

## EPP0468

### Mental Health Services Utilization among Suicidal Patients: Comparing the Impact of Co-Occurring Opioid or Other Substance Use Disorders

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doi: 10.1192/j.eurpsy.2023.775

**Introduction:** Prior literature establishes bidirectional associations between suicide and substance use disorders (SUDs), particularly opioid use disorder (OUD). However, the context of mental health services utilization remains under-investigated. This analysis examined patterns of mental health services utilization in patients with SUDs and suicidality, identified associated risk factors, and evaluated the impact of patient engagement on subsequent mental health outcomes

**Objectives:** See above.

**Methods:** Electronic health records (EHRs) derived from 7 health systems across New York City between 2010-2019 were analyzed. Suicidality was identified as any ICD-9/10 diagnosis of suicide attempt, suicidal ideation, or self-harm injury. SUDs were identified as any opioid, cannabis, cocaine, hallucinogen, inhalant, sedative/hypnotic/anxiolytic, amphetamine, or other substance abuse or dependence. Quasi-Poisson regression adjusted for age, gender, and chronic diseases was used to model associations between OUD exposure and the frequency of encounters and estimate the relative risk (RR) of significant covariates.

**Results:** A total of 6977 adults with suicidality and any comorbid SUD were selected, including 2203 (31.6%) with a diagnosis of OUD and 4774 (68.4%) without a diagnosis of OUD. Most patients were male (54.8%) and aged between 25-64 years (79.3%). Many (61.3%) had over 3 chronic diseases, including depression (80.8%), hypertension (60.6%), anemia (43.0%), and hyperlipidemia (41.9%). Compared to patients with other SUDs, those with OUD had higher odds of self-harm injury [OR: 1.26 (95% CI: 1.13-1.41)], depressive disorders [1.47 (1.29-1.67)], anxiety disorders [1.65 (1.48-1.84)], psychotic disorders [1.23 (1.11-1.37)], personality disorders [1.30 (1.16-1.48)], and post-traumatic stress disorder [1.37 (1.20-1.57)]. Patients with OUD were more likely to utilize all-cause outpatient (RR: 1.16), emergency department (ED) (RR: 1.43), and inpatient (RR: 1.60) services ( $p < 0.001$ ). Among OUD patients, males were less likely to have outpatient visits (RR: 0.79) and inpatient hospitalizations (RR: 0.88), and older age was protective against ED admissions (RR range: 0.62-0.71). Additionally, individuals with OUD were more likely than those with other SUDs to have SUD-related encounters, as well as suicide-related ED admissions and inpatient hospitalizations ( $p < 0.0001$ ). Those who had more mental health outpatient visits were less likely to have suicide-related ED admissions (RR: 0.85), however this association was weaker among younger or male patients with comorbid OUD.

**Conclusions:** Among suicidal adults with comorbid SUDs, those with a diagnosis of OUD were more likely to utilize mental health services and have psychiatric comorbidity. Males and older adults were less likely to utilize services.

**Disclosure of Interest:** None Declared

## EPP0469

### Assessing the effectiveness and observing fidelity of a psychosocial support program for Rohingya refugee mothers and their children in Cox's Bazar, Bangladesh

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doi: 10.1192/j.eurpsy.2023.776

**Introduction:** Despite the well-recognized risk poor maternal mental health poses to early child development, it is still rarely addressed in global health programming, especially in humanitarian settings where access to health and mental health infrastructures may be limited. Recognizing the critical role of maternal psychosocial wellness in addressing the health and development of children in conflict, Action contre La Faim/Action Against Hunger (ACF) developed the Baby Friendly Spaces (BFS) program. BFS is a holistic, evidenced-based psychosocial support program that aims to enhance mothers' wellbeing, internal resources, and child caring skills in order to create a buffer against the deleterious health and developmental impacts of conflict on children.

**Objectives:** In Bangladesh, we sought to evaluate the effectiveness of a psychosocial support program for Rohingya refugee mothers and their malnourished children under two years old living in Cox's Bazar's camps.

**Methods:** For this study, we used a matched pair randomization, where ten BFS program sites were allocated to either continue providing services "as usual" or to an "enhanced BFS program" after re-training and providing continuous supportive supervision of the BFS staff throughout the trial period. 600 mothers and their children were enrolled in the study and attended psychosocial stimulation activities related to child care practices and care for women. Data were collected at baseline and 8-week follow-up. Primary outcomes included maternal distress and wellbeing, functioning, and coping. For implementation purpose, a survey was administered on confidence at work for all BFS staff and a fidelity observation assessment was conducted.

**Results:** Relative to "as usual" sites, mothers in enhanced implementation sites reported greater reductions in distress ( $B = -.30$ ) and improvement in wellbeing ( $B = .58$ ). These differences were small, but marginally significant ( $p = .058$ ;  $p = .038$ ) with standard estimation; There was no significant difference between the two groups for daily functioning and coping. BFS providers in "enhanced BFS program" reported higher confidence in service delivery than their colleagues ( $p = .01$ ). Fidelity varied widely across different components, with some very high and some very low adherence. There tended to be better adherence to procedures in group versus individual sessions and for some specific activities across domains, for enhanced versus standard BFS.

