, nine (n=9) patients had a psychiatric disorder. The average age was 45±7 years. They were all men. They were bus (n=7), light car (n=1), and lorry (n=1) drivers. They belonged to the transport (n=7) and service (n=2) sectors. Length of service ranged from one year to 35 years. The pathologies presented by the patients were: anxiety-depressive disorder (n=7), bipolar disorder (n=1) and drug-addiction (n=1). They were being treated with antidepressants (n=7), anxiolytics (n=3), and thymoregulators (n=1). The medico-legal decision was to avoid professional driving (n=7) and to avoid professional driving at night (n=2).

Conclusions: psychiatric illnesses can compromise fitness to work. The role of the occupational physician in the primary and secondary prevention of people at risk is important.

Disclosure of Interest: None Declared

EPV0508

Characteristics of online shopping behaviour among Tunisians consumers

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Introduction: During the COVID-19 pandemic confinement, the number of people shopping online has increased all over the world. To date, little is known about the online shopping behaviours of Tunisians consumers.

Objectives: Evaluate the characteristics of internet shopping among Tunisian consumers.

Methods: A cross-sectional, descriptive and analytical study was conducted among subjects who had already made at least one online purchase. Data was collected using a self-questionnaire published by GOOGLE FORMS. We used a survey form collecting socio-demographic data, personal history and characteristics of online shopping behaviour.

Results: A total of 137 participants aged 34.62 ± 9.82 years took part in this study.

All participants had made at least one online purchase, with 43.8% (N=60) purchasing "More than once a year". The products purchased were most often textiles and shoes (50.4%; N=69). The main reasons consumers gave for buying online were special offers (37.2%, N=51), reduced prices (25.5%, N=35) and free delivery

(14.6%, N=20). Almost half of the participants (N=63; 46%) said that they had visited physical shops less since they started shopping online. Regarding the average online shopping budget, 44.5% of consumers (N=61) spent less than 50 dinars/month and 18.2% (N=16) did not use all the products they bought online. Almost half of participants (N=68, 49.6%) feared that their credit card information would be at risk. The majority of respondents (88.9%) thought they might receive a faulty product following online shopping.

Conclusions: Our study has enabled us to identify certain factors that may act as a blocker for online purchasing. So that, establishing strategic actions for the continuous improvement of online shopping services with the reduction of subjectivity in customer perception will be helpful.

Disclosure of Interest: None Declared

EPV0510

Use of long-acting treatments in adult social care. Experience of an Acute Inpatient Mental Health Unit

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Introduction: In recent years, the number of social exclusion patients who go to the emergency room for psychiatric evaluation, has increased significantly. This fact may be due to the circumstances associated with migration: economic problems, house searching, moving away from the family origin,... These situations can cause stress before, during and after adaptation, which is a risk factor for presenting psychotic symptoms.

Objectives: The objective of this study is present another alternative treatment for adults with social exclusion with psychotic symptoms or Psychotic Disorder. Presenting through a case of Acute Inpatient Mental Health Unit.

Methods: A 25 year old men was referred to the emergency department due to an episode of agitation. As relevant psychiatric history, a previous admission to psychiatry's hospitalization with a diagnosis of Schizophrenia. Upon discharge, the patient has not been followed up in Mental Health, although he has gone to the emergency room on several occasions where it is reflected that no psychotic decompensation has been observed. He emigrated to Spain two years ago, since then he has been homeless, working intermittently in agriculture.

At our assessment, after having ruled out consumption of toxic substances, the patient presented a neglected and cachetic appearance. He says that he is worried because some people can not see him and others can.

We admit the patient for study and treatment. Involuntary admission.

Results: During the hospitalization, a joint approach was carried out with Social Work and it was decided to start depot treatment in order to promote therapeutic adherence. In this case, it was decided to apply paliperidone depot every sin month. For this, an induction regimen was followed: first, monthly paliperidone 100mg depot was administered, 4 days later, monthly paliperidone 150mg depot and 4 days later, the biannual injection.

Other depot treatment alternatives would have been aripipazole or risperidone. However, the duration of the depot treatment is shorter than in the case of paliperidone, since today the presentation formulas are monthly and quarterly, respectively.

