

for somatization and depressive episodes. The patient's journey began with an initial admission in our psychiatric service. However, her condition rapidly degenerated, as she developed chest pain, leg numbness, and digestive issues. These symptoms were initially attributed to her psychiatric conditions by the internal medicine team, leading to a critical delay in appropriate medical intervention.

Results: As a consequence, the patient's condition deteriorated rapidly, culminating in a severe septic state. Further investigation revealed that the sepsis had a pulmonary origin, with *Serratia marcescens* identified as the causative pathogen. This underscores the potential for seemingly benign symptoms to mask serious underlying infections in vulnerable populations. The patient's case was further complicated by the emergence of several severe medical conditions, including toxic hepatitis, cardiomyopathy, and valvular insufficiencies, highlighting the potential for cascading health issues when initial symptoms are not thoroughly investigated. In the course of treatment, the patient experienced additional complications arising from medical interventions, most notably drug-induced hepatotoxicity, serving as a reminder of the delicate balance required in managing complex cases and the potential for treatment-related adverse events to further complicate patient care.

Conclusions: This case study underscores the critical importance of conducting thorough and unbiased medical evaluations in psychiatric settings, or in cases where psychiatric history is present. It vividly demonstrates how preconceived notions and unconscious biases regarding psychiatric patients can lead to delayed diagnosis and treatment of serious medical conditions, potentially resulting in life-threatening consequences. The case serves as a wake-up call for healthcare providers to approach each patient with an open mind, regardless of their psychiatric comorbidities.

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EPV0851

Effects of Mental Health Stigma on Clinical Decision-Making in the Context of Digital Medicine

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Introduction: People with mental illness often experience stigma and discrimination, which can reduce treatment outcomes and quality of life. Numerous studies have shown that stigmatizing attitudes among physicians negatively affect both psychiatric and somatic care. Recently, technological advancements have led to the emergence of digital medicine as a new avenue for health care. However, little is known about how stigmatizing attitudes toward patients with mental illness might impact clinical decisions in the context of digital medicine

Objectives: This study aims to assess how implicit and explicit stigma against mental illness among medical students and general

practitioners affects their decision for recommending treatment through a digital mHealth app.

Methods: A total of 62 general practitioners and 60 medical students participated in the anonymous online survey. After providing demographic information, participants reviewed two case vignettes: one depicting a patient with a comorbid mental and somatic illness, and the other depicting a patient with only a somatic illness. Participants rated, on a scale from 1 to 10, the likelihood of prescribing an mHealth app designed to enhance treatment of the somatic disease. The Social Distance Scale (SDS) and the Implicit Association Test (IAT) were used to measure explicit and implicit stigma, respectively. The IAT is a computer-based task that assesses implicit bias regarding the perceived incompetence associated with psychiatric disorders compared to somatic disorders.

Results: On average, participants were more likely to prescribe an mHealth app for patients with only a somatic illness than for patients with both somatic and comorbid mental illness ($p < .001$). Furthermore, implicit stigma was a significant predictor of participants' preference to treat patients with somatic over mental disorders ($p = .013$). There were no group differences in the IAT score.

Conclusions: Our findings indicate a bias against people with mental illness among both medical students and physicians, even within the context of digital medicine. Future research is needed to further examine the scope and impact of stigmatizing attitudes on patient health care outcome.

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EPV0853

Use of Physical Restraint in Psychiatry: Attitudes of Healthcare Providers and Ethical Considerations

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Introduction: Physical restraint in psychiatry is a widely used practice intended to protect patients from harming themselves or others, guided by strict procedures and monitoring. Recent reports and legal updates aim to regulate its use more closely

Objectives: This study assesses the extent of physical restraint use and explores healthcare workers' perceptions and experiences regarding this practice, focusing on ethical issues.

Methods: Between April and May 2024, we conducted a cross-sectional descriptive study involving healthcare staff from psychiatry departments across Tunisia, including hospitals in Sousse, Monastir, Kairouan, Mahdia, Sfax, and Tunis. Participants were surveyed using a literature-based questionnaire, and data were analyzed with SPSS21 software.

