more easily tolerable pharmacological interventions. Data regarding duloxetine, bupropion, vortioxetine and agomelatine are presented in more detail and discussed within the perspective of multimodal treatment of schizophrenia.

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Keywords: schizophrénia; Depression; antipsychotic; Antidepressant

S0100

Combination approaches to reduce weight-gain induced by antipsychotics

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Research demonstrates that the prevalence of overweight and obesity in the general population is increasing rapidly worldwide and that the environmental changes that have provoked these increases have also affected people with severe mental illness (SMI). Of note, obesity is two to three times more common among people with SMI and it contributes to a significantly reduced quality of life and to an increased morbidity and mortality rate in this population. The most important factor related to weight gain in people with SMI is the use of antipsychotic medication. Weight gain often occurs within 6-8 weeks after the initiation of antipsychotic treatment and may continue for at least 4 years. This can lead to non-adherence and risk of relapse. Next to behavioural interventions several pharmacological approaches have been investigated to deal with antipsychotic-induced weight gain. They target different receptor systems including dopaminergic, glutamatergic, serotonergic, adrenergic, opioid, and glucagon-like peptide 1 receptors. This symposium will provide an overview of the effectiveness of different add-on medications to treat weight gain in patients with SMI.

Disclosure: No significant relationships.
Keywords: Antipsychotic drugs; Treatment; Weight gain

COVID-19 pandemia and the demented patients in nursing homes

S0101

Dementia and COVID-19 pandemia: The situation in various European countries

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COVID-19 pandemia means a special threat to elderly patients in nursing homes. Dementia sufferers, who make up most of nursing home clients throughout Europe, have been in a critical situation. They bear a higher risk of delirium when affected by the virus. They often do not understand and easily forget, how to use a mask and keep the distance required. In many institutions the elderly were isolated and could not even take their meals together. And finally they do not recognize and even fear nursing staff and other personnel, which has to wear "protective clothes". Caregivers were told not to visit their loved ones any more.
Where available, modern techniques werde used. Skype and/or Zoom, Facetime telephone should replace face to face contacts. Some insitutions offered visitor rooms, where clients and visitors were separated by acrylic windows and microphones were applied. In some areas, physicians' visits were reduced to a minimum.
Just recently, regular testing of staff and clients in nursing homes has been introduced. However, this is consuming staff time, which - again - is taken from the patients. We discuss, whether the elderly and their caregivers could set their own preferences.

Disclosure: No significant relationships.
Keywords: dementia; COVID-pandemia; nursing homes; Survey

S0104

COVID-related confinement experience in people with major neurocognitive disorders and their caregivers in new aquitaine region, France

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The COVID-19 epidemic is an unexpected global event that has shaken up the organisation of care in France. The spread of the epidemic was limited thanks to the confinement of people from Tuesday 17 March 2020 to Monday 11 May 2020. However, this confinement led to a change in the care of vulnerable people, including people suffering from neurocognitive disorders (NCDs). The aim of this study is to question people suffering from NCDs and their family carers about their experiences during the period of confinement introduced in connection with the COVID-19 epidemic and on any physical and/or functional consequences.
Methods: All persons whose memory consultations at CMRR Limoges were cancelled during the period of confinement (17 March to 11 May 2020) were contacted by telephone by the nurses or psychologists at CMRR.
Results: The experience of the confinement episode as well as the deconfinement are studied. The survey records the clinical changes in patients and the medical/medical-social events that occurred during this period. The impact of the aids maintained and the place where people live is studied.
Discussion: Confinement is an exceptional measure that makes it possible to reduce the risk of contagion in the event of an epidemic, at the risk of harmful consequences for people weakened by a NCDs. In the event of an epidemic episode in the future, this study could help to define the arrangements to be put in place to better protect people suffering from NCDs and their family caregivers.

Disclosure: No significant relationships.
Keywords: Neurocognitive disorders; Covid; sanitary confinement; BPSD

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