

EPP0184**Prevalence and severity of Anxiety and Depression among Primary caregivers with correlation to their Psychiatric outpatients diagnostic entity according to ICD-10**

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Introduction: The impact of psychiatric patients on their primary caregivers is important. Outcome of different psychiatric disorders may also depends open the mental health of their caregivers. Therefore assessment of the prevalence and severity of Anxiety and depressive disorders may help to improve the wellbeing the caregivers as well as their sufferers.

Objectives: To assess the prevalence and severity of Anxiety and Depression among primary caregivers of psychiatric outpatients. To correlate the psychiatric diagnosis according to ICD-10, of the patients with their caregivers anxiety and depression.

Methods: The study was carried out in private Psychiatric Hospital with primary caregivers of psychiatric outpatients. One hundred and eighty consecutive and consenting participants were selected. Besides, applying semi-structured preform, designed for this purpose, anxiety and depression levels of these individuals were assessed using the locally validated version of HOSPITAL ANXIETY AND DEPRESSION SCALE (HADS). For the diagnostic categorization ICD-10 of WHO was used. Data was tabulated and analyzed using SPSS 17 version.

Results: Among the 180 caregivers, between the age range of 18 to 92 years, 44% were found to be suffering from anxiety, and 68.56% were suffering from depressive disorders. Anxiety and Depression (combined) existed among 74.85% of the caregivers of psychiatric outpatients. Frequency of depressive disorder was found higher among the brothers (19.08%) as caregivers, followed by mother (18.32%), relatives (16.03%), and in spouses (15.26%).

Conclusions: Caregivers of psychiatric patients, especially females, are more vulnerable to anxiety and depression irrespective of the type of their patients' illness.

Disclosure: No significant relationships.

Keywords: Anxiety; Depression; Caregivers; Outpatients

EPP0185**Anxiety in Multiple Sclerosis Patients: A Preliminary Examination of the Effect of Fatigue, Physical Disability, and Low Self-Compassionate Attitude**

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Introduction: Multiple Sclerosis (MS) is a demyelinating, neuro-degenerative, and immune-mediated disease that affects the central nervous system. Usually co-occurs with difficulties in emotional regulation and psychopathology. Anxiety is one of the most common psychiatric manifestations in patients with MS. Nonetheless, empirical evidences on the joint predictive effect of MS clinical conditions and emotion regulation processes on the development of anxiety in MS patients are scarce.

Objectives: This preliminary study aimed to explore whether fatigue, physical disability (MS clinical conditions) and a low compassionate attitude (maladaptive emotion regulation process based on self-judgment, over-identification, and isolation) predict anxiety symptoms in MS patients.

Methods: A convenience sample of 107 patients with MS diagnosis and without other neurological disorders was used in this cross-sectional study. Participants completed the Anxiety Subscale of the Depression, Anxiety and Stress Scales-21, the Analogic Fatigue Scale, the World Health Organization Disability Assessment Schedule, and the Self-judgment, Isolation and Over-identification Subscales of the Self-Compassion Scale.

Results: All potential predictors showed significant correlations with anxiety symptoms and predicted this symptomatology through simple linear regressions. Therefore, they were selected as covariates of the multiple linear regression model, which explained 32% of the variance of anxiety symptoms. This model revealed that fatigue, physical disability, and low compassionate attitude are significant predictors.

Conclusions: The results support the relevance of psychological interventions for MS patients to implement effective strategies to regulate anxiety associated with fatigue and physical disability. Helping patients to adopt a more compassionate attitude toward the self can reduce their anxiety.

Disclosure: No significant relationships.

Keywords: multiple sclerosis; anxiety symptoms; predictive model

EPP0186**Comorbidities and treatment of somatoform disorders before switching to DSM-5 and ICD-11: what to consider**

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Introduction: Somatoform disorders, previously diagnosed according to DSM-IV-TR and ICD-10, are shifting towards somatic symptom disorder in DSM-V and bodily distress disorder in ICD-11.

Objectives: Before using the current criteria, because the new diagnostic entities can identify a larger pool of patients with various physical complaints and diagnoses, it is essential to consider the

physical and psychiatric comorbidities that have an important role in deciding the pharmacological treatment.

Methods: We conducted a retrospective observational study on a group of 169 patients previously diagnosed with a type of somatoform disorder and hospitalized between January 2015 - January 2021 in a psychiatric emergency hospital in Cluj-Napoca, Romania.

