

establish prevalence rates for MDs as defined by DSM-5 criteria. Recommendations to improve and develop new mental health services to meet the needs for these YP will be disseminated amongst commissioners.

Disclosure: No significant relationships.

Keywords: Epidemiology; Prevalence; young people; Malta

EPV0755

Psychological model of hierarchical classification for body regulation practices

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Introduction: Body image dissatisfaction entails an activity, which is nothing else but an attempt for deliberate regulation of their body. It has different kinds and manifestations. Most researchers focus on such body regulation practices as weight control, muscles build-up, or cosmetic surgery.

Objectives: Our goal is to work out a psychological hierarchical model of body regulation practices aimed at abating a person's dissatisfaction with their body image.

Methods: Using a method of agglomerative hierarchical clustering, we carried out a multivariate classification of 122 respondents' answers to the Body Regulation Practices Survey (E. Nikolaev), which allows establishing the frequency of the respondents' use of each of the 11 variants of body regulation practices offered in the survey.

Results: Based on the results of 11 variables of a dendrogram, we established two data arrays, combining correspondingly 4 and 7 versions of body regulation practices. The first array comprises two pairs of clusters – physiological practices and weight control, as well as practices of personality and spiritual development. We identified it as “developmental body regulation practices”. The second array includes two paired clusters – aesthetic medicine and body modifications; image making and hetero-aggressive practices. Merging with the four practices mentioned above on a higher level of the hierarchy are auto-aggressive and inertial practices. We identified this array as “compensatory – non-adaptive body regulation practices”.

Conclusions: The devised model can become the basis for further advanced research in the area of body regulation in cases of dissatisfaction with body image.

Disclosure: No significant relationships.

Keywords: body regulation practices; hierarchical model; Body image dissatisfaction

EPV0757

Should “medical students' disease” be regarded as a true disease entity? Cross-sectional study among Polish students

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Introduction: There is a widely known stereotype about medical majors repeated by generations of medical practitioners called „medical student disease”. It's based on a belief that unexperienced students are prone to develop pathological fear of medical conditions they are studying about.

Objectives: The aim of the study was to examine two populations of students - medical and non-medical ones in order to compare their level of hypochondriacal behavior and health-related anxiety. Moreover we looked for other factors which might have had an influence on hypochondria and nosophobia among them.

Methods: The proprietary questionnaire was completed by 606 students (303 medical students of the Medical University of Silesia in Katowice and 293 students of the 3 largest non-medical universities in Katowice).

Results: The results show that medical students receive same scores on a nosophobia scale as students of non-medical universities ($p=0,5$). The analysis of hypochondriacal behavior showed significantly higher results in non-medical students group ($p=0,02$). The higher medical students were at the stages of academic education, the higher the results of nosophobia they obtained. In the entire study group female received higher score in relation to the fear of illness ($p = 0.001$). People with mental disorders achieve significantly higher results of nosophobia ($p < 0.001$ in the entire group) and of hypochondria ($p < 0.001$ for the entire cohort).

Conclusions: Our study challenges the widespread belief that medical students, compared to their peers, are overly anxious about their own health. Gender and having a mental illness are predictors of hypochondria and nosophobia.

Disclosure: No significant relationships.

Keywords: nosophobia; hypochondria; medical students

EPV0760

Ethnic disparities in multi-morbidity in women of reproductive age in the UK: a data linkage study

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Introduction: Few studies have explored ethnic inequalities in physical and mental health in women at preconception.

Objectives: Explore inequalities in multimorbidity in women of reproductive age.

Methods: Data from Lambeth DataNet, anonymized primary care records of this ethnically diverse London borough, linked to

anonymized electronic mental health records (“CRIS secondary care database”) were extracted on preconception risk factors including BMI, smoking, alcohol, substance misuse, micronutrient deficiencies and physical health diagnoses for women aged 15-40 with an episode of secondary mental health care (January 2008-December 2018) and no pregnancy codes (n=3,633) and a 4:1 age-matched comparison cohort (n=14,532).

