

21 cases of bipolar disorder, 21 cases of schizophrenia, two cases of chronic hallucinatory psychosis and 3 cases of delusional psychosis. Forty-three patients were fit to continue working, 133 patients were fit with restrictions and twenty-six were unfitted to work.

A professional reclassification was recommended for 37 patients in positions with a lower mental load. One employee suffering from advanced schizophrenia was offered early retirement on grounds of disability. Permanent unfitness was pronounced in 11.6% of cases.

Conclusions: The impact of mental disorders on cognitive abilities can be so significant as to result in temporary or permanent unfitness for work. However, the decision of medical fitness for work for the same psychiatric pathology may vary from one individual to another and from one workstation to another.

Disclosure of Interest: None Declared

EPV0526

The weight of caring for your elderly – a cross-sectional analysis of non-professional caregivers for people living with dementia in Romania.

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Introduction: While a growing corpus of literature regarding the stress suffered by caretakers for people living with dementia (PLWD) already exists, very little data is available regarding this subject among Romanian caretakers.

Objectives: This cross-sectional study aims to compensate for this by assessing a small (N=72) sample of caretakers through the use of self-reporting questionnaires for subjective feelings of stress and burden.

Methods: Responders filled an online survey containing miscellaneous socio-demographic questions and the Kingston Caregiver Stress Scale (KCSS) along with the Caregiver Health Assessment Self Questionnaire (CHASQ). Results were collected and analysed in SPSS for subsequent correlations.

Results: The majority (77%) of caretakers are women and 86% of responders are offering their care at home, emphasizing pervasive gender roles and lack of availability or accessibility of social services for the PLWD in Romanian society. Three thirds of caregivers were children of PLWD. More than half of responders (51%) had KCSS scores that suggested severe stress while less than 9% related only mild stress. Most responders (52%) related social aspects of their lives as most affected by their caregiver status.

Conclusions: While in line with most other findings and limited in scope and means by its methodology, this study offers a quick snapshot on the subjective levels of stress affecting caretakers of Romanian PLWD and can lead towards further points of inquiry on the matter in the Romanian population.

Disclosure of Interest: None Declared

EPV0527

Exploring the paradigm of depressive disorders through an evolutionary and biopsychosocial lens

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Introduction: Depression can be considered to be a common psychological response to adversity or loss from which an individual may recover quickly based on a natural resilience mechanism. In major depressive disorder, however, we see that biopsychosocial factors exist that can prevent this natural resilience mechanism from taking effect.

Objectives: To investigate neurotransmitter pathways linked with antidepressant response, genetic epidemiological studies and a literature assessment of biopsychosocial factors were conducted.

Methods: Newly admitted patients with a depressive episode according to the criteria of ICD-10 (F32 or F33) who had not been on antidepressant medication for at least 6 months were recruited. More than half the patients have never been treated with antidepressant medication during their entire life. The patients' depression was of at least moderate severity as measured by the Hamilton's Depression Rating Scale (HAMD-17).

To determine the effect of adrenergic pathway genes to antidepressant response, the outcome was measured by the difference in HAMD-17 score between entry and two weeks of treatment after two and four weeks of treatment and entry and four weeks of treatment. Multiple linear regression was conducted to identify the independent factor associated with Δ HAMD-17 between the three time periods, including age, sex, depression diagnosis, type of antidepressant taken and selected SNPs.

Literature assessment utilised a snowball technique, building on prior literature reviews conducted. The selection of included literature was determined by the authors.

Results: The Tomosk cohort was mainly women, with less than 20% of patient being male. The cohort was dynamic thus the number of participants involved in each investigation varied. Most patients took SSRIs, specifically sertraline, paroxetine, escitalopram, fluoxetine and fluvoxamine. Comparing the medication taken, Δ HAMD-17 was significantly more improved in participants taking tricyclic antidepressants at 0 - 2 weeks and 0 - 4 weeks. From our literature assessment, we determined that targeted therapy can undermine the influence of biopsychosocial factors and allow natural resilience to bring depression to an end. Many mental activities is not exclusively individual, but depends on the socio-cultural context as people are part of a community.

Conclusions: Depressive disorders can be understood as a rather habitual dysregulation of human behavior which, unlike normal behavior, is not limited by natural resilience in time and severity. Our investigations looked at polymorphisms impacting serotonergic, dopaminergic and adrenergic neurotransmissions and enzymes.

