

related behavioral disorders⁷. Patients exhibit low levels of quality of life. Their daily routine is affected negatively. However, Occupational Therapy has been proven to play a crucial role in their treatment, improving quality of life through the involvement in occupations.

Objectives: To highlight the contribution of Occupational Therapy in ameliorating the quality of life in anxiety disorders.

Methods: A review of 50 articles -from 2013 to 2023- on PubMed and Google Scholar, regarding the beneficial impact of Occupational Therapy in the Anxiety Disorders' treatment.

Results: Occupational Therapists can intervene in many negatively affected -by the disease- life domains such as: Activities of Daily Living, Education, Work, Play, Social Interaction and Sleep. The most effective Occupational Therapy methods are based on the cognitive behavioral approach and include: Psychoeducation, Relaxation techniques, Social skills training and Systematic desensitization.

Other methods involve training in Activities of Daily Living such as feeding, maintaining good personal hygiene, and using public transport. Furthermore, Art Therapy (visual arts, use of clay) has been shown to reduce feelings of anxiety, while promoting creativity and enhancing self-esteem.

Conclusions: Additional research is needed regarding the effectiveness of Occupational Therapy in improving the quality of life for patients suffering from Anxiety Disorders. The important "take home message" is that the amelioration of the patients' quality of life should be the main goal of the therapeutic intervention and not a secondary result of it.

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EPV0091

The multimodal psychotherapy of the anxiety disorders patients

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Introduction: Anxiety disorders are a common type of mental pathology with severe social and medical consequences in the lives of people suffering from them. General population studies indicate their prevalence ranges from 1.7% to 4.7% of the population. According to data from a US national study among the population aged 15 to 54 years, only 2.7% and 4.7%, respectively, suffered from panic disorder, one of the common types of anxiety disorders, during their lifetime. At the same time, the features of the emotional structure of anxiety disorders and the effectiveness of their psychotherapy among the population of low-income countries, especially in countries in a situation of prolonged bloody war and environmental disaster, remain poorly studied.

Objectives: The purpose of the study was to identify the features of the emotional symptomatic structure of anxiety disorder and evaluate the effectiveness of their psychotherapeutic correction. For this purpose, 180 patients with anxiety disorders who were hospitalized in Ukraine (during the period 2022 - 2023) were examined.

Methods: The basic method was group psychotherapy with elements of rational, positive, suggestive and family psychotherapy. Regarding emotional disorders, cognitive behavioural therapy (CBT) was used for phobic-depressive and anxiety-depressive syndromes.

Results: Most patients experienced a decrease in the level of general anxiety and internal anxiety. Almost no spontaneous occurrence of fear was observed. During active interviewing, patients stated that their previous anxieties and fears had lost their relevance and acquired clear emotional overtones. There was also a significant decrease in the symptoms of the depressive cycle, and patients began to feel joy and optimism.

Conclusions: To correct emotional dysfunction in patients with episodic paroxysmal disorders, generalized anxiety disorders and mixed anxiety-depressive disorders, it is optimal to use a system of psychotherapeutic correction built on stepwise and multimodal principles.

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Effects of adding acupuncture to group psychotherapy for anxiety

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Introduction: Acupuncture has long been used in treating anxiety, and a literature exists on its effectiveness. However, acupuncture is rarely covered by government insurance (Medicaid or Medicare) or even by many commercial insurance carriers in the United States, making it inaccessible to those who cannot pay separately.

Objectives: We asked if adding acupuncture to an anxiety group would improve outcome.

Methods: We provided acupuncture during group psychotherapy for anxiety as a non-billable service. This was feasible since patients were already being billed for group psychotherapy. A physician and a social work intern led the group. At the start of the group, the physician went around the circle of group members and inserted acupuncture needles, using points in the ears, head, hands, feet, and, in the summer, arms and lower legs). The size of the group ranged from 4 to 12 people. We used Battlefield auricular points, the four gates (Large Intestine 4 and Liver 3, bilaterally), and GV24, GV29, Ht7, and Sp6. Sometimes, other points were added for other symptoms (back pain, neck pain, etc.) People sometimes joined the group without anxiety as a core problem in getting access to acupuncture. A core group of patients formed who came weekly while others came and went. The Hamilton Anxiety Scale measured anxiety after treatments 4, 8, and 12. The group lasted 90 minutes and consisted of mindfulness training, guided imagery, and CBT for anxiety. All patients met the criteria for generalized anxiety disorder. The t-test procedure was used to compare the differences between the means for the two groups.

Results: Thirty-five patients received acupuncture, while another 55 patients attended the group and did not elect to receive acupuncture. All patients were covered by MaineCare health insurance, Maine's version of Medicaid. All patients had multiple other medical problems, which was why they were referred to the group. Seventy percent of the patients were women, and 30% were men. The average age was 40.1 years. Anxiety ratings on the Hamilton Anxiety Scale decreased by the last time measured for those not receiving acupuncture by an average of 5.17 points (S.D. 2.9; n = 55). Anxiety ratings for those receiving acupuncture decreased by an average of 7.19 points (S.D. 2.5, n = 35). The difference of the means was -2.02 (S.E. 0.595; 95% CI = -2.203 to -0.837; t = -3.394; p = 0.001).