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The EPA-council of national associations in implementing digital mental health across Europe: Opportunities and challenges

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Abstract Body: Digital solutions and interventions for mental health have increasingly been taking place in many societies in the last several decades. There are significant differences among countries due to economical and organizational situations. On the other hand, despite digital gap, there is a significant increase in the use of telepsychiatry and e-mental health applications with the Covid-19 pandemic throughout the world. Experiences of this pandemic times make many opportunities and challenges more apparent in this field. Safety and security, legislation, regulations, good practice standards, evidence based data, ethics and education are several of main areas of needs. EPA with the Council of National Psychiatric Associations (NPAs) is one of the crucial organizations in Europe which may play an important role to work on these challenges and opportunities. EPA-Council of NPAs consists of 44 associations represent psychiatrists (and other mental health workers in some) from 40 European countries. NPAs are crucial organisations in contact with local and national mental health stakeholders; competent in national, local, authentic and cultural issues and sensitivities; and could serve as crucial junctions for Europe-wide policies and their widespread implementations. Some reflections on challenges and opportunities from the Council of NPAs will be presented, based on a rapid survey and personal communications with presidents and official representatives of NPAs for future perspectives.

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S0019

The role of research in evaluating and implementing digital mental health

Lecture title:

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Abstract Body: The clinical evidence and cost-effectiveness of digitalised prevention and treatment of mental disorders such as depression, anxiety and alcohol misuse have been steadily growing over the last two decades. However, bridging the gap between evidence-based eMental-health interventions and their actual delivery, evaluation and implementation in routine care has proven to be more difficult and a longer process than previously expected thereby reaching the

estimated forecast of Roger's innovation cycle of 20 years. In contrast, during the appearance of COVID-19 in 2020 for many patients and therapists digitalized treatment was the only option. Meanwhile from a scientific and policy perspective the implementation and upscaling of digital mental health care innovations in routine care have gained momentum in terms of theoretical perspectives on organizational change, empirical research into how to effectively implement digital innovations from the perspective of a variety of stakeholders and organizational levels (micro, macro and meso). In this presentation an overview of these issues will be presented, and it will be discussed whether COVID-19 might act as a turning point for the provision of large scale access to and implementation of digitalized mental health care in the near future.

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S0020

The integrative function of a transnational policy and roadmap for action planning in implementing digital mental health

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Abstract Body: In times of global crisis like the present Covid-19 pandemic, digital technology is rapidly conquering the health and mental health & care sector, speeding up e-Mental Health (eMH) implementation on a regional, national and global scale. Making this an organized move, guidance and regulation, legislation and training, but basically also awareness and acceptance building need to ensure the use of efficient, safe and high-quality eMH products and services. Special attention needs to focus on broadening public and professional eMH literacy, providing needs-tailored approaches for target groups, and training mental health workforce and services. Guidance, evaluation and involvement of relevant stakeholders should help to identify how citizens will best benefit from eMH&Care in its various forms. The Transnational Policy for e-Mental Health, a guidance document for European policymakers and stakeholders has been developed by the Interreg-funded eMEN project (www.nweurope.eu/emn) in six EU countries to promote implementation of high-quality eMH & care across NW-Europe. Project partners from Belgium, France, Germany, Ireland, the Netherlands and the UK contributed to product and policy-guidance development, promoting communication and research. eMEN is currently continuing its work in the Interreg-funded Capitalisation phase to scaling up the implementation of eMH&Care. The Transnational Policy within the scope of national information and training sessions on eMH will be promoted for action planning and implementation by policymakers and stakeholders at the national level. Further meetings will also take place at the European level to promote and support implementation of eMH&Care in NW-Europe and beyond.

Disclosure: No significant relationships.

Psychopharmacology during infections, including COVID-19

S0022

The challenges of psychopharmacological treatment during the COVID-19 pandemic in lombardy

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Introduction: Public Mental Health Services in Lombardy (Italy) has 27 Departments for Mental Health and Addiction Services and a number of private residential facilities. With the reorganization of the entire Healthcare system to deal with COVID-19, Regional Health Authorities recognized mental health as a priority and authorized the continuation of mental health services for the general population.