Results: The study included 16 men (28%) and 43 women (72%), predominantly aged 20-30 years (72%), with most participants from Kairouan (52%). Sixty-four percent of staff viewed physical restraint as a therapeutic tool. Opinions on its impact on the therapeutic alliance and physical integrity were mixed, with 33% considering it dehumanizing. The most common emotions reported were fear (58%) and pity (39%), while anxiety was the least reported (9%). Coping strategies included rationalization (63%) and discussing experiences with colleagues. Sixty-six percent of staff reported encountering ethical dilemmas, with varying frequencies. Views on patient consent were divided, with 42% opposing seeking consent, and differing opinions on obtaining consent from patients with good insight or in relapse.

Conclusions: The study reveals diverse and complex attitudes towards physical restraint in psychiatry. It underscores the need for continuous training, ethical reflection, and efforts to align practices with ethical standards to mitigate negative impacts on staff.

Disclosure of Interest: None Declared

EPV0854

Respect for Autonomy in Patients with Altered Reality Judgment

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Introduction: Bioethics is a discipline based on ethical principles aimed at guiding healthcare practice. Four fundamental principles are defined: autonomy, non-maleficence, beneficence, and justice. The first of these is autonomy, which expresses the ability of each individual to make decisions regarding their own health.

Objectives: This case presents a 47-year-old male patient diagnosed with schizophrenia, legally incapacitated and under guardianship by a Foundation. He has no awareness of his illness, is on pharmacological treatment in a controlled environment, and does not cooperate for testing or procedures. He has been involuntarily admitted to the Psychiatry Unit since 2022, awaiting transfer to a residential facility.

Methods: In recent months, the patient has exhibited dysphagia and constitutional syndrome. A tumor suspicious for malignant oropharyngeal neoplasm is identified. He is informed in simple terms, in the presence of his legal guardians, that he has a tumor with malignant characteristics, which will grow over time, eventually blocking his airway and leading to death. Testing is necessary to reach a diagnosis and propose treatment.

Results: The patient repeatedly and firmly expresses his desire not to undergo any tests or treatment. In coordination with the Psychiatry and Otorhinolaryngology services, and in consultation with the Bioethics Committee, it is decided to respect the patient's autonomy and his decision to refuse tests or invasive procedures. At all times, comfort measures and pain management are provided.

Conclusions: Autonomy is the ability to have control over one's own life. Every person has the right to make decisions about their

health. Mental impairments can alter a person's autonomy, as they hinder the conscious process of decision-making.

The dignity of the person plays a key role in the protection of life, physical and psychological integrity, and the freedom of individuals with mental disorders.

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Forensic Psychiatry

EPV0856

The Use of Clozapine in Incarcerated Persons with Borderline Personality Disorder

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Introduction: Borderline personality disorder (BPD) is common in incarcerated persons. Psychiatric medications are prescribed in prisons for the treatment of psychiatric illnesses, but also for the reductions of symptoms triggered by the specific conditions and environment. The use of psychotropic medications in incarcerated persons is beneficial in terms of prevention of aggression and violent outbursts. Clozapine, as the most effective antipsychotic for aggressive and violent behavior could be very useful in forensic population, but is avoided due to adverse effects and the need for regular monitoring (Čekerinac et al. IJOPH 2024).

Objectives: The objective of this research is to analyze the use of clozapine among incarcerated persons with BPD, and to evaluate the incidence of adverse effects.

Methods: A cross-sectional, epidemiological survey was used to measure the prevalence of antipsychotic prescribing among adult prisoners in Sremska Mitrovica Prison (Serbia) in 2020.

Results: Of 1280 incarcerated persons, (all men, average age 36.3 years), 80 (6.25%) were prescribed an antipsychotic. More than a half (N=44) were prescribed clozapine, but in doses lower than recommended for approved indications. None of them had an approved indication for clozapine, so this can be defined as off-label use. The average dose of clozapine was 51.14 mg/day, while the recommended maintenance dose is 300–450 mg/day. The other commonly used antipsychotic in this population was olanzapine (N=30). No cases of elevated white blood cells count were noted during regular monitoring. For the broader purpose of the study, metabolic parameters were assessed for the users of both antipsychotics, BMI, plasma glucose levels, plasma cholesterol levels and plasma triglyceride levels. Only the mean values of the levels of glucose and triglycerides in the plasma were slightly elevated compared to the referent values of the Prison Hospital (Table 1.).

Table 1. Metabolic parameters in inmates prescribed olanzapine and clozapine vs. inmates who were prescribed metabolically inert antipsychotics