

Abstract: Today, the indicated prevention of psychosis prior to its first episode is mainly based on clinical high-risk of psychosis (CHR) criteria, namely ultra-high risk criteria and basic symptom criteria. These are associated with conversion-to-psychosis rates of about 30% within three years. Thus, many patients meeting CHR criteria will not progress to psychosis over a medium-term period, and the cost-benefit evaluation of CHR states is always complicated by the largely unknown individual psychosis risk of CHR patients. In consequence, for the lesser risk of adverse events, treatment recommendations commonly favour non-pharmacological strategies, in particular cognitive-behavioural psychotherapy. Yet, individual risk estimation in identified CHR patients is increasingly done with help of machine learning algorithms, which might help to identify CHR patients who would greatly benefit from an additional pharmacological intervention with low-dose antipsychotics. The presentation will discuss the evidence-base of such a multistep, machine learning informed prevention strategy.

Disclosure of Interest: None Declared

S0082

Sex differences for antipsychotic dosing and how to guide therapy

G. Schoretsanitis

Department of Psychiatry, Psychotherapy and Psychosomatics, Psychiatric Hospital, University of Zurich, Zurich, Switzerland
doi: 10.1192/j.eurpsy.2023.119

Abstract: Over the past decades the role of sex in the antipsychotic treatment type and dose selection has been virtually overseen. In fact, medication approval trials barely stratify for sex differences. Emerging hints from different types of data highlight the need for antipsychotic treatment personalization within the context of sex differences. Varying bioavailability patterns of the prescribed antipsychotics between female and male patients may be easy to capture measuring plasma or serum levels of the antipsychotics ultimately guiding dose selection in clinical routine. Here we will discuss pitfalls and current evidence regarding sex affecting dose selection to enhance safety and effectiveness outcomes of antipsychotic treatment.

Disclosure of Interest: G. Schoretsanitis Consultant of: HLS Therapeutics and ThermoFisher

S0083

Overwhelming number of refugees in Poland - which strategy is being pursued

J. Samochowiec

Department of Psychiatry, Pomeranian Medical University, Szczecin, Poland
doi: 10.1192/j.eurpsy.2023.120

Abstract: By the decision of the Polish Government, all persons arriving in the territory of the Republic of Poland after the

commencement of the Russian aggression against Ukraine have free access to public psychiatric assistance, including reimbursement of pharmacological treatment on the same terms as Polish citizens. According to the UHNR data over 4 million displaced people, refugees, came to Poland so far and some of them benefited from such help.

Displaced individuals suffer from the consequences of traumatic events, exhibit psychological problems or develop mental disorders, including post-traumatic stress disorder, depressive and anxiety disorders or relapses of psychotic episodes.

The lecture will present data from the Interdisciplinary War in Ukraine Research Laboratory by pointing out the most important problems faced by Ukrainian refugees in Poland, why they chose Poland when escaping the war, how they evaluate Polish help, what their integration in Poland looks like. The survey also measured the level of war trauma (RHS-15). The results of the analysis show that most refugees present post-traumatic stress disorder symptoms (76 %), while only 0.15% of this population was treated in public psychiatric facilities.

Mental healthcare services are suddenly faced with major challenges and need to develop or expand strategies to address them. The Polish Ministry of Health prepared and started implementation of a reform of the mental health care system for adult as well as children and adolescent psychiatry. This fundamental reform should comprise three main actions, i.e. integration of mental health services into primary healthcare; establishment of community psychiatric services together with the provision of inpatient services in general hospitals; and limitation of the role of mental hospitals to specific tasks only (long-term or specialist treatment).

Disclosure of Interest: None Declared

S0084

Pharmacological treatment of early psychosis: risks and benefits

L. Sile^{1,2}

¹Research and education department, Rigas Centre of Psychiatry and Addiction medicine and ²Psychiatry and Addiction medicine, Rigas Stardins University, Riga, Latvia
doi: 10.1192/j.eurpsy.2023.121

Abstract: Psychiatry has changed a lot during the last decades and lot of effort has been made to ensure that treatment of schizophrenia spectrum disorders is in line with modern science of medicine. Therefore, in everyday practice the psychiatrist is in a constant process of decision making when to start pharmacological treatment of early psychosis and with what dosage. The lecture will include evidence-based treatment options, the aspects of clinical practice and the power of shared decision-making in psychiatry.

Disclosure of Interest: None Declared