While some associations were found, it did not match our literature findings. For future investigation, epidemiological and pathogenetic biological psychiatric research should be aimed at identifying biopsychosocial factors that frustrate the natural recovery process.

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EPV0528

Grief reaction, Depression, anxiety, and coping of relatives after palliative patients' death in Thailand

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Introduction: Grief is a normal psychological response in relatives after the loss of their loved ones, which has shown to be associated with psychological reactions like depression, anxiety, and significant stress that many relatives have to cope with. In Thailand, there are limited research studies on grief, especially in palliative settings.

Objectives: To examine grief reaction, depression, anxiety, and coping of relatives after palliative patients' death.

Methods: A multi-method design was applied. The authors completed the demographic data questionnaire, and the participants finished other measures which included the Hospital Anxiety and Depression Scale (HADS), the Inventory of Complicated Grief (ICG), and the Brief-Coping Orientation to Problems Experienced (Brief-COPE). The qualitative data from the focus group interview was analyzed with thematic analysis.

Results: From the quantitative study, the mean scores of HADS for anxiety and depression subscales were 5.05 and 6.34, respectively, which indicated no anxiety and depressive disorders. The mean score of ICG was 19.51 with highest score on acceptance coping subscale. In contrast, the lowest score was on dealing with the substance subscale. There were significant correlations between anxiety subscale from HADS and ICG ($r=0.73$), depression subscale from HADS and ICG ($r=0.85$), and anxiety and depression subscale from the HADS ($r=0.79$). From the qualitative study, the factors associated with grief reaction could be thoroughly explained according to the perceived character of deceased, perceived character of relatives, relationship characteristics, disease, medical care, and support systems.

Conclusions: The correlations among grief reaction, depression, and anxiety of relatives after palliative patients' death were high. The grief reaction was associated with many factors, including communication from medical personnel. This finding emphasized the importance of assessing the reactions after loss and associated factors in the relatives after palliative patients' death. Also, evaluating the ways that the relatives use to cope with their loss, expressing empathy, and supporting the relatives to cope with loss in an adaptive way were recommended.

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Ethics and Psychiatry

EPV0529

Unethical psychiatrist's communication toward patients serving a prison sentence – a case report

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Introduction: An institutional ethical committee receives patients' complaints regarding ethical side of physicians' work, behavior and communication.

Objectives: This case report presents an example of unethical communication by a psychiatrist toward patients serving a prison sentence, who sought a psychiatrist's examination. The main objectives were to evaluate the physician's insight into objections as well as adherence to ethical rules and regulations defined by ethical code, law and other related acts. Identity and other identification data have been modified in relation to the real case for confidentiality.

Methods: The case of a written anonymous complaint to the institutional ethical committee and the psychiatrist's statement on the patients' accusations were taken as data source.

Results: Prisoners seeking psychiatrist's help complained about the behavior of their attendant prison psychiatrist and stated that he insulted and humiliated them, shouted at them, was telling them horrible things (like "you are going to dye slowly"), was talking about them behind their back, ignored their disturbances, listened to several patients at the same time and revealed their diagnoses in front of other patients. The physician denied all the accusations in his feedback report, but stated that there have been conflicts with these patients. He concluded that he wondered why he could not communicate with them more roughly, that there was too much work to do and a lack of time. Furthermore, he worked too much for a small fee and he did not respect their problems while they constantly asked for something, and thus that they made a burden to the health system. Finally, he would not have even respond to an anonymous report.

Conclusions: In the presented case, there were many violations of ethical regulations and legal provisions. The psychiatrist made serious mistakes and misjudgments about numerous regulations of the Law on medical practice's Article 21 regarding medical confidentiality ("Official Gazette" no. 117/08), Physician's Oath Latest Version 2017, amended at the 68th Assembly of the World Medical Association as well as the Croatian Code of Medical Ethics and Deontology („Official Gazette" no. 55/08, pages 1-7, Article 1, paragraphs 1,2,3,4,5,6, Article 2, paragraphs 1,2,14, Article 8, paragraphs 1,2, Article 9, paragraph 12, Article 10, paragraphs 1,2) regarding obligation to preserve the noble tradition of the