

and Younger age of same subjects seems caused by a different treatment's Strategy with brief selective Admissions. Furthermore lesser Involuntary Admission seems due to best knowledge of every patients. The most of These were indeed already known by Ambulatory Outpatient Mental Health Service.

Keywords: Trends in Psychiatric Patients Admissions; Admission; Patients; epidemiology

EPP0667

Antipsychotic medication and the elderly

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Introduction: In recent years, the use of antipsychotics (AP) has been widely debated for reasons concerning their efficacy and safety in the elderly.

Objectives: We aimed to assess the prescription of AP in the elderly subjects.

Methods: We led a retrospective and descriptive study. We extracted all patients aged 65 years or older who consulted the psychiatric outpatient unit at the Hedi Chaker hospital in Sfax – Tunisia between January 1 and December 31 2019 and who were treated with AP. General, clinical and therapeutic data were collected from medical records.

Results: The mean age of patients was 71,7 years. Medical conditions were observed in 53,1% of them. The reasons for consultation were behavioral disturbances (34,4%), insomnia (18,8%) and memory impairment (15,6%). The main retained diagnoses were dementia (40,6%), mood disorders (28,1%), delusional disorder (15,6%). The indications for prescribing antipsychotics were disruptive behavior (59,4%) and delirium/hallucinations (34,4%). Laboratory examinations and electrocardiogram were performed respectively in 46,8% and 15,6% of cases. AP treatment was prescribed in 90,6% of cases right from the first consultation. Atypical AP were prescribed in 56,2% of cases. Adverse effects were noted in 18,7% of patients. The average time to get a response was 7.3 weeks

Conclusions: The use of AP in the elderly requires an individual assessment, case by case; particular caution is recommended.

Conflict of interest: No significant relationships.

EPP0668

Social factors and suicidal ideation in adulthood

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Introduction: In recent years, it has been possible to corroborate that people's social environment is a key aspect in the study of suicide risk.

Objectives: The aim of this study is to assess the relation between suicidal ideation and social factors (loneliness, social support, trust, participation and cohabiting) in a representative sample of the Spanish adult population, comparing the effect according to sex different age groups (18-49, 50-64, ≥65 years).

Methods: Cross-sectional study of a representative sample of the Spanish population (n = 4,217) conducted between 2011 and 2012. Loneliness was assessed using the UCLA Loneliness Scale. Social support was assessed using the OSLO-3 Social Support Scale, and participation scale and trust. Data were analyzed using logistic regression models adjusting for sex, sociodemographic and health variables (lifestyles, depression, and multimorbidity).

Results: Prevalence rates of suicidal ideation were higher in young and middle-aged adults. In the middle-aged groups, loneliness is significantly associated with suicidal ideation in both women and man. Among man, cohabiting and trust were identified as a protective factors of suicidal ideation. Among women, only social support was identified as a protective factor. In the older adult's group, trust acted as a protective factor of suicide ideation among women. For man was the social support. Among younger adults, cohabiting was identified as a protective factor in man.

Table 2. Adjusted logistic regression models for the association between social variables and suicidal ideation, by age and gender

Variables	Younger adults (18-49 years)				Middle-aged adults (50-64 years)				Older adults (≥65 years)			
	Women		Men		Women		Men		Women		Men	
	OR (95% CI)	P value	OR (95% CI)	P value	OR (95% CI)	P value	OR (95% CI)	P value	OR (95% CI)	P value	OR (95% CI)	P value
Cohabiting												
No												
Yes	0.63 (0.19-2.02)	0.431	0.83 (0.80-0.82)	0.003	0.83 (0.38-1.93)	0.706	0.22 (0.10-0.47)	<0.001	0.84 (0.27-2.57)	0.769	0.52 (0.09-3.12)	0.474
Loneliness	1.01 (1.0-1.03)	0.110	1.02 (0.99-1.04)	0.172	1.82 (1.08-3.05)	0.001	1.83 (1.02-3.34)	<0.001	0.99 (0.98-1.02)	0.947	1.01 (0.98-1.03)	0.263
Social support	0.98 (0.95-1.01)	0.312	0.99 (0.95-1.03)	0.648	0.97 (0.95-0.99)	0.004	0.98 (0.96-1.00)	0.180	0.99 (0.98-1.02)	0.085	0.96 (0.94-0.99)	0.015
Trust	0.97 (0.94-1.00)	0.004	0.98 (0.94-1.03)	0.022	0.97 (0.94-1.00)	0.006	0.96 (0.93-0.99)	0.002	0.97 (0.94-0.99)	0.003	0.93 (0.91-0.95)	0.070
Participation	1.04 (1.00-1.08)	0.031	0.97 (0.92-1.02)	0.276	0.99 (0.96-1.02)	0.533	0.99 (0.97-1.02)	0.932	0.99 (0.96-1.02)	0.745	1.00 (0.96-1.04)	0.977

Note: *Adjusted for gender, age, educational level, smoking, alcohol consumption, 12-month major depressive disorder and number of chronic conditions; in bold, significant associations; 95% CI= 95% Confidence interval.

