

be used to predict difficulty with deprescribing. We designed a deprescribing difficult questionnaire to assess the difficulty experienced by clinicians during a deprescribing consultation. We were able to study the is a correlation with DUST scores and Clinician experience of difficulty and challenge in deprescribing of the SSRI and SNRI.

**Results:** Current alcohol drinkers and smokers were less likely to deprescribe from their antidepressants. Clinicians should do a risk assessment using the DUST screening tool checking for risk of dependence. There is an R value of 0.1586 (P-value is 0.018848) between the correlation of patients increased length time and increased DUST score causing an increased risk of dependence. The average R-score across the three practices between patient's length of time being on medications and their DUST score is  $R=0.18705$  (P value of 0.01)

**Conclusions:** Inability to access IAPT therapies, shortened length of CBT sessions and lack of post IAPT support caused poor patient experience and contributed to reluctance to re-engage with IAPT services. Both cascade and incremental prescribing following lower doses without documentation of the limitations of medication results in unrealistic expectations generated from the prescribing. There is positive correlation between length of SSRI and SNRI prescribed, DUST scores, and Clinical challenge scores with patients' unwillingness to be deprescribed. Patients should have a DUST score review prior to having been put onto any antidepressant as there is a potential link between increased DUST score and lower chances of willingness to deprescribe. Clinicians need to counsel patient of risk of dependence. The likelihood is these are drugs of dependence and clinicians should counsel patients of these risks and given review dates and offered deprescribing.

**Disclosure of Interest:** None Declared

## EPV0409

### Hair loss due to Quetiapine usage : a case report

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**Introduction:** Hair loss is a common clinical complaint, resulting from a wide variety of causes, a variety of medications prescribed to treat mental diseases may contribute to hair loss.

**Objectives:** As far as we know, no previously published reports of alopecia associated with quetiapine were identified in Morocco.

Through this work we will try to expose the first case having this undesirable effect in our context, next to the rare cases in the literature.

**Methods:** This article describes the experience of a 37-year-old male developing diffuse alopecia associated with use of quetiapine and recovering after cessation of the medicament is presented, besides presenting some rare cases that were found and described in other studies.

**Results:** Among these psychotropic agents, this side effect is most often reported with the use of valproic acid and lithium It has been also reported with the atypical antipsychotic medicines olanzapine and risperidone, but only rare cases were reported in relation to quetiapine, In this paper, a 37-year-old male patient developing diffuse alopecia associated with use of quetiapine and recovering after cessation of the medicament is presented.

**Conclusions:** The results of this study are the first known in Morocco, establishing a relationship between hair loss and the use of quetiapine will be taken in consideration while prescribing this medicine. These results confirm the relatively new idea of the impact of quetiapine on hair loss, unlike older studies which suggested good tolerance of this molecule.

**Disclosure of Interest:** None Declared

## EPV0410

### Caregiver burden in parents of children with neurological impairment and its relation with depression

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**Introduction:** Caregiving negatively affects the psychological and physical health of the caregivers, especially in parents of children with neurological impairment (NI). Furthermore, the behavior and demands of the patient make the caregivers encounter increased stress levels and negative thoughts about the future that may lead to depression in caregivers.

**Objectives:** To assess the relationship between caregiver burden and symptoms of depression in parents of children with NI.

**Methods:** A total of 33 caregivers of children with NI, participated in this cross-sectional, descriptive and analytical study, carried out in Child Neurology Department of the University Hospital in Sfax (Tunisia), between February and April 2021.

The Zarit-Caregiver-Burden-Scale (Zarit-CBS) and the Beck Depression Scale were administered.

**Results:** The average age of the caregivers (27 mothers and 6 fathers) was  $38,33 \pm 6,53$  years. Among the parents, 81,81% didn't exceed the secondary educational level and 75,75% of them had an irregular occupation.

The average age of the children (21 boys and 12 girls) was  $7,58 \pm 4,29$  years. Near to the half of them (51,51%) had intellectual disability. Over 54.54% of the children had a functional independence, while 21.21% required help in walking and 24.24% were unable to walk. The intervention was based on motor rehabilitation (57,57%), adequate equipment (24,24%), ergotherapy (45,45%) and speech therapy (60,6%). After the intervention, 63,63% of children had an improvement and 30,3% had a stationary state.

The mean score of Zarit-CBS was  $52,45 \pm 14,26$ . The caregiver burden was noted in 96,96%.

The mean score of Beck was  $9,33 \pm 5,48$ . The depression was noted in 78,78%.

The total Zarit-CBS score had positive correlation with Beck scores ( $p=0.038$ ).

**Conclusions:** There is a positive relationship between the caregiver burden and depression symptoms. Thus, effort should be made to relieve caregiver burden in parents of children with NI.

**Disclosure of Interest:** None Declared