

stressful relationships with supervisors and funding difficulties. Several studies have indicated that most graduate students spent over 40 hours per week on their postgraduate program, more than 70 % were not able to complete their programs within the set timeframe, and had uncertainty related to their job

Objectives: In this review, we discuss the mental health of postgraduate students focusing on depression, anxiety, stress, and smartphone addiction.

Methods: a review presentation of the mental health of postgraduate
Results: According to meta-analysis, depression prevalence among postgraduate participants ranges from 6.2% to 85.4% in 36 studies. The pooled prevalence was 34% (26,579 individuals; 95% CI: 28–40). A study using the GAD-7 scale to evaluate the prevalence of anxiety concluded that 41% of postgraduate students suffered moderate to severe GAD, which is about six times the prevalence of GAD among the general population. A Study demonstrated 51.0% of the participants had smartphone addiction. A significant association was also observed between extensive smartphone use and depression ($P = 0.001$). Of the smokers in this study, 41.5% were addicted to smartphones ($P = 0.039$). Smartphone addicts had approximately two times the chance of having insomnia ($OR = 2.113$) ($P = 0.013$). In addition, they showcased more ADHD symptoms ($OR = 2.712$) ($P < 0.001$).

Conclusions: Studies identified a higher prevalence of mental illnesses among postgraduate students than in the general population. Although students affected are highly educated, their awareness of mental health is not sufficient to know their mental symptoms and seek help. Therefore, we suggest launching wellness programs to enhance their mental health.

Disclosure of Interest: None Declared

EPP0606

Impact of Ageism on Civic Engagement and Mental Health Among Older Adults: A Qualitative Study

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Introduction: Ageist beliefs and attitudes may restrict the opportunities for older adults to participate actively in their communities, resulting in strong effects on mental health.

Objectives: This study has three objectives: 1) To investigate the effect of ageism on older adults' civic activities; 2) To analyze the influence of ageism on mental health; and 3) To explore the impact of civic participation on older adults' mental health.

Methods: This qualitative study included 391 older people from three different nationalities (Portuguese, Brazilian and English) ranging in age from 65 to 88 years old. All the interviews went through the process of content analysis.

Results: For the first objective, findings encompass four major themes: (1) Social disapproval (86%); (2) Perceived Ineptitude (84%); (3) Anticipated Failure (83%); and (4) Inability to Contribute (77%). For the second objective, findings indicated six categories: (1) Helplessness and Despair (89%); (2) Rage (81%); (3) Self-Perceived Inability (77%); (4) Sense of Unimportance (71%); (5) Anxiety (68%); and (6) Outbursts of Emotion (63%). For the

third objective, the following five major subjects emerged: (1) Meaningfulness (81%); (2) Embracing Social Belonging (80%); (3) Cognitive Abilities (71%); (4) Personal Empowerment (67%); (5) Emotional Expression (54%). Additionally, findings indicated that the most verbalized themes for the three objectives were the same across the three nationalities.

Conclusions: The results of this study offered insight into how ageism, mental health, and civic engagement are related. Ageism seems to have a negative impact on mental health. Ageism also made it difficult for people to participate in civic life, which has been linked to better mental health. These findings emphasize the need to identify ageism and encourage inclusive civic involvement to improve older individuals' mental health.

Keywords: Mental health; ageism; civic participation; older adults.

Disclosure of Interest: None Declared

EPP0607

Adolescents' mental health and well-being in light of their substance use and the presence of special education needs

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Introduction: Promoting mental health during adolescence is an essential health education objective and a crucial time for the formation of healthy mindset and behaviors. During this period, individuals are more likely to engage in health risk behaviors that can contribute to mental health problems that manifest in later adulthood. It has been demonstrated that optimal psychological health and the quality and application of students' emotional and social skills may prevent and reduce the onset of risky health behaviors, such as substance abuse. Students with specific learning difficulty (SpLD) are at higher risk to develop problem behaviors and they require special attention for promoting their mental health.

Objectives: The aim of the present study is to investigate mental health and well-being, and health behaviors as well as substance use in a sample of adolescents including those with SpLD, using the SDQ 'Strengths and Difficulties Questionnaire', a widely utilized instrument for the multidimensional assessment of mental health in children and adolescents.

Methods: Our study included 276 school-aged children (mean age: 13.57 years; SD: 1.81; boys: 54.7%), 143 of whom had SpLD. We utilized a self-administered, anonymous questionnaire that included the Adolescent Psychological Well-Being Questionnaire, the Life Satisfaction Scale, and the WHO Well-Being Questionnaire. Peer support, individual internal psychological resources, and health risk behaviors were also assessed.

