Results: The study included 16 men (28%) and 43 women (72%), predominantly aged 20-30 years (72%), with most participants from Kairouan (52%). Sixty-four percent of staff viewed physical restraint as a therapeutic tool. Opinions on its impact on the therapeutic alliance and physical integrity were mixed, with 33% considering it dehumanizing. The most common emotions reported were fear (58%) and pity (39%), while anxiety was the least reported (9%). Coping strategies included rationalization (63%) and discussing experiences with colleagues. Sixty-six percent of staff reported encountering ethical dilemmas, with varying frequencies. Views on patient consent were divided, with 42% opposing seeking consent, and differing opinions on obtaining consent from patients with good insight or in relapse.
Conclusions: The study reveals diverse and complex attitudes towards physical restraint in psychiatry. It underscores the need for continuous training, ethical reflection, and efforts to align practices with ethical standards to mitigate negative impacts on staff.

Disclosure of Interest: None Declared

EPV0854

Respect for Autonomy in Patients with Altered Reality Judgment

M. F. Tascon Guerra[1,2*], E. Ramos Garcia[1], M. V. Lopez Rodrigo[1], Y. D'hiver Cantalejo[1] and M. Palomo Monje[1]

[1]Psychiatry, Hospital Ntra Sra del Prado, Talavera de la Reina and [2]Psychiatry, SESCAM, Talavera de la Rein, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1511

Introduction: Bioethics is a discipline based on ethical principles aimed at guiding healthcare practice. Four fundamental principles are defined: autonomy, non-maleficence, beneficence, and justice. The first of these is autonomy, which expresses the ability of each individual to make decisions regarding their own health.
Objectives: This case presents a 47-year-old male patient diagnosed with schizophrenia, legally incapacitated and under guardianship by a Foundation. He has no awareness of his illness, is on pharmacological treatment in a controlled environment, and does not cooperate for testing or procedures. He has been involuntarily admitted to the Psychiatry Unit since 2022, awaiting transfer to a residential facility.
Methods: In recent months, the patient has exhibited dysphagia and constitutional syndrome. A tumor suspicious for malignant oropharyngeal neoplasm is identified. He is informed in simple terms, in the presence of his legal guardians, that he has a tumor with malignant characteristics, which will grow over time, eventually blocking his airway and leading to death. Testing is necessary to reach a diagnosis and propose treatment.
Results: The patient repeatedly and firmly expresses his desire not to undergo any tests or treatment. In coordination with the Psychiatry and Otorhinolaryngology services, and in consultation with the Bioethics Committee, it is decided to respect the patient's autonomy and his decision to refuse tests or invasive procedures. At all times, comfort measures and pain management are provided.
Conclusions: Autonomy is the ability to have control over one's own life. Every person has the right to make decisions about their health. Mental impairments can alter a person's autonomy, as they hinder the conscious process of decision-making.
The dignity of the person plays a key role in the protection of life, physical and psychological integrity, and the freedom of individuals with mental disorders.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPV0856

The Use of Clozapine in Incarcerated Persons with Borderline Personality Disorder

N. Divac[1], S. Čekerinac[2*] and D. Sekulić[2]

[1]Dept. of Pharmacology, Clinical Pharmacology and Toxicology, University of Belgrade, Faculty of Medicine, Belgrade and [2]Dept. of Psychiatry, General Hospital of Sremska Mitrovica, Sremska Mitrovica, Serbia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1512

Introduction: Borderline personality disorder (BPD) is common in incarcerated persons. Psychiatric medications are prescribed in prisons for the treatment of psychiatric illnesses, but also for the reductions of symptomes triggered by the specific conditions and environment. The use of psychotropic medications in incarcerated persons is beneficial in terms of prevention of aggression and violent outbursts. Clozapine, as the most effective antipsychotic for aggressive and violent behavior could be very useful in forensic population, but is avoided due to adverse effects and the need for regular monitoring (Cekerinac et al. IJOPH 2024).
Objectives: The objective of this reserch is to analyze the use of clozapine among incarcerated persons with BPD, and to evaluate the incidence of adverse effects.
Methods: A cross-sectional, epidemiological survey was used to measure the prevalence of antipsychotic prescribing among adult prisoners in Sremska Mitrovica Prison (Serbia) in 2020.
Results: Of 1280 incarerated persons, (all men, average age 36.3 years), 80 (6.25%) were prescribed an antipsychotic. More than a half (N=44) were prescribed clozapine, but in doses lower than recommended for approved indications. None of them had an approved indication for clozapine, so this can be defined as off-label use. The average dose of clozapine was 51.14 mg/day, while the recommended maintenance dose is 300–450 mg/day. The other commonly used antipsychotic in this population was olanzapine (N=30). No cases of elevated white blood cells count were noted during regular monitoring. For the broader purpose of the study, metabolic parameters were assessed for the users of both antipsychotics, BMI, plasma glucose levels, plasma cholesterol levels and plasma triglyceride levels. Only the mean values of the levels of glucose and triglycerides in the plasma were slghtly elevated compared to the referent values of the Prison Hospital (Table 1.).
Table 1. Metabolic parameters in inmates prescribed olanzapine and clozapine vs. inmates who were prescribed metabolically inert antipsychotics

https://doi.org/10.1192/j.eurpsy.2025.1511 Published online by Cambridge University Press