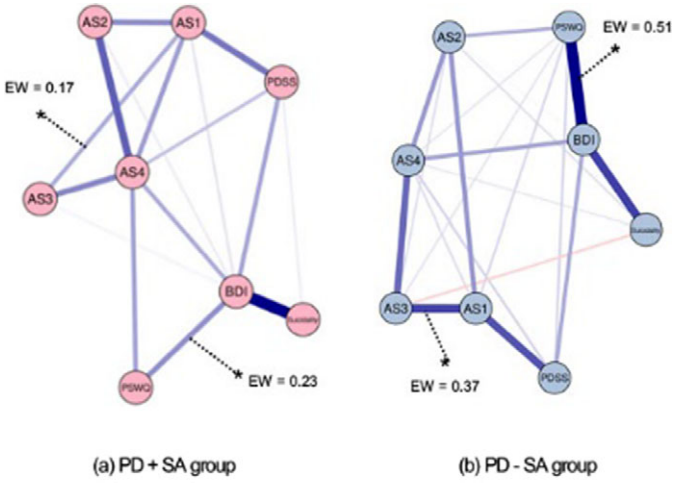
Image 2:



AS1: Fear of respiratory symptom
AS2: Fear of publicly observable anxiety reaction
AS3: Fear of cardiovascular symptom
AS4: Fear of cognitive dyscontrol
PSWQ: Penn State Worry Questionnaire
Suicidality: BDI-II 9 item (suicide)
BDI: Beck Depression Inventory-II
PDSS: Panic Disorder Severity Scale

Fig. 2. Network structures (a) with and (b) without the history of suicide attempt in patients with panic disorder.
Note: Blue edges indicate positive correlations and red edges present negative associations between two nodes. Asterisks(*) indicates the edge weight which shows significant differences between the two networks. The thickness of edges is proportional to the strength of the correlation. Abbreviations: PD, panic disorder; SA, suicide attempt; EW, edge-weight.

Image 3:

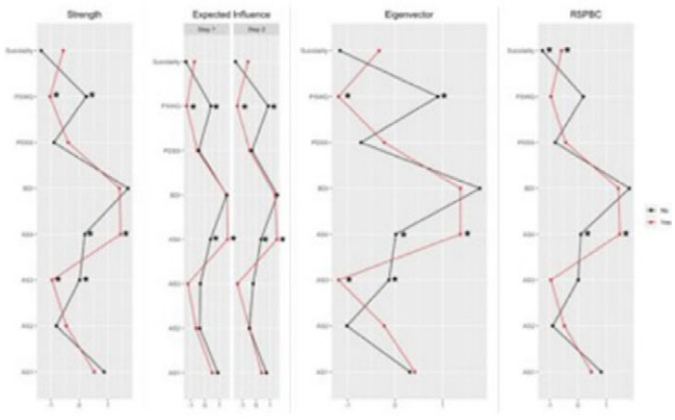


Fig. 3. Centrality indices (strength, expected influence, eigenvector, and RSPBC) plots in patients with panic disorder with and without the history of suicide attempt.
Note: All plotted values are standardized *z*-scores. Nodes with significantly different centrality measures between the two networks in patients with PD are shown with asterisks (*). The '*Yes*' and '*No*' means the history of suicide attempt.
Abbreviations: AS1, fear of respiratory symptom; AS2, fear of publicly observable anxiety reaction; AS3, Fear of cardiovascular symptom; AS4, fear of cognitive dyscontrol; PSWQ, Penn State Worry Questionnaire; Suicidality, BDI-II 9 item (suicide); BDI, Beck Depression Inventory-II; PDSS, Panic Disorder Severity Scale; RSPBC, randomized shortest paths to betweenness centrality

Conclusions: Our results suggest that SA history could be associated with high symptom severity and poor pharmacological treatment response in patients with PD and that FCD is the central symptom in the PD+SA network.

Disclosure of Interest: None Declared

EPP0120

Feasibility of the Virtual Reality-based Anxiety Behavior Evaluation System (VRABES) for patients with panic disorder.

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Introduction: The high recurrence rate and diagnostic stability are current problems in treating panic disorder. Because anxiety symptoms are often temporary, it is hard to evaluate anxiety behaviors objectively. In evaluating anxiety behavior, virtual reality is suitable tools that can help bridge the gap between where the symptoms are and where the treatment is given.
Objectives: This study aims to develop VRABES, an anxiety behavior evaluation system for objectively assessing an individual's anxious behavior, and to evaluate the feasibility of VRABES.
Methods: Patients with panic disorder (ANX group) and healthy controls (CON group) matched for sex, age, and marital status were recruited through outpatient clinics and public advertisements. VRABES consists of four modules; Baseline evaluation (module 0), Daily environment exposure (module 1), Relaxation (module 2), and Interoceptive exposure (module 3). Except for the Baseline evaluation module, the other three modules consisted of three steps, including 1) pre-evaluation, 2) virtual environment 1, and 3) virtual environment 2. In VRABES, subjective anxiety experience (AS) were collected for three times (pre, during, post) for module 1, 2, and 3. we conducted a repeated-measures analysis of covariance (ANCOVA) to explore any significant differences in self-rating anxiety scores among groups and repetition for each module controlling for age, sex, smoking usage, alcohol usage, and depression. Additionally, partial correlation coefficients were calculated on the relationships between measures in VRABES and Panic disorder Severity Scale (PDSS) in the ANX group to eliminate the effects of demographic variables (age, sex, smoking usage, alcohol usage), and other psychological assessment scores [Liebowitz Social Anxiety Scale: Self-Report Version (LSAS-SR), Generalized Anxiety Disorder Scale (GAD-7), and Hospital Anxiety and Depression Scale (HADS)].
Results: Table presents the significant results of repeated-meausre ANCOVA. Figure shows the significant results among the paired t-tests for each group conducted as a post-hoc test for the interaction effect shown in Module 1 and Module 2.

