Results: Among SIP and FEP, the prevalence of antipsychotic use was low before the first diagnosis (3-7% in SIP, 8-16% in FEP), peaked 6 months after the first diagnosis (23% in SIP, 54% in FEP) and stabilized after that. After 3 years of first diagnosis, 19% of persons with SIP and 45% of persons with FEP used antipsychotics. Antipsychotic use one year after diagnosis among SIP was associated with previous substance use disorder, depression, anxiety, and personality disorder diagnoses, being on disability pension or on long-term sickness absence (>90 days), and cannabis- or multi-substance-induced psychosis.

Image:

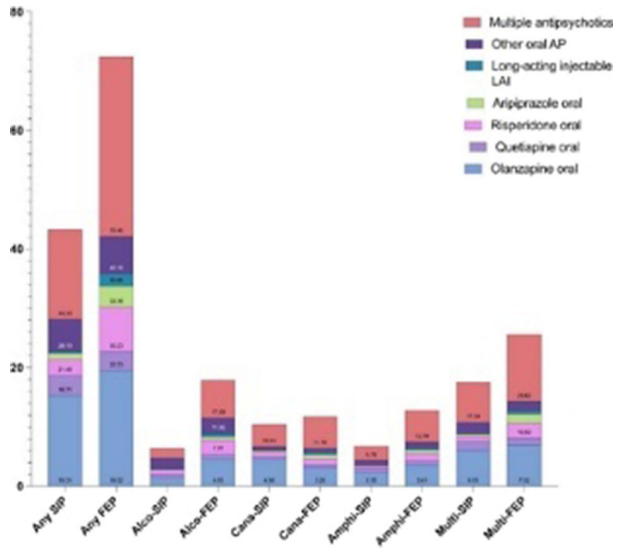
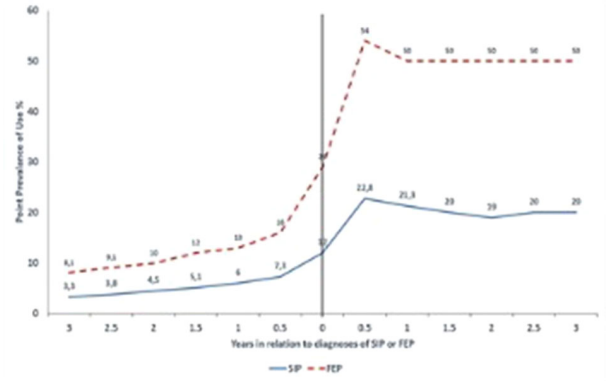
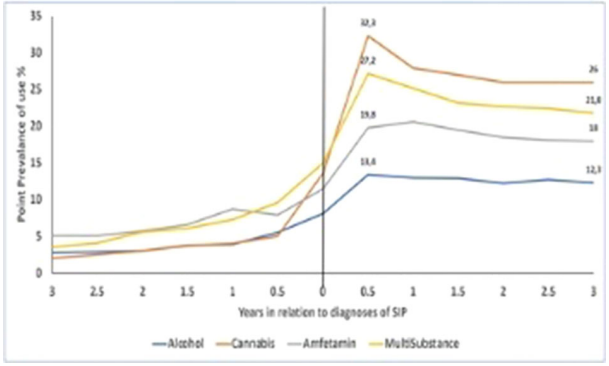


Image 2:





Conclusions: As expected, patients with FEP were using more frequently antipsychotics compared to SIP except for long-acting antipsychotics.
Although SIP is considered short-lived, antipsychotic use after an incident SIP episode is relatively common, especially among those with cannabis SIP with the highest prevalence of antipsychotic use. Previous substance use disorder and cannabis SIP were highly associated with patients who use antipsychotics frequently.

Disclosure of Interest: None Declared

EPP0612

Half a Decade of Intravenous Ketamine Administration: Our Observation Results and Insights regarding its safety

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doi: 10.1192/j.eurpsy.2024.717

Introduction: Ketamine, originally an anesthetic, has emerged as a potent tool in the fight against treatment-resistant depression and suicide. Clinical trials have demonstrated its ability to induce remission of severe depressive symptoms, with effects that can extend over several weeks.Furthermore, research highlights Ketamine's potential to rapidly reduce suicidal ideation. This suggests Ketamine's role as an intervention in suicide prevention, especially when conventional treatments prove ineffective. While isolated cases report severe respiratory depression, primarily when combined with other medications, most incidents involve temporary apneic episodes following high-dose intravenous administration. Understanding Ketamine's safety profile is vital for its clinical optimization and ensuring patient well-being during use
Objectives: This presentation serves to describe, and evaluate our clinic's safety protocol implemented for intravenous (IV) Ketamine infusions at the General Hospital of Corfu. Our primary goal is to rigorously assess the safety and tolerability of IV Ketamine in a clinical setting
Methods:
Patients must meet stringent criteria:

- Exclude those over 70.
- MMSE score above 25.
- Controlled blood pressure.
- No cardiac insufficiency, myocardial ischemia, or high intraocular/intracranial pressure.
- Absence of thyrotoxicosis, psychosis, or seizures.