Objectives: To review the initiatives and procedures implemented in Lombardy during the Covid-19 pandemic in relation to the organization of Psychiatric Services and continuity of psychopharmacological treatment.

Results: Hospital admissions for acute psychiatric disorders in patients positive for COVID-19 required a dedicated area in the psychiatric ward or alternatively, a medical ward supported by psychiatric staff. Psychiatric hospital activity for patients negative for Covid-19 has been maintained as usual. The activity in the Mental Health Centers has been maintained in patients suffering from severe mental disorders as well as in those with serious social problems or judicial sentences. Particular attention was paid to patients' clinical monitoring and drug administration. Long-acting Injection antipsychotics were often preferred to oral treatment to ensure adherence and continuity of care. Appropriate e-health technologies were used to reach patients and their families, for monitoring patients and avoiding drop-outs of patients with serious diseases.

Conclusions: Maintaining continuous monitoring of patients in contact with mental health services is essential for a careful assessment of their condition from both a psychopathological and medical point of view during pandemic.

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Keywords: Mental disorders; Psychopharmacology; COVID19

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The interactions between COVID-19 drugs and psychotropic agents

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Coronavirus disease (COVID-19) is a systemic infection targeting multiple organs. Interstitial pneumonia is the landmark feature of this condition. Severe acute respiratory symptoms requiring intensive care support arises for about one out of twenty symptomatic

cases. Aminoquinolone, antiviral, antibiotic, corticoid, anticoagulant and immunobiological drugs are used, mostly to treat symptoms. Only remdesivir exhibiting weak antiviral activity is approved for COVID-19. Psychotropic medications may interact with medical treatments for COVID-19. The aim of this presentation is to highlight pharmacokinetic and pharmacodynamic drug-drug interactions to be expected for medical treatments of COVID-19. Remdesivir and favipiravir exhibit hepatotoxic properties which may be enhanced under combinations with tricyclic antidepressants or agomelatine. Favipiravir, hydroxychloroquine, chloroquine, azithromycin, lopinavir/ritonavir have QT interval prolongation potential and must be considered for combinations with antidepressant and antipsychotic drugs. For hydroxychloroquine, hypoglycemic activity may give rise to endocrine disturbances. Pharmacokinetic drug-drug interactions can be expected for lopinavir/ritonavir which inhibit cytochrome P-450 (CYP) 3A4 and induce CYP2C9 and CYP2C19. Combinations with psychotropic drugs that are substrates of these enzymes (victim drugs) will affect drug concentrations in blood and lead to supra- or subtherapeutic levels. Moreover, it must be assumed that the COVID-19 infection is associated with an enhanced production of cytokines which has a known impact on CYP enzyme activities. Though studies on interactions between psychotropic medications and medical treatments for COVID-19 are lacking, multiple drug interactions can be predicted and expected considering the side effect profiles and CYP inhibitory, inducing and substrate properties of combined drugs.

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Keywords: COVID-19; drug-drug interactions; pharmacokinetic; pharmacodynamic

S0024

The pharmacotherapy of infections in patients with mental disorders receiving psychotropic drugs: Focus on good practices

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There is little data on infection treatment in patients with mental disorders, including on the selection of psychotropic, antibiotic, antifungal, and antiviral medications. Bacterial, viral, and fungal infections often occur in patients with mental illnesses, and there is little data on rational pharmacotherapy in this vulnerable population. Antibiotic treatment is a common event during hospitalization in adult psychiatric hospitals and poses a risk of significant potential to almost a quarter of all patients. Most infections are bacterial infections where antibiotics are used, and this topic will be covered in this lecture.

Most patients are being treated for urinary tract infections or respiratory tract infections. The most commonly prescribed antibiotics are co-amoxiclav and cotrimoxazole, followed by ciprofloxacin and nitrofurantoin. Drug-drug interactions (DDIs) between antibiotics and psychotropics often occur, where medications with QTc prolongation potential should be avoided (e.g., some