

patients in the app, and the satisfaction of patients will be presented. We also aim to study whether the Start Programme is effective in reducing severity of ADHD symptoms. Super Brains can be adjusted for use in patients with other (neurodevelopmental) disorders easily.

Disclosure: No significant relationships.

Keywords: adhd; experience experts; digital treatment; waitinglist

W0003

Impact of the COVID-19 Pandemic on General Hospital Physicians Work and Mental Health: An International Cross Sectional Study

D. Telles Correia^{1*}, F. Novais² and G. Mattei³

¹FACULDADE DE MEDICINA UNIVERSIDADE DE LISBOA, Psychiatry, Lisboa, Portugal; ²Lisbon University, Faculty Of Medicine, Lisbon, Portugal and ³Modena University, Psychiatry, Modena, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.149

COVID-19 pandemic had an important impact in mental health across all countries and populations. However, health care professionals, particularly those in the front line have been subjected to increased levels of stress, workload, deterioration of work environment and working conditions while potentially being afraid of contracting the infection themselves or infecting loved ones due to the higher risk of contagion when dealing with infected patients. Some studies have stressed out this impact showing increased levels of burnout, depression, hopelessness, stress and post-traumatic stress in all physicians however, the impact of the pandemic may have been different depending on the specialty. We intended to study the impact of COVID-19 pandemic for doctors working at general hospitals and liaison psychiatrists dealing with COVID-19 patients in Europe. We developed and applied online questionnaires to physicians working at general hospitals and psychiatrists working at liaison services, in different European countries (Portugal, Italy, Belgium, Greece, Poland, Croatia), in order to determine what were their working conditions and if they reported mental health symptoms during the pandemic. This questionnaire included demographic data, questions about working conditions when dealing with general and COVID patients and the Hospital Anxiety and Depression scale (HADS). It was distributed through email and social media platforms used by doctors. This work has been approved by each local Ethics committee and all participants signed an informed consent.

Disclosure: No significant relationships.

Keywords: COVID-19; Psychiatrists; General Physician; Mental Health

Clinical/Therapeutic

Adolescence, Immigration, and Culture: Challenges and Strategies for Effective Care

W0004

Mental Health of Unaccompanied Immigrant Youth

N. Morales*, F. Collazos and A. Qureshi

Hospital Universitari Vall d'Hebron, Department For Psychiatry, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.150

The number of UMY in Spain is increasing, since the early 1990s, mostly coming from the Maghreb, although the number of those coming from different sub-Saharan African countries has gradually increased. Most of them leave their countries fleeing poverty, violence, and in search of better opportunities. They may be influenced by traumatic experiences and social stressors that can lead to emotional distress and mental health problems. They have particular needs and characteristics, so the local Child Protection Systems need to adapt their procedures to facilitate the youngsters' social integration and psychosocial development. This presentation will describe an ongoing project being carried out in Catalonia, the main objective is to guarantee the right to mental health of UMY in the Protection System through culturally competent biopsychosocial care, and to effectively coordinate care between the public mental health network and the Child Protection System. Finally, through training and the acquisition of competencies, the aim is to avoid burnout in professionals who care for these youths on the front line. The approach is consistent with the cultural consultation models developed in Montreal and London with the goal of providing structural support for localized and culturally competent responses. This project, to be developed over two years, has four main subprojects: 1. On-line training for professionals in "Cultural competence in mental health and psychosocial intervention". 2. Training of "peer" UMY as "Community Mental Health Agents". 3. Creation and implementation of multidisciplinary groups of psychosocial intervention. 4. Culturally competent psychiatric and psychological assessment.

Disclosure: No significant relationships.

Keywords: Unaccompanied; Migrant; Mental; health

W0005

Peer Counseling in a Community Based Intervention for Unaccompanied Immigrant Youth

A. Qureshi^{1*}, N. Morales² and F. Collazos¹

¹Hospital Universitari Vall d'Hebron, Psychiatry, Barcelona, Spain and

²Hospital Universitari Vall d'Hebron, Psychiatry Department, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.151

Abstract Body: Unaccompanied migrant youth represent an at-risk population given the complexity of negotiating adolescence in a new culture, isolated from family and friends, without a secure base

and subject to discrimination. In addition, many unaccompanied migrant youth have been subject to considerable trauma prior to, during, and post migration. In Spain, as in many countries, the residential, care, and mental health services are not adapted to the specific and complex needs of this population, and to that end complex not only are the youth not well served but providers are increasingly frustrated. The figure of the community health agent has been widely recognized as one that can function as an effective bridge between systems/institutions and marginalized and vulnerable populations. In this presentation we will describe an ongoing project that trains unaccompanied migrant youth who show promise in their cultural adaptation in the areas of cultural competence, mental health care and substance abuse to function as community health agents (or peer counselors) consistent with models of cultural consultation.

