

The prevalence of anxiety and depressive disorders were respectively 46% and 38%. There was no significant association between socio-demographic factors and anxiety depressive disorders. The anxiety disorder was associated with MSDs of the lumbar spine ( $p < 0.05$ ; OR: 0.32 CI95% [0.1-1.09]).

**Conclusions:** Anxiety and depressive disorders were common among workers with MSDs related to work. Interventions targeting psychological distress and work-related psychosocial characteristics may reduce their musculoskeletal pain.

**Disclosure of Interest:** None Declared

## EPV0737

### Effects of Autonomous Sensory Meridian Response (ASMR) on mental health.

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**Introduction:** The Autonomous Sensory Meridian (ASMR) is a static or tingling sensation on the skin that usually starts on the scalp and runs through the back of the neck and upper spine. It has been compared to tactile auditory synesthesia and may overlap with shivering. It is a subjective experience of “low-grade euphoria”, characterized by “a combination of positive feelings and a static tingling sensation on the skin”. It is most commonly triggered by auditory or visual stimuli, and less commonly by intentional attentional control.

**Objectives:** To determine the effects produced by the perception of ASMR in the population with mental disorders.

**Methods:** A literature review was carried out in Pubmed using the descriptors: “ASMR” AND “mental”. 7 results are obtained. The results of a time limit of 10 years were filtered, obtaining 6 results and selecting all of them for their relevance to the PICO question. Subsequently, the search was repeated using the same descriptors and time limit in the Cochrane Library and NICE, in which no results were found.

**Results:** The first result, an RCT of 475 people between the ages of 18 and 54, showed that 80% of the participants answered positively when asked if ASMR has an effect on their mood, while 14% were not sure and 6 % felt ASMR did not alter their mood. When subjected to a mixed ANOVA with factors for time (before, during, immediately after, and 3 h after ASMR) and for depression status (high, medium, or low as defined by the BDI), we found a significant main effect. of time in mood. [ $p < 0.0005$ ]

In one of these studies, the default neural network (the one that works when the brain is relaxed) was analyzed in 11 volunteers in whom ASMR caused them to relax, in contrast to 11 individuals in the control group. At the end of the study, the ASMR volunteers generally showed less functional connectivity than the other volunteers. It also showed “increased connectivity between regions of the occipital, frontal, and temporal cortices,” suggesting that ASMR favors the association of those networks that are activated in the resting state.

**Conclusions:** With the available evidence it is concluded that ASMR could improve of the affective clinic reflected in the parameters of the Beck depression scale as well as a sense of calm and

relaxation and it reduces the heart rate or increases the conductivity of the skin, something that happens when certain emotional states are altered.

**Disclosure of Interest:** None Declared

## EPV0738

### Insights into Public Health Policy and Practice: The Role of Social Determinants in Mental Health and Resilience After Disasters

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**Introduction:** Both natural disasters such as wildfires, earthquakes, tsunamis, and hurricanes, as well as man-made disasters such as civil wars, have been known to result in significant mental health effects on their victims.

**Objectives:** The purpose of this general literature review is to analyze the impact and contribution of social determinants to mental health and resilience following natural and man-made disasters.

**Methods:** In this paper, we specifically explore some of the most studied factors relating to vulnerability and protection, such as gender, age, ethnicity, social support, and socioeconomic status on mental health and resiliency in disaster survivors. In addition, several other possible factors were discussed, such as previous trauma, childhood abuse, family psychiatric history, and subsequent life stress.

**Results:** Using key words such as mental health, social determinants, disasters, wildfires, earthquakes, terrorism attacks, and resilience, we conducted a literature search in major scientific databases

**Conclusions:** A discussion of the implications for public health policy and practice is presented

**Disclosure of Interest:** None Declared

## EPV0739

### Assessment of the quality of life of workers exposed to organic solvents: Study of 33 cases

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**Introduction:** Exposure to organic solvents (SO) is a significant occupational hazard in industrial settings. This can lead to neuro-behavioural and physical effects that can affect the quality of life of workers

**Objectives:** To assess, using a validated questionnaire, the quality of life of workers exposed to SO.

**Methods:** Cross-sectional descriptive study conducted at the occupational medicine department of the Charles Nicolle Hospital in Tunis, which interested patients exposed to SO who had consulted for a medical opinion on fitness for duty during the period from January 1, 2017 to August 31, 2022. The data collection was carried out by a telephone call using the SF12 questionnaire. Socio-demographic and medical data were completed from medical records.

