EPV1683

Incidence and risk factors of cognitive disorders after urologic endoscopic surgery

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Introduction: Postoperative cognitive disorders are an emerging public health problem because of its related socio-economic impact.: Postoperative cognitive disorders are an emerging public health problem because of its related socio-economic impact.

Objectives: To determine the incidence and risk factors of cognitive disorders after endoscopic resection in urology.

Methods: This is an observational, descriptive and analytical study carried out in the urology department of Sahloul University Hospital during a 3 month period, and enrolling patients scheduled for endoscopic resections. Collected data included socio-demographic characteristics and parameters related to the operative management. Cognitive disorders were assessed by the MOCA Test one day before the intervention, then, during the first postoperative day. Patients developing TURP syndrome were excluded.

Results: During the study period, 104 patients were enrolled with a mean age of 67.76 years. The sex ratio was 33.6. Main interventions were transurethral resection of bladder tumor and transurethral resection of the prostate. The incidence of cognitive disorders was 45.2% after endoscopic resection. Main Risk factors in multivariate analysis were age (p < 10-3), low educational level (p < 0.001), sedentary (p < 0.001), smoking (p = 0.029), an age gap with spouse> 10 years (p < 0.001), high blood pressure (p < 0.001), myocardial infarction (p = 0.005); chronic bronchitis (p = 0.002), sleep disorders (p < 0.001), preoperative concentration disturbances (p = 0.005), poor quality of patient information (p < 0.05), and the type of anesthesia (p = 0.012). **Conclusions:** The incidence of cognitive disorders after urologic endoscopic surgery is considerable. Patients with risk factors require preventive measures, regular screening and optimal management.

Disclosure: No significant relationships.

Keywords: -Endoscopique resection; MoCA; Cognitive disorders; Postoperative period

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The impact of the covid-19 pandemic on the risk of social stigma

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Introduction: Social stigma indicates a process of negative connotation of a person which results in discrimination. The victim of stigma experiences a condition of social exclusion that negatively affects his relationships. The COVID-19 pandemic has spread the fear of being "contaminated", which has led to the discrimination of a part of population.

Objectives: The purpose of this work is to analyze which people have suffered from stigma due to the COVID-19 pandemic by examining the negative effects on their health during this period.

Methods: A literature review of peer-reviewed articles was performed on Pubmed NCBI database by inserting the keywords: *stigma and COVID-19* in the period 2020-2021.

Results: The data showed that the categories most at risk were positive patients and their families; healthcare workers in COVID-19 wards; Asian people. Discrimination has included avoidance attitudes, physical or verbal abuse, hypersurveillance in public places. Negative effects on victims included anxiety, depression, feelings of rejection and shame, self-harm and suicide. COVID-19 patients attempted to hide the disease by avoiding access to hospital; health personnel developed risk of burnout; Asian restaurants experienced a drop in reservations, even after quarantine period.

Conclusions: Social stigma is a public health problem and greater efforts are mandatory to reduce it including correct information, with the help of social and mass media; social interventions aimed at generating empathy; avoiding the use of negative language focused on stereotypes that could generate fear or discrimination. Such interventions are crucial to reduce discrimination in such a fragile period as COVID-19 pandemic.

Disclosure: No significant relationships. **Keywords:** discrimination; stigma; Covid-19

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A Review Of Effective Interventions To Improve Emotional Risk Factors Of Anxiety, Stress, Depression In Infertile And Infertile Patients Undergoing Treatment With Assisted Reproductive Techniques

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Introduction: Infertility is a major problem in life and affects the lives of infertile couples in every way

Objectives: Infertility is associated with several negative reactions and emotional problems. Review of effective interventions for improving emotional risk factors In infertile and infertile patients undergoing treatment

Methods: A comprehensive narrative review of the studies was conducted. Databases such as Web of Science, Science Direct, Cochrane Library, Scopus, PubMed/Medline, Clinical Key, and MAGIRAN were retrieved from May 10 to August 8, 2021, with no time limit. After reviewing the abstract and the full text of the articles, 32 articles were selected for writing. The methodological quality of the article was assessed based on the Cochrane Risk of Bias **Results:** Interventions were divided into two subgroups of mindbody, and web-based CBT. Mind-body interventions generally show the anxiety, stress and depression reduction and Possible improvement in pregnancy rate, but most of these programs

require extensive financial resources. The results of web-based,showed that using online CBT approach can greatly reduce stress and anxiety, due to increased use of the internet, non-collaborative, cheap and private treatment of web-based interventions, this method can be used as a way along with other treatments to reduce these negative reactions.

