

mood fluctuations throughout the admission, is subsequently oriented as an acute stress disorder, adaptive reaction with an anxious-depressive component and finally concluding that we are facing a dissociative disorder, highlighting the depersonalization/derealization on a dysfunctional personality base.

Conclusions: Characteristic of depersonalization is the great difficulty in describing symptoms, the feeling of being disconnected from one's own body, emotions and reality. The latest studies on etiopathogenesis with MRI show an inhibitory response on the limbic system by hyperactivation of the ventrolateral prefrontal cortex as well as a decrease in the autonomic response, the initial result being the attenuation of the processing of emotions. Among the differential diagnoses: post-anxiety illness disorder, major depressive episode, other dissociative disorders, panic disorder, psychotic disorder, substance-induced disorder. There are several partially effective treatments, although the results so far are poor. SSRIs, quetiapine and naltrexone have been tried. Partial efficacy with lamotrigine together with SSRIs and, if high levels of anxiety coexist, SSRIs together with clonazepam. There are studies where psychodynamic psychotherapy, behavioral therapy and hypnosis have obtained partially effective results.

Disclosure of Interest: None Declared

EPV0075

Quality of Life Assessment in Patients with Knee Osteoarthritis

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Introduction: Osteoarthritis is one of the most common diseases and a leading cause of functional limitation and dependence, significantly impacting the quality of life (QOL).

Objectives: The aim of this study was to evaluate the impact of knee osteoarthritis on QOL and identify associated factors.

Methods: This prospective cross-sectional descriptive study was conducted in the Physical Medicine and Functional Rehabilitation Department over a 4-month period, involving patients with symptomatic bilateral knee osteoarthritis (according to the American College of Rheumatology (ACR) criteria). Sociodemographic data, comorbidities, and characteristics of knee osteoarthritis were collected. The assessment of QOL and the functional impact of knee osteoarthritis were based on the KOOS (Knee Injury and Osteoarthritis Outcome Score) self-questionnaire, Lequesne Index, and modified WOMAC (Western Ontario and McMaster Universities Osteoarthritis Index) Score. The KOOS questionnaire included 5 subscales: pain (KOOS-Pain), symptoms other than pain (KOOS-Symptoms), activities of daily living (KOOS-ADL), sports and recreational function (KOOS-Sport), and QOL (KOOS-QOL).

Results: We included 30 patients with an average age of 59.27±6.3; the male-to-female ratio was 0.15. Sixty percent of patients lived in urban areas, with varying levels of education: primary (n=10),

secondary (n=4), and university (n=4), while the majority were illiterate (40%). Most of our patients were employed, with 64.28% engaging in significant physical activity, resulting in an average of 6 ±2 days of work absenteeism every 3 months due to knee pain. The mean duration of knee osteoarthritis was 7.97 years±3.14. The average pain visual analog scale (VAS) score was 5.2±0.4. Knee osteoarthritis was classified as stage 2 in 40% and stage 3 in 60% of cases. Regarding functional impact, the mean WOMAC global index was 16.6±4.68, and the mean Lequesne Index was 11.05 ±3.45; moderate disability was observed in 16.7%, significant disability in 50%, and severe disability in 16.7% of patients. Furthermore, the KOOS questionnaire revealed decreased KOOS-Sport and KOOS-QOL scores, with mean values of 35±10.2 and 37±8.9, respectively. Our study identified factors associated with a poor quality of life: age > 65 years (p<0.05), disease duration (p=0.02), and VAS pain > 5 (p=0.02).

Conclusions: Improving the quality of life is an essential therapeutic goal in managing knee osteoarthritis. Our study demonstrates that advanced age, longer disease duration, and high pain intensity can negatively impact quality of life.

Disclosure of Interest: None Declared

EPV0076

The impact of Obstructive Sleep Apnea Hypopnea syndrome severity on depression and anxiety disorders

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Introduction: Obstructive sleep apnea hypopnea syndrome (OSAHS) is a chronic source of stress that can alter the emotional state of affected patients.

Objectives: This study aimed to assess the impact of OSAHS severity on depression and anxiety disorders in a Tunisian population of apneic patients.

Methods: We conducted a cross-sectional study, involving 40 patients diagnosed with OSAHS by polysomnography in the Sleep unit, department of Neurophysiology at Sahloul university hospital in Sousse, Tunisia. Anxiety and depressive disorders were detected using the Arabic version of the HADS (Hospital Anxiety and Depression Scale).

