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.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPP115

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

P. Thiagayson

Institute of Mental Health, Singapore, Singapore
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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 realtionship 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 antidepresants 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 medicoleagl 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

Y. I. Cao

Founder, Scientifique Global Limited, Hong Kong, Hong Kong
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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' exoribonuclease 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