Disclosure: No significant relationships.

Keywords: transcultural; migration; racism

Pharmacology

Pharmacological Treatment of Elderly Patients with Comorbid Mental and Somatic Diseases

W0006

General principles of pharmacotherapy selection in elderly patients for different comorbidities

M. Stuhec^{1,2}

¹Medical Faculty Maribor Slovenia, Department Of Pharmacology, Maribor, Slovenia and ²Ormoz Psychiatric Hospital, Clinical Pharmacy, Ormož, Slovenia

doi: 10.1192/j.eurpsy.2022.152

According to the data, more than 50% of elderly patients with mental disorders have at least one comorbidity and are treated with multiple medications (e.g. 5 or more medications), which can lead to problems in medication selection and medically unnecessary polypharmacy (i.e., irrational polypharmacy). On the other hand, there are still many untreated patients, which can lead to severe disturbances and an excess death rate. Due to frequent comorbidities and treatments in the elderly, medication-related problems are very frequent. Drug-drug interactions (DDIs) between somatic medications and psychotropics often occur in this population. These patients are also excluded from many clinical trials and consequently, this age group is underrepresented in clinical guidelines, which leads to a lack of evidence-based medicine supported results useful for daily practice. In this context, prudent medication selection is a key step in pharmacotherapy selection. There are some tools available that can help in clinical practice, including different medication lists (e.g., Beers criteria, STOPP/START, and guidelines) and pharmacological recommendations.

The participants will learn about general recommendations on medication selection in this population, focusing on general

principles on somatic comorbidities treatment, supported by evidence-based data and real clinical pharmacological tools useful for daily practice.

Disclosure: No significant relationships.

Keywords: psychopharmacology; Pharmacotherapy; Medication selection; Elderly patients and comorbidities

W0007

Treatment of Insomnia in Multimorbid Elderly

G. Stoppe

University of Basel, And Mentage, Basel, Switzerland

doi: 10.1192/j.eurpsy.2022.153

The treatment of sleep disorders in older people requires knowledge of the changes in sleep in old age. In the case of multimorbid older people, pharmacological aspects such as interactions must also be taken into account. Sleep in old age is characterised by a lower depth of sleep and more frequent awakenings. The duration of sleep corresponds to that in middle adulthood. In multimorbid older people, sleep is often chronically impaired by pain and/or obstructive breathing disorders. Many medications can have a negative effect on sleep. This applies to cortisone, for example. Antipsychotics can also worsen sleep by worsening nocturnal myoclonia. Ideally, sleep disorders should first be addressed non-pharmacologically. For benzodiazepines, preparations with a short half-life should be chosen. An algorithm is presented. References: Gulia KK, Kumar VM. Sleep disorders in the elderly: a growing challenge. *Psychogeriatrics* 2018;18(3):155-165. Samara MT, Huhn M, Chiochia V, Schneider-Thoma J, Wiegand M, Salanti G, Leucht S. Efficacy, acceptability, and tolerability of all available treatments for insomnia in the elderly: a systematic review and network meta-analysis. *Acta Psychiatr Scand*. 2020;142(1):6-17.

Disclosure: No significant relationships.

Keywords: nocturnal myoclonus; Benzodiazepines; sleep; pain

W0008

Pain Medication in the Elderly Patient

F. Riese

University of Zurich, University Research Priority Program „dynamics Of Healthy Aging“, Zurich, Switzerland

doi: 10.1192/j.eurpsy.2022.154

This presentation highlights core pharmacological aspects of opioid and non-opioid pain medications in the elderly patient. Specifically, it covers pharmacokinetics, pharmacodynamics and drug-drug interactions of select pain medications. The presentation aims to promote safe use of pain medications in the elderly.

Disclosure: No significant relationships.

Keywords: opioids; nsaid; geriatrics; old age psychiatry