induced skin damage is the means used to satisfy a conscious or unconscious desire to assume the sick role, particularly in those with an underlying psychiatric diagnosis or external stress. DA should be distinguished from malingering, in which skin damage may be inflicted for the purpose of secondary gain.
Objectives: Review what dermatitis artefacta and factitious disorders in general consist of and the challenges they present.
Methods: Presentation of a patient's case and review of existing literature, in regards to factitial dermatitis and factitious disorders.
Results: In general, in regards to factitious disorders in literature, the majority of patients were female with mean age at presentation at thirty. A healthcare or laboratory profession was reported most frequently, as well as a current or past diagnosis of depression was described more frequently than personality disorder in cases reporting psychiatric comorbidity, and more patients elected to self-induce illness or injury than simulate or falsely report it. Patients were most likely to present with endocrinological, cardiological and dermatological problems. In our patient's case, common factors described previously are dermatological lesions, comorbid psychiatric disorder and the beginning of the disorder at an earlier age.
Specifically, when it comes to DA, the hallmarks of diagnosis include self-inflicted lesions in accessible areas of the face and extremities that do not correlate with organic disease patterns. Importantly, patients are unable to take ownership of the cutaneous signs.
Management in these cases is challenging, and different modalities may be employed, including topical therapies, oral medications, and cognitive behavioural therapy; adopting a multidisciplinary team approach has been shown to be beneficial in allowing patients to come to terms with their illness in an open, non judgmental environment.
Conclusions: DA is a rare cutaneous condition that must be considered when the clinical presentation is atypical and investigations do not yield an alternate diagnosis. Few are referred to psychiatric services and even fewer accept care. They have a protracted course, complicated by repeated hospitalizations, ultimately leading to their premature deaths. Clear guidelines on the management of these patients need to be set to protect both patients and providers in light of the ethical and legal considerations.

Disclosure of Interest: None Declared

EPV1174

Exploring Exercise Intervention as a Therapeutic Catalyst within the Mental Health and Addiction Program in Nova Scotia: A Proof-of-Concept Study

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Introduction: Many mental health conditions, including anxiety, mood disorders, and depression, can be effectively treated at a relatively low cost. Exercise interventions can be a therapeutic strategy, but even though exercise has consistently been shown to improve physical health, cognitive function, and psychological well-being, as well as reduce depression and anxiety symptoms, this intervention is often neglected in mental health care services.
Objectives: The study aims to assess the feasibility of incorporating an Exercise Intervention Program (EIP) as a therapeutic pathway within the Mental Health and Addictions Program (MHAP) in Nova Scotia, as well as to evaluate the effectiveness of the program on mental health outcomes and incremental costs, and the patient acceptability and satisfaction with the program.
Methods: This proof-of-concept study has a pragmatic, prospective, controlled observational design with an embedded one-phase qualitative component. Patients with a primary diagnosis of depression or anxiety attending the Rapid Assessment and Stabilization Program (RASP, Halifax, Nova Scotia, Canada) will be offered to receive 60-minute exercise sessions three times per week, per 12 weeks. Patients with similar mental health conditions that have opted to wait for Cognitive Behavioral Therapy (CBT) with the community provider and declined from the EIP will be part of the control group. A certified recreational therapist will conduct the EIP. Participants of both groups (EIP and control condition) will be assessed at baseline and then weekly for four weeks, six weeks and then at 12 weeks post-enrollment. Primary outcomes include differences in the mean change in functional (well-being, resilience, and recovery) and symptom variables (depression, anxiety, and suicidal risk), which will be assessed through online validated scales/questionnaires. Service variables (patient acceptance and satisfaction) and health care utilization (crisis calls, emergency department visits, hospital admissions and readmissions, length of stay for each admission) will comprise the secondary outcomes.
Results: The results of the study will provide information about the effectiveness of EIP in the treatment of anxiety and depression compared to those only wait-listed to receive CBT or counselling from a CMHA provider. The study will also inform about the acceptability and satisfaction of the EIP, as well as the incremental cost-effectiveness of the intervention compared to the control condition.
Conclusions: This proof-of-concept study will demonstrate the effectiveness of EIP as an adjunctive or alternative therapeutic option for the treatment of anxiety and depression in patients seeking mental health support from the MHAP in Nova Scotia.

Disclosure of Interest: None Declared

EPV1175

Negative factors of personality hardiness that effect on ability to control situation and cope with the stress

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Introduction: Personality hardiness expresses the characteristics that help to overcome stress and achieve well-being.