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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Physician aid-in dying and mental disorders

S0106

Pad, psychiatry and stigma

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In 2018, the Swiss Academy of Medical Sciences (SAMW) published a new guideline on physician-assisted dying (PAD). In line with the SAMW guideline published in 2004, the patients' ability to judge, their self-determination, careful consideration and permanence of their wish to die as well as the lack of therapeutic options were set as necessary conditions. However, while the previous wording considered assisted suicide to be ethically justifiable if the patient's condition is terminal, the new guideline requires that it is unbearable. This difference has been the subject of intense discussion in Swiss healthcare professionals and the population alike. This controversy is particularly important for those affected by mental illness who have a persistent desire to die. This is because mental disorders cannot usually be classified as terminal illnesses, but they can certainly lead to suffering that is perceived as unbearable. Furthermore, it is known that persons with mental illness are subject to stigmatization. It is therefore likely that there is a connection between the stigmatization of mentally ill people and the position on PAD for this group. This talk provides theoretical background on this discusion and proposes a study protocol to investigate the acceptance of PAD in relation to the type of illness as well as the factors of unbearable suffering and terminality. It will furthermore look into the criteria of the 2004 and 2018 guidelines and will explore if there is a connection between stigmatization and the assessment of whether a person should be granted access to assisted suicide.

Disclosure: No significant relationships.

Keywords: physician-assisted dying; Mental illness; suffering; terminality

S0107

Pad in forensic psychiatry

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Introduction: A recent court decision in Germany defined assisted suicide as a basic human right. Consequently, the discussion regarding PAD needs to be extended to people who are in forensic/secure psychiatric hospitals or prisons, sometimes without any prospects of release. Several studies have shown that long-term hospitalization and detention are associated with feelings of hopelessness, depression and suicidal ideations. Moreover, the resources for adequate therapy are often rare. This results in complex moral challenges for mental health care.
Objectives: To review current practices in countries that allow PAD and to discuss ethical conflicts.
Methods: Literature review; international comparison of current regulations.
Results: A majority of the literature on PAD in detention refers to prisoners with terminal medical conditions. Single case reports of PAD-requests of mentally disordered offenders aroused great public interest. The resulting ethical conflicts are similar to those issues regarding PAD and mental disorder in general. However, in secure treatment settings and detention additional aspects such as adverse living conditions and inadequate access to mental health care need to be taken into account.
Conclusions: If unbearable pain is not a precondition for assisted suicide, then mentally disordered and healthy offenders have a right to request PAD, provided they have medical decision-making capacity. Considering the common insufficient mental health care for people in detention, policy and law makers need to ensure that access to PAD will not replace therapy. Professionals involved in PAD evaluations need support by specific guidelines.

Disclosure: No significant relationships.

Keywords: PAD; prison psychiatry; ethics; decision-making

S0108

Ethics of pad in mental disorders

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Involuntary psychiatric hospitalization for suicide prevention and physician assistance in dying (PAD) for patients with severe and persistent mental illness (SPMI) combine to create a moral tension. Switzerland has the longest history of non-medicalized assistance in dying, considered as a civil right even beyond pathological situations. The debate in Switzerland centers on the notion of suffering in the context of PAD. In 2018, the Swiss Academy of Medical Sciences revised their end-of-life policy stipulating intolerable suffering due to severe illness or functional limitations and acknowledged as such by the physician as a core criterion for PAD. However, we argue that suffering is a necessary but insufficient condition for PAD, the other criteria being decision-making capacity (DMC) and refractoriness of the suffering. Moreover, we hold that suffering is a subjective experience that can only be quantified by the patient and cannot be compared between two persons in an objective way. According to this concept, however, some patients with SPMI, refractory suffering, and preserved DMC will meet the criteria for PAD. Therefore, we call for palliative care approaches in psychiatry which includes relief of suffering as much as possible, but also accepting PAD after a conscientious assessment of the criteria.

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Keywords: physician assistance in dying; decision-making capacity; ethics; Mental illness

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