Conclusions: Due to the different results involving social factors and suicidal ideation according to age and sex, we highlight the importance of studying social factors for the detection of specific needs among the Spanish adult population.

Keywords: Suicidal ideation; age-related differences; loneliness; social support

EPP0668a

Prevalence of different types of online behavior and internet addiction among adolescents in central siberia: Gender and age aspects

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Introduction: Adolescent online behavior is an urgent public health problem in different countries of the world due to the possibility of developing Internet addiction.

Objectives: To study the prevalence of different types of online behavior and Internet addiction in Siberian adolescents, depending on gender and age.

Methods: During the period from January to May 2019, 2950 adolescents aged 11-18 years living in the urban area of Central Siberia

(Krasnoyarsk) were examined, of them 1348 boys and 1602 girls. The Chen Internet Addiction Scale (CIAS) with a cut-off level of 65 points was used. Internet users are divided into three groups: Adaptive Internet Users (AIU) (27–42 points); maladaptive Internet users (MIU) (43–64 points); pathological Internet users (PIU) (score ≥ 65). **Results:** The AIU group comprised 50.3% (55.9% boys and 45.6% girls, $p < 0.001$). The share of adolescents aged 11–14 is 52.0%, the share of adolescents aged 15–18 is 48.4% ($p = 0.04$). The MIU group constituted 42.9% (46.3% were girls and 38.9% boys, $p < 0.001$). The share of adolescents aged 11–14 is 42.1%, and those aged 15–18 is 43.8%, $p > 0.05$. The PIU group constituted 6.8% (5.1% boys and 8.2% girls, $p < 0.001$). The share of adolescents aged 11–14 is 5.9% and those aged 15–18 is 7.8% ($p = 0.04$).

Conclusions: Among adolescents in Central Siberia the prevalence of AIU consist 50.3%, MIU 42.9%, PIU 6.8%. The prevalence of PIU is more common in girls. The increase in PIU was marked in the older age group. The study was funded by RFBR project № 18-29-2203218.

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Keywords: Internet; Addiction; prevalence; Siberia

Ethics and psychiatry

EPP0669

Manual and mechanical restraint and the hierarchy of coercive measures: Evidence or tradition?

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Introduction: In the continuous work to reduce the use of coercion in the psychiatric care, attention in Denmark has especially been directed towards mechanical restraint, i.e. the use of belts to fixate patients to a bed. While the use of mechanical restraint is currently decreasing, increases in other types of coercive acts are observed (e.g., forced medication and hourly episodes of manual restraint). The use of manual restraint refers to mental health workers immobilizing a patient to avoid harm to self or others. Manual restraint is generally considered less intrusive to a patient's autonomy than the use of mechanical restraint. However, no study has yet explored if it is actually experienced as such by the patients.

Objectives: This study explores patients' perspectives on manual and mechanical restraint, respectively.

Methods: We are currently performing a qualitative interview study of 10 patients, who have been exposed to both types of coercion. The interviews will be transcribed verbatim and analysed for thematic content.

Results: We expect to discover more nuanced perspectives of the intrusiveness of the different forms of coercion—perspectives that

may challenge the assumption that one type of coercion is by default better than another. The study's results will be presented.

Conclusions: In this study, we only look at two types of coercion. More investigation into the differentiation of patients and ideal type of coercive measure is paramount to the ambitions of a better and more humanistic psychiatric care.

Keywords: Mechanical restraint; Patient experiences; coercion; Manual restraint

EPP0670

The position of the polish bishops' conference on LGBT+ – philosophical, theological, clinical and political aspects

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Introduction: Practicing medicine cannot disregard cultural conditions. Philosophy and religion are elements of culture. For several years in Poland, various circles have discussed the extensive LGBT issues. A document of Polish Bishops on this subject appeared on 28.08.2020. In 2018, 91.8% of people over 16 years old in Poland declared affiliation to the Roman Catholic Church (Statistics Poland 2020).

Objectives: The aim of the study is to present different perspectives of effects of that publication, including ethical evaluation and references to clinical practice.

Methods: Statements of protagonists and antagonists of this document in Polish were analyzed. Collected arguments were divided into types: philosophical – by philosophy branches (e.g. ethics, philosophical anthropology), theological and clinical.

Results: As of 29.09.2020 – 85,200 results in the Google Search after typing (in Polish) “Polish Episcopal Conference LGBT”. The use of philosophical arguments by both parties results from the adaptation of different systems, e.g. regarding philosophical anthropology, some assume the immutability of human nature, others – its variability and susceptibility to shaping, e.g. human sexuality. Some emphasize the importance of non-discrimination, while others indicate the need to consider human essence in determining directions of actions.

Conclusions: Professionals should help everyone, regardless of conditions, in accordance with conscience and contemporary medical knowledge [Polish Code of Medical Ethics]. They should try to understand patients and the context of symptoms. Familiarizing oneself with arguments of both sides helps in this. But polemical language makes dialogue difficult. What for one is a “venerable tradition”, for another is a “stereotype” or “discrimination”.

Keywords: theology; sexual medicine; ethics

EPP0671

Perception of otherness - the role of personality and demographic variables

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