

Conclusions: The lower Kappa for **schizoaffective disorder** (Kappa < 0.7) compared to other psychiatric disorders underscores the diagnostic challenges posed by this category, given its overlapping symptoms with both mood and psychotic disorders. As regards personality disorder, **antisocial and borderline PD** showed highest agreement potentially due to its well-defined diagnostic criteria. The lowest agreement (k=0.60) of **PTSD** emphasizes the variability of his clinical presentation. In conclusion, studies show variability across disorders, highlighting the need for further research to improve diagnostic accurac (Regier *et al.* Am J Psychiatry. 2009;166 645-50) thereby enhancing clinical and research outcomes.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPP112

Multidimensional Study of the Attitude towards Euthanasia of Older Adults with Mixed Anxiety-Depressive Disorder

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Introduction: Euthanasia is an ancient theme that, especially since individual autonomy became the health paradigm in contemporary societies, has sparked profound reflections and declared dissensions between different socio-ideological quadrants. The experience of the countries where it is decriminalised shows a tendency to broaden the clinical, age and legal assumptions for its access. Older adults with psychiatric disease, a clinically and socially idiosyncratic group, where physiological weaknesses and social losses accumulate, and the chronological proximity to death becomes progressively more self-aware, are a group of particular concern.

Objectives: Our research aimed to reflect on the Constitutional feasibility of Euthanasia in Portugal, make available a validated psychometric instrument to assess attitudes towards euthanasia and do a multidimensional study of the attitudes towards euthanasia of older adult patients with mixed anxiety-depressive disorder.

Methods: The field research study applied a paper questionnaire composed of a sociodemographic section and a battery of scales (to assess depression, anxiety, cognitive performance, suicide risk, therapeutic adhesion, functionality, loneliness, attitude towards euthanasia, decision pattern, personality, empathy and health status) in the Psychogeriatric Unity of Senhora da Oliveira Hospital in Portugal. The sample was collected by convenience. The multidimensional study included 114 patients and 25 controls of the same age. Six months later, a reassessment was conducted. Patients and controls were compared using descriptive statistics and a multiple-regression model.

Results: The Constitution of the Portuguese Republic does not prohibit medically assisted death. The results support the validated scale's usefulness and validity. Eighty-one point six per cent of patients had four or fewer years of schooling. Contrary to controls, they presented mild depressive and anxiety symptoms, loneliness

feelings, worse cognitive performance, a more fragile personality, higher personal distress and a poorer health state. No statistically significant differences were found between controls and patients regarding their attitudes towards euthanasia. Patients more favourable to euthanasia had higher empathic concern, conscientiousness and fantasy and lower personal distress.

Conclusions: When addressing euthanasia in older adult patients with mixed anxiety and depressive disorder, it is crucial to ensure they are fully self-determinate and that all the necessary treatment and support are available. It may not be the case when the educational level is low and mild disease persists, significantly affecting their well-being and cognitive performance.

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Research Methodology

EPP114

Recruiting hard-to-reach populations for surveys: A case of people with schizophrenia and coexisting diabetes

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Introduction: In research, recruitment challenges are common and lead to delays and reduce sample size and power. People with schizophrenia are often described as hard to reach and retain in research, and in particular, studies targeting people with chronic comorbidities such as diabetes, meet difficulties related to recruitment.

Objectives: This study aims to describe challenges and strategies to recruitment of Danish adults with schizophrenia and type 2 diabetes to a cross-sectional survey study about psychosocial health and support.

Methods: The recruitment process was tracked in a register where all relevant information was synthesized systematically. This included information on how eligible participants were identified and invited for the study and reasons for declining. Two recruitment strategies were applied for recruiting participants to complete a questionnaire: 1) Through mental health professionals in psychiatric outpatient clinics in Region Zealand, Denmark, and 2) Through phone calls to eligible participants. Descriptive analyses of the recruitment data were conducted.

Results: Three types of challenges were found and described: 1) Identifying eligible participants, 2) Challenges with having mental health professionals to recruit, and 3) Participants' lack of ability to complete a questionnaire. The challenges were met by several practical approaches: 1) Identifying eligible participants though

electronic health records and medication types, 2) Inviting participants through phone calls, and 3) Letting participants receiving help for completing the questionnaire from a care coordinator, family/friend or researcher when needed. Approximately 15% of all eligible participants declined to take part, which indicate high willingness to participate.

Conclusions: Exploring different types of challenges was important for understanding the actual difficulties in recruitment, for using approaches to meet the challenges, and for detecting the high willingness to take part.

