and in developing countries), or even as a form of psychosis that is closer to affective disorders (due to its clinical evolution). Although little explored, this issue remains a source of doubt and interest, calling into question the Kraepelinian dichotomy for the so-called endogenous psychoses.

**Disclosure of Interest:** None Declared

## EPP0097

## ICD-11 Burnout for the psychiatrist: Meaning of the concept and prevalence of the condition.

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**Introduction:** Burnout was reclassified in 2019 as an occupational phenomenon in ICD-11. The new condition includes the classic tridimensional definition with symptoms in areas of fatigue/energy depletion, mental distance/cinism and sense of ineffectiveness/lack of accomplishment.

**Objectives:** To evaluate the knowledge and perceptions of psychiatrists regarding new ICD-11 burnout definition.

To analyse the frequency of burnout symptoms in the psychiatric consultations and among the psychiatrists as healthcare professionals.

**Methods:** An online survey (designed with Microsoft® *Forms*) was sent in June 2023 to psychiatrists from three regions of Spain, contacted form local scientific societies. Psychiatrists, currently working, had to consent and answer a brief survey (average time: 2 min 32 sec) of 9 questions regarding the definition of burnout, their experience in clinical practice, their own symptoms and symptoms observed in colleagues.

**Results:** 164 psychiatrists answered, 114 females (69.5%), mean age: 43.61 ± 11.28 years. 48.2% assured they had never used the term Burnout or the ICD codes Z73.0/QD85, whereas a 9.1% used them frequently in clinical practice. 58.5% considered burnout just a condition related to work and a 38.4% either a syndrome or a disorder.

Most psychiatrists referred that their patients exhibited symptoms of the three dimensions. Fatigue was the most common, attended frequently by 79.5% of the surveyed, followed by ineffectiveness (73.1%) and cinism (65.3%).

When reporting their own symptoms, only 16.5% psychiatrists referred not suffering any symptom. The most frequently involved was fatigue (66.5%), then ineffectiveness (56.1%) and cinism (41.5%). 28,7% reported concomitant symptoms of the three dimensions.

70.7% recognized fatigue symptoms in their colleagues, 61% ineffectiveness, 72.6% cinism and 45,5% recognized symptoms from the three dimensions. Only a 7.3% did not identify any of them.

A younger age was related to higher probability of suffering cinism (T:2.546; p=0.012) and ineffectiveness (T:2.900; p=0.004) and to a higher probability of recognizing cinism (T=3,293; p=0,001) an ineffectiveness in others (T=2.355; p=0.020)

Females showed a higher frequency of ineffectiveness symptoms (61.4% vs 44%; $\chi^2$:4.274; p=0,029).

