

29,000 people have died and almost 100,000 people have been home-isolated, with strict lockdown measures. The COvid Mental hEalth Trial (COMET) network, including ten university Italian sites and the National Institute of Health, has promoted a national online survey in order to evaluate the impact of lockdown measures on the mental health of the Italian general population. The COMET survey reports data from a large sample of more than 20.000 people from Italian general population, showing that lockdown has had a detrimental impact on mental health, in terms of worsening of anxiety, depressive and stress symptoms. Findings from this study can be useful to inform national and international associations, policy makers and stakeholders on the importance to provide adequate support to the mental health of the general population.

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Keywords: mental health; pandemic; Young People

W0059

Social media content analysis on twitter to explore public perceptions regarding pathological social withdrawal (hikikomori)

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Hikikomori is a form of severe social withdrawal, initially described in Japan and recently reported in other countries around the world. Individuals with hikikomori shut themselves in their homes with minimal interaction with society and little participation in school or the workforce. The nature of hikikomori makes the individuals suffering it a hard-to-reach population. While hikikomori was described in Japan much before the 'digital revolution' of the 2000s, the internet, social media, and online gaming have radically changed the way people interact. This may be particularly true among hikikomori who spend much time online for entertainment or social interaction. Given this, the online world has been proposed as an accessible gateway to reach and support individuals with hikikomori. This talk will present and discuss the results of the Twitter-hikikomori international studies, conducted between 2018-2020 and led by Dr. Pereira-Sanchez, which employed social media mixed quantitative-method analyses to characterize the public conversations related to hikikomori on the social media platform Twitter in several Western languages and Japanese. As for the results, Twitter data provided evidence that hikikomori extends well beyond Japan examining, and showed that tweets in Japanese are more often related to personal anecdotes, whereas tweets in Western languages are more often related to hikikomori as a medical issue. Apart from the results of the content analyses studies have been a proof of concept on the use of social media contents to investigate a phenomenon affecting a hard-to-reach population, which may inspire future online-based efforts to better support these populations.

Disclosure: No significant relationships.

Keywords: social withdrawal; social media; Hikikomori; twitter

Clinical/Therapeutic

Medication deprescribing in elderly patients with mental disorders: Why, when, and how?

W0060

Different general strategies for deprescribing in real clinical settings: From lists to collaborative care

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Most elderly patients with mental disorders are treated with polypharmacy (e.g., five or more medications), and they are receiving medications that are potentially inappropriate for elderly patients (e.g., PIMs). These aspects are often excluded in the clinical guidelines, meta-analyses, and randomized controlled trials but are very important for prudent prescribing in daily practice. The most robust approach to reducing irrational polypharmacy, PIMs, and other medications-related problems in this population is a careful deprescribing process. It is the process of tapering, withdrawing, discontinuing, or stopping medications. There are some tools available to help in the deprescribing process in clinical practice, including different medication lists (e.g., Beers criteria, STOPP/START, and guidelines) and collaborative care, including clinical pharmacist or pharmacologist. Medication lists have been used in clinical trials and guidelines, where Beers criteria are used predominantly in the U.S. and Priscus list in Europe. A collaborative care approach, including a clinical pharmacist, has been established only in some countries (e.g., USA, UK & Slovenia). The results are positive with a decrease of PIMs, polypharmacy, and an increase in the patients' quality of life. The participants will learn the general deprescribing processes supported by the evidence-based data and real clinical pharmacological tools useful for daily practice.

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Keywords: Psychopharmacology; Collaborative care; Deprescribing; Real Clinical Setting

W0061

Clinical aspects of deprescribing process in affective disorders

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Although depression in the elderly is often underdiagnosed and undertreated, some data show that next to this potential underuse, antidepressant prescriptions may also be overused and prescribed inappropriately. These potentially overused and inappropriate prescriptions of antidepressants are often related to polypharmacy, comorbidity and increased mortality. Deprescribing is the planned