

treatments, and self-care? Medical Psychology brings us theories for this understanding. Grave's Disease is an autoimmune disorder, a form of hyperthyroidism with a goitre, affecting also the eyes and the skin, as well as emotional manifestations. Weight loss, sometimes psychologically welcome, although due to a disease, can mean a psychoanalytic secondary gain. So, the medicine that leads to clinical improvement can be taken with ambivalence and bad adherence to treatment. It is important to differentiate between disease, a scientific entity explained by the clinical professional, and illness as a patient's subjective perception of an un-health.

Objectives: To understand psychodynamically the fantasies, desires, and views related to Graves' Disease as reported by patients in hyperthyroidism but without ophthalmopathy interviewed at an endocrinology-specialized outpatient clinic. (in the EPA-2023, it was presented the qualitative results of a sample in hyperthyroidism, with ophthalmopathy, studied at the same service).

Methods: Clinical-Qualitative Method designed by Turato. Data collected through Semi-Directed Interviews with Open-ended Questions in-Depth; and Field Notes, transcript fully. Treated by the Seven Steps of Clinical-Qualitative Content Analysis of Faria-Schützer, using psychodynamic concepts from Balintian Medical Psychology. Although we have extracted categories that permit us interesting discussions, we intend to close the sample (through the information saturation criterion by Fontanella) when we obtain other categories. The interviewer, a male psychologist, is the first author. The findings are validated by peer-reviewers of the Lab of Clinical Qualitative Research of the State University of Campinas.

Results: Three categories were chosen for this presentation: 1) "An atomic bomb in my life": How drastic changes of a hormonal disease re-symbolize the patient's life; 2) "I didn't think the thyroid did that much": the disease seen as a metaphor in a psychological blaming language to own disease and to himself as a sick person. 3) "I have so much medicine!": a mode of referring to treatment that would justify an undisciplined use of medications.

Conclusions: Our findings can help clinical professionals to have a better understanding of some psychological meanings which have sense in the patients' conscience, often not verbalized clearly in the conversation, and so to handle better the patients and relatives. In this way, it can reduce the patient's resistance to recommended treatment, as well as encourage the clinical team to construct empathy with them.

Disclosure of Interest: None Declared

EPV0297

A Study of Dry Mouth and Gastrointestinal Disorders in Patients Taking Antidepressant

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Introduction: Dry mouth is a subjective symptom of the feeling of dehydration inside of the mouth and is closely linked to reduced salivary secretion. The occurrence of dry mouth and GI disorders due to antidepressants greatly affects the course of the mental disorder and medication compliance, but it has barely ever been studied.

Objectives: The purpose of this study was to identify the characteristics of dry mouth and gastrointestinal (GI) disorders in antidepressant patients.

Methods: The study included 103 antidepressant-taking patients. Antidepressants were classified according to their mode of action. The GI disorders were investigated using the medical records of the patients. The Patient Health Questionnaire-15 and a questionnaire for assessing dry mouth symptoms were used in this study. The questionnaire for the evaluation of dry mouth symptoms, a visual analog scale (VAS)-based instrument, developed and evaluated for reliability by Lee et al. was used to assess dry mouth. In the questionnaire, 6 VAS items were assessed for the extent of dry mouth (0-100 points): 1) dry mouth at night or when waking up in the morning, 2) dry mouth during the day, 3) dry mouth when eating, 4) difficulty in swallowing, 5) subjective evaluation of the volume of saliva in the mouth, and 6) overall discomfort in daily life. Additionally, four items examined behaviors due to dry mouth (1-5 points): 1) frequency of waking up from sleep due to dry mouth, 2) frequency of preparing drinking water before going to bed, 3) frequency of drinking water when eating solid foods, and 4) frequency of eating hard candies or chewing gums to help dry mouth.

Results: The score for "overall discomfort due to dry mouth in daily life" (31.72±33.82), "dry mouth at night or in the morning" (47.86±35.87), and "dry mouth during the day" (39.83±31.67) were slightly higher than "discomfort in chewing or swallowing foods". According to somatization severity, the mean values were 116.36±113.34 in the mild, 213.18±136.98 in the moderate, and 277.59±201.44 in the severe, the between-group difference was significant (F=10.294, p<0.001). According to the class of antidepressants, the mean score was 180.00±147.5 for vortioxetine, 194.25±169.33 for selective serotonin reuptake inhibitors (SSRIs), 223.61±156.70 for serotonin and norepinephrine reuptake inhibitors (SNRIs), 75.00±57.00 for norepinephrine dopamine reuptake inhibitors (NDRIs), 201.67±174.66 for NASSAs, and 116.67±132.03 for agomelatine. A total of 67 (65.0%) patients had at least one GI disorder.

Conclusions: The study findings are expected to help increase medication compliance in antidepressant patients by better controlling the side effects experienced by the patients.