Results: Male:female ratio was 1:1.41. The mean age was 52.35 ± 13.3 years, the mean period of hospitalization was 12 ± 5.39 days. 54% of patients lived in urban areas, and almost half of them were married. Most patients were not professionally active and did not receive a superior education. Most patients had one hospitalization and had at least one physical and one psychiatric comorbidity. The most frequent somatic comorbidities were: cardiovascular, metabolic, rheumatological, gastrointestinal, endocrinological, and neurological, and the most frequent psychiatric ones were: depressive, personality, anxiety, neurocognitive, and substance use disorders. The most frequent type of somatoform disorders were: undifferentiated somatoform disorder and somatization disorder. Regarding psychiatric treatment, antidepressants, antipsychotics, benzodiazepines, anticonvulsants, and hypnotics were used. No correlations were observed between the presence of depressive or anxiety disorders and somatic comorbidities.

Conclusions: ICD and DSM need to clarify diagnostic criteria and develop therapeutical guidelines for this type of patient.

Disclosure: No significant relationships.

Keywords: somatoform; comorbidities; Treatment

EPP0188

Neuropsychological functions as trait markers in OCD: a long term follow-up.

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Introduction: There is suggestive evidence that Obsessive Compulsive Disorder (OCD) is characterized by impaired neuropsychological functions that are also influenced by clinical variables. Several studies show that these neuropsychological deficits could be potential endophenotype markers.

Objectives: The present study aimed to examine neuropsychological patterns in OCD patients and several clinical variables before and after a follow-up of 10 years.

Methods: This study examined 44 outpatients with OCD. Cognitive performance and clinical data of these patients were documented before and after a follow-up of 10 years. A neuropsychological battery was administered and scored to them including Rey Osterrieth Complex Figure, the Digit-span test, and the State-Trait Anxiety Inventory. As well, several clinical variables were also assessed including sociodemographic variables, general intelligence measured by Progressive Raven's matrices, Yale Brown Obsessive Compulsive Scale and Hamilton Depression Rating Scale. Finally, data was analyzed using t-Student and Pearson's correlation.

Results: In general, the pattern of neuropsychological dysfunction in patients with OCD remains unchanged during the follow-up

period, except for some specific variables. Low scores on some verbal memory tasks were associated with severity of OCD, and nonverbal memory was influenced by depressive symptoms in the first evaluation, while, after the follow-up, as obsessive and affective symptoms improve, there's no significant change in the neuropsychological pattern.

Conclusions: Despite the influence of some clinical and socio-demographic variables on the neuropsychological performance in OCD patients, cognitive dysfunction remains unchanged after a follow-up period of 10 year. These results suggest that cognitive deficits could be considered as a trait marker for the disorder.

Disclosure: No significant relationships.

Keywords: OCD; Neuropsychology;

ObsessiveCompulsiveDisorder; Long term follow-up

COVID-19 and Related Topics 02 / Model Systems

EPP0189

Determinants of sexual dysfunction in women recovered from COVID-19

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Introduction: While several studies have assessed the impact of the COVID-19 pandemic on sexuality and sexual behavior in the general population, very few studies have assessed sexuality in patients recovered from Sars-Cov 2 infection.

Objectives: The objectives of our study were to assess factors associated with sexuality dysfunction in women recovered from covid-19.

Methods: This is a case-control study.

The women in the case group have been infected with Sars-Cov 2, and cured for one to two months at the time of the study, women in the control group have not been infected with Sars-Cov 2. We assessed depression, anxiety, post-traumatic stress disorder (PTSD) and sexuality in both groups using the Beck Depression Inventory (BDI), the Coronavirus Anxiety Scale (CAS), the Post traumatic stress disorder Checklist Scale (PCLS) and the Female Sexual Function Index (FSFI).

Results: In total, we recruited 30 women in the case group and 30 women in the control group. An FSFI score < 26.55 and corresponding to impaired sexual function was found in 63.33% of women in the case group versus 53.33% of women in the control group ($p=0.009$). Factors influencing sexual activity were depression ($OR = 17.86$, $CI95\% = [1.1-290.12]$) and PTSD ($OR = 18.51$, $CI95\% = [1.43-240.30]$).

Conclusions: Depression and PTSD are significantly associated with sexual dysfunction in women recovered from COVID-19, even in mild or pauci-symptomatic clinical forms.

Disclosure: No significant relationships.

Keywords: dysfunction; women; sexuality; Covid-19