

observed in patients with asthenic personality traits ($\chi^2 = 7,8$), whereas in fabomotizole-in patients with stenic individual typological features ($\chi^2 = 9,1$).

Conclusions: Patients with stenic and asthenic features had differences in therapeutic effects and the effectiveness of anxiolytics. Personality features determine the sensitivity of patients with anxiety disorders to psychotropic drugs.

Disclosure: No significant relationships.

Keywords: anxiolytic; individually-typological features; therapeutic effects

EPV0015

General Psychosomatic Medicine or the Loss of the Core of Being

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Introduction: The authors presents an overview of the schools of learning in the area of modern psychosomatic medicine.

Objectives: The author presents different variants for the concept of disease in psychosomatics.

Methods: Groddeck was of the opinion that illness was a “creative endeavour”. Adler speaks of the will to be ill. Schulz Henke found that there are “gaps” where one would expect “normal life coping”. Heraclitus said the character of the human is his fate. In psychosomatic medicine, we must focus attention on the character failings. Viktor von Weizsäcker spoke of the revolving door principle. Geb-sattel concentrated on the inhibition in becoming. Arthur Jores described psychosomatic disorders as human illnesses. Humans become sick when they find themselves in a “dead-end-street of destiny”. They lose their core of being. Günther Ammon describes the psychosomatic reaction as the expression of a disturbed interaction process and advocates the psychoanalytical group therapy in the treatment of psychosomatic illnesses.

Results: In psychosomatics one looks for a special personality type or for a special trigger situation. One asks about the childhood anamnesis and the biography, about the characteristic drives and the character problems for the respective illness. Those who have lost their core of being can regain it through self-education and self-reflection. However, a “core of being” must be present.

Conclusions: Depending on the illness, character and social environment, it can happen that a patient “learns to express his wishes and fantasies, needs and sensitivities through his respective physical symptoms and complaints.

Disclosure: No significant relationships.

Keywords: Illness as “creative endeavour; fear equivalents; psychosomatic reaction

EPV0016

Haphephobia: a rare specific phobia of being touched

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Introduction: Haphephobia is a morbid fear of being touched or touching. The symptoms of Haphephobia are very similar to other specific phobias.

Objectives: Presentation of a case of haphephobia due to childhood sexual abuse

Methods: Mrs. X., A 22-year-old Bangladeshi female, presents to the psychiatric consult service with an intense fear of being touched by her husband. She told that whenever her husband comes closer to her, her heart starts to pound fast, she feels discomfort in the chest, a burning sensation on her whole body, and loses control over the environment. Furthermore, she can't sleep properly for the fear of being touched. Her in-laws' parents concluded that some 'evil spirits' might cause the symptoms. So her husband brought her to a Psychiatrist. On an in-depth assessment session, ensuring all the confidentiality issues, she told the Psychiatrist that she has a history of brutal sexual abuse followed by the threat to kill her by her stepfather at the age of fourteen.

Results: After a thorough medical workup and history gathering, her consultant psychiatrist could elucidate the source of the presenting picture and told her that she developed haphephobia, and suggested taking psychotherapy along with prescribed medicines.

Conclusions: Fear of being touched is a particularly difficult fear to cope with. Patients with haphephobia after sexual assault should be handled very cautiously by the experts keeping confidentiality issues in mind. Cognitive-behavior therapy, Exposure therapy, Virtual reality exposure therapy, practicing mindfulness, using daily coping strategies, and medications like beta-blockers, anxiolytics, antidepressants can help a person to overcome haphephobia.

Disclosure: No significant relationships.

Keywords: Specific phobia; Haphephobia; Anxiety disorders

EPV0017

Somatoform disorders. Models of personification oriented therapy

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Introduction: Contemporary in Ukraine the special priority has been the somatoform disorders increase. The most significant complications belong to the patient's self-evaluation of the influence of the disease on their social functioning, influence essential part of the self-evaluation of the disease and the important point of therapeutic personality accomodate intervention.

Objectives: Develop the stages of personalized models of psychotherapy