Furthermore, young doctors face pressure from colleagues and care personnel. Thus, when making treatment decisions, one must consider not only their own opinion, but that of potentially more senior colleagues whose ideas, methods, and approaches to the concept of "less harm" may be different. The path of educating ourselves and finding our own criteria and methods of work is long and complicated, which can lead young doctors to feel as though they are "walking in a jungle" of uncertainty, confusion, frustration, fear and contradiction. This especially challenging when deciding on cases involving coercion and force.
This talk is based largely on personal experiences as well as screening among young doctors both within and outside of psychiatry using both personal and group interviews and surveys. Results will be contextualized with existing academic studies on the topic of coercion in psychiatry.
The aim of this talk is to present the different challenges a young doctor faces while working in a psychiatric institution, opening a debate about the concept of "less harm" in the context of an acute situation, exploring the uncertainties and ethical values that a young doctor faces on a daily basis whilst performing their job and discuss different proposals about how to reduce the amount of coercive messures.

Disclosure of Interest: None Declared

WS025

The existential is essential

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Abstract: In the beginning of 2026 the Superior Health Council published an advice on the psychosocial well-being in residential care centers. The 'usual suspects' on this subject as education, medicalization, innovation and internal organization are evaluated and given new incentives. It soon became clear that the existential is not just another box that needs ticking. On the contrary, it permeates the whole project of living well and well being in general. In residential care centers moreover people are confronted with frailty but also with (renewed) resilience. The importance and implementation of the existential dimension in the centers will be presented and discussed.

Disclosure of Interest: None Declared

WS026

Appropriate use of psychotropics in residential care facilities and important collaboration with clinical pharmacists

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Abstract: In 2023, the new project NETPHARM was granted in the Czech Republic, developing during the scientific works on WP4 „Geriatric clinical pharmacy and new technologies for the individualization of drug schemes in older patients" international research collaboration in highly individualized geriatric pharmacotherapy among clinical pharmacists, geriatricians and other medical specialities, including psychiatrists.
This project builds upon previous findings of the EU projects describing problems of irrational geriatric pharmacotherapy and importance of the implementation of clinical pharmacy services in different settings of care, e.g. the EUROAGEISM H2020 and I-CARE4OLD H2020 projects, EU COST Action IS1402 ESR7 program, INOMED, EU SHELTER 7th FP EC project and the START/MED/093 project. Using results of secondary analyses from available EU datasets utilized in the NETPHARM research, this lecture describes the situation in inappropriate geriatric prescribing of psychotropics in Central and Eastern Europe.
Results from regionally different nursing home facilities in 4 Central and Eastern EU countries - the Czech Republic (CZ), Bulgaria (BUL), Croatia (CRO), Slovakia (SLO), where in total 876 NH residents were assessed in 2020-2022 by the interRAI-LTCF international tool for comprehensive geriatric assessment (CGA), confirm the high rates of polypharmacy (49.6%, 5+ meds), hyperpolypharmacy (25.7%, 10+, meds), frequent use of psychotropic multicombinations (3+ psychotropics in 36.7% older patients) and overprescribing of benzodiazepines (BZDs), in some countries with the prevalence up to 30 % (CRO, SLO). BZDs were usually prescribed for 5+ years, in non-geriatric dosing (28%) and in risky drug multicombinations (52%). The odds of being prescribed hyperpolypharmacy was significantly higher in patients with moderate to severe frailty (CFS ≥5; proportional OR = 4.3), signalling the need for deprescribing initiatives and for optimizing pharmacotherapy in this multimorbid cohort of older patients.
This lecture documents core problems of irrational use of psychotropics in older adults in nursing homes in Central and Eastern Europe and increases awareness to important role of clinical pharmacists in multidisciplinary clinical teams in optimizing pharmacotherapy in older NH residents.
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Disclosure of Interest: None Declared

WS027

Interdisciplinary collaboration and non-pharmacological interventions to improve mental health of older adults in residential care facilities (part 2)

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Abstract: The presentation will go further into needs-based interventions representing interdisciplinary collaboration, and how an academic knowledge network of a University Hospital and 18 long term care organizations provides the context for developing,

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