

According to the Nordic musculoskeletal questionnaire, 32.4% of participants reported low back pain during the last 12 months. Thirty participants (19.1%) had low back pain during the last 7 days. The mean score of mental demand, physical demand, performance, effort, frustration level and temporal demand were respectively  $88.2 \pm 14.3$ ,  $61.1 \pm 24$ ,  $84.8 \pm 13.3$ ,  $82.6 \pm 14.5$ ,  $35.8 \pm 29.2$  and  $60.4 \pm 28.8$ . The frustration level was associated with the presence of LBP during the last 12 months and the last 7 days ( $p < 0.05$ ).

**Conclusions:** From the results of this study, we conclude that LBP was associated with the perceived psychological workload. Hence, the prevention of LBP should go through the improvement of work conditions to enhance the mental health of the electricians.

**Disclosure of Interest:** None Declared

## EPV0707

### Psychosocial risk factors for headache in medical students

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**Introduction:** Headache is often considered as a symptom reflecting mental ill-being of a person. Taking into account heavy academic loads, we should study it in medical students in reference to its connections with various psychosocial risk factors

**Objectives:** To establish interrelations between the frequency of headaches in medical students and risk factors of psychosocial nature

**Methods:** We conducted the research based on the Faculty of Medicine of Ulianov Chuvash State University. It covered 546 students of both genders who had no complains of having mental problems. We surveyed the students by means of Sociocultural Health Questionnaire (E. Nikolaev)

**Results:** The research showed that two out of three students complained of headaches of various intensity and frequency. It was present with statistically equal frequency ( $p > .05$ ) in domestic (68.85%) and foreign (63.90%) medical students. Females experience headache more often ( $r = .20$ ), and it more often correlates with a high level of stress ( $r = .25$ ), lesser satisfaction with studying ( $r = -.14$ ), higher frequency of e-cigarette consumption ( $r = .15$ ), higher anxiety due to phantom ringing syndrome ( $r = .15$ ), lower self-esteem of health ( $r = -.29$ ), confidence ( $r = -.16$ ), successfulness ( $r = -.12$ ), happiness ( $r = -.18$ ), well-being ( $r = -.11$ ), liveliness ( $r = -.16$ ), higher frequency of medication consumption ( $r = .27$ ), higher frequency of visits to a psychotherapist in the childhood ( $r = .11$ ), higher current need in the help of a psychologist ( $r = .21$ ), psychiatrist and psychotherapist ( $r = .21$ ).

**Conclusions:** These psychosocial risk factors call for attention from mental health professionals, and we should take them into consideration while providing medical care to medical students and developing health programs in universities.

**Disclosure of Interest:** None Declared

## Personality and Personality Disorders

### EPV0708

#### Impulsivity as a predictor factor of health-related risk-taking

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**Introduction:** There is a broad consensus that risk taking is largely determined by risk perception. However, previous literature has shown numerous examples of situations associated with potential health risks where our decisions are not made in accordance with the level of perceived risk.

**Objectives:** The aim of the present research was to investigate the role of impulsivity in the explanation of the discordance observed between risk perception and risk-taking in health-related domains.

**Methods:** The sample consisted of 612 participants (Mage = 23.54, 73,2% women). All participants were assessed for levels impulsivity and levels of risk perception and risk-taking propensity in contexts related to health.

**Results:** Results revealed that higher levels of impulsivity were significantly related to a lower tendency to perceive and take risks in the health domain. Most important for our objectives, we observed that the relationship with impulsivity was significantly stronger for risk taking than for risk perception. Moreover, impulsivity significantly predicted risk taking propensity when controlling for risk perception.

**Conclusions:** These findings suggest that, in the health-related domains, impulsivity can differentially affect risk perception and risk taking, thus, offering a possible explanation for the inconsistencies observed in the previous literature.

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### EPV0709

#### From adjustment disorder to schizotypal personality disorder

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**Introduction:** Individuals with schizotypal personality disorder are characterized by tendencies to magical thinking, unusual perceptions, discomfort in social situations, and restricted affect. It is

frequent that they have social anxiety and have difficulty in understanding the motivations and thoughts of others.

**Objectives:** Presentation of a case of a patient who was first diagnosed with adjustment disorder, but on a closer study, was discovered to have a schizotypal personality disorder.

**Methods:** We conducted a bibliographic review by searching for articles about schizotypal personality disorder and theory of mind in Pubmed.

