students with a rank over than 100 (p=0.029). It was negatively correlated with LASSI-TM score (p<0.001; r=-0.706).

Conclusions: Considering the heavy load of work that the students undergo, it would be prudent to arrange for group trainings and workshops that will cultivate students with strategies and skills for effective time management, so that the tendency to procrastinate will be managed and their academic performance would improve.

Disclosure of Interest: None Declared

EPP0888

Metaverse and mental health, what about the future?

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Introduction: The metaverse is a digital world created using different technologies like virtual reality (VR), augmented reality (AR), cryptocurrency and the internet.
Interest in the metaverse has grown in recent months in different fields and it could have potential application in the treatment of mental health disorders.

Objectives: To gain a better understanding of metaverse and to explore its possible applications on mental health.

Methods: Review of recent literature about the implications of the metaverse users in mental health.

Results: Metaverse is a virtual universe where people can interact with other users, objects, and environments personifying an avatar. VR, AR and mixed reality (MR) have been used in the treatment and diagnosis of various mental health disorders for last years.
Attention deficit hyperactivity disorder, eating disorders, anxiety, phobias and post-traumatic stress disorder have been already benefited from VR. Also, there are results to treat persecutory delusions in psychosis. On the other hand, we know that to spend a significant amount of time playing 3D immersive games and using social media, could lead to insecurity, anxiety, depression and behavioural addiction.
The lack of evidence and these risks could be limitations to implement Metaverse for the therapeutic management of mental health. Many companies have already started to develop virtual mental health clinics with mental health professionals serving patients in real time, some spaces have already offer group therapy sessions. Other immersive spaces have also been created for practising mindfulness, meditation, or yoga.

Conclusions: The new technologys have changed the way that we socialise, work, and interact, even the way that we receive medical treatment. The metaverse could prove useful in the management of the mental health disorders that have already benefited from VR, but at the same time we could potentially lead to the worsening of others.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics 03

EPP0889

Differences In Antipsychotic Prescriptions In Relationship To Physician Demographics And In-patient Setting At An Inner-city hospital – A Prospective Cohort Study

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Introduction: Antipsychotics are medications with an array of FDA approved indications in the field of psychiatry including Schizophrenia, Bipolar Mania, Bipolar Depression, Maintenance treatment for Bipolar Disorder, Schizoaffective Disorder, as well as an Adjunct treatment in Unipolar Depression and Tic disorders, among other indications for non-adult patients. Antipsychotics are widely used in psychiatric inpatient units throughout the United States, and globally. We observed trends of antipsychotic use in 3 different adult inpatient units with the same patient demographics located within one inner city hospital in the Bronx over a period of 4 months. We correlated the choice of antipsychotic to the prescribing physician's period of training/date of graduation from psychiatry residency and reported the results.

Objectives: Identify the choice of antipsychotics used by different psychiatrists.
Correlate the dates of each psychiatrists residency training to the antipsychotics they chose.
Identify whether the psychiatry residency training accuried in different decades has influenced psychiatrics to pick certain antipsychotics.

Methods: We obtained the dates of psychiatric residency training for each of 3 psychiatrists (Physicians 1, 2 and 3) assigned to one of 3 different inpatient psychiatric units which share the same patient demographics in an inner-city hospital in the Bronx. We obtained a record of total psychiatric inpatient hospitalizations from February 10th 2022 to June 10th 2022 in all 3 psychiatric inpatient units. The principal diagnoses for the total hospitalizations (300 patients) were reviewed and patients with diagnoses that do not have FDA approval for antipsychotic use were excluded. Among the remaining patients (267) we compared antipsychotic prescription trends and grouped patients according to antipsychotic of choice. We then correlated the antipsychotic of choice groups to one of three units/ prescribing physician and the years of psychiatry residency training. The trends for antipsychotic of choice were compared to training dates and presented in a table.

Results: Physician 1 who trained from 1980 to 1984 prescribed: 87% HALDOL and 13 % Chlorpromazine. Physician 2 who trained from 1992 to 1996 prescribed: 91 % PALIPERIDONE and 9% Risperidone. Physician 3 who trained from 2003 to 2007 prescribed: 60 % ABILIFY and 40% Olanzapine.

Conclusions: The physician with the earliest graduation date used mainly HALDOL, a first-generation antipsychotic, to treat disorders with FDA approval for antipsychotic use. The physician

with the most recent graduation date, used mainly ARIPIPRA-ZOLE, a third-generation antipsychotic, to treat disorder with FDA approval for their use. The physician with a graduation date between them, used mainly (PALIPERIDONE), a second-generation antipsychotic to treat the disorders.

