

Introduction: The racial riots of 2020 in the US, beginning in Minneapolis, had a global impact inciting protests internationally. We look at the impact of COVID, the social isolation and frustration that therefore existed and how this effected the instigation of the riots.

Objectives: --To review the history of racism in the United States and the abolition theories, comparing US and UK. --To consider the impact of international immigration on the cultural tension in the US; Minnesota accepted a large population of Somalis in 1992 as refugees. --To explore how this progress toward racial equality has stagnated under the leadership of President Donald Trump. --To look at how COVID in the context of the above historical factors has served as a unwitting catalyst to racial riots and global protests.

Methods: Literature research including historical accounts of principles of abolition, post-civil war reconstructive political maneuvers, 1950's segregation protests and political supports (US and UK), refugee relief efforts made by the US [specifically related to Somalia], and reports regarding the impact of COVID on the 2020 reaction to racial injustice.

Results: Evidence suggests that across time periods, recourses of politicians [US and global] resulted in negative relations internationally with respect to immigration. The unique situation created by COVID resulted in a crucible effect following the death of George Floyd.

Conclusions: Previous attempts at creating equality have proven unsuccessful and apathetic on the part of those in power. This has led to a situation where COVID created a perfect storm in order to ignite racial tensions in the US.

Keywords: COVID associated Criminal Conduct; Riots; forensic psychiatry; Antisocial Behavior

EPP0431

Ed accesses severity for intossication and substance abuse during the first pandemic wave of 2019 coronavirus pandemic (COVID-19). experience of a lombardy ed.

G. Savioli¹, S. Pesenti^{2*}, I. Ceresa¹, E. Oddone³ and M.A. Bressan¹

¹Emergency Department, IRCCS Policlinico San Matteo, Pavia, Italy;

²In Cammino Social Cooperative Of San Pellegrino Terme (bg),

La Bonne Semence social cooperative of Oltre il Colle (BG), Bergamo, Italy and ³Department Of Public Health, University of Pavia, Pavia, Italy

*Corresponding author.

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Introduction: The 2019 coronavirus epidemic (CoViD-19) in Italy originated in Lombardy, on February 21, 2020. The Fondazione IRCCS Policlinico San Matteo di Pavia has been involved in the management of the outbreak since its beginning

Objectives: We evaluated all the population who went to the ED for intossication and substance abuse to assess the severity of cases evaluated as exit code and rate of hospitalization.

Methods: We enrolled all patients accessing our ED for intossication and substance abuse from February 22 to May 1, 2020 and during the same period of the previous year.

Results: We enrolled 142 patients. 41 in the CoViD period and 101 in 2019. The vital parameters, and sex were overlapping. patients during the pandemic were younger (38 vs 46) The priority codes for the medical examination were not different. CoViD pandemic patients have higher codes (yellow and red) for the medical examination (66% vs 59%); discharge severity codes

(red) more frequently than in the reference period (2.4% vs 0.9%) and more frequently need hospitalization (26.8% vs 16.8%).

Conclusions: The epidemic has led to a reduction of accesses for intossication and substance abuse. Patients had more frequent hospitalization needs and more severe exit codes. the data may be due to the fact that during the pandemic only the most serious patients access the E.D., but also to the fact that a pandemic has contributed to destabilizing this class of fragile patients.

Keywords: Emergency department; intossication and substance abuse; COVID-19 pandemic

EPP0432

Elevated clozapine levels in patients with COVID-19 infection

J. Marti Bonany*, E. Pérez Sánchez, M. Pérez Carre, M.I. Martínez Casamitjana, J.R. Fortuny Olive, C. Macias Castellví, E. Carrió Diez, F. Lana Moliner and R. Sánchez González

Institut De Neuropsiquiatria I Addiccions, Parc de Salut Mar, Santa Coloma de Gramenet, Spain

*Corresponding author.

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Introduction: Clozapine is the most effective antipsychotic for treatment resistant schizophrenia. In patients treated with clozapine, COVID-19 infection may result in complications including an increased risk of pneumonia, clozapine toxicity, and disruption to clozapine treatment by COVID-19 induced lymphopenia.

Objectives: We report 5 cases of elevated clozapine levels occurring in patients with COVID-19 infection who had been previously managed for several years on stable doses.

Methods: Subjects: 48 admitted patients to a long-stay psychiatric unit. COVID-19 infection confirmed by positive nasopharyngeal swab for viral ribonucleic acid of SARS-CoV-2. Hematological controls between March and April 2020.

Results: 16 patients (33%) treated with clozapine. 18 patients (37.5%) had COVID-19 infection, of which 5 (10.4%) were treated with clozapine. Results are presented in table 1. Increases in plasma clozapine levels were observed in all cases (49.38 to 307.5%). We don't have the clozapine levels of a patient who presented a pneumonia requiring admission and treatment in the general hospital. Two cases of neutropenia were observed, of which one had to discontinue treatment with clozapine. In the other three patients the dose of clozapine was reduced and they did not present haematological or intoxication complications that required further adjustments.

Conclusions: Covid-19 infection is associated with increased serum clozapine levels by probably multifactorial mechanisms (systemic infection, reduced smoking). Importance of full clinical assessment of suspected COVID-19 infection in clozapine treated patients, including assessment clozapine level, and full blood count. The general recommendation is to reduce the dose of clozapine in this patients.

Keywords: clozapine; COVID-19; levels

EPP0434

The mental health of brazilian university hospital's workers in times of COVID-19

L. Floriano^{1*}, M. Hainosz¹, G. Arcaro¹, C. Brabicoski¹ and E. Krum²