

emotional lability, organic depression, mild cognitive impairment and delirium. In 23.8% of patients, neurotic disorders were observed in the form of depressive reactions, panic and generalized anxiety disorder. In one case (4.8%), acute polymorphic psychosis with symptoms of schizophrenia was diagnosed. The PHMD group includes affective disorders - 45.7%; organic disorders, including dementia 26.1%; schizophrenic spectrum disorders -19.6% and neurotic somatoform disorders - 8.7%. In the acute and subacute periods of COVID-19, acute psychotic states (APS) developed in both groups of patients (in 23.3% and 30.4%, respectively) in the form of delirium, psychotic depression, or polymorphic psychosis. APS were more common in PHMD patients with organic (50%) and schizophrenic spectrum disorders (33.3%) with a predominance of delirium. In the long-term period of COVID-19, PHMD patients more often than non-PHMD (60.9% and 38.1%) developed cognitive impairment (CI), especially in schizophrenia-like (77.8%) and organic (83.3%) disorders. CI developed twice as often after APS (89.5% and 39.6%, $p < 0.001$), reaching the degree of dementia in 15.8% of cases. APS were significantly associated ($p < 0.05$) with the development of CI (0.567733), the age of patients (0.410696) and the presence of previous cerebrovascular insufficiency (0.404916).

Conclusions: The age-related features of the mental consequences of COVID-19 are the occurrence of APS in the acute period of infection and the deterioration of cognitive activity at a remote stage. The PHMD patients, especially with disorders of organic and schizophrenic spectrum, were found to be more vulnerable to the effects of COVID-19. In them, the occurrence of APS was a risk factor for the development of dementia, while in primary diseased, and patients with affective and neurotic disorders, CI was reversible or had the character of a mild cognitive disorder.

Disclosure of Interest: None Declared

EPP0573

Youth mental health resilience during the COVID-19 pandemic: A critical review

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doi: 10.1192/j.eurpsy.2024.685

Introduction: The COVID-19 pandemic has had a profound impact on mental health worldwide because of complex societal disruptions and neuropsychiatric consequences stemming from SARS-CoV-2 infection. All age groups have been affected by this pandemic, with particular focus on the vulnerabilities faced by children and adolescents who have experienced multiple stressors. These stressors involve various emotional, physiological, and behavioral challenges stemming from different factors, such as mandatory social distancing due to school closures, increased parental stress caused by the incessant spread of the pandemic, severe trauma from losing family members, a surge in cyberbullying linked to higher online activity, and a worrying rise in unreported incidents of child abuse. Empirical reports document an increase in

suicidal tendencies and suicide attempts among adolescents during this crisis.

Objectives: This study conducted a comprehensive review of existing literature focused on the mental health of individuals aged 0-24 years in both pre-pandemic and pandemic eras. This study conducted comparative analyses to identify significant changes.

Methods: Adhering strictly to the PRISMA guidelines, we conducted comprehensive searches on Google Scholar and PubMed to identify peer-reviewed articles published in English.

Results: Most studies revealed deteriorating mental health conditions among adolescents and young adults following pandemic onset. These conditions were characterized by high rates of depression, anxiety, and psychological distress. Furthermore, several studies have identified a notable increase in negative emotions and heightened feelings of loneliness. Primary school children experienced a decline in attention span, emotional regulation, hyperactivity, and enthusiasm for academic engagement.

Conclusions: Based on the analysis of data from both the pre-pandemic and pandemic periods, it is evident that the COVID-19 pandemic had a detrimental impact on the mental well-being of children and young individuals. Therefore, it is crucial to identify the risk factors and protective measures linked with pandemics to enhance mental health resilience and better equip societies to cope with future health emergencies and other crises.

Disclosure of Interest: None Declared

Emergency Psychiatry

EPP0574

Comparing IM Lorazepam and IM Clothiapine for Agitated Psychosis in Hospitalized Patients

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doi: 10.1192/j.eurpsy.2024.686

Introduction: When patients in a closed hospital ward experience acute psychosis and become highly agitated or pose a risk to themselves and others, it's often crucial to provide immediate sedative treatment. However, there is currently no consensus on whether the preferred medication for these situations should be antipsychotic drugs or benzodiazepines.

Objectives: This study aimed to compare how well a single intramuscular dose of 2-4 mg Lorazepam performs against 40 mg Clothiapine in terms of effectiveness and side effects. These treatments were administered as immediate emergency measures to patients experiencing psychosis with severe agitation or behaviors that posed a risk to themselves or their surroundings.

