

of conversion disorder is between 4–12 per 100,000 per year. Conversion disorder has a wide variety of somatic and neurological differential diagnoses.

Objectives: A 22-year-old woman was admitted to the hospital due to COVID-19 pneumonia. During the hospitalisation period, she developed progressive weakness, due to which she couldn't move, eat or take care of herself. In terms of history, she is healthy, married and gave birth to her first child almost 9 months ago. Two days postpartum, the patient experienced an inability to connect with the child and provide care, as well as a decline in her mood. The husband reports episodes in which the patient had difficulties holding the child while being able to perform house chores, which required more physical strength. Two years prior to hospitalization, during stressful situations she experienced similar episodes and difficulty swallowing. While hospitalized, extensive testing was done, including an acetylcholine receptor antibody test, which was negative at first. Because of the initially negative testing results a psychiatrist was called. On the first visit, the patient remained in a supine position and reported a lack of strength in both arms and legs, occasionally experiencing difficulty raising her head, however managed to stand up from the bed, walk independently for 5–6 meters, turn around, and, as soon as she reached the bed, descend into it. The staff reported her inability to walk earlier in the day. On the second visit, she notes that she feels tired but now can feed and take care of herself; however, some weakness persists in the proximal muscle groups. In between visits she received treatment with corticosteroids because of the COVID infection. After repeating the acetylcholine receptor antibody test, there was a positive result, and a diagnosis was established.

Methods: This case report demonstrates how a somatic disorder can mimic a psychiatric one because of the overlapping symptoms and initial negative test results. While receiving symptomatic therapy with glucocorticoids due to the COVID infection, the patient's condition improved; she began to eat and walk on her own.

Results: From the psychiatric aspect, it was associated with separation from the child—a relieving of the stress factor, due to which dissociative symptoms decreased.

Conclusions: Before considering a diagnosis of a dissociative disorder, a patient should be examined by other specialists according to their symptoms. A thorough neurologic and physical examination, as well as diagnostic tests, should be performed to exclude a physical pathology. Myasthenia gravis has a comorbidity with a number of psychiatric conditions and can also be very similar to a dissociative disorder, especially due to stress aggravating the symptoms of myasthenia gravis.

Disclosure of Interest: None Declared

EPV1139

The Imperative of Trauma-Informed Care: A Comprehensive Review and Strategies for Implementation in Health Services

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Introduction: Psychological trauma is a significant public health concern with long-lasting effects on physical and mental well-being. Trauma-informed care is an approach to providing support and services that acknowledges and integrates an understanding of the pervasive impact of trauma on individuals. This review delves into the critical imperative of trauma-informed care within the realm of health services. Recognizing the pervasive impact of trauma on individuals' physical and mental well-being, this REVIEW aims to explore existing literature, identify key objectives, and propose effective methods for implementing trauma-informed strategies in health services.

Objectives: To Review Existing Literature on Trauma: Conduct an review of the literature to comprehend the varied dimensions and consequences of trauma on individuals' health; To Identify Key Principles of Trauma-Informed Care: Explore established principles of trauma-informed care, highlighting their relevance and applicability within health service settings; To Propose Implementation Strategies: Develop practical strategies for integrating trauma-informed care into health services, ensuring a comprehensive and sensitive approach to patient care.

Methods: A review of published articles, books, and reports related to trauma and trauma-informed care to establish a foundational understanding.

Results: Psychological trauma can have profound and multifaceted impacts on individuals, affecting their mental, emotional, and even physical well-being. The consequences of psychological trauma can vary widely based on the nature, severity, and duration of the traumatic experience, as well as individual factors such as resilience and support systems. Trauma-informed care aims to create an environment that is sensitive to the needs of those who have experienced trauma, and it is based on six key principles: safety, trustworthiness, peer support, collaboration, empowerment, and cultural competence. Healthcare providers need to understand trauma beyond the personal and acknowledge the cultural, historical, social, political, and structural trauma that impact individuals and communities across generations. This approach recognizes that there is a risk of retraumatization in social and health services, especially for minority communities.

Conclusions: This review underscores the pressing need for health services to adopt trauma-informed care strategies. By acknowledging the prevalence and impact of trauma on health outcomes, the healthcare sector can transition towards a more patient-centered and empathetic approach.

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EPV1140

Risk-taking propensity and emotional intelligence: an emotional version of the balloon analogue risk task (BART)

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Introduction: It is well known that emotions guide decision-making processes in risk contexts. Several studies in the literature have showed the influence of emotions on risk-taking using the Balloon Analogue Risk Task (BART).

