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**Disclosure:** No significant relationships.
**Keywords:** Affective disorders; Elderly

## W0062

## Deprescribing process in demented patients: What is the rationale?

G. Stoppe

Practice-counsel-research, MentAge, Basel, Switzerland
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Polypharmacy is rather a rule than an exemption in the elderly. This applies also to the demented population, whether they live in private homes or in nursing homes. The application of multiple drugs increases the risk to develop delirium, to promote falling and to hasten cognitive decline, What can be done to reduce these risks? First of all, drugs should be given on the basis of an appropriate assessment. Pain e.g. may be misunderstood as challenging bevhaviour. Side affects might be misunderstood as newly occuring symptoms. Drugs should be prescribed with a written protocol, what the drug is expected to do. If this does not occur, the drug should be deprescribed. In addition, antidepressants should be deprescribed. Many demented patients receive more than two of them, mostly for years. Depresciption follows the evidence, that antidepressants are not much helpful in dementia. They may induce hyponatriamia, too. The deprescription of benzodiazepines requires patience and a long tapering-out. And overall, what about the antipsychotics? They shall be given at a minimum dosage and duration. That means, that drug pauses should be established regularly. And finally, what about the antibiotics, antihypertensive drugs and more? Having in mind, that severe dementia is mostly a state, where the priniciples of palliative medicine should be applied, also many of these drugs can be deprescribed.

**Disclosure:** No significant relationships.
**Keywords:** Deprescribing; dementia; polypharmacy; delirium

## W0063

## Antipsychotics for elderly with psychosis: Deprescribe or continue?

P. Mohr[*1,2]

[1]Psychiatric Clinic, 3rd Faculty of Medicine, Charles University, Praha, Czech Republic and [2]Clinical Dept., National Institute of Mental Health, Klecany, Klecany, Czech Republic

*Corresponding Author.
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Maintenance treatment with antipsychotics remains the key principle in the long-term management of psychotic disorders. For some patients, it means life-long use of medication. Continuous drug administration helps to prevent relapses, maintain remission, and achieve functional recovery. Moreover, epidemiological data suggest that antipsychotic treatment significantly reduces mortality rates of schizophrenia patients. On the other hand, some authors argue that antipsychotic drugs may lose its efficacy over time, their long-term exposure results in more harm than benefit. Especially elderly patients are more sensitive to side effects. Several studies which followed-up patient cohorts over the span of several decades found that there are schizophrenia patients who can achieve good functional outcome and full recovery without antipsychotic treatment. Therefore, it is paramount to identify those individuals, particularly among elderly psychotic patients, who can thrive and benefit from timely antipsychotic discontinuation.

**Disclosure:** No significant relationships.
**Keywords:** Antipsychotics; schizophrénia; drug discontinuation

# Research

## Birth asphyxia: Is this an area of primary prevention in schizophrenia?

## W0065

## Birth asphyxia and its implications for neuropsychology and brain volume in schizophrenia

L. Wortinger[*1,2], K. Jørgensen[1,2], C. Barth[1,2] and I. Agartz[1,2,3]

[1]Department For Psychiatric Research, Diakonhjemmet Hospital, Vinderen, Oslo, Norway; [2]Norment, Institute Of Clinical Medicine, University of Oslo, Oslo, Norway and [3]Department Of Clinical Neuroscience, Centre For Psychiatric Research, Karolinska Institute, Stockholm, Sweden

*Corresponding Author.
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**Introduction:** Newborn infants can suffer permanent brain damage as a result of birth asphyxia (ASP), a severe obstetric complication (OC). However, effects of OCs on cognitive abilities and brain structure in schizophrenia (SZ) are unknown.
**Objectives:** The main goals of this study were to investigate putative effects of a history of OCs on adult cognition and brain structure in SZ.
**Methods:** We utilized prospective data from the Medical Birth Registry of Norway to identify incidences of severe OCs in adult healthy controls (HC; n = 622) and patients with SZ (n = 607). IQ was assessed, and a subset of participants (n= 414) underwent magnetic resonance imaging.
**Results:** Severe OCs (27%) and ASP (14%) were equally common in SZ and HC. SZ patients with OCs had lower IQ than patients without OCs, a difference not found in HC (p = .023). Having experienced more than one co-occurring severe OC was associated with lower IQ in both groups, wherein 81% of co-occurring OCs involved ASP. ASP was related to smaller intracranial volume and brain volumes in both groups. Smaller caudate volumes were found

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in SZ patients with ASP compared to patients without ASP, a difference not found in HC (p = .009).
**Conclusions:** Our findings give support for an effect of birth ASP on brain development in both patients with SZ and HC. OC history specifically impacts IQ in SZ. Smaller caudate volumes might be particularly related to disease development. These results warrant replication in an independent sample.