Disclosure of Interest: None Declared

EPV0298

Personalization of therapy of psychopathological complications of cardiac surgery in artificial circulation conditions

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Introduction: The study of the clinical and phenomenological features of psychopathological complications of cardiac surgery (CS) in artificial circulation conditions (ACC), the development of modern approaches to early diagnosis and prognosis of

psychopathology is an effective way to solve this problem has valid medical and social significance.

Objectives: To increase the effectiveness of prevention of psychopathological disorders in cardio-surgical interventions based on personalization of their correction.

Methods: The examination included the use of socio-demographic, instrumental, biochemical, clinical-psychopathological, psychometric, and statistical methods.

Results: The study sample consisted of 700 patients who were treated by CS in ACC at the SI “Heart Institute of the MH of Ukraine”.

It was found out that the most common complication is postsurgeon cognitive dysfunction (PCD) (72.0% of patients), postsurgeon encephalopathy (PE) (31.0%) is less common, and cerebral infarction (CI) is the least common (12.2%).

It was revealed that the core psychopathological symptoms associated with CS are cognitive disorders (72.0% of the examined) and affective symptoms, represented by depressive (38.1%) and anxiety (33.9%) manifestations of mild and moderate expressiveness, and auxiliary constructs – dyssomnic (29.7%), asthenic (17.9%) and somatovegetative (9.0%) disorders. The highest prevalence of psychopathological symptoms was found in patients with CI, somewhat less in patients with PE, and the lowest in patients with PCD. Signs of mild depressive disorder were found in patients who underwent CS in ACC, elevated levels of adynamic depression indicators, depression with fear and agitated depression, as well as increased levels of anxiety: the average level of anxiety, mental and somatic anxiety. The indicators of expressiveness of depression and anxiety in patients with CI turned out to be the highest, in patients with PE – lower, and in patients with PCD – the lowest. We proposed a mathematical model for predicting the development of psychosocial maladjustment (PM) in patients who have undergone CS in ACC. It is based on a comprehensive assessment of three key vectors that can have a mutually potentiating pathogenetically related effect on the course of the formation of PM: surgical, neurological, and psychopathological. A complex of diagnostic, corrective and preventive measures for each of the risk groups has been developed.

Conclusions: Verification of the proposed model on a representative sample of patients confirmed its high predictive ability and reliability in use.

Disclosure of Interest: None Declared

COVID-19 and related topics

EPV0300

Predictors for Burnout Among Healthcare Workers in a Post-Covid Era

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Introduction: We aimed to study predictive factors for burnout (BO) among healthcare workers in a tertiary hospital in Singapore.

Objectives: We hypothesized that burnout would be associated with singles, females, and foreign born staff recently moved into this country, unaccompanied by family members.

We further hypothesised that BO would be associated with those scoring less on resilience. Recognising that social support mitigated against stress and burnout, we hypothesized that those who perceived less support would be more prone to BO.

Methods: The study questionnaire was sent via corporate email to all staff with email access. We stressed that data would be fully anonymised. No financial rewards were given for participation which was carried out on a voluntary basis.

The following instruments were used, viz. F-SozU K-6, a brief form of the perceived social support questionnaire; Connor Davidson Resilience Scale; Oldenburg Burnout Inventory; Patient Health Questionnaire-4 item; Demand Control Support Questionnaire and Leisure Time Satisfaction Scale. Ethics approval for the study was sought from the SingHealth Centralised Institutional Review Board, which granted exemption of participant consent.

Analyses were performed using Stata version 17.0 (StataCorp. 2021), with statistical significance set as 2-sided 5% ($p < 0.05$). The reliability and internal consistency of the scales used were assessed using Cronbach Alphas and Confirmatory Factor Analysis (CFA).

Results: Neither males nor females were more at risk for BO. And contrary to what we hypothesised those who recently moved to this nation were not at greater risk for BO ($p > 0.05$). Multivariate analyses showed that younger workers displayed higher burnout scores ($p < 0.001$). The psychological demand sub-score was positively associated with burnout [0.61 (95% CI 0.45 to 0.77), $p < 0.001$]. Conversely, decision latitude [-0.33 (95% CI -0.44 to -0.21), $p < 0.001$] and support [-0.47 (95% CI -0.60 to -0.35), $p < 0.001$] were negatively associated with BO.

Those who experienced anxiety or depressive symptoms were respectively more likely to experience burnout [0.30 (95% CI 0.02 to 0.58), $p = 0.035$ and 0.72 (95% CI 0.41 to 1.02), $p < 0.001$], with a clear association between higher PHQ-4 scores and risk for burnout ($r = 0.619$).

Moreover, satisfaction with utilisation of leisure time was inversely related to BO [-0.55 (95% CI -0.68 to -0.41; $p < 0.001$)]. We could not find any association between number of years worked, profession, marital status and perceived social support and BO, on multivariate analysis ($p > 0.05$).

Conclusions: Stress reduction interventions should be made available for all staff, especially addressing those at highest risk for burnout.

Disclosure of Interest: None Declared

EPV0301

The COVID-19 pandemic as a traumatic experience in the general population

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