**Results:** We present the case of a 39-year-old woman, diagnosed with adjustment disorder after a conflict at work with a colleague that caused her anxiety-depressive symptoms. In consultations, the patient shows verbiage without expansiveness or euphoria, with rambling speech. She expresses feelings of indignation and injustice, she is irritable, with contained anger. She refers that she prefers to be distrustful of others because she does not understand their intentions. Her thoughts are very rigid, which leads her to have avoidant and phobic attitudes, having no relationships of friendship throughout her life.

A neuropsychological evaluation is carried out, resulting in a surprising WAIS with a TIC of 128. However, the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) shows difficulties in Perception, Comprehension and Emotional Management. Considering the patient's symptomatology as a whole, it is noteworthy:

- Sustained social isolation throughout their life history
- Superficiality of interpersonal relationships
- Distrust and slight self-referentiality. Deficit in inferring the feelings and thoughts of others
- Peculiar speech with ideas of magical content, superstitions and rituals...

Which together supported a diagnosis of schizotypal personality disorder and generalized anxiety disorder. From this point we started to work on her self-esteem, modification of irrational beliefs and cognitive distortions, interpersonal communication and meta-cognitive therapy, with good results.

**Conclusions:** The type of schizotypal patients who come to consultations most frequently are the actively isolated/timorous profile due to their intense social anxiety and difficulties in understanding and adapting to the social world around them. Initial therapy should be empathic support. The theory of mind is the ability to infer the other's mental states and therefore predict their behavior, this ability being diminished in the schizotypal patient. Mentalization tasks, metacognitive therapy, cognitive flexibility training, social skills training, and promoting self-worth are useful. On some occasions it may be necessary to start psychopharmacological treatment to control anxiety and unusual perceptions when they cause discomfort.

**Disclosure of Interest:** None Declared

## EPV0710

### BUT WHO LOOKS AT ME? About a daily clinical case in treatment in a mental health center

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## Introduction: BUT WHO LOOKS AT ME?

Patient around thirty years old, teacher and with obsessive, anxious, paranoid, schizotypic semiology that affects his functionality to the point of isolation, and take sick leave, which with pharmacological treatment with antipsychotics such as aripiprazole and olanzapine and the antidepressant sertraline (at a final dose of 200 mg) and group psychotherapy in multifamily groups remits from these symptoms with functional and symptomatic improvement.

**Objectives:** Highlight the diagnostic difficulties due to the coexistence of symptoms that are part of personality imbalances or first-order diagnostic entities as in this case, depressive picture in a personality with obsessive and paranoid traits

**Methods:** Describe the evolution and psychiatric clinical decompensation of a patient with depression and anxiety and a personality of cluster A traits, paranoid type and obsessiveness

**Results:** CLINICAL DIAGNOSTIC TRIAL ANXIOUS DEPRESSIVE SYNDROME (PREDOMINANCE OF SYMPTOMS OF OBSESSIVENESS AND DISTRUST) MIXED CLUSTER A PERSONALITY DISORDER (PARANOID AND SCHIZOTYPIC TRAITS)

**Conclusions: Discussions and conclusions:** There is a gap difficult to separate in many cases between obsessiveness and paranoidism as communicating vessels, whose worsening of one worsens another and whose improvement of one leads to the improvement of the other, which at the pharmacological level respond to combined approach versus potentiated atypical antipsychotics and antidepressants such as sertraline that help us neutralize the discomfort

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## EPV0713

### “Esketamine” in Borderline Personality Disorder: focus on suicide ideation

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**Introduction:** Borderline personality disorder is often associated with comorbid conditions such as eating disorders, mood disorders, and substance use disorders. The prevalence of BPD and major depressive disorder (MDD) are about 5.9% and 8%, respectively, but up to 80% of patients with BPD experience one or more episodes of MDD in their lifetime. BPD is associated with suicidal behaviors and self-harm, they are also fifty times more likely than the general population to attempt or die by suicide. Up to 10% of BPD patients will die by suicide

**Objectives:** Our aim is to verify if Esketamine could be effectiveness in treating patterns of behavior that have proven to be socially disruptive like self harm, suicidal attempts in patients with BPD. Suicidal ideation is a major risk factor for suicide in patients with TRD and BPD. The interval between the onset of suicidal ideation and suicide attempt is often very short, highlighting the need for urgent intervention and the development of new rapid-onset antidepressant therapies.