**Disclosure:** No significant relationships.
**Keywords:** Obstetric complications - Asphyxia; cognition; schizophrénia; Brain morphometry

## Educational

## Online education in suicide prevention in the field of higher education in europe

### W0069

### Why is it important to involve people with lived experience in the development of the educational programs in suicide prevention?

M. Stensmark

Spes Blekinge, SPES, Karlskrona, Sweden
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Blekinge Family Postvention is a grief facilitator-home-visiting postvention giving early support to families after a suicidal loss since 2015. It helps families overcome shock, pain, anger, guilt, suffering and other extreme emotions caused by suicide. Such situations should be treated not as a disorder. Medication should be used only as a last resort to treat individuals not responding to early family support, followed by individual sessions if needed. Everyone needs to express feelings and thoughts on all aspects of the suddenly interrupted relation. To achieve this, a person experienced in those issues must be leading all of the meetings. The conversations should start during the first days, frequently continuing for at least 3-5 weeks depending on the family needs. Helping the family bear each other and find coping strategies ease their pain, mourning and give them hope instead of prolonged grief. In this way, the family gradually finds new ways to overcome a never-ending negative looping that eventually can cause, e.g. post-traumatic stress disorder and depression. The support to the family after suicide loss should be a governmental matter. Today all work is done voluntarily. The close relatives need debriefing right after the district doctor has stated the death or the police informed the family about suicide. The military, the police, rescue services and healthcare professionals gets debriefing when a rescue operation has failed. This presentation discusses how to organise early family support and the Ellipse project's interviews with survivors about their experiences of needed or received support if any.

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**Keywords:** Lived experience; Grief; Suicide postvention; Family support

### W0071

### Focus group interview as a research method in the development of the e-learning in suicide prevention for students in poland

R. Pawelec and A. Kwiatkowska*

Media Dept., Uniwersytet Warszawski, Warszawa, Poland
*Corresponding Author.
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Project ELLIPSE (E-LifeLong Learning in Prevention of Suicide in Europe) was developed in response to need for preventive suicide programs. It was noticed that it is important for academic teachers and students, especially those who teach and study in the fields of medicine, nursing, psychology, sociology or those related to the media. The goal is creating an e-learning platform for students and teachers on suicide prevention along with a textbook and a free self-help application. For this purpose the milestone was the conducting of the focus group interviews in Poland. Participants were recruited from the above mentioned groups (students and professionals). The objectives of this part of the project were among others: raising awareness of the problem of suicide and prevention, giving good examples on suicide prevention in working life, preparation of a program proposal for e-learning content. Students interest in the problems of suicidology was high and they comes optimistic to the idea of prevention, they want to know especially about how to help somebody, how to talk and not to harm people and something more in their future profession. Only theoretical approach will be not enough for them, the rules of how to NOT react, will not be interesting because they know something about it. They showed a knowledge of basic concepts, extensive and multi-context knowledge of causes and warning signals and great understanding for suicides of all ages. However, they themselves were uncertain how to help such a person, and showed poor recognition of institutional help.

**Disclosure:** No significant relationships.
**Keywords:** Suicide; focus group interview; student; media

### W0073

### French experiences with the online courses on suicidal behaviour, their main features, requests of participants and the opportunities to foster suicide prevention

J. Lopez-Castroman*[1,2,3] and E. Olie[4]

[1]Psychiatry, Nimes University Hospital, Nimes, France; [2]Unit 1061, Inserm, Montpellier, France; [3]Psychiatry, University of Montpellier, Montpellier, France and [4]Department Of Emergency Psychiatry & Acute Care, University of Montpellier., Montpellier, France
*Corresponding Author.
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There is a high demand for specific training on the understanding and management of suicidal behaviors. We will present a summary