

## S0073

**Non-invasive neurostimulation in OCD – implications for widescale application.**

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**Abstract:** Brain-imaging findings implicate aberrant cortico-striatal neurocircuitry in the underlying pathology of OCD, so representing a potential treatment target. Ablative neurosurgery or deep brain (invasive) stimulation (DBS) of tracts or nodes within this circuitry is sometimes found to improve OCD, possibly by enhancing information-processing functions. Non-invasive neurostimulation, targeting superficial cortical nodes within cortico-striatal circuitry, is a safer and more acceptable alternative, with potential for scaling up and applying to a larger patient population, earlier in the course of illness.

Repetitive transcranial magnetic stimulation (rTMS) is the form of neuromodulation studied most in OCD. The orbitofrontal cortex (OFC), dorsolateral prefrontal cortex and supplementary motor area (SMA) have been identified as promising targets. The effect is larger for those not resistant to SSRI or failing to respond to only one SSRI trial. Thus, r-TMS may be best implemented earlier in the care pathway. rTMS is also relatively costly, involves specialist technical equipment and staff, and cannot be delivered in patients' homes.

Transcranial direct current stimulation (tDCS) involves applying a low-amplitude (1-3mA) electric current to the brain via electrodes placed on the scalp. Compared with rTMS, tDCS tends to electrically modulate a more diffuse and superficial brain area, but it could represent a preferable option for patients with common mental disorders such as OCD, as it is cheaper, portable, simple and safe to use. In a recent randomised controlled feasibility study, the L-OFC represented the optimal target based on clinical changes. Further investigation of tDCS in OCD is warranted, to determine the optimal stimulation protocol, longer-term effectiveness and brain-based mechanisms of effect. If efficacy is substantiated, home-based approaches represent a rational next step.

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## S0072

**Influence of COVID-19 lockdowns on patterns of coercive measures in Austria**

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**Abstract: Background and Aim:** Coercive measures (CMs), such as involuntary psychiatric admission and mechanical restraint, are considered a last resort in the treatment of people with psychiatric disorders. Although numerous factors influencing its use have been identified, the impact of a pandemic and in particular restrictions like lockdowns on CMs are still unclear. Thus the aim of the present retrospective study was to examine the effects of the COVID-19 pandemic, especially the lockdowns, on CMs in Austria.

**Method:** This retrospective exploratory study assessed all CMs in Austria, except for the federal state of Vorarlberg, between 01.01.2018 and 31.12.2020. Descriptive statistics and regression models were performed.

**Results:** During the three-year study period, 40,012 individuals (45.9% females, mean age 51.3 years) had 66,124 involuntary psychiatric admissions for an average of 10.9 days and restraint in 33.9%. In periods of COVID-19 lockdowns (2020 vs. 2018/2019), CMs in form of involuntary admissions were significantly fewer (OR:0.93,  $p=0.0001$ ) but longer (11.6 (SD:16) vs. 10.9 (SD:15.8) days). The likelihood of involuntary admission during lockdowns was only associated with year (2020 vs. 2018/19,  $p=0.0002$ ), but not with sex ( $p=0.814$ ), age ( $p=0.310$ ), use of mechanical restraint ( $p=0.653$ ) or type of ward ( $p=0.843$ ).

**Conclusions:**

Restrictions such as lockdowns are affecting CMs and have resulted in fewer but longer involuntary psychiatric admissions during weeks of lockdown in Austria. The result strengthens previous knowledge that showed the dependence on external factors when using CMs, but requires further clarification with regard to the causality and the association with outcomes that are intended to be prevented, such as suicides.

