

With university students, we have used a version composed of 36 items that evaluates three factors, with good validity and reliability: Depression, Anxiety/Hostility and Positive Affect (Amaral et al. 2013).

However, to be included in digital apps that in addition to ecological momentary assessment parameters require a weekly or even daily assessment of mood states, this version has little usability.

**Objectives:** To develop a shorter version of the POMS-36 based on Exploratory Factor Analysis and to analyse its construct validity using Confirmatory Factor Analysis in a sample of Portuguese college students.

**Methods:** 765 students (69.2% females; mean age=22.09±2.433; range: 17-26) fill in the POMS-36 and the Perceived Stress Scale (Amaral et al. 2014). The total sample was randomly divided in two sub-samples. Sample A (N=380) was used to EFA and sample B (N=385) was used to CFA.

**Results:** Through EFA (with varimax rotation and extracting three factors), the four items with the highest loadings in their respective factor were selected. Then, the CFA, carried out with the AMOS, revealed that this three-factor model, with two pairs of correlated errors, indicated a good fit ( $X^2/df=4.6010$ ; CFI=.9561; GFI=.9406; TLI=.9559; RMSEA=.0687,  $p[rmsea]=0.04$ ). The internal consistency analysis resulted in  $\alpha$  (Cronbach alphas) <.75 for the three factors. Pearson correlations of the three factors - Depression, Anxiety/Hostility, Amability/Vigour - with Perceived stress were all significantly ( $p<.01$ ) and moderate, respectively: .533, .614 and -.461.

**Conclusions:** Although much shorter, the new POMS-12 has good validity (construct and divergent-convergent) and reliability, being more suitable in studies that require frequent and rapid self-monitoring of affective states, such as ISABELA ("IoT Student Advisor and Best Lifestyle Analyser"), an app targeting student mental health and well-being in which we have been working.

**Disclosure of Interest:** None Declared

## EPP0886

### Relationship between self-esteem, self-efficacy and academic procrastination among medical students

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**Introduction:** Recent studies proved that academic procrastination is a very common pervasive problem that has a negative impact on general well-being, causing distress, anxiety, remorse and unhappiness. It could also result in poor academic performance and negatively affect students' satisfaction with themselves and their academic life.

**Objectives:** The aim of this study was to explore the influence of self-esteem and self-efficacy on academic procrastination among Tunisian medical students.

**Methods:** We conducted a cross-sectional, descriptive and analytical study among medical students from Tunisia. Data were

collected through an anonymous online questionnaire, exploring sociodemographic characteristics, the "Tuckman Procrastination Scale" (TPS), the "Rosenberg's self-esteem scale" (RSES) and the "General Self-Efficacy Short Scale" (GSESS).

**Results:** A total of 133 participants completed the questionnaire. Their mean age was  $26 \pm 3,8$  years, with a sex-ratio (F/M) of 4,5. Among them 87.2% were engaged in academic procrastination, 57,1% showed low self-esteem and 55,6% perceived themselves as non-effective.

GSESS score were higher among males ( $p=0.019$ )

TPS score was negatively correlated with RSES score ( $p<0.001$ ;  $r=-0.372$ ). RSES score was positively correlated with GSESS score ( $p<0.001$ ;  $r=0.44$ ).

No relationship was proved between TPS and GSESS.

**Conclusions:** Even though procrastination is most of the time considered as a maladaptive and detrimental behavior with a psychological cost, some authors consider it acting in a beneficial way, as it reflects self-reliance, autonomy and self-confidence knowing that they are able to finish their task in time. As a result, procrastination is linked to feelings of superiority and it should be reconized as "purposeful delay".

**Disclosure of Interest:** None Declared

## EPP0887

### Academic procrastination among tunisian medical students: prevalence and associated factors

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**Introduction:** Medical students have to do multiple tasks as part of their extensive curriculum in order to achieve the proficiencies expected of them. Being overwhelmed creates a time management problem, substance use and a tendency to procrastinate. Therefore, accumulated tasks may generate distress that could result in poor academic performance.

**Objectives:** The aim of this study was to investigate prevalence and factors related to academic procrastination in Tunisian medical students.

**Methods:** It was a cross-sectional, descriptive and analytical study conducted among Tunisian medical students. Data were collected through an anonymous online questionnaire, assessing sociodemographic characteristics, the "Tuckman Procrastination Scale" (TPS) and the "Time Management Subscale of the Learning and Study Strategies Inventory" (LASSI-TM).

**Results:** A total of 133 participants completed the questionnaire. Their mean age was  $26 \pm 3,8$  years, with a sex-ratio (F/M) of 4,5. The mean LASSI-TM score was  $16.69 \pm 4.6$ . Among students, 65.4 % showed deficit in time management.

