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

D. Dubrall[1,2*], R. Weber[2], M. Boehme[2], M. Schmid[1], B. Sachs[2,3] and C. Scholl[2]

[1]University Hospital of Bonn, 53127; [2]Federal Institute for Drugs and Medical Devices, 53175 and [3]University Hospital RWTH Aachen, 52074, Germany
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.715

**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 drugs 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

J. Jeyapalan[1,2*], S. Niemela[1,3] and H. Taipale[4,5,6]

[1]Department of Psychiatry, University of Turku, Turku; [2]Department of Psychiatry, Vaasa Central Hospital, Vaasa; [3]Department of Psychiatry, University Hospital Turku, Turku, Finland; [4]Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden; [5]Niuvanni Hospital, Kuopia and [6]Neuroscience Centre, University of Helsinki, Helsinki, Finland
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.716

**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 FEP1. Antipsychotics are used as first-line therapy, commencing with a low dose and titrating upwards2. 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.3)
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 3years before until 3years 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.