Conclusions: According to the present study CBT methods, application and Internet-based interventions can be used as appropriate counseling methods in reducing stress, anxiety and improving pregnancy outcomes in infertile patients. This information can be used as a proper source to select appropriate counseling methods for health care providers, midwives, and treatment staff involved in infertility patients.

Disclosure: No significant relationships.

Keywords: emotional risk factors; infertile patients; Stress; Anxiety,

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The conundrum of Identitive Dissociative Disorder: about a case

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Introduction: We present the case of a 22 year old male with a history of two hospitalizations in the Psychiatric ward of our hospital with psychotic symptoms that led to a diagnosis of schizophrenia, whose later evolution arose doubts about such a diagnosis and provoked a re-examination of the case, eventually leading to a diagnosis of Dissociative Identity Disorder.

Objectives: To present a complex case of Identity Dissociative Disorder disguised by a myriad of psychotic-like symptom and to review the links between this kind of disorders and a personal history of trauma.

Methods: We performed an extensive review of the scientific literature available regarding the topic of Dissociative Identity Disorder, using sources both in English and Spanish languages.

Results: Our patient experimented two admissions into our Psychiatric ward due to acute psychopathological symptoms (auditive pseudohallucinations and visual hallucinations attributed by the patient to two different people who could influence on his behaviour), then linked to a début of a Paranoid Schizophrenia. The follow-up of the patient in a Day Clinic related to our hospital revealed a close relationship between the described symptoms and a personal history of trauma, as well as a lack of effect of the antipsychotic medication prescribed, and the clinical case eventually evolved to the development of two distinct identities within our patient, leading to a new working diagnose of Identity Dissociative Disorder.

Conclusions: Identitive Dissociative Disorder is a complex, underestimated entity of difficult diagnosis with deep roots in personal traumatic history and whose multifaceted presentation may entail a challenge to clinicians.

Disclosure: No significant relationships.

Keywords: Trauma; identity dissociative disorder; dissociative symptoms; Psychosis

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Two of us live in this body

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Introduction: The dissociative disorders are characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior.

Objectives: We present the case of a 22-year-old patient, who has been following up for just over a year. The patient refers that two people inhabit her body, talk to each other, exchange opinions and both have control over the body, one giving the turn to the other depending on the circumstances. To this is added delusional symptoms of grandeur and sensorial-perceptual symptoms. In turn, depressive symptoms have appeared that have led the patient to have several suicide attempts throughout the follow-up time.

Methods: During this time, the patient has required hospital admission on two occasions due to the autolytic ideation. Treatment with neuroleptics and antidepressants has been established that have helped control delusions and thoughts of death, but not the dissociative clinic.

Results: Dissociative Identity disorder 300.14 (F44.81)

Conclusions: The different symptoms presented by the patient, as well as the social and occupational deterioration that he presents, make this an extremely complicated case, both in diagnosis and in treatment. Dissociative identity disorder has been very controversial, changing its diagnostic criteria over time. More studies are needed and perhaps future research can give us more clues about this disorder.

Disclosure: No significant relationships.

Keywords: Dissociative Identity disorder; multiple personality; dissociative disorders; delusional symptoms

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Psychiatric Misdiagnosis in Frontotemporal Dementia

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Introduction: Frontotemporal dementia(FTD) is the prevalent type of primary progressive dementia. Psychiatric symptoms can be seen in FTD. So it can imitate psychiatric disorders and be misdiagnosed. However, few studies have investigated the underlying cause of misdiagnosis.

Objectives: The primary aim of this study was to identify the prior psychiatric diagnoses of patients before receiving a definitive diagnosis of FTD and the main reasons to cause diagnostic delay.

Methods: We screened through the records of patients who were admitted to our psychiatry outpatient or inpatient clinic from January 1st, 2018 to June 30th, 2021. The patients with FTD were included in our study.