Guidelines/Guidance

EPV0891

Cardiovascular Risk Assessment in Psychiatric Patients

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doi: 10.1192/j.eurpsy.2025.1539

Introduction: Psychiatric patients, particularly those with severe mental illness, face an elevated risk of cardiovascular disease. This heightened risk stems from a combination of factors, including the effects of antipsychotic medications, unhealthy lifestyles, and socioeconomic disadvantages. Addressing cardiovascular risk in this population requires tailored approaches that consider both medical and mental health aspects. Traditional cardiovascular risk prediction models, such as SCORE2, often fail to accurately assess cardiovascular risk in psychiatric patients.
Objectives: This non-systematic review aims to evaluate the evidence behind the use of cardiovascular risk prediction models in patients with mental illness, assessing their applicability and limitations.
Methods: Relevant and recent studies or reviews were selected from the PubMed electronic database using search terms related to cardiovascular risk prediction and mental illness. Articles were chosen based on their relevance to psychiatric populations and their focus on prediction models.
Results: Recent cardiovascular risk prediction models, such as PRIMROSE and QRISK3, incorporate factors like the presence of severe mental illness, antipsychotic and antidepressant use, and lifestyle factors (smoking and alcohol consumption). These models are more effective than general population models in predicting cardiovascular events in psychiatric patients. Interventions based on these models, particularly pharmacological strategies such as the use of statins and metformin, have been effective in managing lipid levels and reducing cardiovascular risk in this population.
Conclusions: Psychiatric patients are at a significantly increased risk of cardiovascular disease, warranting early intervention and consistent monitoring. Tailored risk assessment models can significantly improve cardiovascular outcomes by guidind pharmacological intervention. Further studies are needed to improve and validate the available prediction models.

Disclosure of Interest: None Declared

EPV0892

"Conflict-free communication skills" as a new academic course in the medical students' education

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doi: 10.1192/j.eurpsy.2025.1540

Introduction: The professional activity of doctors is often associated with conflict situations, so it is important for them to obtain conflict-free communication skills during their education. These skills can be formed during a new academic course in curriculum. In this paper, we describe the prerequisites of the course "Conflict-free communication skills" on the sample of teaching pediatrics students at the Sechenov University.
Objectives: To clarify the possibility and expediency integration of a new course into the curriculum of medical students.
Methods: The primary method employed is bibliographic analysis.
Results: The main purpose of a new course is the formation of universal, general professional and professional competencies in verbal and nonverbal communication for medical students. It is necessary for medical students to acquire the basic principles of communication psychology and the formation of conflict-free communication skills. In the process of organizing education for future medical staff, it is important to start from the basic concept of communication, not from the basic concept of conflicts. From our point of view, the concepts of effective communication and conflict-free communication are interrelated. To make this course more practical, classes should be held in the format of business games, case studies, and social-psychological training.
We have identified the following sections of the discipline:

The phenomenon of communication;
Business communication and its types;
Psychological boundaries and their violations;
Empathy in the work of a doctor;
Teamwork and collaboration.
Conclusions: The integration of a new course into the curriculum of medical students will allow us to develop conflict-free communication skills and teamwork, thereby simplifying business communication in the medical field.

Disclosure of Interest: None Declared

EPV0894

End-of-life decision-making in the ICU: perspectives on who "should" decide and influencing factors

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doi: 10.1192/j.eurpsy.2025.1541