Table. Results of repeated-measured ANCOVA for self-rating anxiety scores in the two groups (ANX and CON) and different time (pre, during, and post) concerning each module.

variable	Main effect-group *F*	*post-hoc* *p-value*	Main effect-time	*post-hoc* *F*	Interaction effect *p-value*	*post-hoc*	*F*	*p-value*	
Module1	**11.373**	**0.002**	**CON < ANX**	**4.239**	**0.017**	**pre < post during < post**	**4.085**	**0.02**	**see Fig**
Module2	**6.736**	**0.013**	**CON < ANX**	0.474	0.624		**4.198**	**0.018**	**see Fig**
Module3	**5.24**	**0.027**	**CON < ANX**	0.225	0.799		0.061	0.941	

There are no significant results found in partial correlation analysis between PDSS scores and self-rating anxiety scores from VRABES.
Conclusions: The results showed that the VRABES is a reliable and valid research tool.

Disclosure of Interest: None Declared

EPP0121

Anxiety disorder following dental care :about 150 cases

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Introduction: The dental surgeon may be the cause of a psychological trauma - without necessarily knowing it - as well as being confronted with patients who have undergone a trauma as a result of dental care or with patients who have undergone some kind of trauma and that the dental practice exacerbates their anxieties. In this case, the treatment becomes difficult or even inaccessible or a cause of treatment failure.
Objectives: Study the events that can cause trauma and the different approaches to psychological trauma in dental care.
How to explore the traumatic event in a patient and propose its erasure?
Study the events that can cause trauma and the different approaches to psychological trauma in dental care. How to explore the traumatic event in a patient and propose its erasure?
Methods: This is a descriptive and analytical cross-sectional study based on a hetero questionnaire filled in by patients who consulted a dental surgeon.
Results: 41% are men, 76% are aged between 30 and 50 years, for the marital status: 43% are single, 38% are married, 72% have an average socioeconomic level, 36% of patients have a personal history of a psychiatric disorder, 21% personal history of a medical disease, 32% have a disorder related to the use of psychoactive substances,
For the reason of consultation: 28%: dental square, 42%: oral malformations, 17%: gingival problem, 8% dental extraction. Medication used: 65% of patients used anti-inflammatory drugs, 77% used antibiotics, 13% used paracetamol. Duration of treatment: 86% one year
41% are men, 76% are aged between 30 and 50 years, for the marital status: 43% are single, 38% are married, 72% have an average socioeconomic level, 36% of patients have a personal history of a psychiatric disorder, 21% personal history of a medical disease, 32% have a disorder related to the use of psychoactive substances, For the reason of consultation: 28%: dental square, 42%: oral malformations, 17%: gingival problem, 8% dental extraction. Medication used: 65% of patients used anti-inflammatory drugs, 77% used antibiotics, 13% used paracetamol. Duration of treatment: 86% one year .
Conclusions: He should be careful, attentive and open to the principles of the psychology of communication in his psychological approach, in order to adapt the level of difficulties of care to the capacity of comprehension, so as to take care of the patient in his globality and avoid any traumatic act. He should not hesitate to send his patient to a psychiatrist if necessary.

Disclosure of Interest: None Declared

EPP0123

Virtual City for Exposure Therapy in Phobias: Case Studies of Agoraphobia

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Introduction: A phobia is a type of anxiety disorder that causes an individual to experience extreme, irrational fear about a situation, living creature, place, or object. The most common in the treatment of phobic disorders are in vivo exposures (IVEs) consisting of confrontation with feared stimulus until distress has decreased. Virtual reality exposure therapy (VRET) is a modern alternative to IVEs where patients are exposed to virtual anxiety-provoking environments, and its effectiveness has already been demonstrated in the treatment of most phobias (Freitas et al. Psychiatr q. 2021; 92(4):1685–1710).
Objectives: This paper aims to present a complex virtual city developed for VRET in different types of phobia. The VRET system is composed of several interactive environments (a skyscraper, a subway, a cinema, and a hospital) that can be combined in form of different scenarios targeting various phobias, allowing controlled and gradual exposure. Selected virtual environments will be presented in case studies of agoraphobic patients (F40 by ICD-10).
Methods: The number of VRET sessions is individual, based on the need of each patient, starting with an introductory session including stimulus mapping and VR control explanation. Each session lasts about 30 minutes. During exposure, Subjective Units of Discomfort (SUDS) are assessed at various points. The scenarios for agoraphobia are typically composed of an elevator or subway ride, open spaces (city streets, the roof), or crowded interiors (the cinema). Environments allow various effects, elevator trembling, getting stuck situations and adjusting the number of people. All the scenes contain authentic ambient sounds.
Results: We present a case of a 33-year-old male patient experiencing intense fear of getting stuck or locked, turning into panic attacks. During 10 VRET sessions, the patient was exposed to different environments (subway, underground parking, elevator,