Conclusions: Caregiving affected family carers on multiple levels with predominantly negative consequences. Priorities identified by carers need to be considered and acted upon if community-based care is to become an effective option.

Keywords: Stigma; family care; Belarus; Eastern Europe

**EPP0662**

**Sociodemographic and clinical profiles comparison in an acute hospital unit after a decade (2006-2007 vs 2017-2018)**

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Introduction: It has been recently proposed that diagnoses traditionally framed in axis II of the DSM and diseases related to the elderly are progressively replacing serious mental illness in acute inpatient wards.

Objectives: To study the clinical and sociodemographic characteristics of the patients in an acute psychiatric unit, and to compare them between a ten-year period.

Methods: Observational, descriptive, and retrospective study that analyzes the data recorded in the discharge reports from the acute ward of the Hospital Provincial de Castellón.

Results: Among the studied patients, we found statistically significant differences regarding gender, age, readmission rate, and stay duration between the two periods. In the most recent one (2017-18), more women and elderly have entered, with shorter stays and fewer readmissions. In both periods, the most prevalent psychiatric diagnoses are by far serious mental illness (bipolar disorder, schizophrenia). By grouping the diagnoses into five broad categories (serious mental illness, dementias, personality disorders, drug misuse, and others), we found significant differences in their distribution. Lately, more personality disorders and dementias were admitted as the main diagnosis, although the total amount of cases has decreased. By comparing the two periods, we observed that the percentage of serious mental illness admitted has decreased from 35% in 2006-07 to 27% in 2017-18, while the percentage of dementias has increased from 11% to 19%.

Conclusions: The research carried out allows us to conclude that the model of psychiatric hospital admission, from 2013 to 2017 in local health service in a 240,000 people area of northern Italy

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Introduction: Psychiatric Patients Admissions in Mental Health Service of Venice (Italy) were compared from 2013 to 2017. Trends of Admissions take on consideration, the presence of Mental Health Service for Outpatients Care.

Objectives: To point out the distribution of Diagnosis made in Different Years for different patients ages.

Methods: For every patient has been considered the following data: Sex, Age, Marital State, Profession, Psychiatric Diagnosis, Days of Admission, Geografic Origin and Kind of Admission (Voluntary / Involuntary).

Results: It is noticeable the different percentage of Psychiatric Diagnosis in 2013 rather than in 2017. In 2017 it happened a more amount of Psychiatric Admission of Subjects with Substance Addiction Related Disturbs (Alcool included) and Atypical Depression Syndrome and Borderline and Cluster B Personality Disorders. Lower amount instead was verified for Diagnosis of Schizophrenia, Neurosis and Oligofrenia. Beside it was noticed, an earlier onset of Psychotic Syndrome in Young people often related with Substance Abuse. In the 2017 besides was lower the amount of Involuntary Admission (T.S.O. in Italy) compared with 2013.

Conclusions: Different distribution of Diagnosis is explained by the Evolution Diagnosis Orientation (from D.S.M. IV to I.C.D. 10) About the increased Diagnosis of Substance Addiction Disturbs
and Younger age of same subjects seems caused by a different treatment’s Strategy with brief selective Admissions. Furthermore lesser Involuntary Admission seems due to best knowledge of every patients. The most of these were indeed already known by Ambulatory Outpatient Mental Health Service.

**Keywords:** Trends in Psychiatric Patients Admissions; Admission; Patients; epidemiology

**EPP0667**

**Antipsychotic medication and the elderly**

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**Introduction:** In recent years, the use of antipsychotics (AP) has been widely debated for reasons concerning their efficacy and safety in the elderly.

**Objectives:** We aimed to assess the prescription of AP in the elderly subjects.

**Methods:** We led a retrospective and descriptive study. We extracted all patients aged 65 years or older who were consulted in the psychiatric outpatient unit at the Hedi Chaker hospital in Sfax – Tunisia between January 1 and December 31 2019 and who were treated with AP. General, clinical and therapeutic data were collected from medical records.

**Results:** The mean age of patients was 71.7 years. Medical conditions were observed in 53.1% of them. The reasons for consultation were behavioral disturbances (34.4%), insomnia (18.8%) and memory impairment (15.6%). The main retained diagnoses were dementia (40.6%), mood disorders (28.1%), delusional disorder (15.6%). The indications for prescribing antipsychotics were disruptive behavior (59.4%) and delirium/hallucinations (34.4%). Laboratory examinations and electrocardiogram were performed respectively in 46.8% and 15.6% of cases. AP treatment was prescribed in 90.6% of cases right from the first consultation. Atypical AP were prescribed in 56.2% of cases. Adverse effects were noted in 18.7% of patients. The average time to get a response was 7.3 weeks.

**Conclusions:** The use of AP in the elderly requires an individual assessment, case by case; particular caution is recommended.

**Conflict of interest:** No significant relationships.

**EPP0668**

**Social factors and suicidal ideation in adulthood**

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**Introduction:** In recent years, it has been possible to corroborate that people’s social environment is a key aspect in the study of suicide risk.

**Objectives:** The aim of this study is to assess the relation between suicidal ideation and social factors (loneliness, social support, trust, participation and cohabiting) in a representative sample of the Spanish adult population, comparing the effect according to sex.

**Methods:** Cross-sectional study of a representative sample of the Spanish population (n = 4,217) conducted between 2011 and 2012. Loneliness was assessed using the UCLA Loneliness Scale. Social support was assessed using the OSLO-3 Social Support Scale, and participation scale and trust. Data were analyzed using logistic regression models adjusting for sex, sociodemographic and health variables (lifestyles, depression, and multimorbidity).

**Results:** Prevalence rates of suicidal ideation were higher in young and middle-aged adults. In the middle-aged groups, loneliness is significantly associated with suicidal ideation in both women and men. Among man, cohabiting and trust were identified as a protective factors of suicidal ideation. Among women, only social support was identified as a protective factor. In the older adult’s group, trust acted as a protective factor of suicide ideation among women. For man was the social support. Among younger adults, cohabiting was identified as a protective factor in man.

**Conclusions:** Due to the different results involving social factors and suicidal ideation according to age and sex, we highlight the importance of studying social factors for the detection of specific needs among the Spanish adult population.

**Keywords:** Suicidal ideation; age-related differences; loneliness; social support

**EPP0668a**

**Prevalence of different types of online behavior and Internet addiction among adolescents in central siberia: Gender and age aspects**

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**Introduction:** Adolescent online behavior is an urgent public health problem in different countries of the world due to the possibility of developing Internet addiction.

**Objectives:** To study the prevalence of different types of online behavior and Internet addiction in Siberian adolescents, depending on gender and age.

**Methods:** During the period from January to May 2019, 2950 adolescents aged 11-18 years living in the urban area of Central Siberia...