Methods: 1,633 records of psychiatry inpatients were examined retrospectively throughout the 10-year records of the Psychiatry Department of Papanikolaou General Hospital in northern Greece. The research was conducted between 2013 and August 2023. The sample was divided into subgroups according to gender, diagnosis, and year of hospitalization. A bivariate analysis was performed to examine relationships between the examined variables: (a.) place of residence; (b.) age; (c.) type of admission; (c.) hospitalization duration; (d.) number of lifetime hospitalizations; (e.) lifetime prosecutor's orders for coercive examination; and (f.) lifetime suicide attempts.

Results: A fairly equivalent number of males and females was included in the study (M: 874; F: 759).The mean age of the sample was 44.7 years with males being younger than females (males 43.23; females 46.39). Males residing out of the co-capital as well as females residing within the co-capital of Greece, Thessaloniki, disclosed higher odds of being hospitalized (p<0.03). Coercive hospitalizations represented 47% of cases, bore the highest duration (20.7 days), and involved the youngest patients. Coercively hospitalized male patients outnumbered their female counterparts (p<0.001). Voluntary urgent hospitalizations duration was estimated at 17.04 days, followed by outpatient admissions (12.64 days) and transfers from other clinics (11.35 days). 37% of patients experienced psychosis while 35% experienced affective disorders. Males were more affected by psychosis (Odds Ratio: 1.35; p<0.001). Females were more liable to affective disorders (OR: 1.78; p<0.001). 7% of the sample had committed suicide attempts, with single suicide attempts being ten times higher than multiple suicide attempts (p<0.001). Females were more than twice as likely as males to commit a suicide attempt (p<0.001). Females tended more to be hospitalized self-willingly (p=0.0015) and to voluntarily terminate hospitalizations prematurely (p=0.0014). Patients with a single hospitalization were seven-fold compared to those with multiple hospitalizations (p<0.001). The average lifetime hospitalization number for a patient was one hospitalization, while the average for a patient with previous hospitalizations was three.

Conclusions: Being in position to identify the patients in high-risk for hospitalization -as well as for suicide attempt- the clinician can proceed to initiatives such as treatment modifications or further involving the patient's family.

Disclosure of Interest: None Declared

EPV0505

Assessing the Impact of the Different Psychiatric Disorders on the Profiles of Psychiatric Hospitalization: A descriptive study in a Greek Hospital

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Introduction: The prevalence of psychiatric re-admission ranges from 15% to 60%, escalating even more in the first year after admission, affecting the patients' quality of life. Furthermore, the diagnosis of psychotic or affective disorders represents a risk factor of psychiatric re-admission, highlighting the diagnosis impact to the "profile" of psychiatric hospitalization.

Objectives: To compare the different "Hospitalization Profiles" in association to the patients' diagnostic categories.

Methods: Overall, 1,633 records of psychiatry inpatients were examined retrospectively throughout the 10-year records of the Psychiatry Department of Papanikolaou General Hospital in northern Greece. The research was conducted between 2013 and August 2023. The sample was divided into subgroups according to gender, diagnoses - according to the International Classification of Diseases (ICD-10)-, and year of hospitalization. A bivariate analysis was performed to examine relationships between the variables: (a.) place of residence; (b.) age; (c.) type of admission; (c.) hospitalization duration; (d.) number of lifetime hospitalizations; (e.) lifetime prosecutor's orders for coercive examination; (f.) lifetime suicide attempts.

Results: Developmental disorders (F80-89) stood for the youngest average age of hospitalization (26 years) and lowest average hospitalization duration (7 days). Neurodegenerative disorders (F00-09) represented the diagnostic category with the oldest mean age of hospitalization (66 years). Intellectual disorders (F70-79) yielded the longest average hospitalization duration (21 days). Patients with intellectual disorders were found to be facing homelessness at a higher rate (4.76%) than patients of any other diagnostic entity (p=0.096). Psychotic and substance use disorder patients obtained equivalently (p=0.18) the highest rates of coercive hospitalizations (63% and 71%, respectively); compared to other diagnostic categories (p=0.0008). Dual diagnosis and anxiety disorders projected equivalently (p=0.9) the highest rate of premature voluntary discharge (6.9% and 6.4%, respectively). Dual diagnosis, personality disorders, and affective disorders also recorded the highest rates of suicidality (11-15%; with no significant statistical difference among the three diagnostic entities p>0.1) among hospitalized patients of all diagnostic categories (p<0.05).

Conclusions: Interestingly, the study's results reveal the pathologies of the Greek society, with the most representative example being this of patients suffering from intellectual disorders simultaneously presenting the highest risk of homelessness. Further studies are needed, focusing on the sub-populations of psychiatric patients as well as their status in terms of social security, health care providing, quality of life and life expectancy.