Objectives: The aim this research was to investigate the influence of emotional intelligence (EI) levels on the impact of emotions in risk-taking propensity assessed by the BART.

Methods: To this end, we developed a variant of the BART in which each balloon displayed a face with an emotional expression: happiness, fear, or neutral. EI was assessed from the performance-based ability model by the MSCEIT. The sample consisted of 120 participants ($M_{age} = 21.52$; 80% women).

Results: A repeated measures ANOVA revealed a higher tendency to take risks when happy faces were presented, compared to the fear and neutral conditions. Moreover, participants with higher levels of EI showed a lower tendency to take risks across all emotional conditions. This relationship was particularly strong in the fear faces.

Conclusions: Our findings support the effect of incidental emotions on risk-taking and suggest the role of EI as a protective factor for risk engagement.

Disclosure of Interest: None Declared

EPV1142

The relationship between workaholism and perfectionism among trainee doctors

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Introduction: In the medical field, work addiction is a double-edged phenomenon. It can be regarded as a positive addiction leading to high motivation to work, but it can also have adverse mental, physical, and social consequences.

Objectives: To assess the relationship between work addiction and perfectionism in trainee doctors.

Methods: We conducted a cross-sectional descriptive and analytical study among trainee doctors. We used the "Work Addiction Risk Test" (WART), and "The Big Three perfectionism scale short form".

Results: A total of 99 doctors were included. The mean age of participants was 27.6 years, with a sex ratio (M/F) of 0.33. The doctors in our study worked 5.39 ± 1.6 hours a day and were on call 3.84 ± 2.87 times a month. Their average number of hours of sleep was less than 7 hours in 43.4 % of participants. The mean score of the WART was 61.2 ± 14.83 . Among the trainee doctors surveyed 39% were considered at high risk of workaholism. The mean WART score was significantly higher among female physicians and those who slept less than 7 hours per day on average. In addition, the average score on the WART scale was significantly associated with the number of calls per month. We found a statistically significant association between perfectionism scores and work addiction scores.

Conclusions: Our study showed that work addiction is common among doctors in training and is favored by high levels of perfectionism. It is therefore essential to explore and define preventive measures to help them find a balance allowing them to aim for high standards and be able to progress, without setting unrealistic expectations, which can lead to work addiction.

Disclosure of Interest: None Declared

EPV1143

The relationship between perfectionism and self-esteem among trainee doctors

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Introduction: Perfectionism is often seen as a beneficial trait for trainee doctors since it means they have high standards and a drive for success. However, it demands a flawless level of performance regardless of one's physical or mental health and well-being. Consequently, perfectionism is now viewed from a different perspective.

Objectives: We aimed to study the impact of perfectionism among doctors in training on their self-esteem.

Methods: We conducted a cross-sectional descriptive and analytical study among trainee doctors. The following psychometric instruments were used: The "Work Addiction Risk Test" and the "Rosenberg Self-Esteem Scale".

Results: We included 99 doctors in training. Their mean age was 27.6 ± 2.2 years. The sex ratio (σ/ρ) was 0.33. Most participants were single (63.6%) and of middle socioeconomic level (86%). Tobacco use was reported in 6.1% of cases, and alcohol use in 4.1% of cases. Among all participants, 58 % had low or very low self-esteem. The mean score of Rosenberg Self-Esteem Scale was 30 ± 5.13 and the mean score of the big three perfectionism scale short form was 41.11 ± 13 . Higher self-esteem scores was significantly associated with lower self-critical perfectionism scores.

Conclusions: Our results point to the negative impact of self-critical perfectionism on self-esteem. In fact, perfectionism can hold you back, both personally and professionally. Perfectionists see their own self-worth as tied to what they achieve, and they believe that others judge them on this as well. They can never live up to the standards they set for themselves, and this can lead to a downward spiral of self-criticism and blame.

Disclosure of Interest: None Declared

EPV1144

Tell me who you're coming with, I'll tell you what you have!

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Introduction: Psychiatric care is unique in its scope and complexity, as it involves the assessment and treatment of a wide variety of pathologies and, as these patients seek treatment, it is imperative to understand who accompanies them in clinical consultations and how the presence of these companions influences the treatment path. The dynamics between psychiatric patients and their companions in consultation, is extremely important as it can have