Guidelines/Guidance

EPV0891

Cardiovascular Risk Assessment in Psychiatric Patients

J. Barreira[1]* and S. Macedo[1]

[1]Psychiatry and Mental Health, Unidade Local de Saúde do Tâmega e Sousa, Porto, Portugal
*Corresponding author.
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

A. M. Bukinich[1]* and A. M. Konovalova[1,2]

[1]Faculty of Psychology, Lomonosov Moscow State University and [2]Department of Pedagogy and Medical Psychology, Sechenov University, Moscow, Russian Federation
*Corresponding author.
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

S. Georgakis[1,2]*, E. Dragioti[1], G. Papathanakos[2,3], M. Gouva[1] and V. Koulouras[2,3]

[1]Research Laboratory of Patient, Family & Health Professional Psychology, Department of Nursing, School of Health Sciences, University of Ioannina, Ioannina, Greece; [2]Department of Medicine, School of Health Sciences, University of Ioannina, Ioannina, Greece, University of Ioannina and [3]Intensive Care Unit, General Hospital of Ioannina, Ioannina, Greece
*Corresponding author.
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,