

behavioural therapy (CBT) and exposure and response prevention (ERP), even when combined with pharmacotherapy. The psychotherapy outcome literature is heterogeneous and very few psychological strategies have been developed specifically to treat treatment resistant OCD. However, a recent systematic review concluded that CBT improved treatment response in individuals with pharmacotherapy resistance. This presentation will present an update on the pharmacological and psychotherapeutic treatment of refractory OCD including novel strategies such as the use of psychedelics.

Disclosure of Interest: M. Van Ameringen Grant / Research support from: Elvium, CIHR, Hamilton Academic Health Sciences Organization, Consultant of: Abbvie, Bausch Health, Boehringer Ingelheim, Elvium, Jazz, Vistagen, Speakers bureau of: Abbvie, Elvium (Purdue), Lundbeck, Otsuka, Sunovion, and Takeda

S0068

Irrational polypharmacy and potentially inappropriate medications in patients with dementia: Treatment strategies

M. Štuhec* and EPA2023SP-1103

Department for Pharmacology, University of Maribor, Medical Faculty & Ormoz Psychiatric Hospital, Slovenia, Maribor, Slovenia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.105

Abstract: Most patients with dementia are treated with irrational polypharmacy, which leads to higher mortality and other negative consequences (higher costs). Nearly 50% of elderly patients take one or more medications that are not medically necessary, which represents another important aspect of medication optimization. Research has established a strong relationship between irrational polypharmacy and its negative clinical consequences, including a negative impact on dementia, especially in patients with excessive polypharmacy (10 or more medications). These patients are under-represented in the treatment guidelines and randomized controlled trials, although they represent a substantial patient population. The burden of irrational polypharmacy has also been associated with a greater risk of adverse drug events, drug-drug interactions, medication non-adherence and a higher risk of potentially inappropriate medication (PIM) use. Different treatment strategies have been available to reduce irrational polypharmacy in this population. The best intervention for irrational polypharmacy reduction in this population involves an inter-professional approach (collaborative care approach) that often includes special tools, a basic pharmacological approach and collaboration with a clinical pharmacist.

Disclosure of Interest: None Declared

S0069

Coercion rates in different mental health care models: flexible assertive community treatment vs care as usual

A. Tomcuk* and RECOVER E Montenegro Research Team

Special Psychiatric Hospital, Kotor, Montenegro

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.106

Abstract: Introduction: In 2018, within the Horizon 2020 program, RECOVER-E project activities were initiated in Montenegro. During the years 2019 and 2020 Community mental health team (CMHT) within the Special Psychiatric Hospital Kotor was established. This team became responsible for management of treatment of a group of users with severe mental health illnesses, based on the principles of „Flexible Assertive Community Treatment (FACT – A Dutch model). Objectives: The main objective of this research was to establish whether there were substantial differences regarding the use of seclusions, restraints and forced medication during the hospital readmissions in the group of patients treated by the CMHT, compared to usual mental health care in Montenegro.

Methods: A sample of 202 users of mental health services from Kotor and surrounding municipalities were recruited. Patients were randomized into two similar-sized groups - intervention group, whose treatment was managed by the multidisciplinary CMHT, and control group where treatment as usual was continued (out-patient treatment without field work and hospital readmissions during the psychotic relapses).

To estimate and follow-up the frequency of application of coercive measures in this research, hospital documentation was used.

Results: Patients in the intervention group had statistically significant less coercive intervention (such as mechanical restraining, seclusions, isolations and forced medication) during the study. There were no significant differences in the number of hospital days and readmission rates.

Conclusions: This study showed that CMHT care could reduce some of the coercive measures during the treatment of severe mental illnesses.

Disclosure of Interest: None Declared

S0070

Prescription of cannabinoids in psychiatry: (how) do we cross that door?

A. Batalla

Psychiatry, UMC Utrecht, Utrecht, Netherlands

doi: 10.1192/j.eurpsy.2023.107

Abstract: Cannabis policy liberalization has increased the availability of cannabis products for medical and recreational purposes, following a growing public demand. The large number of cannabinoid users reporting self-medication for several mental health-related problems and the limited medical indications for cannabis prescription have led to prescription dilemmas and confronted views between patients and clinicians. This discrepancy in perspectives grows together with a huge terminological confusion regarding medical cannabis, as some subjects use recreational products for medical purposes. In this session we will outline the current controversies of cannabis prescription in psychiatry and discuss how to deal with (il)legitimate patient needs and prescription barriers. Finally, we will discuss research approaches that could shed light on this controversial topic.

Disclosure of Interest: None Declared