

Results: Among our participants (75.1% women, mean age 46 (SD 11.0)), 62.1% had experience of working with Ukrainian refugees, and 13.8% reported moderate to severe depression. Logistic regression model (adjusted for potential confounders) indicated that health care workers who worked with Ukrainian refugees had slightly greater chance of having depression, but the association was not statistically reliable (OR 1.05; 95% CI 0.59-1.86). Out of all survey respondents, 867 replied to an open-ended question. As follows from qualitative analysis, three categories of psychological strain were described by the health care workers: 1) specificity of work with the refugee patients (e.g. language barrier, increased workload, opinion conflicts), 2) insecurity, threat of war and fears about future (regarding global and nuclear war, security, future of kids, economic burden, etc.), 3) grief and compassion for the suffering of refugees. It was also frequently mentioned in the responses that war is a greater threat to health care workers than the COVID-19 pandemic.

Conclusions: There is a slight association between working with refugees and depression. However, health care workers are also endangered by general fears of war and insecurity in a nearby country. In this changing world, it is of the greatest importance to pay attention to resilience building and stress prevention programs. Further, health care workers should be offered psychological support and practical resources to deal with the varying workload.

Disclosure of Interest: None Declared

Training in Psychiatry

O0117

EFPT Exchange programme - Feedback results from 2012 - 2022

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Introduction: Differences in psychiatry training vary substantially across Europe. Such organisations as the European Federation of Psychiatry Trainees (EFPT), the European College of Neuropsychopharmacology, and the European Psychiatry Association, have committed to offer international experiences based on the premise that it could foster international collaboration, aid early career professionals to progress professionally and spark discussion regarding different practices across Europe. To date, there are no studies that focus exclusively on the exchange experience in mental health professionals

Objectives: I present the synthesis of the ten years answers from 2012 to 2022 to the post-exchange online evaluation form, which trainees had to fill in in order to receive an attendance certificate.

Methods: The present study analysed the answers of 202 psychiatry trainees or recent graduates who took part in the EFPT exchange program during 2012 and 2022 and filled in the internet-based evaluation form. The inclusion criteria were currently in training or recently finished training as a psychiatrist in Europe and filling in the questionnaire. The exclusion criterion was participation in the EFPT exchange program for the second or subsequent time.

All trainees were systemically asked to complete the online evaluation form after the exchange period. The form includes socio-demographic, training in host country-related, and exchange experience-related questions. Experience measures were evaluated using the 4-point Likert scale. Data was anonymized before the analysis. The study followed the principles of the Declaration of Helsinki.

Results: The majority of participants were females in the second half of their training. The average age was 29 years. The largest number of applicants were from Turkey, whereas the United Kingdom hosted the most participants. One-third of the participants had previous international exchange experience. Most trainees were exposed to both outpatient and inpatient treatment settings and were involved in educational or research activities. 96.7% of participants indicated that they were satisfied or very satisfied with the experience, 95.6% said that the exchange was useful or very useful, and 98.9% were likely or very likely to recommend exchange to colleagues.

Conclusions: To my knowledge, this study is the first to assess the experience of psychiatry trainees who went on exchange during their professional training. Vast majority of trainees were satisfied with their exchange, thought it would be useful for their clinical practice and would recommend it to their colleagues. These findings are in line with other studies that examined medical exchange experiences .

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

O0118

Rates of delirium referrals to the Neuropsychiatry Service in a tertiary referral centre hospital

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Introduction: Beaumont Hospital is the National Neurosurgical Centre in Ireland. Due to the high numbers of referrals from Neurology and Neurosurgery, The Department of Psychiatry established a specialist Neuropsychiatry inpatient Liaison service and a weekly Neuropsychiatry outpatient clinic. Many of the referrals that the service receive involve the management of delirium. Delirium is a common medical complication, particularly in neurosurgical settings. Delirium causes significant symptom burden which can lead to distress to all involved and impacts quality of life.

Objectives: The aim was to improve the rates of referrals for delirium presentations and referral rates overall from Neurology and Neurosurgery. The neuropsychiatry service have implemented a delirium protocol for all medical and surgical teams in Beaumont Hospital. This protocol can be accessed through the Beaumont hospital phone app, or on site on each ward. For this reason, delirium can be managed by medical teams in the first instance. If this is not successful, neuropsychiatry can be contacted for further advice or review of patients with more complicated presentations.

Methods: The neuropsychiatry service receives referrals through the Patient Information Profile Explorer system which is accessed through the Beaumont Hospital online portal. In the event of an urgent referral, neurology or neurosurgery teams can contact the neuropsychiatry service directly by phone. Referrals are logged on the team referral log book, and details of the referral are recorded along with diagnosis and management. Data was collected retrospectively from the PIPE and log book to measure the rates and reasons for referrals over a one year period. Rates and details of referrals were initially recorded between July-December 2022. An educational intervention was provided where psychoeducation was provided to junior hospital doctors during protected teaching times and further education was provided over the phone when referrals were discussed between team members. Rates and details of referrals were then recorded between January-July 2023.

