29,000 people have died and almost 100,000 people have been home-isolated, with strict lockdown measures. The COvid Mental hEalth Trial (COMET) network, including ten university Italian sites and the National Institute of Health, has promoted a national online survey in order to evaluate the impact of lockdown measures on the mental health of the Italian general population. The COMET survey reports data from a large sample of more than 20.000 people from Italian general population, showing that lockdown has had a detrimental impact on mental health, in terms of worsening of anxiety, depressive and stress symptoms. Findings from this study can be useful to inform national and international associations, policy makers and stakeholders on the importance to provide adequate support to the mental health of the general population.

Disclosure: No significant relationships.
Keywords: mental health; pandemic; Young People

W0059

Social media content analysis on twitter to explore public perceptions regarding pathological social withdrawal (hikikomori)

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Hikikomori is a form of severe social withdrawal, initially described in Japan and recently reported in other countries around the world. Individuals with hikikomori shut themselves in their homes with minimal interaction with society and little participation in school or the workforce. The nature of hikikomori makes the individuals suffering it a hard-to-reach population. While hikikomori was described in Japan much before the 'digital revolution' of the 2000s, the internet, social media, and online gaming have radically changed the way people interact. This may be particularly true among hikikomori who spend much time online for entertainment or social interaction. Given this, the online world has been proposed as an accessible gateway to reach and support individuals with hikikomori. This talk will present and discuss the results of the Twitter-hikikomori international studies, conducted between 2018-2020 and led by Dr. Pereira-Sanchez, which employed social media mixed quantitative-method analyses to characterize the public conversations related to hikikomori on the social media platform Twitter in several Western languages and Japanese. As for the results, Twitter data provided evidence that hikikomori extends well beyond Japan examining, and showed that tweets in Japanese are more often are related to personal anecdotes, whereas tweets in Western languages are more often related to hikikomori as a medical issue. Apart from the results of the content analyses studies have been a proof of concept on the use of social media contents to investigate a phenomenon affecting a hard-to-reach population, which may inspire future online-based efforts to better support these populations.

Disclosure: No significant relationships.
Keywords: social withdrawal; social media; Hikikomori; twitter

Clinical/Therapeutic

Medication deprescribing in elderly patients with mental disorders: Why, when, and how?

W0060

Different general strategies for deprescribing in real clinical settings: From lists to collaborative care

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Most elderly patients with mental disorders are treated with polypharmacy (e.g., five or more medications), and they are receiving medications that are potentially inappropriate for elderly patients (e.g., PIMs). These aspects are often excluded in the clinical guidelines, meta-analyses, and randomized controlled trials but are very important for prudent prescribing in daily practice. The most robust approach to reducing irrational polypharmacy, PIMs, and other medications-related problems in this population is a careful deprescribing process. It is the process of tapering, withdrawing, discontinuing, or stopping medications. There are some tools available to help in the deprescribing process in clinical practice, including different medication lists (e.g., Beers criteria, STOPP/START, and guidelines) and collaborative care, including clinical pharmacist or pharmacologist. Medication lists have been used in clinical trials and guidelines, where Beers criteria are used predominantly in the U.S. and Priscus list in Europe. A collaborative care approach, including a clinical pharmacist, has been established only in some countries (e.g., USA, UK & Slovenia). The results are positive with a decrease of PIMs, polypharmacy, and an increase in the patients' quality of life. The participants will learn the general deprescribing processes supported by the evidence-based data and real clinical pharmacological tools useful for daily practice.

Disclosure: No significant relationships.
Keywords: Psychopharmacology; Collaborative care; Deprescribing; Real Clinical Setting

W0061

Clinical aspects of deprescribing process in affective disorders

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Although depression in the elderly is often underdiagnosed and undertreated, some data show that next to this potential underuse, antidepressant prescriptions may also be overused and prescribed inappropriately. These potentially overused and inappropriate prescriptions of antidepressants are often related to polypharmacy, comorbidity and increased mortality. Deprescribing is the planned

and supervised process of reducing or stopping medications that may no longer be of benefit or may be causing harm. Clinically relevant aspects and considerations of this deprescribing process in elderly patients with affective disorders will be discussed. Woodford HJ, Fisher J. New horizons in deprescribing for older people. Age and Ageing 2019;48:768-775. Hiance-Delahaye A, et al. Potentially inappropriate prescription of antidepressants in old people: characteristics, associated factors, and impact on mortality. Int Psychogeriatr 2018 May;30(5):715-726. Bobo WV, et al. Frequency and predictors of the potential overprescribing of antidepressants in elderly residents of a geographically defined U.S. population. Pharmacol Res Perspect 2019;e00461.

