guidelines, regarding smoking cessation in healthcare settings, with special attention to mental health settings.
Objectives: The aim of this study was to assess the current prevalence of smoking among inpatients in a psychiatric unit with a "Tobacco Free Campus" policy in place, and the associated patient factors. We also assess the efficacy at which mental health professionals are addressing smoking in this setting.
Methods: We performed a cross-sectional analysis of all patients admitted to the inpatient psychiatric unit on a single date. All inpatients were interviewed using a standardised format to ascertain smoking history and employment status. Case records were examined to record diagnoses and assess the patient's inpatient care plan, nursing admission proforma and medical admission proforma. Medication charts were examined to ascertain whether Nicotine Replacement Therapy (NRT) was prescribed to those identified as smokers. Using Microsoft Excel, we analysed the smoking behaviours data gathered, and the identification of smokers and their orientation to the Tobacco Free Campus policy, on admission.
Results: Of the 51 inpatients, 78% (n=40) had an Axis 1 diagnosis according to the DSM-4, 72% (n=37) were unemployed and 67% (n=34) were receiving Social Welfare. 57% (n=29) of inpatients were current smokers. 63% (n=25) of smokers had an Axis 1 diagnosis, 51% (n=19) were unemployed and 53% (n=18) were receiving Social Welfare. Since admission, 52% (n=15) of smokers have been smoking more, and 48% (n=14) have been spending more money on tobacco. 7% of smokers (n=2) started smoking on the unit. 50% (n=9) of smokers receiving Social Welfare were smoking more, with the majority in receipt of long-term disability allowance (n=7). Only 10% (n=3) of smokers were prescribed NRT, with only 1 patient taking NRT. 90% (n=26) of smokers did not have smoking addressed in their care plan. 38% (n=11) had a fully completed smoking history in the nursing admission, while only 14% (n=4) had one in the medical admission.
Conclusions: Despite a Tobacco Free Campus policy, smoking continues to be highly prevalent in an inpatient psychiatric setting. Smoking was particularly prevalent in patients with Axis 1 diagnoses, and in the unemployed. A large proportion increased their smoking on admission, and their expenditure on tobacco. More can be done to identify smokers on admission so as to promote quitting, and in turn, reduce the social consequences related.

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EPP0861

A Pragmatic Approach to define "DIFFICULT TO TREAT" patients

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Introduction: Multiple definitions for "difficult to treat" patients (DTP) were given throughout the years. While most authors focus on diagnoses, others focus on clinical, social and demographic factors, which should be regarded as factors of bad prognosis and elevated costs for the healthcare systems.
Objectives: To identify and haracterize DTP patients admitted in acute ward, based on practical criteria.
Methods: Through the hospital's IT services, all acute inpatient episodes at Centro Hospitalar Psiquiátrico de Lisboa were collected, since 2017. Cluster analysis was performed, regarding number of previous admissions (PA) and days of admission. Descriptive and comparative statistics (with multiple comparisons) for the different clusters, regarding age, gender, diagnosis at discharge (according to ICD10), and, to the DTP, previous medical following, compliance to medication, and substance use at admission.
Results: Three clusters were identified: (C1, n=5861) a larger, uncharacteristic one; (C2, n=1168) with a higher number of PA (average of 8, versus less than 2 on the others); and (C3, n=1462) with higher number of days of admissions (58 versus less than 16). Statistical significance was found regarding age (higher in C3), gender (more men in C2), nationality (C1 with more foreigners). Regarding diagnosis at discharge, statistical difference was found between the 3 groups: C1 has significantly less patients with Schizophrenia (11% versus 30% in the others), but more depressive (21% versus 6% in C2 and 12% in C3) and neurotic disorders. C2 presented less dementias (0,5% versus 3% in C1 and 10% in C3) and delusional disorders, but more bipolar disorders (24% versus 15% in C1 and C3); C3 represented less episodes due to substance abuse (alcohol or others) and personality disorders. In both C2 and C3, no psychiatric consultation happened in the 3 months prior admission to around 40% of episodes, and 50% had stopped medication. The majority had only oral medication. Almost 24% of C2 tested positive for cannabinoids, with no differences regarding other substances.
Conclusions: These findings allow the definition of 2 kinds of DTP, which present unique characteristics but some common features (namely poor adherence to consultations and are in therapeutic compliance). An assertive multidisciplinary approach, focused on current treatment and relapse prevention (including social structures, more frequent clinical follow-up, and rehabilitation centers), will be the key to their treatment.

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EPP0862

Legalization of Cannabis – what's the impact on mental health?

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Introduction: With the increasing push to legalize cannabis in Western nations, there is a need to gauge the potential impact of this policy change on vulnerable populations, such as those with mental illness, including schizophrenia, mood and anxiety disorders.
Objectives: Understand the effects of cannabis in people with mental illness and the impact of policies legalizing cannabis in societies.
Methods: Literature review performed on PubMed and Google Scholar databases, using the keywords "cannabis", "mental health", "psychiatry".