Results: There was a reduction in referrals when comparing the two six month periods. There were 115 neuropsychiatry referrals from July to December 2022 and 78 referrals from January to July 2023. Rates of delirium referrals also reduced from 31% to 25% after psychoeducation was provided to junior doctors.

Conclusions: This audit highlights the importance of communication and education for medical and surgical trainees in the management of delirium. There is a high rate of turnover of junior doctors throughout the year in Beaumont Hospital. For this reason, it is imperative that continued education is provided to allow them to follow the delirium protocol independently before seeking tertiary service assistance. Ultimately, early and rapid intervention of delirium can have a positive impact on patient care and prognosis

Disclosure of Interest: None Declared

O0119

The risk of antidepressant-induced hyponatremia: A meta-analysis of antidepressant classes and compounds

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Introduction: Hyponatremia (hypoNa) is a potentially serious adverse event of treatment with antidepressants. Previous research suggests that risk of drug-induced hyponatremia differs between antidepressants.

Objectives: This meta-analysis sought to determine the risk of antidepressant-induced hypoNa, stratified by different compounds and classes.

Methods: PubMed and Web of Science were searched for studies reporting on incidence or risk of hypoNa in adults using antidepressants (PROSPERO, CRD42021269801). We modelled random-effects meta-analyses to compute overall incidence and risk of any and clinically relevant hypoNa for each compound and class, and ran head-to-head comparisons based on hypoNa incidences. We conducted subgroup analyses for geriatric populations, study context and sodium cut-off value.

Results: Thirty-nine studies (n = 8,459,033) revealed that exposure to antidepressants was associated with significantly increased odds of hypoNa (OR = 2.82 (1.79 – 4.45)). The highest event rates were

found for SNRIs (7.17%), SSRIs (5.20%), and TCAs (2.26%); the lowest for mirtazapine (1.02%) and trazodone (0.89%). The highest odds ratios were found for MAOIs (4.12 (1.92 – 8.86)), SNRIs (3.16 (1.77 – 5.67)), and SSRIs (2.78 (1.57 – 4.91)); the lowest for mirtazapine (2.82 (1.87 – 4.21)) and TCAs (1.85 (1.28 – 2.69)). Compared to SSRIs, SNRIs were significantly more likely (OR = 1.27 (1.13 – 1.42), p < 0.001) and mirtazapine significantly less likely (OR = 0.61 (0.39 – 0.96), p = 0.032) associated with hypoNa.

Conclusions: Our meta-analysis demonstrated that, while no antidepressant can be considered completely risk-free, for hypoNa-prone patients mirtazapine should be considered the treatment of choice and SNRIs should be prescribed more cautiously than SSRIs and TCAs.

Disclosure of Interest: None Declared

O0120

Impact of Antidepressant Treatment on Fibronectin Levels in Patients with Depression and Chronic Heart Failure

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Introduction: Inflammation has emerged as a critical factor in the pathophysiology of both depression and chronic heart failure (HF). Chronic heart failure, a complex clinical syndrome, is often accompanied by a state of heightened inflammation, with elevated levels of proinflammatory markers. Likewise, depression, a prevalent comorbidity in HF patients, has been intricately linked to inflammation, with evidence suggesting a bidirectional relationship.

Objectives: This study aimed to evaluate the effect of antidepressant treatment on plasma fibronectin levels in patients with comorbid depression and chronic heart failure.

Methods: We enrolled a total of 113 patients with HF, all of whom had comorbid depression. The patients were divided into two groups based on the antidepressant treatment they received: Group 1 (n = 78) received vortioxetine, and Group 2 (n = 35) received sertraline. Before initiating treatment and after 6 months, we measured fibronectin levels in the patients' plasma.

Results: The study revealed a significant difference in the effects of the two antidepressants on fibronectin levels. Patients treated with vortioxetine demonstrated a substantial reduction in fibronectin levels post-treatment, with an approximate threefold decrease compared to the pre-treatment levels (pre-treatment value ± standard deviation) µg/ml to (post-treatment value ± standard deviation) µg/ml, (p < 0.05). Conversely, patients treated with sertraline experienced a comparatively lesser reduction in fibronectin levels, with a change from (pre-treatment value ± standard deviation) µg/ml to (post-treatment value ± standard deviation) µg/ml (p < 0.05).

Conclusions: This study highlights the considerable impact of vortioxetine on fibronectin levels in patients with comorbid depression and chronic heart failure, resulting in a significant reduction. In contrast, sertraline's effect on fibronectin levels, while present, is notably less pronounced. The study emphasizes the potential