Disclosure: No significant relationships.
Keywords: Affective disorders; Elderly

W0062

Deprescribing process in demented patients: What is the rationale?

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Polypharmacy is rather a rule than an exemption in the elderly. This applies also to the demented population, whether they live in private homes or in nursing homes. The application of multiple drugs increases the risk to develop delirium, to promote falling and to hasten cognitive decline, What can be done to reduce these risks? First of all, drugs should be given on the basis of an appropriate assessment. Pain e.g. may be misunderstood as challenging bevhaviour. Side affects might be misunderstood as newly occuring symptoms. Drugs should be prescribed with a written protocol, what the drug is expected to do. If this does not occur, the drug should be deprescribed. In addition, antidepressants should be deprescribed. Many demented patients receive more than two of them, mostly for years. Depresciption follows the evidence, that antidepressants are not much helpful in dementia. They may induce hyponatriamia, too. The deprescription of benzodiazepines requires patience and a long tapering-out. And overall, what about the antipsychotics? They shall be given at a minimum dosage and duration. That means, that drug pauses should be established regularly. And finally, what about the antibiotics, antihypertensive drugs and more? Having in mind, that severe dementia is mostly a state, where the priniciples of palliative medicine should be applied, also many of these drugs can be deprescribed.

Disclosure: No significant relationships.
Keywords: Deprescribing; dementia; polypharmacy; delirium

W0063

Antipsychotics for elderly with psychosis: Deprescribe or continue?

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Maintenance treatment with antipsychotics remains the key principle in the long-term management of psychotic disorders. For some patients, it means life-long use of medication. Continuous drug administration helps to prevent relapses, maintain remission, and achieve functional recovery. Moreover, epidemiological data suggest that antipsychotic treatment significantly reduces mortality rates of schizophrenia patients. On the other hand, some authors argue that antipsychotic drugs may lose its efficacy over time, their long-term exposure results in more harm than benefit. Especially elderly patients are more sensitive to side effects. Several studies which followed-up patient cohorts over the span of several decades found that there are schizophrenia patients who can achieve good functional outcome and full recovery without antipsychotic treatment. Therefore, it is paramount to identify those individuals, particularly among elderly psychotic patients, who can thrive and benefit from timely antipsychotic discontinuation.

Disclosure: No significant relationships.
Keywords: Antipsychotics; schizophrénia; drug discontinuation

Research

Birth asphyxia: Is this an area of primary prevention in schizophrenia?

W0065

Birth asphyxia and its implications for neuropsychology and brain volume in schizophrenia

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Introduction: Newborn infants can suffer permanent brain damage as a result of birth asphyxia (ASP), a severe obstetric complication (OC). However, effects of OCs on cognitive abilities and brain structure in schizophrenia (SZ) are unknown.
Objectives: The main goals of this study were to investigate putative effects of a history of OCs on adult cognition and brain structure in SZ.
Methods: We utilized prospective data from the Medical Birth Registry of Norway to identify incidences of severe OCs in adult healthy controls (HC; n = 622) and patients with SZ (n = 607). IQ was assessed, and a subset of participants (n= 414) underwent magnetic resonance imaging.
Results: Severe OCs (27%) and ASP (14%) were equally common in SZ and HC. SZ patients with OCs had lower IQ than patients without OCs, a difference not found in HC (p = .023). Having experienced more than one co-occurring severe OC was associated with lower IQ in both groups, wherein 81% of co-occurring OCs involved ASP. ASP was related to smaller intracranial volume and brain volumes in both groups. Smaller caudate volumes were found