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and subject to discrimination. In addition, many unaccompanied migrant youth have been subject to considerable trauma prior to, during, and post migration. In Spain, as in many countries, the residential, care, and mental health services are not adapted to the specific and complex needs of this population, and to that end complex not only are the youth not well served but providers are increasingly frustrated. The figure of the community health agent has been widely recognized as one that can function as an effective bridge between systems/institutions and marginalized and vulnerable populations. In this presentation we will describe an ongoing project that trains unaccompanied migrant youth who show promise in their cultural adaptation in the areas of cultural competence, mental health care and substance abuse to function as community health agents (or peer counselors) consistent with models of cultural consultation.

**Disclosure:** No significant relationships. **Keywords:** transcultural; migration; racism

## **Pharmacology**

Pharmacological Treatment of Elderly Patients with Comorbid Mental and Somatic Diseases

#### W0006

# General principles of pharmacotherapy selection in elderly patients for different comorbidities

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According to the data, more than 50% of elderly patients with mental disorders have at least one comorbidity and are treated with multiple medications (e.g. 5 or more medications), which can lead to problems in medication selection and medically unnecessary polypharmacy (i.e., irrational polypharmacy). On the other hand, there are still many untreated patients, which can lead to severe disturbances and an excess death rate. Due to frequent comorbidities and treatments in the elderly, medication-related problems are very frequent. Drug-drug interactions (DDIs) between somatic medications and psychotropics often occur in this population. These patients are also excluded from many clinical trials and consequently, this age group is underrepresented in clinical guidelines, which leads to a lack of evidence-based medicine supported results useful for daily practice. In this context, prudent medication selection is a key step in pharmacotherapy selection. There are some tools available that can help in clinical practice, including different medication lists (e.g., Beers criteria, STOPP/START, and guidelines) and pharmacological recommendations.

The participants will learn about general recommendations on medication selection in this population, focusing on general principles on somatic comorbidities treatment, supported by evidence-based data and real clinical pharmacological tools useful for daily practice.

Disclosure: No significant relationships.

**Keywords:** psychopharmacology; Pharmacotherapy; Medication selection; Elderly patients and comorbidities

#### W0007

## Treatment of Insomnia in Multimorbid Elderly

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The treatment of sleep disorders in older people requires knowledge of the changes in sleep in old age. In the case of multimorbid older people, pharmacological aspects such as interactions must also be taken into account. Sleep in old age is characterised by a lower depth of sleep and more frequent awakenings. The duration of sleep corresponds to that in middle adulthood. In multimorbid older people, sleep is often chronically impaired by pain and/or obstructive breathing disorders. Many medications can have a negative effect on sleep. This applies to cortisone, for example. Antipsychotics can also worsen sleep by worsening nocturnal myoclonia. Ideally, sleep disorders should first be addressed nonpharmacologically. For benzodiazepines, preparations with a short half-life should be chosen. An algorithm is presented. References: Gulia KK, Kumar VM. Sleep disorders in the elderly: a growing challenge. Psychogeriatrics 2018;18(3):155-165. Samara MT, Huhn M, Chiocchia V, Schneider-Thoma J, Wiegand M, Salanti G, Leucht S. Efficacy, acceptability, and tolerability of all available treatments for insomnia in the elderly: a systematic review and network meta-analysis. ActaPsychiatr Scand. 2020;142(1):6-17.

Disclosure: No significant relationships.

Keywords: nocturnal myoclonus; Benzodiazepines; sleep; pain

## W0008

## Pain Medication in the Elderly Patient

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This presentation highlights core pharmacological aspects of opioid and non-opioid pain medications in the elderly patient. Specifically, it covers pharmakinetics, pharmacodynamics and drug-drug interactions of select pain medications. The presentation aims to promote safe use of pain medications in the elderly.

**Disclosure:** No significant relationships.

Keywords: opioids; nsaid; geriatrics; old age psychiatry