Introduction: Dual diagnosis is commonly treated by Community Mental Health Team (CMHT). Addiction is a common complicating factor in individuals with major mental illnesses. It is established that businesses on high streets impact on the public's health.
Objectives: We hope to generate discussion about the planning and the placement of community mental health services.
Methods: The location of County Dublin community mental health teams' outpatient clinics' and day hospitals' were obtained from the Health Service Executive directory website. All off licenses' and bookmakers' addresses in County Dublin were obtained from the Irish Revenue Commissioners website. The distances were measured using Google Maps and a programming script to generate a matrix under one-kilometre radius walking distances between the locations. No ethical approval is required. All Data are sought from publicly available websites.
Results: On average, there are 6.29 (SD 4.20; Median 5.) off-licenses and 2.4 (SD 2.28; Median 2) bookmarkers offices per mental health facility within1 km walking distance. The Central Dublin Mental Health Service has the highest prevalence of off-licenses (45, 34.4%), and the Central South Dublin Service(20, 39.2%) has the highest prevalence of bookmakers. Southeast Dublin Service has the lowest in both businesses. The closest distance to an off-license from mental health facilities was 0 meters.
Conclusions: Psychiatrists have a role in advocating the needs of individuals with dual diagnoses. The Department of Health and Health Service Executive (HSE) should develop a guideline and protocol for the community health services in the structuring and planning mental health services in the community health outpatient service setup.

Disclosure: No significant relationships.
Keywords: GIS; gambling; community mental health service; alcohol

EPP0693

Cost-effectiveness of a multidisciplinary lifestyle-enhancing treatment for inpatients with severe mental illness: the MULTI study V

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Introduction: Economic evaluations of lifestyle interventions for people with mental illness are needed to inform policy makers and managers about implementing such interventions and corresponding reforms in routine mental healthcare.
Objectives: We aimed to evaluate changes in healthcare costs 18 months after the implementation of a multidisciplinary lifestyle-enhancing treatment for inpatients with severe mental illness (MULTI) versus treatment as usual (TAU).
Methods: In a cohort study (n=114; 65 MULTI, 49 TAU), we retrospectively retrieved cost data in Euros on all patient sessions, ward stay, medication use, and hospital referrals in the quarter year at the start of MULTI (Q1 2014) and after its evaluation (Q3 2015). We used linear regression analyses correcting for baseline values and differences between groups, calculated quality-adjusted life years (QALY) and deterministic incremental cost-effectiveness ratios, and performed probabilistic sensitivity analyses.
Results: Adjusted regression showed reduced total costs per patient per quarter year in favor of MULTI (B=-736.30, 95%CI: -2145.2–672.6). Corresponding probabilistic sensitivity analysis accounting for uncertainty surrounding the parameters showed MULTI was dominant over TAU with a saving in total costs of €417.48 (95%-CI: -2,873.2–2,042.1) against 0.06 improvement in QALY (95%-CI: -0.08–0.20). Costs saving estimates were statistically non-significant showing wide confidence intervals.
Conclusions: Regardless of cost savings, MULTI did not increase healthcare costs while improving QALY and additional previously observed health outcomes. This indicates that starting lifestyle interventions does not need to be hampered by costs. Potential societal and economic value may justify investment to support implementation and maintenance. Further research is needed to study this hypothesis.

Disclosure: No significant relationships.
Keywords: physical activity; Lifestyle; schizophrénia; cost-effectiveness

EPP0695

The role of academic factors on the development of mental illness stigma.

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Introduction: Stigma and discrimination can disrupt the lives of individuals with a mental illness, preventing their opportunities to become productive citizens. These Individuals must also face either an avoidant attitude by healthcare professionals or prejudices about their adherence to medications and the psychological nature of their physical symptoms.
Objectives: Assess stigma in terms of explicit and implicit attitudes among medical school students and junior doctors. Evaluate academic factors and interfering with these attitudes.
Methods: A cross-sectional study was conducted among students from medical schools in Tunisia.
All participants were invited to complete a brief anonymous electronic survey administered on the google forms online platform.
Data were collected using self-administered questionnaires, Stigma Measurement, Mental Illness: Clinicians' Attitudes (MICA).
Results: The sample consisted of 1028 respondents. The respondents' mean age was 24.54 years (SD=3.7). Post-clinical students scored higher than pre-clinical students in questions 2, 6, and 12 on the rating scale. A positive significant relationship was identified with specialization in psychiatry. Residents who were specialized in

