

**Table 1.**

	Lifetime substance abusers (N=39)		Proportion Difference N	P-value %		
	N	%				
<b>Depot administration</b>						
Yes	11	(28,9%)	0	(0%)	28,9%	0,02
<b>Hospitalizations</b>						
Four or more	25	(64,1%)	5	(33,3%)	30,8%	0,04
<b>Economic crime</b>						
Yes	15	(40,5%)	1	(6,7%)	33,8%	0,02
<b>Previous crimes</b>						
Yes	17	(51,4%)	2	(13,3%)	38,1%	0,02

**Conclusions:** Data emerging from this survey provide new information about offenders in an Italian mental health service with a focus on lifetime substance abuse in these patients. Our preliminary results should be confirmed in larger sample sizes.

**Disclosure of Interest:** None Declared

## EPP0852

### One year snapshot: antipsychotic use in institute of forensic psychiatry of kosovo

G. Halilaj<sup>1,2\*</sup>, M. Gjoca<sup>3</sup>, N. Daka<sup>3</sup>, F. Drevinja<sup>2</sup>, S. Rakaj<sup>4</sup> and N. Fanaj<sup>3</sup>

<sup>1</sup>UBT Prishtinë Kosovo; <sup>2</sup>Institute of Forensic Psychiatry, Prishtina; <sup>3</sup>Alma Mater Europaea Campus College Rezonanca, Prishtina, Prishtinë and <sup>4</sup>QDT BIOING, Prizren, Kosovo

\*Corresponding author.

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**Introduction:** The use of antipsychotics in the treatment of the mentally ill represents a complex modality, especially in specialized institutions such as the Institute of Forensic Psychiatry of Kosovo. Current best practices are summarized in clinical guidelines, which nevertheless recognize the importance of individualizing treatment. In literature there is the scarcity of knowledge on the effectiveness of pharmacological treatment within a forensic psychiatric population.

**Objectives:** To understand the features of the use of antipsychotics in IPFK as a prerequisite for increasing the quality and adequate treatment in psychiatric institutions in Kosovo.

**Methods:** It is a retrospective study. The files of 100 patients admitted to IPFK for evaluation and treatment in 2021 were analysed. The age ranged from 18 to 71 years (Mage=36.33; SD=12.66). General demographic data, types of antipsychotics, their doses, their combinations were looked at. Data analysis was processed with SPSS 26 and Microsoft Excel 2016.

**Results:** 43% of patients were not prescribed any antipsychotic drugs. 38% used one antipsychotic, 16% used 2 antipsychotics at the same time and 3% used three types of antipsychotics. 12% of patients used four types of psychotropic drugs (antipsychotic,

anxiolytic and mood stabilizer), 12% were on three types of psychotropic drugs, 42% did not use any type of medication. No side effects were noted. Only one case of refusal of therapy was recorded. The doses of the drugs used are within the recommended therapeutic limits. Most of the antipsychotics used were of the second generation. In 44% of cases they received Risperidone, in 17% of cases Haloperidol, in 14% of cases Olanzapine, in 5% of cases Clozapine and in only 1% Aripiprazole.

**Conclusions:** Antipsychotic medication is the main method of treatment in IPFK, based on the specifics of the cases. The impression of overuse of several antipsychotics at the same time requires deeper professional consideration in order to avoid chemical restraint as a management method.

**Disclosure of Interest:** None Declared

## EPP0853

### A long trip toward REMSs (Residenze per l'esecuzione delle misure di sicurezza): critical issues and perspectives in admitting patients to the Italian forensic psychiatric system

G. Listanti<sup>1\*</sup>, A. Vaia<sup>2</sup>, L. Baldassarri Hoger Von Hogerthal<sup>1</sup>, C. Romano<sup>1</sup>, D. Gioia<sup>3</sup> and M. Bustini<sup>3</sup>

<sup>1</sup>REMS - Dipartimento di Salute Mentale e Dipendenze Patologiche, ASL Rieti, Rieti; <sup>2</sup>Azienda Ospedaliera Sant'Andrea, Roma and <sup>3</sup>Dipartimento di Salute Mentale e Dipendenze Patologiche, ASL Rieti, Rieti, Italy

\*Corresponding author.

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**Introduction:** REMSs (Residenze per l'Esecuzione delle Misure di Sicurezza, which roughly translates into Facilities for the execution of security measures) are psychiatric residential facilities introduced in Italy following the discontinuation of Forensic Psychiatric Hospitals, a process started between 2012 and 2014 and concluded in 2017. REMSs are forensic psychiatric communities, focusing on treatment and rehabilitation, managed exclusively by the Italian NHS. They host psychiatric patients, who have committed crimes, but are not sent into the ordinary jail circuits because judged as mentally impaired and socially dangerous, with the aim that of stabilizing and treating psychiatric symptoms and that of their gradual social re-insertment. After the closure of psychiatric hospitals in 1978, the overcoming of forensic psychiatric hospitals is the big new thing happening in Italy when it comes to mental health. The introduction of REMSs has spotlighted how much is needed a care program used as a prevention tool, putting the mentally impaired with a social danger profile back into their dignity as human beings. Notwithstanding, after 10 years from its greenlight, some remarkable issues about REMSs system are at hand, starting from long waiting lists, which triggers the double risk of illegal jail detention of the mentally impaired; or leaving free without containment socially dangerous subjects.

**Objectives:** Purpose of the present study is to offer an overview of the Italian REMSs system, focusing on its critical issues such as waiting lists to be admitted and treating prospects for improvement.