**Results:** We identified 51 workers exposed to OS. Thirty-three employees agreed to answer the SF12 questionnaire, for a response rate of 65%. The average age was 44.8 years with a clear male predominance of 75%. The most represented sectors of activity were the automobile industry (34%), followed by the leather and footwear industry (15%) and the plastics industry (12%). The jobs most exposed to SO were manual workers (54%) and painters (9%). The median occupational seniority was 15[10; 23] years. Comorbidities were observed in 72% of employees. The average physical composite score was 48%. The average mental composite score was 49%. The average overall score was 49%. Average quality of life (overall SF12 score above 50) was noted in 60% of the population. Moderate disability (overall SF12 score between 30 and 39) was found in 18% of respondents. Twenty-one percent of workers had a severe disability (overall SF12 score below 30).

**Conclusions:** In addition to socio-professional conditions, exposure to SO may be implicated in altering the quality of life of exposed workers. This implies the need to strengthen preventive measures in order to preserve the mental and physical health of these workers.

**Disclosure of Interest:** None Declared

## Pain

### EPV0740

#### Methadone in pain management: About a case and a review of the literature

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**Introduction:** Methadone has been available for about half a century. It is traditionally known for its role in the withdrawal and maintenance of patients addicted to heroin or other opioids. A large body of evidence has identified a number of advantages of methadone over other opioids in the treatment of pain, including its agonist action at  $\mu$ - and  $\delta$ -opioid receptors, its N-methyl-D-aspartate (NMDA) antagonist activity, and the ability to inhibit monoamine reuptake, hence its interest in the treatment of cancer pain and, more recently, neuropathic pain and non-cancer pain. Methadone proves to be a treatment adapted to the management of complex painful situations, resistant to other opioids. It sometimes makes it possible to postpone an invasive act, sedation for refractory symptoms while maintaining the patient's autonomy. Its use in many countries and feedback from our colleagues agree with our observations. It is an effective molecule as an analgesic on different types of pain, including post-surgical pain, cancer-related pain or nociceptive pain

**Objectives:** explain the role of methadone in the treatment of chronic and acute pain.

**Methods:** We will explain through a clinical case the role of methadone in the treatment of chronic and acute pain. The patient was a 35-year-old nurse, married with 3 children, with problematic use of codeine and morphine for chronic pain due to endometriosis. She was put on 20mg/d of methadone with good clinical improvement.

**Results:** We reported the clinical case of a patient followed for endometriosis and that she presents with acute and chronic pain during and outside of menstruation. The patient was treated with (Danazol) and analgesics to manage her pain. She was initially put on level 1 analgesics: paracetamol and NSAIDs, then on level 2 analgesics, in particular codeine at a rate of 200 mg/day, without any improvement. Faced with this state, the patient was put on morphine with a gradual increase in doses on her own initiative up to 30mg/d. The patient tried to stop her morphine consumption on several occasions without succeeding. The patient was put on methadone to treat both her pain and her addiction to morphine, methadone significantly reduced her pain within a few days.

**Conclusions:** Methadone proves to be a treatment adapted to the management of complex painful situations, resistant to other opioids. It sometimes makes it possible to postpone an invasive act, sedation for refractory symptoms while maintaining the patient's autonomy. Its use in many countries and feedback from our colleagues agree with our observations. It is an effective molecule as an analgesic on different types of pain, including post-surgical pain, cancer-related pain or nociceptive pain.

**Disclosure of Interest:** None Declared

### EPV0741

#### Psychopathological profile of patients with chronic low back pain

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**Introduction:** Chronic back pain is one of the leading causes of disability and treatment is often ineffective. Approximately 85% of cases are primary, for which the peripheral etiology cannot be identified, and maintenance factors include fear, avoidance, and beliefs that pain indicates injury. Studies suggest that an excessively negative orientation towards pain (pain catastrophism) and fear of movement/(re)injury (kinesiophobia) are important in the etiology of chronic low back pain and associated disability.

**Objectives:** The aim is to identify the psychopathological profile (including levels of movement phobia and catastrophic thinking) in patients with chronic low back pain who participate in a multidisciplinary group Comprehensive Care Program for Patients with Chronic Pain (PAINDOC) in the Pain Unit of the Hospital Clínic i Provincial de Barcelona.

**Methods:** A cross-sectional descriptive study of 75 patients aged between 28 and 68 years who participate in the treatment is carried out. A clinical interview was carried out, anxiety and depression symptoms were assessed with the Hospital Anxiety and Depression Scale (HADS), Kinesiophobia was evaluated with the Tampa Scale