Results: The statistical analyses revealed a number of noteworthy differences. First, the SDQ scores of smoking and drinking adolescents were substantially different from those of their peers on the dimensions of emotional symptoms, conduct problems, and hyperactivity in the case of smoking ($p < .05$), and on the dimensions of hyperactivity and prosocial behavior in the case of drinking ($p < .05$). On the other hand, significant differences were found between boys and girls, particularly in the domains of prosocial and affective symptoms ($p < .05$). Individuals with SpLD exhibited distinct

patterns, particularly in the domains of emotional symptoms and peer relationship problems ($p < .05$). Furthermore, all of the investigated components of mental well-being had significant negative correlations with the SDQ dimensions of emotional symptoms, conduct problems, hyperactivity, and peer relationship problems, whereas the dimension of prosocial behavior showed a significant positive correlation ($p < .05$).

Conclusions: Our findings support differences in mental health domains according to the adolescents' substance using status or the presence of SpLD. The results of this study may contribute to the development of health promotion programs and intervention strategies as well as draw attention to the unique challenges faced by children with special education needs.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP0610

Analysis of drug-drug interactions in spontaneous adverse drug reaction reports from EudraVigilance focusing on psychiatric drugs and somatic medication

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Introduction: Patients with severe mental illnesses (SMI) are often exposed to polymedication. Additionally, the risk of somatic diseases is twice as high in patients with SMI as in individuals without a psychiatric disorder. Furthermore, drug–drug interactions (DDI) between psychiatric drugs and somatic medications are a well-known cause of adverse drug reactions (ADR).

Objectives: The aim of this study was to analyse whether already known DDI related to psychiatric drugs and somatic medication still occur in everyday clinical practice.

Methods: Therefore we identified all spontaneous ADR reports contained in the European ADR database EudraVigilance from Germany received between 01/2017 and 12/2021 reported for patients older than 17 years in which antidepressants, antipsychotics and mood stabilizers were reported as suspected/interacting ($n = 9,665$). ADR reports referring to intentional overdoses and suicide attempts were excluded ($n = 9,276$ left). We used the ABDATA drug information system in order to identify all potential DDI (pDDI). The identified reports with pDDI were then assessed individually to determine whether the respective DDI occurred.

Results: 1,271 reports with 728 potentially interacting drug pairs related to psychiatric drugs and somatic medications with 2,655 pDDI were found. Restricted to potentially interacting drug pairs with more than 10 reports, (i) hyponatremias related to antidepressants and diuretics ($n = 362$, 32.6%), (ii) bleeding events related to selective serotonin reuptake inhibitors (SSRI) and platelet aggregation inhibitors, anticoagulants or non-steroidal antiinflammatory drugs (NSAID) ($n = 295$, 17.5%), and (iii) increased beta-blocker effects related to SSRIs and beta-blockers ($n = 126$, 11.3%) were the most frequently identified pDDI. After individual case assessment, in

33.3% (14/42), 23.7% (45/190) and 17.4% (8/46) of the reports bleeding events related to SSRIs and anticoagulants, SSRIs and platelet aggregation inhibitors and SSRIs and NSAIDs were reported. Hyponatremia was reported in 7.6% (22/289) of the reports related to antidepressants and diuretics and increased beta-blocker effects in 6.9% (8/116) of the reports related to SSRIs and beta-blockers.

Conclusions: According to our analysis, well-known DDI still occur in the treatment of psychiatric patients with psychiatric drugs and somatic medication. Whenever possible, alternative drug combinations with a lower potential of DDIs may be considered or appropriate monitoring measures should be conducted.

Disclosure of Interest: None Declared

EPP0611

Antipsychotic use and associating factors among persons with substance-induced psychosis and first-episode psychotic disorders. A nationwide register-linkage study

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Introduction: Far less is known about the preceding factors of antipsychotic use among persons with substance-induced psychosis (SIP) and first-episode psychosis (FEP). There is no prevention research on how persons with SIP differ from persons with other psychosis episodes like FEP. Antipsychotic medication is the general essential and necessary element in the treatment of SIP and FEP. Antipsychotics are used as first-line therapy, commencing with a low dose and titrating upwards. There are no exciting treatment guidelines for treating Substance-induced psychosis in the long term. (A review of some studies published by the Oxford Journals Schizophrenic Bulletin indicated that drug-induced psychosis lasted longer than a month in individuals between 1 and 15% of the time.)

The aim of the study was to investigate antipsychotic use and associated factors in persons with SIP and compare it with persons with other FEP

Objectives: 1 To study the antipsychotic use among persons with SIP compared with FEP from 3 years before until three years after their first diagnosis first incident of psychosis)

2. To study associating background factors with antipsychotic use among patients with SIP

Methods: Incident Swedish SIP cases ($n = 7320$) during 2006-2016 were identified from health care registers and matched 1: with persons with FEP ($n = 7320$) by age, gender, and calendar year of diagnosis. Prevalence of antipsychotic use was assessed as point prevalence every six months, from 3 years before until 3 years after the first diagnosis. Factors associating with antipsychotic use among SIP were analyzed with multivariable logistic regression, including information on sociodemographic and work-related background, including disability pension and sickness absence, SIP types, and psychiatric diagnoses.