Results: The mean age was 49.7 ± 7.87 years with a sex ratio of 1.1. The mean apnea-hypopnea index (AHI) was 29.72. OSAHS was mild, moderate and severe in 40%, 22.5% and 37.5% of cases respectively. One third (30%) of patients received a treatment with continuous positive airway pressure (CPAP). The prevalence of depression in the study's patients, according to the HADS, was 56.4% and that of anxiety was 59%. There was a positive linear relationship between AHI and scores of depression and anxiety (p=0.045 and p=0.037 respectively). Similarly, a significant association was found between HAD scores and treatment with CPAP (p<0.05).

Conclusions: These results show a high frequency of anxiety-depressive disorders in patients with OSAHS. Severity of OSAHS

and CPAP treatment proved to be determining factors in anxiety and depressive disorders, hence the importance of detecting these disorders in order to improve patients' quality of life.

Disclosure of Interest: None Declared

EPV0078

Non-Adaptive Defense Mechanisms and Their Relationship to Psychosomatic Disorders among a Sample of University Students

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Introduction: In the university stage, the student is exposed to many psychological changes, pressures, and conflicts, which makes him resort to many non-consensual psychological defense mechanisms such as (repression, justification, projection, relapse, denial, delusional illness, reverse transference, daydreaming), which causes an imbalance in the personality and its psychological functions. This may lead to cognitive and mental distortions and physiological imbalances, and the appearance of symptoms that cause psychosomatic disorders that are not due to organic physiological imbalances or bacterial diseases, but rather as a result of imbalances in the psychological functions of the ego, which increases the symptoms of headache, vomiting, poor digestion, irritable bowel syndrome, shortness of breath, rapid heartbeat, hormonal imbalance, facial redness, and others.

Objectives: 1. Identifying the degree of use of non-consensual psychological defense mechanisms among university students, and the differences in this according to the variable (gender and degree of academic achievement)

1. Revealing the correlation between the degree of use of non-consensual psychological defense mechanisms and the emergence of disturbed psychosomatic symptoms in the functions of (the respiratory system, the digestive system, the cardiac system, the muscular system, sleep disorders, and bodily disorders).

Methods: The correlational analysis approach was used to study the relationship between the variables of the study. The sample consisted of 300 male and female university students. A scale for psychological defense mechanisms was constructed, and a scale for psychosomatic disorders prepared by Diop (2011) was adopted, and its psychometric properties were verified.

Results: The responses in the degrees of non-consensual psychological defense mechanisms were varied, with a high degree in (justification, projection, repression, and delusional illness) and a moderate degree in (relapse, daydreaming, denial, and reverse transference). Differences appeared between males and females in favor of males, while differences in academic grades were in favor of the lowest grade. The results also showed a statistically significant correlation between psychological defense mechanisms and the appearance of psychosomatic symptoms, as it was high in disorders (respiratory system, cardiac system, muscular system, sleep disorders), and moderate in (emotional disorders and somatic disorders).

Conclusions: There is a positive correlation between the degrees of use of non-consensual psychological defense mechanisms and the

emergence of psychosomatic disorders, in the functions of several bodily systems and behavioral and emotional disorders.

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EPV0080

Interrelations of phantom ringing related anxiety and personal self-esteem in undergraduate university students

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Introduction: Manifestations of phantom ringing syndrome are widely seen in healthy population. Are there any interrelations between this phenomenon and personal psychological characteristics that are connected with the level of their mental health?

Objectives: To determine the specificity of interrelations of phantom ringing syndrome related anxiety and personal self-esteem in university students

Methods: The anonymous survey covered 546 undergraduate university students. The questions were centered on the students' patterns of their personal smartphone use.

Results: The research showed that manifestations of phantom ringing syndrome is available in 189 students, or in every third student (34.6%), who use mobile phones. It is equally represented in males (49.7%) and females (50.2). Clinically, it is characterized by a higher level of anxiety, which reliably correlates ($p < 0.01$) with the level of stress ($r = .17$), level of nervousness caused by absence of a mobile phone ($r = .18$), the frequency of headache ($r = .15$), the frequency of medication consumption related to chronic somatic disease ($r = .15$). We also established valid negative interrelations between the level of phantom ringing syndrome related anxiety and the personal self-esteem based on the parameters of religious belief ($r = -.15$), personal attractiveness ($r = -.16$), mind ($r = -.17$), happiness ($r = -.24$), liveliness ($r = -.25$) and well-being ($r = -.15$). We have not found any proof of valid interrelations with self-assessment of health.

Conclusions: The received results prove that phantom ringing syndrome related anxiety is connected with the personal self-esteem, the level of the perceived stress and some other clinical manifestations

Disclosure of Interest: None Declared

EPV0081

Pimozide as an effective treatment for obsessive symptoms related to physical discomfort in the context of somatoform symptomatology.

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