working in demanding environments while having to deal with their own fears of infection and mortality. To assess the impact of COVID-19 on the practice and well-being of global mental health professionals, we designed a three-part, longitudinal, internet-based study. Here we present data from part 1, implemented in June-July 2020 in six languages to members of WHO's Global Clinical Practice Network composed of 15,500 mental health practitioners. The study assessed COVID-19's impact on: work circumstances; occupational well-being; use and transition to telehealth; and expectations, needs and recommendations. 2,505 mental health professionals from 126 countries responded to the study (47% psychiatrists). 93.7% of respondents were currently practicing and 70.9% continued to see patients in person. The impact on clinical workload varied in terms of direction and extent depending on type of service provided and country of practice. Most participants had started or increased their use of telehealth services, and we identified a need for training to support telehealth use. Overall, clinicians scored high on well-being indices. However, a subset scored above the cutoff for low well-being and reported a significant number of post-traumatic symptoms. Five factors affected work-related stress: fear of infection, severe COVID-related events, life disruption, lack of adequate protection and role disruption. Data from this study will provide information relevant for the design, development, and integration of mental health services in the continuing pandemic, and in similar future scenarios.

**Disclosure:** No significant relationships.
**Keywords:** COVID-19; burnout; telehealth; mental health services

## S0094

## Mental health response to COVID-19 in China and impact on psychiatrists

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The COVID-19 outbreak has raised numerous challenges for mental health service system in China. The pandemic has many affects on clinical, research and teaching, due to the strict quarantine in china. Fight the COVID-19 became the most important thing in work. We outlined major mental health needs during COVID-19 outbreak from the exiting studies and challenges for mental health professionals, and how to manage these challenges in China. To reduce the risk of negative psychological outcomes associated with the COVID-19 pandemic, the Central Health Authority of China and different national academic societies have integrated mental health crisis interventions into the general deployment of disease prevention and treatment. The NHCC developed a mental health triage strategy to provide four levels of psychological crisis interventions. More than 20 specific guidelines and expert consensus for mental health services for the COVID-19 outbreak were disseminated by the end of February 2020 to provide timely guidance for frontline health care professionals. External mental health expert teams in other provinces were also established to provide emergency mental health services in Hubei province, China. In addition, widespread adoption of online public education, psychological counseling, and hotline services have been set up for those in need. Although the COVID-19 pandemic has been under control in China, we should take a proactive lead to share its protocol of emergency mental health services with other countries affected by the COVID-19 pandemic. Also international cooperation is urgely needed to control the COVID-19 pandemic worldwide. Large-scale epidemiological surveys should be conducted to examine the prevalence of mental health problems associated with the COVID-19 pandemic to inform the development of appropriate mental health services in future.

**Disclosure:** No significant relationships.
**Keywords:** Mental health needs; online service; expert consensus; triage strategy

## S0095

## The COVID-19 pandemic in Russia: Effects on clinicians and mental health services

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Since COVID-19 was declared a pandemic by the World Health Organization in March 2020, it has had different infection rates across the world. Russia had one of the largest numbers of infected cases during 2020, but with a lower overall fatality rate. Nevertheless, as in other countries, clinical practice within the mental health care system has faced many stresses and challenges. This concerned the need to organize a treatment of COVID-19 in psychiatric hospitals, as well as a transformation of outpatient care, including psychotherapy, which has largely switched to a remote format. To better understand the effects of the pandemic on mental health professionals, a large-scale study has been implemented through the Global Clinical Practice Network, one of the largest professional communities, which includes 969 members from Russia. The study assessed how COVID-19 affected clinical practice and well-being of clinicians. The first of three surveys was launched in June 2020, in six languages including Russian. Over 2,500 global mental health professionals participated in the study, including 205 clinicians from Russia. Current work circumstances, work-related stressors, and use of telehealth were evaluated. In Russia, the data collection period was characterized by generally improvement in the overall pandemic situation. Results to be presented include the proportion of clinicians that continued working, what kinds of services they provided, their well-being strategies, telehealth modalities and areas in which they had particular concerns about assessment, treatment, or monitoring of patients with mental disorders using remote technologies.