Introduction: Discrepancies often arise between experts and non-experts regarding their roles in making end-of-life (EOL) decisions within the Intensive Care Unit (ICU). Such decisions are frequently contentious in clinical settings, with wide-ranging consequences in legal, ethical, psychological, social, and clinical contexts.
Objectives: The aim of this study was to systematically review the global perspectives of physicians, nurses, family members, and the general public on who "should" be involved in decision-making for adult ICU patients, as well as to identify potential influencing factors.
Methods: Adhering to the PRISMA 2020 guidelines, a comprehensive literature search was performed across PubMed, EMBASE, and CINAHL databases. A data extraction table was developed,

validated through discussion and implemented by two independent researchers. The extracted data were subsequently analyzed descriptively.
Results: Thirty-three studies were included, documenting variations in findings across different geographical and temporal contexts. Most participants in these studies were healthcare professionals. Despite evidence of paternalistic tendencies, physicians generally showed a growing inclination toward a more collaborative decision-making model. Similarly, the views of other population groups leaned towards patient and family involvement, with nurses additionally supporting their own participation. Six categories of influencing factors were identified, with legal/regulatory considerations and participant demographics emerging as the most significant.
Conclusions: The overall representation of participants' perceptions highlights a broader tendency towards collaborative decision-making. This requires coordinated efforts from both clinical practitioners and policymakers to establish a decision-making framework that is inclusive, context-sensitive, and adaptable to the legal and cultural specifics of each region. To this end, emphasis should be placed on national-level interventions that address these issues directly, as opposed to broader, supranational approaches that may lack the necessary nuance.

Disclosure of Interest: None Declared

EPV0895

Clinical management of self-harming children and adolescents in the United Kingdom: a multicentre audit

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doi: 10.1192/j.eurpsy.2025.1542

Introduction: The risk of self-harm is highest in younger age groups, with increasing numbers of under-18s being admitted to hospital due to self-harm in recent years in the UK1,2. The National Institute for Health and Care Excellence (NICE) guidelines for self-harm in adolescents over eight was updated in September 2022 and reinforces the need for the proper initial management of adolescent self-harm3. To our knowledge, our study is the first UK national audit on the management of self-harm in adolescents presenting to the emergency department using the updated NICE guidelines.
Objectives: To assess the clinical management of children and adolescents who present to the Emergency Department (ED) following self-harm, a cross-sectional, multicentre study was conducted within teaching hospitals affiliated with nine medical schools across England, Wales and Scotland.
Methods: Data was retrospectively collected from ED records using consecutive sampling of individuals aged 8 to 17 years who presented with self-harm from 7 Sep-7 Nov 2022.
Results: Records from 328 patients were included in the final analysis. Most patients were female (82.0%) and white (68.2%), with a mean age of presentation of 14.7 (σ = 1.58). The rate of positive responses to each question is available in Table 1. A 'positive' response is defined as a 'yes' response, rather than 'no' or 'not documented'.

Table 1. Rate of compliance with audit criteria

Guideline number	Criteria	Rate of positive response (%)
1.3.1	All staff who have contact with people who self-harm should ask about safeguarding concerns.	56.4
1.2.2	Recognise the need to seek consent from the person as early as possible.	73.5
1.5.2	Do not delay the psychosocial assessment until after medical treatment is completed. *Question:* Was psychosocial assessment delayed until after medical treatment is completed?	17.8
1.5.15	Together with the person who self-harms and their family and carers, develop or review a care plan using the key areas of needs and safety considerations identified in the psychosocial assessment	68.9
1.6.6	Undertake a risk formulation as part of every psychosocial assessment.	45.5
1.9.2	If a 16-/17-year-old is admitted to a general hospital, ensure that it is to a ward that can meet the needs of young people.	26.1
1.11.12	Discuss with the person harm minimisation strategies that could help to avoid, delay or reduce further episodes of self-harm and reduce complications.	43.2

Conclusions: This is the first study, to our knowledge, that investigates the management of self-harm in under 18s across the UK using the updated NICE guidelines. Some criteria may have been adhered to but not documented. The results from this study provide support for the further improvement of clinical practice in the management of self-harming children and adolescents.

Disclosure of Interest: None Declared

EPV0896

The Impact of a Digital Guideline Version on Schizophrenia Guideline Knowledge: Results from a Multicenter Cluster-Randomized Controlled Trial

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