family medicine, emergency, and intensive care had a higher stigma level compared to other residents (Mean score>0.51). The completion of a psychiatry clerkship did not significantly reduce the level of stigma toward people with a mental illness (p=0.8).
Conclusions: A combination of medical school experiences of psychiatry's theoretical learning and clerkship are important factors that shape students. Awareness of this will enable educators to develop locally relevant anti-stigma teaching resources throughout the psychiatry curriculum to improve students' attitudes towards psychiatry as a discipline and mental illness in general.

Disclosure: No significant relationships.
Keywords: stigma; medical student; mental disorder

Psychopharmacology and Pharmacoeconomics

EPP0697

Clozapine induced oesophagitis: A case report

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Introduction: There are several case reports describing clozapine side effects such as agranulocytosis, constipation,tachycardia but rarely cases describing oesophagitis caused by clozapine were reported.
Objectives: To report the first case in our country about clozapine induced oesophagitis.
Methods: We describe a case in which a patient who has no gastrointestinal past history,has developed an oesophagitis stage 2 of Savary and Miller Classification without any gastroesophageal reflux disease, few weeks after introducing clozapine at therapeutic dose.
Results: A 25 years old male patient with resistant schizophrenia managed with clozapine,was admitted to reinitiate his treatment after weeks of stopping his medication.During hospitalization, our patient developed a sudden haematemesis in 10 days after commencement of clozapine. The patient had no history of gastrointestinal symptoms or disease. The clinical examination and blood tests did not find any signs of bleeding severity.A gastroscopy was performed, revealing esophagitis stage 2 of Savary and Miller classification and a cardiac polyp removed with biopsy forceps that showed no malignant lesions . The patient was treated with acid suppressant therapy.There was no further episode of haematemesis and our patient healed uneventfully within a week.As for clozapine, it wasn't interrupted and we continued increasing doses very carefully with no further incident.
Conclusions: Although it is a rare side effect, oesophagitis may appear at therapeutic doses of clozapine, and this possibility should be taken into account when treating patients with resistant psychiatric disorders.

Disclosure: No significant relationships.
Keywords: side effect; clozapine; schizophrénia; oesophagitis

EPP0698

Psychotropic drugs cross-reactivity with amphetamines in a FAERS sample: an international pharmacovigilance study

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Introduction: Urine Drug Screening (USD) is one of the most used techniques for drug testing. However, one of the main issues related to USD is the high frequency of cross-reactivity with other molecules. Amphetamines, because of their simple structures, are highly subjected to cross-reactivity with other molecules.
Objectives: Our aim was to investigate and characterize the role of psychopharmacological drugs in the occurrence of false-positive amphetamine drug screening, by performing an international pharmacovigilance study through the *Food and Drug Administration Adverse Event Reporting System* (FAERS), in which user's medication errors for drugs are reported in the form of Individual Case Safety Reports (ICSRs).
Methods: All ICSRs recorded between 2010 and 2020 with a positive screening for amphetamine reported as adverse reaction in patients with a psychiatric diagnosis were included in the study. Duplicated records and ICSRs with missing values for age and gender, were excluded from the study.
Results: Among 249 ICSRs involving false-positive amphetamine drug screening, 109 ICSRs reported psychiatric disorders and/or psychiatric drugs. In 83 (76%) cases, drugs were known for cross-react. 66 cases reported drugs known as "suspect". 24% of cases reported unknown false-positive reactions: acetaminophen (5%), duloxetine (5%) and oxycodone (5%).
Conclusions: The high cross-reactivity of psychotropic drugs with amphetamine testing in USDs may be linked to the neuromodulatory effect of these drugs, suggesting a similar molecular structure. In this perspective, antidepressants and amphetamines share a similar mechanism of action, maybe partially explaining why the most reported cross-reactions are with antidepressant (59%).

Disclosure: No significant relationships.
Keywords: cross-reactivity; psychopharmacology; USDs

EPP0700

Off-label prescribing of antipsychotics: prescribing practices and clinical experiences of Finnish physicians

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