**Conclusions:** Findings highlight the value of innovative study approaches for real-world evidence generation. Small but feasible adjustments to implementation can both improve program delivery for maximizing impact. Consequently, low-intensity psychosocial

support activities holds potential for reducing distress and improving subjective well-being of conflict affected mothers.

**Disclosure of Interest:** None Declared

## Old Age Psychiatry 03

### EPP0470

#### EUROLD: preliminary results of the ecological study on suicide and its associated socioeconomic variables in people over 85 in Europe

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doi: 10.1192/j.eurpsy.2023.777

**Introduction:** Approximately one person commits suicide every 40 seconds, resulting in more than 800,000 deaths per year worldwide. Regarding this phenomenon, it is necessary to highlight how suicide rates increase markedly with age. These reach their highest figures in people aged 85 years or older, and this increase is very worrying in certain geographical areas. Although there is extensive literature on the risk factors that influence at the individual level, the same cannot be said when the problem is analyzed at the population level.

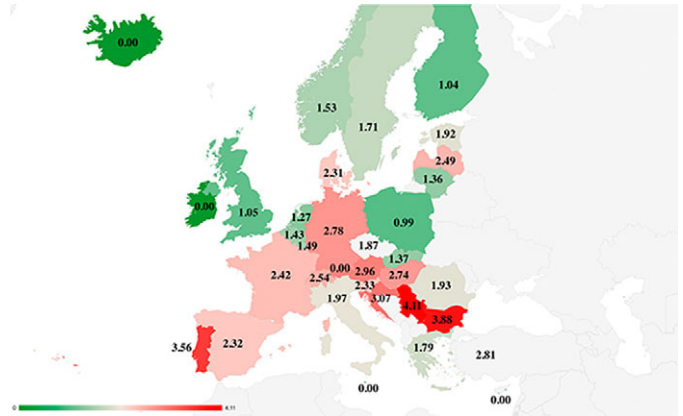
**Objectives:** The study aims to review the entire Eurostat database, relating suicide data from different European countries to any possible variables that may influence suicide. In this pilot phase, certain socioeconomic variables were chosen based on criteria of suitability and availability of the information provided, selecting data from 2015, as it was the most recent year in which most countries reported their data on suicide in people over 85 years of age.

**Methods:** Firstly, a comparison was made of suicide rates in people over 85 years of age in relation to overall suicide rates in different European countries (suicide rate in people over 85 years of age divided by the total rate in the country). Secondly, socioeconomic variables that may be more strongly related to suicide in this age group in these European countries were studied. After calculating the conditional suicide rate in people over 85 years of age with respect to the overall suicide rate in each country (Fig. 1), Spearman correlations were performed between the conditional rates and different demographic variables, economic variables, social variables, and health variables.

**Results:** Conditional suicide rates in people over 85 years of age show a marked difference between southern and northern European countries. In the correlational analysis, several significant associations were found. Suicide in those over 85 years of age was associated with economic variables (social deprivation, economic impossibility to buy new clothes, impossibility to dedicate money for personal matters and Gini coefficient), demographic (old-age dependency ratio) and health (self-perceived health). After performing a multivariate regression with the variables that were significant in the Spearman correlation, included the variables

“old-age dependency ratio (X1)” and “economic impossibility to buy new clothes (X2),” with a value of R-square = 0.612 and a value of  $p < 0.01$ .

**Image:**



**Conclusions:** The conclusions suggest that of the different variables studied, the great majority in which an association has been found belong to the field of economics, specifically poverty and economic inequality, and demographics, highlighting the old-age dependency ratio. Furthermore, marked north/south differences can be observed in the different European countries.

**Disclosure of Interest:** None Declared

### EPP0472

#### Donepezil-induced psychosis: a cautionary report of a rare adverse reaction

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doi: 10.1192/j.eurpsy.2023.778

**Introduction:** Donepezil is an acetylcholinesterase inhibitor approved by the Food and Drug Administration for the treatment of dementia in Alzheimer’s disease. While it is not curative for Alzheimer’s disease, donepezil has been shown to improve symptoms and slow disease progression; however, cases of rare psychiatric adverse effects, including hallucinations, mania, and increased confusion, have been reported. This report presents a case of donepezil-induced psychosis, which quickly resolved following cessation of the offending medication.

**Objectives:** To illustrate a unique case of donepezil-induced psychosis

**Methods:** The patient is an 81-year-old male with a history of late-onset Alzheimer’s disease, mild depression, hypertension, hyperlipidemia, gastroesophageal reflux disease, and myocardial infarction. The patient was prescribed oral donepezil 10mg twice daily to manage his late-onset Alzheimer’s disease. Subsequently, he began developing persecutory delusions, increased agitation toward his