**Methods:** Our work involves a research review on literature on REMSs, forensic psychiatric services and admitting procedures.

**Results:** There are 33 REMSs in Italy. As of 31st December 2021, 573 in-patients are hosted in REMSs. The most frequent diagnosis is schizophrenia (33%), followed by personality disorders (32%) and substance abuse (21.4%). 80% of the crimes committed involve violence towards human beings. As of 25th March 2022, the REMSs waiting lists include 605 individuals, 42 of whom were already imprisoned and 561 released. The average waiting time for admittance is about 10 months. Positioning on the waiting list follows the exclusive chronological criterion (date of sentence) and is not related to any clinical risk criteria whatsoever. It is estimated that one third of waiting patients remain without adequate care.

**Conclusions:** Rethinking the admittance criteria to REMSs is crucial. The use of alternative safety measures, the improvement of community mental health services and a real integration between both legal and health systems in terms of management of the offending psychiatric patient are among ways suggested to avoid breaking the dream of deinstitutionalisation.

**Disclosure of Interest:** None Declared

## Guidelines/Guidance / Mental Health Policies

### EPP0854

#### Hyperprolactinemia in patients taking antipsychotics: the importance of a shared approach between psychiatry and endocrinology

M. Mousinho<sup>1\*</sup>, A. Gouveia<sup>1</sup> and B. Pimentel<sup>2</sup>

<sup>1</sup>Psychiatry, Unidade Local de Saúde do Baixo Alentejo, Beja and

<sup>2</sup>Centro Hospitalar Lisboa Central, Lisboa, Portugal

\*Corresponding author.

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**Introduction:** Hyperprolactinemia is a commonly encountered adverse effect of antipsychotic medication. Short and long-term repercussions of high prolactin, such as amenorrhea, sexual dysfunction, osteopenia and increased cardiovascular risk carry significant burden and may compromise therapeutic adherence. Despite its serious practical implications, hyperprolactinemia is still underscreened and its management neglected.

**Objectives:** To review current clinical guidelines regarding the management of hyperprolactinemia associated with the use of antipsychotics, reflecting upon the importance and need to share the management of this risk with an endocrinology expert.

**Methods:** We performed a literature review to identify clinical guidelines containing specific recommendations for antipsychotic-induced hyperprolactinemia (British Association of Psychopharmacology [BAP], NICE, Maudsley Prescribing Guidelines, Royal Australian and New Zealand College of Psychiatrists), published over the last ten years, with a particular focus on its physical risks.

**Results:** Most guidelines do not recommend routine monitoring of prolactin levels in asymptomatic patients. NICE and BAP guidelines have suggested measuring the baseline prolactin level, but have not specified follow-up monitoring, while Maudsley guidelines have. Management strategies depend on factors such as sex, age, as well as the clinical manifestations that ensue. Different treatment strategies have been described, such as decreasing the

dose of the antipsychotic, switching antipsychotics, adding aripiprazole or adding dopaminergic agonists. Referral to an endocrinology specialist should be made if the aetiology is unclear, prolactin levels continue to rise despite some intervention, the hyperprolactinaemia is severe (>3000 mIU/L) or there is suspected/confirmed pituitary adenoma. Further physical implications of having hyperprolactin are to be dressed by the endocrinology expert, namely those on bone metabolism, gonadal function and cancer risk.

**Conclusions:** Given the widespread use of antipsychotics and the need to have psychotic patients stabilized (sometimes with a lack of effective alternative), early detection and shared management of hyperprolactinemia are instrumental towards assisting both clinician's and patients' decision-making, be it towards lowering prolactin levels or managing its risk without compromising the antipsychotic's efficacy.

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### EPP0855

#### What minimal detectable effect size is in your power – An inverted sample size formular for survival data

M. K. Dalgaard\*, A.-E. Christensen and M. K. Kjeldsen

<sup>1</sup>Aalborg University Hospital, Psychiatry, Unit for Psychiatric Research, Aalborg, Denmark

\*Corresponding author.

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**Introduction:** Power calculations are widely used in the conduct of clinical trials and are often required in funding applications and approvals. There is a recent debate on the role of power calculations in observational studies on existing data with (Hernán J Clin Epidemiol 2022; 144 203-205) and (Moris and Smeden J Clin Epidemiol 2022; 142 261-263) emphasizing the need for planning for all study types without risking discarding imprecise but otherwise relevant studies. In the current study, we construct a graph useful in the planning of a wide range of studies with survival data. We map the minimal detectable effect (MDE) for any possible number of events with a dichotome exposure varying the proportion assigned to the exposure groups.

**Objectives:** To provide a visual tool relating the sample size, more precisely the number of events, and the MDE for survival data in unbalanced designs.

**Methods:** The visualization is based on the formulas used by Stata's power logrank function by (Schoenfeld Biometrics 1983; 39 499-503) and (Freedman Statistics in medicine 1982; 1 121-129), and the MDE is mapped as a function of the number of events. Furthermore, we apply this to an ongoing project on data from the Danish national registers, comparing the risk of developing polycystic ovary syndrome (PCOS) associated with treatment with valproic acid in a population with bipolar disorder or epilepsy.

**Results:** Preliminary results (Fig. 1) show, as expected, that a larger sample size is required to obtain an MDE close to one. Also, the MDE increases when the assignment among groups is skewed. Moreover, we find a relevant minimal detectable HRR of 1.78 for developing PCOS in a population of 13,839 patients with bipolar disorder or epilepsy, exposed to valproic acid versus those not exposed to valproic acid, with a total of 203 cases of PCOS.