

Methods: A review of the literature using local resources along with expert opinion was undertaken to synthesize the evidence.

Results: Political instability, chronic underfunding and widespread stigma have contributed to maintaining a traditional model of private clinics affiliated with inpatient and long-stay psychiatric units. A number of initiatives have been launched to cater for patients with psychotic disorders and to offer partial hospitalization for others with mood-related conditions. In parallel, the Ministry of Public Health, with international funding, has been instrumental in efforts to standardize care at a national level, particularly for early detection and treatment in primary care. The priorities of the national mental health programme are consistent with the global trend in shifting services to the community. Hurdles remain, in line with those facing countries with similar socio-demographics and resources. These include limited third-party coverage of mental health, absence of training opportunities in multidisciplinary community settings and some clinicians' reluctance to update their ways of working.

Conclusions: Development of a local workforce dedicated to providing a patient-centred approach in the least restrictive settings, is essential for consolidating community care in Lebanon. This would be reinforced by (overdue) legislation and implementation of a mental health law.

Keywords: Eastern Mediterranean; global mental health; community mental health; psychiatric services

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Dosage of antipsychotics in China routine practice

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Introduction: The antipsychotic dosage of Chinese schizophrenia patients has rarely been studied, although nonstandard dosage has impact on prognosis.

Objectives: To describe the dosage of antipsychotics in China routine practice.

Methods: This was a retrospective cohort study using de-identified data from a Chinese mental health hospital. The included patients were adults (≥ 18 years) with at least one diagnosis of schizophrenia (ICD-10: F20) and one prescription of any antipsychotic between 2014 and 2019. Date of first identified antipsychotic prescription was defined as index date, patients were followed up until last prescription of antipsychotics, end of 2019, or discontinuation (>60 days without antipsychotic prescription), whichever was earliest. Dosage was summarized using defined daily dose (DDD), calculated by cumulative average daily dose (CAD) with a unit of DDDs/day, i.e., total DDDs of all antipsychotics in follow-up period divided by total days of follow-up. CAD was categorized into low (<0.5 DDDs/day), moderate ($0.5-1.5$ DDDs/day), and high (>1.5 DDDs/day) groups.

Results: 13554 patients were included with an average follow-up of 269.9 days. Median CAD was 0.8 DDDs/day (IQR=0.5-1.3), patients with hospitalization during follow-up and used multiple antipsychotics at the same time had larger median CAD, 1.0 DDDs/day and 1.2 DDDs/days, respectively. There were 3245 (23.9%),

7627 (56.3%), and 2682 (19.8%) patients in low, moderate, and high groups, respectively. The median CAD of high dosage group was 2.5 DDDs/day (IQR=1.9-10.5).

Conclusions: CAD of most Chinese schizophrenia patients was low or moderate. Association between CAD and hospitalization and multiple concurrent antipsychotics merit further research.

Keywords: DDD; dosage; antipsychotic; real-world database

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Do we really listen?

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Introduction: The improvement perceived by the patients is a subjective measure of the psychic state, while the clinical evaluation corresponds to an objective evaluation of the psychopathological improvement performed by a psychiatrist. It is therefore relevant to evaluate whether these parameters evolve in a common way after patients have undergone an intervention in Day Hospital focusing on first psychotic episodes.

Objectives: Study the relationship between subjective improvement and clinical evaluation.

Methods: This is a prospective study, which includes consecutive patients admitted to the Day Hospital during 2018. Their objective clinical improvement was assessed by means of the PANSS and GAF scales at admission and discharge. Subjective clinical improvement was assessed using an anonymous Likert scale with a score between 1 and 7. Sociodemographic data and other satisfaction parameters were also collected. A statistical analysis was performed using Pearson's correlation.

Results: A total of 73 patients were included. The perception of improvement on the part of the patients is very high presenting average values close to the maximum in almost all the evaluated items. The correlation between subjective improvement and PANSS variation presented a Pearson value 0.008; $p = .957$ and with the GAF variation presented a Pearson correlation of -0.066; $p = .578$ which indicates that there is no significant correlation between the variables.

Diagnostic groups		
	Frequency	Percentage
Drugs	1	1,4
Psychosis	37	50.7
Affective	21	28.8
Neurosis	10	13.7
Personality	3	4.1
Total	72	

Conclusions: Clinical evaluation and subjective perception of improvement are independent parameters.

Keywords: satisfaction; clinical evaluation; subjective; Day hospital