Pre-infusion comprehensive evaluation:

- Includes ECG, blood biochemistry studies, and frequent blood pressure checks.
- Requires a 2-hour fast.

Ketamine infusion:

- IV Ketamine administered at 0.5mg/kg in 100ml N/S.
- Continuous monitoring of oxygen saturation (PO2) and cardiac rhythm.
- Blood pressure checks every 15 minutes.

Treatment typically involves 7 sessions over a span of a month, with an initial test dose of 0.25 mg/kg.
Results: Ketamine infusions were administered to a total of 208 patients. The majority of participants experienced a slight increase in blood pressure, while there were no significant changes in cardiac rhythm. Additionally, almost all patients reported experiencing dizziness or headaches during the infusion. Notably, nearly half of the patients reported an alteration in taste perception as a side effect. It's important to highlight that all observed side effects, spontaneously resolved within an hour after the conclusion of the infusion. However, in a small subset of cases (six instances), the side effects were severe enough to necessitate the premature termination of the ketamine infusion
Conclusions: Although ketamine demonstrates a favorable safety profile with minimal major side effects when administered following our established safety protocol. However, we want to underscore the critical importance of vigilant patient monitoring during ketamine administration and the prompt addressing of any adverse effects. This proactive approach is paramount to ensure the safety and overall well-being of patients receiving ketamine treatment

Disclosure of Interest: None Declared

EPP0613

Exponential increase in the number of prescriptions for ADHD medication between 2012 and 2022 for in Poland.

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doi: 10.1192/j.eurpsy.2024.718

Introduction: ADHD medication prescribing trends are increasing in North America and both Northern and Western Europe (Raman, Sudha R *et al. Lancet Psychiatry.* 2018;5(10):824-835). Methylphenidate and atomoxetine are two substances available for use in ADHD in children and adolescents in Poland. To our knowledge, there is the lack of data on prescription trends for Poland and Middle-Eastern Europe.
Objectives: The aim of the study is to estimate the increase in the total number of prescriptions for methylphenidate and atomoxetine and factors influencing it, like the impact of the proportion of prescriptions for women and for people aged 18-24 on.
Methods: Methylphenidate and atomoxetine prescription data for the period between 2012-2022 and for patients aged 5-59 were obtained from e-Health Centre, which contains data on prescribed medications in Poland. We conducted a series of linear regression models to explore the relationship between the number of prescriptions as the dependent variable and calendar year as the independent variable. Additionally, we considered two more variables: Percentage of prescriptions for women and percentage of prescriptions people aged 18 – 24. Further, we decided to run a mediation analysis to see whether the effect of calendar year was mediated by percentage of women.
Results: We analyzed data on 925,536 prescriptions for methylphenidate and atomoxetine.
The model demonstrates a robust and statistically significant ability to explain the variance in the log-transformed dependent variable (R^2 = 0.98, F(2, 8) = 201.14, p < 0.001). The model's intercept, corresponding to calendar year = 0 and percentage of prescriptions for women = 0, is estimated at -93.95, with a 95% confidence interval of [-152.74, -35.15]. The t-statistic for the intercept is -3.68, and the associated p-value is 0.006, demonstrating its statistical significance.
Within this model, the effects of the independent variables are as follows:

1. Calendar year (β=0.05, t=4.07, IC95%: (0.02, 0.08), p<0,004)
2. Percentage of prescriptions for women (β=0.06, t=4.18, IC95%: (0.02, 0.09), p<0,003)

The inclusion of the percentage of prescription for people aged 18-24 doesn't improve the model's ability to explain the variation in the number of prescriptions.
Mediation analysis showed that the indirect effect of percentage of prescriptions for women were significant.
Conclusions: These results provide robust evidence for the predictive power of the model, with both calendar year and percentage of women emerging as statistically significant and positively associated with the log- transformed dependent variable.
Between 2012 and 2022, the number of prescriptions for methylphenidate and atomoxetine increased exponentially in Poland. The percentage of prescriptions for women significantly contributed to the increase in the total number of prescriptions for methylphenidate and atomoxetine in Poland.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

EPP0614

Improving prediction of 12-months suicidal attempts in bipolar disorder: a machine learning study

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doi: 10.1192/j.eurpsy.2024.719

Introduction: Bipolar disorder (BD) is a recurrent disorder, causing functional impairment and **raised mortality, particularly due to suicide**. However, the difficulty in predicting suicidal behaviors relies in the **lack of clear biomarkers**.
Machine learning (ML) has emerged as a promising tool to enhance suicidal prediction. However, most **ML studies focused on lifetime attempts**, without having a predictive time window, and **did not employ time-dependent variables**. Moreover, most studies lie on cross-sectional databases, without including more than one timepoint.
Objectives: First, we aimed to predict 12-months **suicide attempts** in a naturalistic sample of BD patients, using clinical and demographic data.