

**Introduction:** The immediate antidepressant effect of Ketamine has become a breakthrough in the treatment of depression. Cytochrome CYP3A4 and 2B6 primarily metabolize Ketamine.

**Objectives:** The present study explores potential pharmacokinetic and pharmacodynamic interactions of Lamotrigine and Ketamine.

**Methods:** A literature search was conducted using (“ketamine” OR “Lamotrigine” AND Interactions in PubMed, Embase, and PsycINFO. Our literature search resulted in 72 hits and result in qualified five studies.

**Results:** We found five studies: one RCT study, a RCT, a crossover design, Two case reports, and one murine model study. In the first RCT conducted on 16 healthy normal volunteer subjects. lamotrigine significantly decreased ketamine-induced perceptual abnormalities ( $P < 0.001$ ), positive ( $P < 0.001$ ) and negative symptoms ( $P < 0.05$ ), and learning and memory impairment ( $P < 0.05$ ) which shows the counter effect of ketamine. Another study revealed Ketamine evoked increases in all the BPRS subscale scores, and all scores were lower after lamotrigine pretreatment. A case report from 2014 reports the failure of ketamine anesthesia in a patient with lamotrigine overdose. Another case report mentions that Lamotrigine reduced the craving in a patient with ketamine use disorder. A murine model study with lamotrigine showed improved PPI (Prepulse inhibition) ketamine-induced disruption. These results suggest that Lamotrigine may exert this effect via a glutamatergic system.

**Conclusions:** The literature review suggests that Lamotrigine interferes with glutamatergic neurotransmission reducing the effect of Ketamine. It is not clear how this may impact Ketamine’s antidepressant action. Future large scale and well-designed RCTs are required to confirm these findings.

**Conflict of interest:** No significant relationships.

## EPP0752

### Perceived stress among nurses: A hospital-based study

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**Introduction:** Stress can be described as a dynamic and reciprocal relationship between the person and the environment. Nursing is considered as an occupation with a constellation of circumstances leading to stress.

**Objectives:** This study aims to assess perceived stress among staff nurses in Hedi Chaker and Habib bourguiba Hospital from Sfax city, Tunisia

**Methods:** Nurses from Hedi Chaker and Habib bourguiba University hospitals in Sfax- Tunisia were invited to complete a structured self-report questionnaire. The questionnaire consists of the following parts: Perceived Stress Scale (10-item form), personal data and information relevant to types of work shifts and years of experience.

**Results:** A total of 146 (males = 49; females = 97) nurses participated in this study. The mean age was 37 years. Nearly 82 % of the

participants considered themselves in very good health. Rotating shifts work was noted in 72.50% of cases. The average length of working experience was 7.96 years. The stress in most of nurses was in severe level (74.65%), followed by mild (23.28%) and moderate (2.05%) levels. High level of perceived stress was significantly associated with general health problems ( $P = 0.032$ ). No significant association was found between level of perceived stress, types of work shifts and years of experience.

**Conclusions:** The results show a significantly high level of stress among staff nurses. Hence, nurses need support and subsequent interventions to cope with stress. Actions in this direction may contribute to the improvement of health, well-being and quality of life of the professionals.

**Conflict of interest:** No significant relationships.

## EPP0753

### Mental health service providers: Barriers in collaboration

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**Introduction:** Collaboration between psychiatrists and psychologists (counsellors) is one of the key factors impacting efficiency of services in child and youth mental health. Despite the clear benefits, a teamwork approach is still limited and has some difficulties.

**Objectives:** The objective of the study was to explore potential barriers in the collaboration between professionals with different backgrounds.

**Methods:** Anonymous online survey for staff from various mental health clinics across Russia was completed by 142 psychologists and 70 psychiatrists ( $\Sigma = 212$ ).

**Results:** 77.7% participants reported that collaboration is helpful in adult mental health services; 91.3% see partnership as an essential part of child and youth mental health. 61.6% specialists work together; 44.7% described it as a successful experience. At the same time 58.4% believe that pharmacological treatment should start first, and counselling may be postponed. 49.5% believe that doctors often diminish the importance of counselling. Fears and biases towards psychiatrists were reported by 28.9% of the sample. 25.4% participants reported lack of trust and limited understanding of counselling methods. Top barriers for collaboration that were reported: lack of opportunities on an organizational level (20% doctors and 45% psychologists), unclear professional boundaries and responsibilities (28.5% doctors and 15.4% psychologists), lack of motivation (20% doctors and 7% psychologists), lack of positive experience (11.2% psychologist and 0% doctors). The main reported benefit of collaboration by 39.6% was improved compliance and better treatment outcomes.

**Conclusions:** In order to make collaboration among mental health professional more efficient, there is a need to address the barriers listed above.