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## Rational approaches to polypharmacy in the treatment of schizophrenia

### S0097

### Combination treatment with second generation antipsychotics other than clozapine

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**Background:** Antipsychotic combination treatment without clozapine is common in the treatment of schizophrenia patients worldwide, despite clinical guidelines generally do not recommend such practice. This is potentially due to a high rate of non-response to monotherapies and a low-frequent adoption of Clozapine.
**Aim:** This presentation briefly summarizes rational combination strategies without second generation antipsychotics other than clozapine and presents new results of a multi-center randomized, double-blind controlled trial comparing monotherapy of oral amisulpride (400-800 mg/day), or olanzapine (10-20 mg/day) with amisulpride-olanzapine combination treatment.
**Conclusions:** Positive findings with small to medium effect sizes in favor of combination treatment with amisulpride and olanzapin have to be weight against a higher propensity to side effects since reduced sexual functions, weight gain and gain in waist circumference are higher in patients with combination treatment and olanzapine monotherapy than in patients with amisulpride monotherapy. Overall evidence in favor of combination treatment without clozapine is not strong when regarding its highly-frequent adoption in clinically practice. The strategy of combination treatment with amisulpride and olanzapine may be an alternative in certain clinical situations but should be carefully monitored and justified according to guideline recommendations for resistance to pharmacotherapy.
**Comments:** The adoption of clozapine should be considered, before other antipsychotic combination treatment is indicated in clinical non-response to various monotherapies. Other factors that may lead to non-response or therapy resistance such as non-adherence, substance-abuse or high metabolization have to be excluded, before such strategy is appropiate.

**Disclosure:** No significant relationships.
**Keywords:** Schizophrenia; Antipsychotics; Combination; Polypharmacy

### S0098

### Augmentation strategies for treatment-refractory clozapine patients

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**Background:** Clozapine can be a life-saving and course-altering treatment for patients with psychosis, particularly treatment-resistant schizophrenia. Unfortunately, clozapine monotherapy rarely leads to a full symptomatic remission.
**Aims:** This talk outlines key decision points in the use of clozapine: how to select patients for clozapine treatment and how to optimize clozapine's efficacy in patients with a poor response to an adequate clozapine monotherapy trial.
**Conclusions:** Clozapine's main indication is for treatment-resistant schizophrenia. Therapeutic drug monitoring (TDM) should be used to optimize clozapine dosing during a clozapine trial and to rule-out pseudo-resistance. Up to 50% of patients do not respond to clozapine monotherapy and augmentation strategies can be utilized in such cases. Pharmacological add-on treatments are selected based on the most prominent symptom cluster (refractory psychosis, negative symptoms, depression and suicidality, aggression). Electroconvulsive therapy is the most effective augmentation strategy for refractory psychosis and suicidality. Non-pharmacological interventions and a focus on quality of life become important considerations in clozapine non-responders.
**Comments:** Clozapine is an important and underutilized tool in the management of treatment-resistant schizophrenia. It should be offered timely, as soon as treatment-resistance becomes apparent. Clinicians can use personalized augmentation strategies as part of a comprehensive treatment plan in order to achieve improvements even in patients with a poor response to clozapine alone. However, polypharmacy should be used judiciously, keeping in mind medical morbidity and quality of life.

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**Keywords:** treatment-resistant schizophrenia; Augmentation strategies; clozapine

### S0099

### Adjunctive antidepressive pharmacotherapy in schizophrenia patients

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Depressive symptoms during long-term course of schizophrenia constitute an important and frequent clinical problem. They may occur either as stand-alone major depressive episodes (MDEs) or as part of the schizophrenic negative syndrome. Teatment resistant schizophrenia due to affective deficits results in high subjective burden of disease and a marked subgroup of schizophrenia patients die from suicide. International treatment guidelines strongly suggest offering cognitive behavioural therapy to all patients with schizophrenia. Within pharmacological approaches evidence in favour of second generation antipsychotics exist. The application of mood stabilizers lacks evidence from clinical trials, but is often used in clinical practice. Several antidepressive agents have been administered to depressed patients with schizophrenia and were effective in alleviating both affective and negative symptoms. Treatment outcomes, however, were often limited by side effects and pharmacokinetic interactions, which constitutes the necessity of

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