Conclusions: Long-acting antipsychotics are an effective alternative for the treatment of patients with Schizophrenia, especially for those in whom we can not ensure good therapeutic adherence. In addition, the induction regimen allows treatment to be administered more quickly than that carried out in Mental Health outpatient programs, thus reducing the average hospital stay.

In recent years, great advances have been made in the treatment of psychotic symptoms thanks to depot drugs, which allows for numerous effective alternatives for the treatment of these patients. The figure of the Social Worker for the evaluation of the patient and subsequent follow-up is essential in this case.

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Ethics and Psychiatry

EPV0513

Euthanasia and assisted suicide in people with mental disorders: a case report

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Introduction: Until 2020, only Belgium, Luxembourg, Switzerland, and the Netherlands legalized euthanasia and assisted suicide in Europe. Spain joined this list in March 2021 with the Euthanasia Regulation Law. However, the practice of euthanasia and assisted suicide in individuals with severe mental disorders is complex due to potential cognitive and decision-making challenges. Psychiatrists play a vital role in evaluating such requests.

Objectives: The case of a patient with recurrent depressive disorder requesting euthanasia is presented, followed by a theoretical review of the subject.

Methods: A case is presented with a bibliographic review.

Results: An 89-year-old man with a history of one prior brief psychiatric hospitalization for depression three years ago was admitted after attempting suicide with an overdose of medication. He reports depressive symptoms of several years of evolution. Medical tests came back normal, but he had a urinary catheter due to voiding issues. He was initially on a medication regimen of amitriptyline, clomethiazole, and fluvoxamine. Despite his depressive state, he maintained his cognitive and decision-making abilities. Medication adjustments were made, including discontinuing amitriptyline and switching fluvoxamine to amitriptyline. His depressive symptoms worsened after three days, leading to the addition of trazodone to his treatment. He also developed urinary symptoms and was diagnosed with a urinary tract infection and metastatic prostate cancer during urological evaluation. Emotionally, he became more apathetic,

anergic, and anhedonic, frequently expressing a desire for euthanasia, even with medication changes. Hyponatremia led to the discontinuation of duloxetine and the introduction of venlafaxine. To address anxiety and sleep problems, clomethiazole was replaced with mirtazapine. Upon learning of his cancer diagnosis, his mood deteriorated further, along with increased anxiety and continued mentions of euthanasia. Lorazepam was introduced, and he was informed of his right to request euthanasia after discussing therapeutic options with urology. Following this consultation, the patient became calmer, stopped expressing thoughts of death, and began making short-term plans, including the possibility of receiving palliative care at home upon discharge.

Conclusions: Euthanasia and assisted suicide in severe mental disorders are complex due to ethical and medical challenges. Patients must understand their condition, prognosis, and have decision-making capacity. Assessing their suffering is crucial. Coexisting mental and organic issues complicate the request's origin. In SMD, determining irreversibility is tricky, as these are often chronic, non-terminal conditions. Exhausting treatment options is essential before considering euthanasia, despite patient treatment refusal. Limited research underscores the need for more studies.

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EPV0514

An ethical dilemma: the role of the psychiatrist in physician assisted suicide and/or euthanasia

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Introduction: Questions regarding death have generated debates and art since the dawn of civilization. These themes permeate through various areas of study, including religion, philosophy, ethics, medicine and humanities. Various countries have been revising their laws regarding the end of life, especially on the right to aid and choice in the end in the context of medical and psychological suffering. Physician-Assisted Suicide (PAS) and euthanasia are methods by which people, mostly terminal patients, seek to end their lives with the help of medical professionals. PAS and euthanasia have been the target of heated debates in politics and in medicine, with the question of ethics centering most of these.

Objectives: The authors aim to explore PAS and euthanasia in the context of the ethical debate. Based on the pillars of ethics, based on the principal of do no harm and beneficence, the authors explore the role of the Psychiatrist, if any, in these end of life issues.

Methods: The authors performed a brief narrative review of the available literature, with recourse to various databases such as PubMed and Scopus. The search terms utilized in isolation or combination included: *physician assisted suicide, euthanasia, psychiatry, mental illness* and *ethical issues*. Taking into consideration the widespread discussion of these themes in the public forum, news articles were included based on their merit and relevance to the explored topic.