The mean TPS score was  $42.48 \pm 7.11$ . According to this scale, 87.2% of participants were engaged in academic procrastination. TPS score was significantly higher among psychoactive substances users ( $p=0.004$ ), in those with psychiatric history ( $p=0.026$ ) and in

students with a rank over than 100 ( $p=0.029$ ). It was negatively correlated with LASSI-TM score ( $p<0.001$ ;  $r=-0.706$ ).

**Conclusions:** Considering the heavy load of work that the students undergo, it would be prudent to arrange for group trainings and workshops that will cultivate students with strategies and skills for effective time management, so that the tendency to procrastinate will be managed and their academic performance would improve.

**Disclosure of Interest:** None Declared

## EPP0888

### Metaverse and mental health, what about the future?

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**Introduction:** The metaverse is a digital world created using different technologies like virtual reality (VR), augmented reality (AR), cryptocurrency and the internet.

Interest in the metaverse has grown in recent months in different fields and it could have potential application in the treatment of mental health disorders.

**Objectives:** To gain a better understanding of metaverse and to explore its possible applications on mental health.

**Methods:** Review of recent literature about the implications of the metaverse users in mental health.

**Results:** Metaverse is a virtual universe where people can interact with other users, objects, and environments personifying an avatar. VR, AR and mixed reality (MR) have been used in the treatment and diagnosis of various mental health disorders for last years. Attention deficit hyperactivity disorder, eating disorders, anxiety, phobias and post-traumatic stress disorder have been already benefited from VR. Also, there are results to treat persecutory delusions in psychosis. On the other hand, we know that to spend a significant amount of time playing 3D immersive games and using social media, could lead to insecurity, anxiety, depression and behavioural addiction.

The lack of evidence and these risks could be limitations to implement Metaverse for the therapeutic management of mental health. Many companies have already started to develop virtual mental health clinics with mental health professionals serving patients in real time, some spaces have already offer group therapy sessions. Other immersive spaces have also been created for practising mindfulness, meditation, or yoga.

**Conclusions:** The new technologies have changed the way that we socialise, work, and interact, even the way that we receive medical treatment. The metaverse could prove useful in the management of the mental health disorders that have already benefited from VR, but at the same time we could potentially lead to the worsening of others.

**Disclosure of Interest:** None Declared

## Psychopharmacology and Pharmacoeconomics 03

### EPP0889

#### Differences In Antipsychotic Prescriptions In Relationship To Physician Demographics And In-patient Setting At An Inner-city hospital – A Prospective Cohort Study

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**Introduction:** Antipsychotics are medications with an array of FDA approved indications in the field of psychiatry including Schizophrenia, Bipolar Mania, Bipolar Depression, Maintenance treatment for Bipolar Disorder, Schizoaffective Disorder, as well as an Adjunct treatment in Unipolar Depression and Tic disorders, among other indications for non-adult patients. Antipsychotics are widely used in psychiatric inpatient units throughout the United States, and globally. We observed trends of antipsychotic use in 3 different adult inpatient units with the same patient demographics located within one inner city hospital in the Bronx over a period of 4 months. We correlated the choice of antipsychotic to the prescribing physician's period of training/date of graduation from psychiatry residency and reported the results.

**Objectives:** Identify the choice of antipsychotics used by different psychiatrists.

Correlate the dates of each psychiatrists residency training to the antipsychotics they chose.

Identify whether the psychiatry residency training occurred in different decades has influenced psychiatrists to pick certain antipsychotics.

**Methods:** We obtained the dates of psychiatric residency training for each of 3 psychiatrists (Physicians 1, 2 and 3) assigned to one of 3 different inpatient psychiatric units which share the same patient demographics in an inner-city hospital in the Bronx. We obtained a record of total psychiatric inpatient hospitalizations from February 10<sup>th</sup> 2022 to June 10<sup>th</sup> 2022 in all 3 psychiatric inpatient units. The principal diagnoses for the total hospitalizations (300 patients) were reviewed and patients with diagnoses that do not have FDA approval for antipsychotic use were excluded. Among the remaining patients (267) we compared antipsychotic prescription trends and grouped patients according to antipsychotic of choice. We then correlated the antipsychotic of choice groups to one of three units/prescribing physician and the years of psychiatry residency training. The trends for antipsychotic of choice were compared to training dates and presented in a table.

**Results:** Physician 1 who trained from 1980 to 1984 prescribed: 87% HALDOL and 13 % Chlorpromazine. Physician 2 who trained from 1992 to 1996 prescribed: 91 % PALIPERIDONE and 9% Risperidone. Physician 3 who trained from 2003 to 2007 prescribed: 60 % ABILIFY and 40% Olanzapine.

**Conclusions:** The physician with the earliest graduation date used mainly HALDOL, a first-generation antipsychotic, to treat disorders with FDA approval for antipsychotic use. The physician