Disclosure of Interest: None Declared

EPV0506

Psychiatric disorders in professional drivers and fitness for work

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Introduction: The driver's job is a safety job requiring a meticulous neuropsychological assessment, which can affect the decision on fitness to drive. Professional driving benefits from codified regulations concerning neuropsychological disorders.

Objectives: To describe the socio-professional characteristics of drivers with psychiatric illnesses

To specify the impact of these pathologies on decisions on fitness for work

Methods: Retrospective descriptive study of drivers with psychiatric disorders who consulted the occupational pathology and fitness for work department of the Charles Nicolle Hospital for fitness for work assessment during the period from January 2016 to January 2023.

Results: Out of 98 drivers who consulted our department for an aptitude assessment, nine (n=9) patients had a psychiatric disorder. The average age was 45±7 years. They were all men. They were bus (n=7), light car (n=1), and lorry (n=1) drivers. They belonged to the transport (n=7) and service (n=2) sectors. Length of service ranged from one year to 35 years. The pathologies presented by the patients were: anxiety-depressive disorder (n=7), bipolar disorder (=1) and drug-addiction (n=1). They were being treated with antidepressants (n=7), anxiolytics (n=3), and thymoregulators (n=1). The medico-legal decision was to avoid professional driving (n=7) and to avoid professional driving at night (n=2).

Conclusions: psychiatric illnesses can compromise fitness to work. The role of the occupational physician in the primary and secondary prevention of people at risk is important.

Disclosure of Interest: None Declared

EPV0508

Characteristics of online shopping behaviour among Tunisians consumers

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Introduction: During the COVID-19 pandemic confinement, the number of people shopping online has increased all over the word. To date, little is known about the online shopping behaviours of Tunisians consumers.

Objectives: Evaluate the characteristics of internet shopping among Tunisian consumers.

Methods: A cross-sectional, descriptive and analytical study was conducted among subjects who had already made at least one online purchase. Data was collected using a self-questionnaire published by GOOGLE FORMS. We used a survey form collecting socio-demographic data, personal history and characteristics of online shopping behaviour.

Results: A total of 137 participants aged 34.62 ± 9.82 years took part in this study.

All participants had made at least one online purchase, with 43.8% (N=60) purchasing "More than once a year". The products purchased were most often textiles and shoes (50.4%; N=69). The main reasons consumers gave for buying online were special offers (37.2%, N=51), reduced prices (25.5%, N=35) and free delivery (14.6%, N=20). Almost half of the participants (N=63; 46%) said that they had visited physical shops less since they started shopping online. Regarding the average online shopping budget, 44.5% of consumers (N=61) spent less than 50 dinars/month and 18.2% (N=16) did not use all the products they bought online. Almost half of participants (N=68, 49.6%) feared that their credit card information would be at risk. The majority of respondents (88.9%) thought they might receive a faulty product following online shopping.

Conclusions: Our study has enabled us to identify certain factors that may act as a blocker for online purchasing. So that, stablishing strategic actions for the continuous improvement of online shopping services with the reduction of subjectivity in customer perception will be helpful.

Disclosure of Interest: None Declared

EPV0510

Use of long-acting treatments in adult social care. Experience of an Acute Inpatient Mental Health Unit

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Introduction: In recents years, the number of social exclusion patients who go to the emergency room for psychiatric evaluation, has increased significantly. This fact may be due to the circumstances associated with migration: economic problems, house searching, moving away from the family origin,… These situations can cause stress before, during and after adaptation, which is a risk factor for presenting psychotic symptoms.

Objectives: The objective of this study is present another alternative treatment for adults with social exclusion with psychotic symptoms or Psychotic Disorder. Presenting through a case of Acute Inpatient Mental Health Unit.

Methods: A 25 year old men was referred to the emergency deparment due to an episode of agitation. As relevant psychiatric history, a previous admission to psychiatry's hospitalitation with a diagnosis of Schizophrenia. Upon discharge, the patient has not been followed up in Mental Health, although he has gone to the emergency room on several ocassions where ir is reflected that no psychotic decompensation has been observed. He emigrated to Spain two years ago, since then he has been homeless, working intermitenly in agriculture.

At our assessment, after having ruled out consumption of toxic substances, the patient presented a neglected and cachetic appearance. He says that he is worried because some people can not see him and others can.

We admit the patient for study and treatment. Involuntary admission.

Results: During the hospitalitation, a join approach was carried out with Social Work and it was decided to start depot treatment in order to promote therapeutic adherence. In this case, it was decided to apply paliperidone depot every sin month. For this, an induction regimen was followed: fisrt, monthly paliperdione 100mg depot was administered, 4 days later, monthly paliperidone 150mg depot and 4 days later, the biannual injection.