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Ethics and Psychiatry

EPP115

The Black Box warning: Exploring the ethical considerations and mitigating medicolegal risk in prescribing antidepressants to young adults

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Introduction: Since October 2004, antidepressants have had a black-box warning indicating that they are associated with an increased risk of suicidal thinking, feeling, and behavior in children and adolescents. On 2nd May 2007, the United States Food and Drug Administration ordered that all antidepressant medications carry an expanded black-box warning stating an increased risk of suicidal symptoms in young adults aged 18 – 24.

The initiation of antidepressants in the young adult population present unique patient safety considerations and medicolegal risks for physicians. Unlike the triadic doctor-parent-patient relationship in a child or adolescent patient, the doctor-patient relationship in a young adult is a dyadic one. Hence, enlisting the help of a trusted adult to supervise the young person who has been newly initiated on antidepressants is more challenging.

Objectives: In this poster, we explore the unique ethical considerations in initiating antidepressants in the young adult population and the steps clinicians may take to mitigate their medicolegal risk in treating this population. The ethical considerations of autonomy, beneficence and non-maleficence are analysed. The measures an individual clinician may take in clinical decision-making and follow-up to mitigate medicolegal risk are also discussed.

Methods: A literature search was conducted to determine the clinical considerations and prescription patterns in prescribing antidepressants to young adults. The legislation surrounding medication prescription in major jurisdictions were explored. Current literature on medicolegal risk management was studied to come up with recommendations on mitigating medicolegal risk when initiating antidepressants in young adults.

Results: Initiating antidepressants in a young adult is a collaboratively undertaken medical decision. A thorough evaluation is required to determine if antidepressant initiation is warranted. Young adults initiated on antidepressants must be closely monitored for increased suicidality. The clinician should offer to psychoeducate a member of the young adult's support network on his diagnosis and treatment, and apprise this person of the black box warning. If there are imminent grave risks to the young person or

others, confidentiality may have to be broken. Clear detailed documentation of the clinical considerations and discussion with the young person is essential.

Conclusions: Initiating antidepressants in young adults presents clinicians with unique patient safety and medicolegal risk concerns. Steps in clinical decision-making and follow-up may be undertaken by clinicians to mitigate this risk.

Disclosure of Interest: None Declared

COVID-19 and Related Topics

EPP117

Neuropathic Pains in the Age of Post-COVID-19-Vaccination

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Introduction: Mainstream literature classifies SARS-CoV-2 positive-sensed single-stranded RNA (ssRNA), and only a few literature mentioned the method being Reverse Transcription–Polymerase Chain Reaction -- one limited to ssRNA studies without method improvement of RNA interference (Wang *et al.* BMC Bio 2018; 18). Studies found the 3'-to-5' exonuclease activity within CoV nonstructural protein 14 (NSP14) critical for CoV high-fidelity replication (Smith & Denison, PLoS Pathog 2013; 9 e1003760), and NSP15 a distinctive endoribonuclease able to cleave both ss- and double-stranded RNA (dsRNA) effectively (Frazier *et al.* NA Res 2022; 50 8290-8301). While MERS-CoV inhibit oligoadenylate synthetase–ribonuclease L, protein kinase R, and interferon (IFN), CoV-2 activates the former two and induces minimal levels of IFN (Li *et al.* PNAS 2021; 118 e2022643118), corroborating with S2 protein's homogeneity with HIV gp41 (Zhang & Yap JMS: THEOCHEM 2004; 677 73-76) with differentiated impacts on macrophage activities via interleukin 6 (Ascierto *et al.* JIC 2021; 9). **Image 1** indicates the post-vaccination pericarditis is caused by negative charge interference during depolarization in NCT05711810.

Objectives: Primary objective of advancing treatment designs followed the fixed effect metaanalysis model and gathered relevant data (Nikolakopoulou *et al.* EBMH 2014; 17 64). Secondary objective is to compare effects between presynaptic and postsynaptic treatment efficacies in order to determine infection depth for post-COVID-19-vaccination neuropathic pain to appear, and adverse events (AEs) are collected for random effects metaanalysis. Tertiary objective is to weigh the evidences whether COVID-19 is ssRNA or dsRNA.

Methods: With the framework and paradigm of sebaceous immunobiology, the pathway bypassing blood-brain barrier is found with steroidogenesis (Pachankis JP 2023; 26 615; Pachankis GJMR 2023; 23C 5-11). NCT05839236 and NCT06357104 trials' metaanalysis are illustrated in **image 2** with the observational protocol NCT06107348 in **image 3**.

Results: Sebaceous (purpura and ecchymoses) AEs appeared with postsynaptic treatments with valproate, and comparatively, presynaptic treatments with gabapentin afterwards attenuated them. Presynaptic treatments of gabapentin shows superiority by the equivalence tests on neuropathic pains' attenuation in duration