Disclosure of Interest: None Declared

EPP0890

Syndrome of inappropiate antidiuretic hormone secretion (SIADH) secondary to sertraline: case report and literature review

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Introduction: Currently, in addition to their frequent use in community medicine, the use of antidepressants is a fundamental pillar of pharmacological treatments used in psychiatry. Due to this frequent use, we must be aware of the possible side effects, in particular the SIADH produced in this clinical case by SSRIs. There are already described cases of this association including other antidepressants and many different types of drugs.
Objectives: To review the current literature on the management of this pathology when it is secondary to the use of frequently used drugs such as SSRIs.
Methods: We report the case of a 64-year-old woman hospitalised in the psychiatric department for malnutrition secondary to unspecified eating disorder (ED). During admission, treatment with sertraline was started with ascending doses up to 100mg, subsequently producing slight edema with the following analytical results: plasma Na: 123 mEq/L (135-145), plasma osmolarity: 250 mOsm/kg (275-300), urinary Na: 174 mEq/L (>40), fulfilling diagnostic criteria for SIADH.
Afterwards, we reduced sertraline until discontinuation and started treatment with water restriction and urea (30 grams/24 hours) during admission and after discharge. During admission, we observed disappearance of the edema and partial improvement of the analytical values (Na:131 mEq/L), which were normalised with home treatment of daily urea.
Results: The precise prevalence of SIADH from the use of SSRIs is unknown, it is known that patients older than 65 are at higher risk of developing severe hyponatraemia in the first 5 weeks after initiation. Similarly, treatment with water and urea restriction, together with discontinuation of SSRIs, appears to be sufficient.
Conclusions: SSRIs can cause SIADH a reversible but potentially life-threatening pathology, and we need to be aware of this possibility especially in the older population and being able to handle it

Disclosure of Interest: None Declared

EPP0891

Valproate-induced severe symptomatic hyponatremia in a patient with schizoaffective disorder: a case study and literature review

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Introduction: The syndrome of inappropriate antidiuretic hormone secretion (SIADH) is a serious condition associated with persistently high ADH with water retention despite sufficient vascular volume. Sodium valproate (VPA), an antiepileptic indicated to treat bipolar disorder, blocks sodium (Na) and calcium ions. Few studies have examined the association between VPA and SIADH.
Objectives: This abstract has two interrelated objectives: (1) to describe a VPA-associated SIADH case study we encountered in our clinical setting; and (2) to review literature for other VPA-associated SIADH cases to illuminate associations and possible risk factors.
Methods: After recording a case from clinical experiences, we completed a literature review of other cases of hyponatremia associated with VPA.
We reviewed resulting artticles from searches in PubMed and in the aggregate Dartmouth Biomedical Library indices with no date or language parameters. We then searched those articles' bibliographies.
Results: Ms. A is a 63-year-old woman with schizoaffective disorder, bipolar type, hospitalized for the resurgence of visual hallucinations (VH) of "monsters" asking her to hurt herself and others. She had been adherent to VPA (500mg twice daily) and non-adherent to prescribed Olanzapine (25mg). On Day 1 (D1), her labs were concerning for serum Na 119mEq/L (n=135-145), serum osmolality (SOsm) 264mEq/L (n=275-295), and inappropriately high urine osmolality 111mOsm/kg (n <100 mosmol/kg in hyponatremia) and urine Na 34mEq/L (n <20 mosmol/kg in hypovolemic hyponatremia). Her VPA level was 73.6 mcg/mL.
She was restarted on her home psychiatric medications for VH, and her hyponatremia responded to water restriction, with serum osmolality at 292mEq/L by D4 (see Figure). She was admitted to the inpatient psychiatric unit for concerns of persistent VH. On D13, her SOsm worsened to 267mEq/L and VPA was discontinued at that time. On D19, SOsm improved to 283mEq/L. Her VH responded well to discontinuing VPA and adding Risperidone (titrated to 6mg) and on D22 she was discharged home. Given the chronological sequence of her newly developed VH, the patient's hallucinations were likely multifactorial, with contribution from hyponatremic encephalopathy-related psychosis.
Our literature review found ten articles reporting thirteen other cases of VPA-associated SIADH (see Table). Our patient shared demographics with most previously reported cases: being older in age and having polytherapy and a low baseline Na. None of the previous case reports showed specific drug interactions to be particularly likely causes of hyponatremia.