

Introduction: Natural disasters are a risk for significantly disrupting the quality of life as a result of changes in life circumstances they bring, such as endangering health, property, existential issues, and can lead to social exclusion. They can also affect mental health and increase the risk of developing psychiatric disorders.

Objectives: To show the impact of natural disasters on the psychosocial functioning of people in the affected area and the importance of adequate preparedness of the social community, including mobile teams, with an emphasis on providing somatic, psychological, and social support.

Methods: Data were collected from research on the consequences of major natural disasters and providing psychological, psychiatric and social support to the affected population.

Results: After natural disasters, there are significant changes in social functioning with the possible development of mental health problems. It is especially evident in sudden and intense catastrophic events.

Conclusions: In addition to the immediate provision of psychiatric and psychological assistance to victims, people who have experienced a catastrophic event need to be provided with immediate and continuous assistance and socioeconomic support, due to the need for better social inclusion and return to their role in the community.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPV0232

Nomophobia, phubbing and social phobia in Portuguese young adults and adults

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Introduction: To our knowledge there is no study exploring the interrelationship between nomophobia, phubbing and social phobia in Portuguese young adults and adults.

Objectives: To explore the nomophobia, phubbing and social phobia levels, the interrelationship between these three constructs, in a sample of Portuguese young adults and adults.

Methods: 316 subjects, with a mean age of 25.71 years old ($SD = 8.231$; range 18 - 59) fulfilled a sociodemographic questionnaire, and the Portuguese validations of the Nomophobia Questionnaire, the Phubbing Scale and the Social Interaction and Performance Anxiety and Avoidance Scale.

Results: All the subjects presented nomophobia (100%, $n = 316$), with 62% ($n = 196$) presenting a moderate risk level and 22% ($n = 69$) an higher risk level. The mean of the 'total phubbing score' was of 21.50 ($DP = 5.50$) and 'smartphone obsession' was the phubbing subscale with an higher score ($X = 12.81$, $DP = 3.50$). The mean of the total nomophobia was of 80.0 ($DP = 22.83$) and 'not being able to communicate' was the nomophobia subscale with an higher score ($X = 24.75$, $DP = 9.95$). Considering social phobia scale, the mean of the 'anxiety/distress' subscale was of 95.36 ($DP = 25.14$)

and of the 'avoidance subscale' was of 89.56 ($DP = 25.53$). Almost 22% ($n = 69$) of the subjects presented 'social anxiety' and 24% ($n = 76$) presented 'social avoidance', suggesting probable social phobia cases (higher than the proposed cut-off scores). Positive and significant correlations were found between all the nomophobia and phubbing subscales (ranging from .30** to .61**). Positive and significantly correlations, mostly with low magnitude, were found between nomophobia and social phobia subscales (ranging from .03** to .22**), except for 'social avoidance' subscale, which correlation was negative (-.021*). Females presented higher levels of nomophobia ($Md = 176.28$) and phubbing ($Md = 167.22$) than males ($Md = 124.73$, $U = 7301.500$, $p < .001$; $Md = 141.93$), $U = 9475.500$, $p = .019$, respectively). Total social phobia scores and nomophobia (not being able to access information and giving up convenience subscales) were significantly higher in young adults.

Conclusions: Nomophobia, phubbing and social phobia are significantly intercorrelated. Future longitudinal studies are needed to clarify nomophobia and phubbing etiology. The level of nomophobia (100%) found in this sample is specially worrying.

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EPV0233

Addressing the Comorbidity Between Epilepsy and Psychiatric Disorders

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Introduction: The intricate and multifaceted nature of the link between epilepsy and psychiatric diseases is evident. Patients diagnosed with epilepsy frequently exhibit concurrent psychiatric illnesses, including but not limited to depression, anxiety, psychosis, and attention-deficit disorders. Gaining a comprehensive understanding of the fundamental mechanisms and implementing efficacious ways to effectively address this co-occurring medical condition is crucial in order to achieve the most advantageous results for patients.

Objectives: The objective of this study is to examine the frequency, neurobiological bases, and consequences for treatment of psychiatric comorbidities in patients diagnosed with epilepsy. The study aims to offer a thorough understanding of the subject and promote interdisciplinary collaboration.

Methods: A systematic review of literature was conducted, focusing on clinical studies, neuroimaging findings, and neurochemical changes in patients with both epilepsy and psychiatric disorders. Additionally, best-practice recommendations for the clinical management of this patient population were identified.