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Early career psychiatrists in Europe during COVID-19 outbreak: Results of the EPA ECPC-EFPT cross-sectional survey

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The COVID-19 outbreak has left its mark on the work of mental health care staff. Many professionals had to radically change their working conditions or were delegated to work in different facilities, in many cases taking on different responsibilities with little time for training. Many psychiatrists overnight had to partially or fully start working within telemedicine. Due to the lockdown, psychiatric trainees in many countries were not able to complete their training as planned. The measures taken by the governments to limit the impact of the pandemic also affected the capacity to conduct research studies and directions of new research initiatives. Dr. Gondek will present the results of the EPA ECPC-EFPT Cross-sectional survey on the effects of the outbreak on work and wellbeing of Early Career Psychiatrists in Europe.

Disclosure: No significant relationships.

Keywords: education in psychiatry; COVID-19; telemedicine; Early career psychiatrists

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COVID-19 and cap: What changed in training and practice for early career child/adolescent psychiatrists?

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The Covid-19 pandemic has transformed the world since the beginning of 2020 and many aspects of health care provision has changed dramatically. Despite not being regarded as a frontline field at first look, Child and Adolescent Psychiatry (CAP) has been highly impacted by the pandemic as a fundamentally biopsychosocial branch. CAP specialty training has also become a different experience due to the reprioritization of health care services along with the restricting rules of the 'new normal'. In this symposium presentation, we will discuss the effects of the Covid-19 pandemic on the training and practice of CAP specialty trainees and early career specialists through the results of the 'Early Career Psychiatrists in Europe during COVID-19 outbreak' survey study, organized by the EPA and EFPT. The survey covers different areas including reorganization of training/practice during the pandemic, personal experiences with Covid-19 and adoption of Telepsychiatry practices. This pan-European study is expected to shed light on the emerging issues for young doctors in CAP to plan necessary improvements on a European scale.

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Keywords: child and adolescent psychiatry training; child psychiatry pandemic; early career child and adolescent psychiatry; child psychiatry and COVID-19

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COVID-19 and psychiatric education: From postgraduate to continuous medical education

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COVID-19 has impacted psychiatric education at many levels from postgraduate training to Continuous Medical Education (CME). We invited participants at the European Union of Medical Specialists (UEMS) who are national representatives to share how COVID-19 has impacted postgraduate training and Continuous Professional Development (CPD) in their countries. They were asked to report the challenges but also the opportunities created by the pandemic and their answers were analysed. Several themes emerged. Challenges in postgraduate training have been absences caused by COVID, redeployment, reduced interactions and postponement of assessments. The mental health of trainees was affected, including burnout. Interestingly in some places, like Denmark, training was less impacted as psychiatry was designated as 'critical' and therefore no redeployment. Exams have moved online and there have been concerns about cheating in the new format. In countries where it is obligatory to be up to date with CME/CPD to maintain medical registration, the usual requirements were waived. Conferences and live events have moved online and webinars became popular and widely accepted. Some positive developments included rapid adoption of technology, for consultations and training, increased relevance of CPD/CME, emphasis on team cohesion and recognition of the need for self-care and team support. The pandemic also fostered international collaboration, e.g. sharing guidelines for new ways of working. Some of the innovations described, mainly related to the adoption of technology and remote working will likely be taken in the future. However, the sentiment remains that live exchanges are valuable and should be resumed as soon as it is safe.

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Keywords: Continuous Medical Education; COVID-19; postgraduate psychiatry training; psychiatric education

Severe mental illness in the perinatal period: Recognising and managing risks

S0163

Should we monitor psychotropic drug levels in pregnancy and the postpartum period to reduce risks of recurrence?

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Pregnancy is associated with profound changes in pharmacokinetic processes. This is an important - and until recently neglected - area of research since the majority of women take drugs during pregnancy in addition to vitamin and dietary supplements. Recent

evidence has emerged that the changes do not only include absorption, distribution and excretion but also drug metabolism, such as modifications in the regulation of hepatic metabolism and conjugation. Oestradiol is known to have an important role in the expression of cytochrome P450 isoenzymes and glucuronosyl-transferase that are involved in the metabolism of psychotropic drugs. Recent studies of different psychotropic drug classes have shown that this can result in profound changes of plasma concentrations that commence early in pregnancy and gradually increase towards delivery. In this presentation pregnancy-induced metabolic changes that have been found so far for several psychotropic drugs will be discussed and the question addressed whether and how we should monitor plasma levels in our pregnant patients.

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Keywords: psychotropics; pregnancy; therapeutic drug monitoring

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Suicide attempts in women with severe mental illness in the perinatal period

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Suicide is one of the leading causes of perinatal maternal mortality (1). Maternal suicidality has a negative impact on the mother-baby relationship and child development. However, little is known about specific risk factors for perinatal suicide attempts in women with severe mental illness. In a sample of 1439 women with severe mental illness in the perinatal period and jointly admitted with their baby in a mother and baby unit, 154 (11.7%) attempted suicide, 49 in pregnancy (3.7%) and 105 (8.0%) in the post-partum period (2). Suicide attempt in pregnancy was related to alcohol use, smoking during pregnancy and a history of miscarriage, and in the post-partum period to major depressive episode or recurrent depression and younger age. Women who attempt suicide either in pregnancy or in the postnatal period could have different psychopathological and environmental profiles. Past obstetric history and addictive behaviours during pregnancy are essential elements to explore. In addition, depressive symptoms should be assessed in all women to treat major depression, as a means of preventing suicide attempt. Special attention to risk of suicide is needed during the perinatal period for women with severe mental illness. For women suffering from an acute psychiatric disorder, or a history of mental illness, multi-disciplinary management should be implemented. 1. Oates M. Suicide: the leading cause of maternal death. *Br J Psychiatry*. 2003;183:279-81. 2. Gressier F et al. Risk factors for suicide attempt in pregnancy and the post-partum period in women with serious mental illnesses. *J Psychiatr Res*. 2017;84:284-291.

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Keywords: Mental Illness; Suicide Attempt; pregnancy; post-partum

Network analysis for personalisation of treatment: Understanding links among symptoms, risk factors and functioning

S0169

Recovery in schizophrenia: A network analysis of inter-relationships among disease-related variables, personal resources, context-related factors and real-life functioning

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Abstract Body: Central to recovery-oriented approaches in schizophrenia are treatment integration and personalization, targeting key variables beyond symptom reduction. The Italian network for research on psychoses conducted a study demonstrating, using network analysis, the central role of community activities in bridging the effects of symptoms, cognition, functional capacity and service engagement on real-world functioning. A 4-year follow-up study was recently completed and the presentation will illustrate the findings. Network analysis was used to test whether relationships among all variables at baseline were similar at follow-up. In addition, the network structure was compared between subjects classified as recovered or non-recovered at follow-up. Six hundred eighteen subjects were assessed at both baseline and 4-year follow-up. Results showed that the network structure was stable from baseline to follow-up, and the overall strength of the connections among variables did not significantly change. Functional capacity and everyday life skills were the most central variables in the network at both baseline and follow-up, while psychopathological variables were more peripheral. The network structure of non-recovered patients was similar to the one observed in the whole sample, but very different from that of recovered subjects, showing few connections among the different nodes. These data strongly suggest that connections among symptoms/dysfunctions tend to maintain over time, contributing to poor outcome in schizophrenia. Early treatment plans, targeting variables with high centrality, might prevent the emergence of self-reinforcing networks of symptoms and dysfunctions in people with schizophrenia.

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