Methods: We conducted a retrospective clinical study involving 100 patients experiencing aggressive psychosis. These patients were divided into two groups. The first group comprised 50 patients who received a single intramuscular (IM) dose of up to 40 mg Clothiapine. The second group consisted of 50 patients who received IM treatment with 2-4 mg Lorazepam. We assessed the patients'

outcomes around 8 hours after treatment or upon receiving any additional treatment.

Results: There were no significant statistical differences in the demographic and clinical characteristics (e.g., age, gender, number of hospitalizations, duration of illnesses, psychiatric diagnosis, comorbidity) of the patients between the two groups ($p > 0.05$).

Before treatment, there were no statistical differences in the severity of clinical symptoms (CGI-S) between the two groups [CGI-S (Mean \pm SD): 5.32 ± 1.09 vs. 5.38 ± 1.4 , $p = 0.8$].

However, in the Clothiapine group, a statistically significant clinical improvement (CGI-I) was observed after treatment [CGI-I (Mean \pm SD): 2.42 ± 0.9 vs. 1.96 ± 1.16 , $p = 0.029^*$].

There were no significant differences in the need for physical restraint or additional medication following the initial treatment between the two groups ($p > 0.05$).

Furthermore, there were no statistically significant differences in the major side effects of the drugs, the necessity for referral to the general emergency room, or incidents of falls ($p > 0.05$).

Conclusions: When dealing with a psychotic state marked by severe agitation or threats to oneself and others, the use of IM Clothiapine as a treatment option may offer certain advantages over IM Lorazepam. Importantly, these advantages come without significant exposure to side effects or potential risks associated with Clothiapine.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPP0575

Euthanasia - A Novel Intricacy for Psychiatry's Purview?

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doi: 10.1192/j.eurpsy.2024.687

Introduction: Numerous countries, notably within Europe, have sanctioned the practice of euthanasia. Extant legal frameworks meticulously define the extent, essence, and application of euthanasia, encompassing divergent characterizations, explications of entitlements, procedural modalities, and provisions for access. Nonetheless, the precise function of psychiatrists within these legislative contours remains conspicuously nebulous.

Objectives: The present inquiry undertakes a comprehensive evaluative review of the euthanasia phenomenon vis-à-vis the intricate tapestry of European legislative paradigms, with an emphasis on elucidating the multifaceted involvement of psychiatry within this evolving landscape.

Methods: A nuanced narrative review is undertaken, encapsulating the contemporary state-of-affairs, fundamental conceptual architectures, the tenets of the Spanish Organic Law 03/2021, and the pharmaceutical armamentarium deployed in the orchestration of euthanasic practices. Additionally, the methodological blueprint

employed within a prominent tertiary healthcare institution situated in Madrid is meticulously expounded.

Results: To date, euthanasia has garnered legal imprimatur across diverse jurisdictions including, but not limited to, the Netherlands, Belgium, Colombia, Canada, Spain, and New Zealand. The ambit of assisted death and its application to the domain of mental infirmities is meticulously deconstructed. Within the overarching realm of foundational concepts, a rigorous delineation is rendered between euthanasia, medical succor in the throes of mortality, assisted self-termination, facilitated demise, provision of mortal release, judicious calibration of therapeutic enterprise, and the contours of palliative sedation. Distinction between the principal executor and the advisory consultant is rendered salient. The rubric of conscientious objection emerges as an inviolable entitlement of healthcare practitioners enmeshed in the provisionary matrix.

The enduring incumbency of the psychiatrist as a pivotal appraiser of cognitive and volitional faculties holds firm. The conspicuous influence of psychopathological constellations upon the contours of euthanasia eligibility precipitates cogent deliberation.

Conclusions: As the frontiers of euthanasia expand to encompass an augmented array of legal jurisdictions, this study underscores the increasingly intricate role inhabited by psychiatrists in the matrix of evaluative assessments. The proclivity of mental maladies to exert a substantial gravitational pull upon determinations of eligibility for euthanasia accentuates the exigency for refined explication of roles and responsibilities within this evolving sphere, a clarion call resonant not only within the precincts of psychiatry but reverberating across the broader firmament of medical praxis.

Disclosure of Interest: None Declared

Emergency Psychiatry

EPP0576

Mental health assessment during the full-scale invasion within the general Ukrainian population: state, beliefs and behaviors, query to change (cross-sectional study)

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doi: 10.1192/j.eurpsy.2024.688

Introduction: The Russian invasion in Ukraine has significantly affected the mental health (MH) of the local population while access to mental health support remains limited due to multiple reasons coming from both the provider and acceptor sides. The war obviously negatively impacts MH but has also paradoxically given an "open window" for shifting current practices both in the healthcare system and within society. Investigation of current people's attitudes on this matter should be the primary step to address the issue and initiate any change.

Objectives: 5 main objectives identified to analyze within the convenience sample were: MH state and self-care behaviors during