**Keywords:** quality of services; barriers; collaboration; Child Psychiatry

## EPP0754

**Barriers in managing psychiatric disorders in athletes**K. Shah<sup>1\*</sup>, M. Ghouse<sup>2</sup> and D. Kamrai<sup>1</sup><sup>1</sup>Department Of Psychiatry, Griffin Memorial Hospital, Norman, United States of America and <sup>2</sup>Psychiatry, Griffin Memorial Hospital, Norman, United States of America

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**Introduction:** Athletes have participated in sports and physical exercise for several decades as a coping strategy to alleviate mental health and behavioral issues. The increasing prevalence of psychiatric disorders among athletes attributed to the failure of its appropriate management.

**Objectives:** Our goal is to identify barriers in diagnosing and treating psychiatric problems among sportspersons to educate clinicians about the potential risk factors for athletes' mental health disorders to provide optimal medical care.

**Methods:** We examined MeSH terms "Athletes," "Sports," "Risk Factors," "Diagnosis," and "Patient Care Management," in the context of "Mental Health," "Mental Disorders," "sports psychiatry," and "diagnostic barriers." We included 23 studies per the PRISMA guidelines, searching Medline, PubMed, PubMed Central, and PsychInfo databases until August 2020.

**Results:** Barriers managing psychiatric disorders in athletes are overtraining syndrome, compensatory training, idolizing, negative coping mechanisms, social stigma, injuries, and performance-enhancing supplements usage. Other factors attributed to diagnostic barriers are general perceptions, age, racial and gender disparities, poor health services, interpersonal issues, patient-therapist relationships, sense of entitlement, control or confidentiality problems, and lack of quality preventative measures. Risk factors are injuries, sports type, doping, substance abuse, lifestyle, failures in achievement, eating disorders, and maladaptive coping mechanisms.

**Conclusions:** These barriers in psychiatric care have adversely impacted the mental health of sportspersons. Athletes have deviated from their careers and lost valuable periods of their lives due to inadequate attention to sports psychiatry aspects, such as cognitive health services, inclusive sports management measures, diagnostic and treatment approaches, reliable mental health services, and public awareness programs.

**Keywords:** sports psychiatry; athletes; diagnostic barriers

## EPP0755

**New mental health laws in bosnia and herzegovina- step towards in our practice**G. Racetovic<sup>1\*</sup>, M. Latinovic<sup>2</sup>, G. Cerkez<sup>3</sup> and E. Mesic<sup>4</sup><sup>1</sup>Community Mental Health Center, Health Center Prijedor, Prijedor, Bosnia and Herzegovina; <sup>2</sup>Department For Health Care, Ministry of Health and Social Welfare of the Republic of Srpska, Banja Luka, Bosnia and Herzegovina; <sup>3</sup>Department For Public Health, Federal Ministry of Health, Sarajevo, Bosnia and Herzegovina and <sup>4</sup>Project Of Mental Health In Bosnia And Herzegovina, Association XY, Sarajevo, Bosnia and Herzegovina

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**Introduction:** Establishing broad spectrum of new mental health services in whole Bosnia and Herzegovina (BH) existing mental health laws in both entities needed to be upgrade according positive results of the mental health reform in the country. Previous laws were exclusively oriented on protection of rights of the people with mental health disorders in (mainly) psychiatric institutions and were progressive and new in the period of their implementation (2001-2004).

**Objectives:** Since 2010 main reform processes had direction to community mental health care and developed positive movement with implementing new services oriented to patients and their needs/continuity of care. For example case management and occupational therapy are part of daily work in whole country and standards established through accreditation process lead to uniform approach in community work in the area of mental health.

**Methods:** Comparative analysis of laws in BH concerning mental health.

**Results:** Carefully and good preparation for pronouncement of new Mental Health Law both in Republic of Srpska and Federation of BH were supported from both entities (task forces, drafts and proposition of the law and public discussion) and they are formally supported in both entities parliaments in 2020 (prolonged since COVID-19 situation). In both laws is more emphasised role of community services, prevention, and post-hospital rehabilitation as continuity of care. Book of rules that follow the laws will be established no longer than the end of 2020.

**Conclusions:** New mental health laws in BH are path to better protection of mental health of all population in BH and rights of our patients' recovery.

**Keywords:** Mental Health; Law; Stigma

## EPP0756

**Mental disorders management in general practice**

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**Introduction:** Compared to specialized care, primary care is considered to be more accessible, less stigmatizing, and more comprehensive since it manages physical ailments along with mental disorders (MD). Thus, MD are mainly treated by general practitioners (GP), even though their ability to diagnose and treat these diseases is often considered unsatisfactory.

**Objectives:** This study aimed to analyze perceptions of GP capacity to manage MD, and to assess the difficulties encountered during this management.

**Methods:** A cross-sectional web-based survey design was adopted between August 22 and September 23, 2020, so that 47 responses of GP were included.

**Results:** The mean age of respondents was 37.3 years. Among them, only 17% attended a post-university psychiatric training. On average, 6.3% of GP visits were MD-related. Anxious disorders and depression were perceived as very frequent respectively in 82.9% and 40.4% of cases. Among GP, 17% considered bipolar disorder as a difficult pathology to diagnose, followed by schizophrenia (12.7%), while the pathologies perceived to be most difficult to