**Disclosure of Interest:** None Declared

## S0073

**Efficacy and safety of deep brain stimulation in OCD**

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**Abstract:** Deep brain stimulation has become a last resource procedure for severe, chronic and refractory OCD. However, the procedure is highly invasive and its efficacy must be balanced against the risks it may entail. In addition, there are a number of procedure-related issues that may influence the efficacy of DBS, such as the target of stimulation, the stimulation parameters to be selected, the presence of comorbidities as exclusion criteria, or the

efficacy in different OCD subtypes, among others. A comprehensive review of the knowledge and experience of DBS in OCD may be useful in helping to select appropriate candidates.

**Disclosure of Interest:** None Declared

#### S0074

### Implementing alternatives to coercion as a key component of improving mental health care: the WPA contribution

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**Abstract:** To favor the implementation of alternatives to coercive practices, a WPA Taskforce and reference group on Minimizing Coercion in Mental Health Care was created within the WPA 2017-2020 Action Plan. It included several distinguished colleagues from different countries and cultural as well as experiential background, and representatives from patients and carers organizations. Task force members soon realized the presence of a significant diversity of views and experiences among mental health professionals, people with lived experience and their carers. All members agreed that the debate on minimizing versus eliminating coercion could be endless and unfruitful, while the opportunity to concentrate on improving the quality of mental health care in low-, middle- and high-income countries, and implementing alternatives to coercion as a key component of improving mental health care, was instead a shared goal that could make the task of the group feasible and productive. The General Assembly of the WPA in October 2020 approved a Position statement drafted by the Task Force aimed to set a direction and practical starting point for action. This presentation will illustrate contribution provided by the WPA Working Group for Implementing Alternatives to Coercion in Mental Health Care within the current WPA Action Plan (2020-2023).

**Disclosure of Interest:** None Declared

#### S0075

### Ukrainian refugees in Germany – what are the consequences for mental health care services in Germany?

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**Abstract:** Since about a year there has been an influx of refugees from Ukraine due to the current war situation.

Data on the mental health condition of Ukrainian refugees will be reviewed and compared to the mental health conditions to refugees from other parts of the world in Germany. Moreover, the psychosocial and socioeconomic situation of refugees from Ukraine will be reflected on the background of the situation of refugees from other countries.

Conclusions from the recent experiences for the mental health care system will be drawn and discussed with the audience in a European perspective. Special highlight will be given to pilot best practice models for mental health care of Ukrainian refugees within the German mental health care system.

**Disclosure of Interest:** None Declared

#### S0076

### Pharmacotherapy of high-risk population for developing psychosis

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**Abstract:** Early interventions in high-risk population for psychotic disorder target both conversion rates and functional impairments. Existing guidelines (European Psychiatric Association, NICE, Canadian) do not consider drug treatment as the first-line choice, pharmaceuticals mostly complement least restrictive, non-pharmacological approaches (e.g., CBT). Pharmacotherapy can address existing specific symptoms (mood fluctuations, anxiety, subclinical brief or attenuated psychotic symptoms); it is reserved mainly for individuals with more severe symptoms, those that do not respond to psychological treatments or are escalating. There are only a few randomized controlled trials with antipsychotics (olanzapine, risperidone, aripiprazole, ziprasidone, amisulpride), either as a monotherapy or in combination with other interventions. The results did not show a superiority of drug therapy in prevention of transition to psychosis over alternative strategies; long-term anti-psychotic treatment with a primarily preventive aim is not generally recommended. Other pharmacological interventions also include experimental drugs or food supplements (omega-3 polyunsaturated fatty acids, cannabidiol, D-serine).

**Disclosure of Interest:** None Declared

#### S0077

### Gender differences underlying the link between exposome and psychosis

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**Abstract:** To investigate gender-related differences in the connection between psychosis and exposome, we conducted a systematic review and retrieved 47 research publications in the PubMed database that examined the association of psychosis with childhood adversity, substance use, urbanicity, migration, season of birth, and obstetric complication. The results show that childhood abuse may be more significantly related with psychosis risk and an earlier age of onset in women than in men. In addition, childhood adversity has been linked to the severity of different symptom dimensions in men and women. Urban upbringing and immigration are much