**Image:**

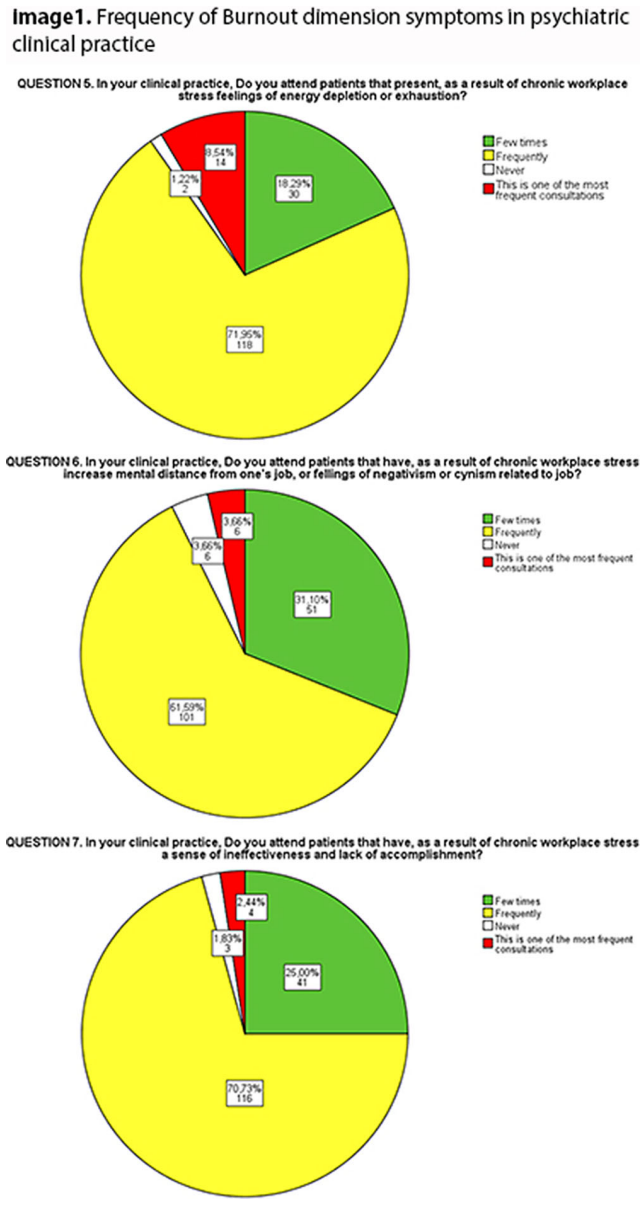


**Image 2:**

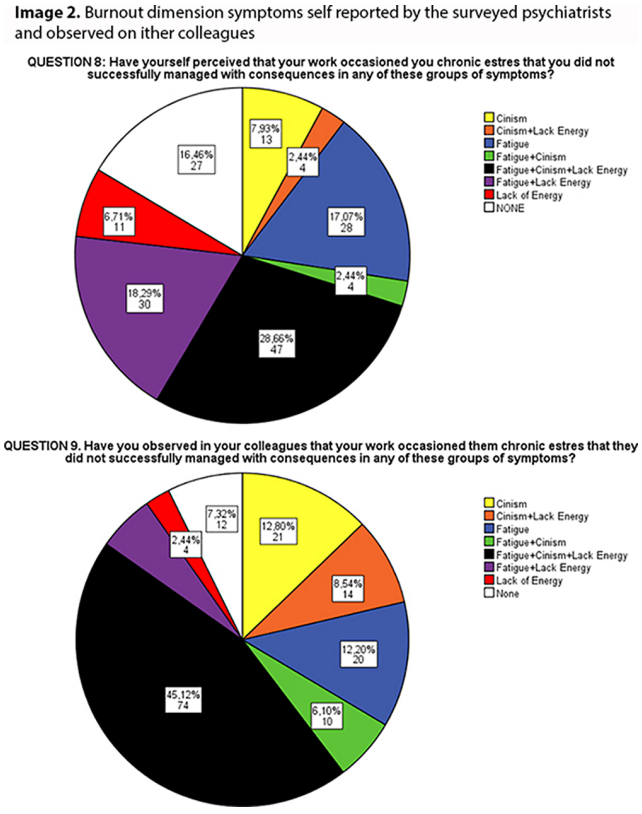
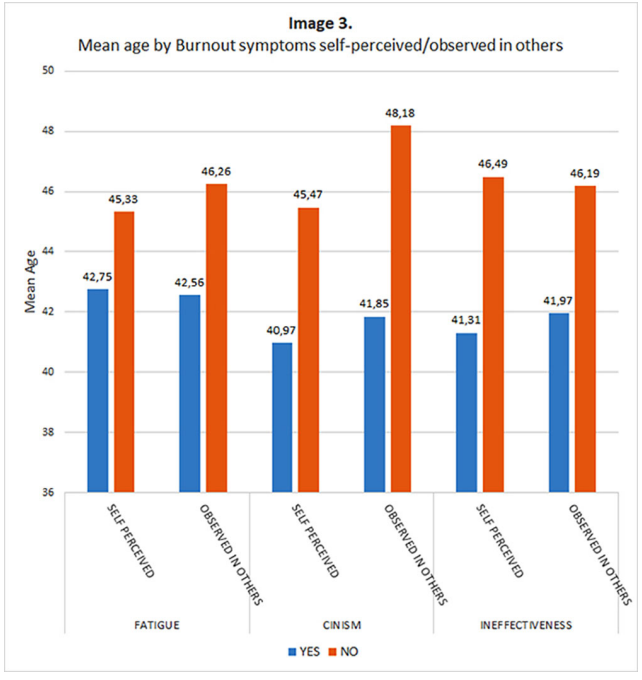



**Image 3:**




**Conclusions:** Psychiatrists' concept of burnout is diverse but the main construct is convergent with ICD definition, not a medical illness but a condition related to work.
The three classic dimensions of burnout are common in clinical conditions and also in the laboral environment of psychiatrists themselves. Psychiatrists tend to recognized more easily burnout in other colleagues, particularly cinism symptoms. Cinism and ineffectiveness appear to be related to younger age that can be associated to an imbalance between work demands and individual resources.
These results highlight the challenge of preventing, detecting and addressing burnout syndrome in psychiatric services.

**Disclosure of Interest:** None Declared

## Rehabilitation and psychoeducation

### EPP0098

### Who benefits from multifamily psychoeducation groups ? Descriptive anaysis of participants

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**Introduction:** Guidelines for relapse prevention in schizophrenia recommend psychoeducation for patients and caregivers (Bighelli I, Leucht S et al. Lancet Psychiatry 2021). Considering that, in 2021, we implemented in our Psychiatric community center a multifamily therapy (MFT). The program is based on systemic approach and psychoeducation, focusing on schizophrenia.
**Objectives:** Describe participants of MFT groups focusing on schizophrenia.
* Patients' characteristics : age, gender, duration of psychiatric follow-up, history of hospitalization
* Caregivers' characterics: status, age.
**Methods:** We carried out a descriptive study of the different profile of MFT groups participants in our community center from 2021 to today.
**Results:** Since 2021, 4 MFT groups took place including 50 participants: 18 patients suffering from schizophrenia and 32 relatives.
Image 1 illustrates the different participants of each group.
Each group was different. Some patients came with both their parents, even if divorced, some came only with their mother. Some came with a sibling. Nevertheless, the numbers of fathers and siblings did not always allow us to work in sub-groups.
Considering patients: 18 patients benefited from our program. 8 female and 10 male patients (55.6%) were admitted and distributed in each group as described in image 2. The mean age of patients was 31.9 years old [20.1 – 57.5]. Each group was made up of patients with psychiatric follow-up ranging from 1 year to more than 20 years, and having experienced between 1 to more than 5 psychiatric hospitalizations. It appears that Group 4 was noticeably younger than the other groups with a mean age of 22.4 years old [20.4 – 26.7] and a shorter history in psychiatry with less hospitalisations (image 3).
Considering relatives: 15 mothers, 9 fathers, 5 siblings, 1 spouse, 1 aunt and 1 uncle benefited from psychoeducation to caregivers. The relatives were from 47 to 81 years old for the parents, and from