Results: Women in contact with mental health services (whether with or without SMI diagnoses) had a higher prevalence of all risk factors and physical health diagnoses studied after adjustment for deprivation and ethnicity. Women from minority ethnic groups [79.5% of total sample] were less likely to be diagnosed with depression in primary care compared to White British women [adj OR 0.66 (0.55- 0.79) p<0.001] and Black women were more likely to have a severe mental illness [adj OR 3.41(2.63-4.43), p<0.001]. Black and Asian women were less likely to smoke or misuse substances and more likely to be vitaminD deficient. Black women were also significantly more likely to be overweight [adj OR 4.56(3.96-5.24 p <0.001] and have two or more physical health conditions [adj OR 2.98(2.19-4.07) p<0.001] than White British women after adjustment for deprivation and SMI diagnoses.

Conclusions: Our results highlight a need for culturally centered integrative models of care across primary and secondary mental health services.

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Keywords: Race; multi-morbidity; preconception; ethnic inequalities

Ethics and Psychiatry

EPV0761

Primum non nocere: psychosurgery in a case of severe anorexia nervosa. A case report

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Introduction: Bilateral cingulotomy and anterior capsulotomy are two neurosurgical procedures which are reserved as a last resort for cases of severe OCD in Spain; these procedures are not approved in cases of AN.

Objectives: We present the case of a 29-year-old female patient who was diagnosed with anorexia nervosa (AN) when she was 15 (2006). Due to the severity of the case the patient needed to be hospitalized for many months due to excessive weight loss. She was also treated in an out-patient department and started several intensive psychotherapeutic procedures. In 2015 the patient’s family took her to a private clinic where she was diagnosed with Obsessive-compulsive disorder (OCD) and had a bilateral cingulotomy and anterior capsulotomy.

Methods: A case report where the ethical implications of the case are weighed alongside a review of the relevant literature regarding neurosurgical treatments of AN.

Results: There were no significant short or long term improvements in terms of Body Mass Index or reduction of symptoms, the patient’s cognitive functions showed a decline in neuropsychological tests. Contrary to that the patient has needed hospitalizations for at least 9 months per year since the surgery and has needed admission in the Intensive Care Unit at least 3 times because of extreme malnutrition. Due to her need for chronic hospitalization was institutionalized in a long-stay psychiatric hospital.

Conclusions: Psychosurgery is a controversial therapy which has limited evidence in cases of AN. Our case shows the way in which neurosurgical procedures can do more harm than good and worsen the prognosis of patients.

Disclosure: No significant relationships.

Keywords: Ethics; psychosurgery; Anorexia nervosa

EPV0762

Bulletin of the Regional Medical Chamber as a forum for ethical discourse in psychiatry and sexology

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Introduction: Since last year there has been a lively ethical discussion in Poland about the influence of religion and new cultural currents on medical ethics. There are many ways to work towards increasing ethical sensitivity in education of mental health care professionals.

Objectives: This paper presents the ethical discourse in the bulletin “Primum” of Bydgoszcz Medical Chamber (24 chambers in Poland associate doctors and dentists): www.bil.org.pl/primum - English translations: www.dropbox.com/s/xthu7wyt56ecjwp/Primum_translations.docx?dl=0.

Methods: All texts dealing with issues described were collected and divided into three groups: promoting new currents of thought, faithful to tradition, others. Presented views were analyzed basing on Polish Code of Medical Ethics (nil.org.pl/uploaded_images/1574857770_kodeks-etyki-lekarskiej.pdf) and compared with dominating philosophical schools.

Results: A total of 33 articles were published: 20 presenting new approach to medical ethics, supported by the Editorial Board (72% of the total), 7 embedded in traditional values (22%), 6 without a clear stand or denying the discourse on ethical issues (6%). Articles presented philosophical views (personalism, virtue ethics, utilitarianism, constructionism), discussed ethical standards, actions contrary to the dignity of medical profession, value of human life, compliance of arguments with medical knowledge, principles of dealing with patients in terminal states, the duty of care for the pregnant woman and her child.

Conclusions: All texts show dilemmas in our environment, reflect views in Polish society and in ethical discourse around the world. Thanks to them, readers familiarize themselves with the contemporary ethical debate and form their own opinions; also they are encouraged to reach for the indicated sources and their own research.