EPV0068

Clinical impact and misdiagnosis of functional ophthalmological symptoms: a case report

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Introduction: The disease burden due to non-specific, functional, and somatoform disorders is high. An unknown part of these medically unexplained symptoms belongs to factitious disorders. When it comes to deciding whether a patient is able to work, it is essential to differentiate a somatoform disorder from a factitious disorder.

Objectives: The aim is to highlight, on the one hand, the differences between somatoform disorder and factitious disorder and, on the other hand, the potential impact of misdiagnosis in medical expertise regarding eligibility for a disability income.

Methods: A case report of Ms A. a 42-year-old Caucasian woman. She worked as a 100% fiduciary accountant until the age of 32 when she was placed on medical leave due to persistent trigeminal neuralgia. Subsequently, she developed total blindness, accompanied by distress in a crucial emotional context. A diagnosis of factitious disorder was retained by an expert psychiatrist, with severe consequences for her, such as disability income suspension and family conflict. We evaluated Ms. A. in our multidisciplinary medical expertise service for a disability income review.

Results: The patient reported a total absence of light perception in both eyes (subjective), not confirmed by objective ocular examination and spécific neuro-ophthalmological examination.

Psychiatric examination revealed that Ms. A. had been sexually assaulted at age of 7 and sexually abused for a year by her teacher at age of 14. Regarding the identity of the first abuser, she describes that she *"can't see his face"* and that the multiple sexual assaults during her teenage years took place in the classroom after school, with the teacher *"pulling down the window shades so it was totally dark."* She explains that, defensively, to avoid thoughts related to the traumatic experience, she was heavily invested in her studies. But, at the age of 30, after separation with her first boyfriend, diffuse pain and progressively total blindness appeared.

We concluded the diagnoses of pain disorders related to psychological factors and a dissociative neurological symptom disorder with visual disturbance.

Conclusions: Blindness not explained by a physiologic process may accompany trauma and psychological distress, with the search for the link between the onset of symptoms and significant unconscious psychic conflicts being crucial in the psychiatric investigation. A new diagnosis of dissociative neurological symptom disorder with visual disturbance (6B60.0) is included in the ICD-11. It is characterized by visual symptoms such as blindness, tunnel vision, diplopia, visual distortions, or hallucinations that are not consistent with a recognized disease of the nervous system, other mental, behavioral, or neurodevelopmental disorders. Differentiating this pathology from factitious disorder or simulation is essential from an insurance medicine point of view, but also for its treatment.

Disclosure of Interest: None Declared

EPV0069

Prescription of anxiolytics by other specialties: a survey of knowledge and attitudes

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Introduction: Benzodiazepines (BZDs) have a broad spectrum of therapeutic effects, with undeniable efficacy and low toxicity/lethality. The high prevalence of anxiety and sleep disorders makes them one of the most prescribed drugs in the world.

We have chosen to focus on these drugs because of the interest they arouse nowadays due to the potential danger linked to their prolonged or abusive use, which can have major consequences on the state of health of populations.

Objectives: The objective of this study is to evaluate the knowledge and attitudes of general practitioners in relation to the prescription of benzodiazepines, with a view to possibly proposing recommendations aimed at rationalizing the use of these drugs in Morocco.

Methods: The method used is therefore the semi-structured interview, lasting on average 40 minutes, a fairly free method which allows the collection of valuable information.

This method is relevant for analysing the meaning that prescribers give to their practices, to highlight the knowledge and reference points from which they orient themselves and determine their practices. It allows for a "continuous process of verification and reformulation of hypotheses". As the survey progresses, new questions can be addressed.

A questionnaire was therefore developed and used as the basis for the interview. It included practical questions relating to the activity of the doctors, their practice in consultation, their training, their management of psychiatric pathologies, their knowledge of benzodiazepines, and finally, their opinion on the overprescription of this molecule.

Results: The survey was conducted among 10 general practitioners, 8 of whom prescribed benzodiazepines for the treatment of anxiety, insomnia and depression.

The first molecule prescribed was alprazolam, for an average duration of more than three months.

Conclusions: To this end, several measures have been taken in some developed countries to regulate prescribing in order to improve proper use, control consumption and avoid misuse of these drugs.

Disclosure of Interest: None Declared

EPV0070

Clinical Characteristics in Panic Disorder Patients in Emergency Department

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Introduction: Panic disorder is a widespread mental illness associated with the use of high levels of emergency care. However, the

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clinical characteristics of patients with panic disorder in the emergency department are not known.
Objectives: This study was designed to investigate datas related to panic attack and treatment in emergency room of panic disorder patients who visited emergency room for panic attack.
Methods: A retrospective analysis of medical records was conducted on 92 patients with panic disorder who visited Chungju Konkuk university hospital emergency department due to panic attack and had bodily symptoms from 1st January 2010 to 31th December 2019. In addition to demographic characteristics and comorbid disorders, triggering stressors and alcohol consumption were corrected as pre-panic attack datas, bodily symptoms at the time of panic attack were corrected as datas during attack, electrocardiogram trial, consultation with psychiatrist, admission and information of used psychotropic drugs were corrected as post-attack data. Depending on size of data, Chi-square test or Fisher's exact test was used. Collected data was analyzed using R 4.03.
Results: Cardiovascular disease was accompanied by 5.4% and depressive disorder was the most common coexisting mental disorder. Among triggering stressors, economic problem/work-related stress was significantly higher in men than women ($x2=4.322$, $p<0.005$). The most common physical symptom during attack was circulatory (65.2%), followed by respiratory (57.6%), numbness-paralysis (33.7%), dizziness (19.6%), gastro-intestinal (14.1%) and autonomic symptom (12.0%). Electrocardiogram was taken at higher rate when patients complained circulatory symptom ($x2=8.46$, $p<0.005$). The psychotropic drug most commonly used in emergency room was lorazepam, used in 92.1%.
Conclusions: The most common bodily symptom during panic attack was circulatory symptom and the most common triggering stressor in men was economic problem/work-related stress. The most commonly used psychotropic for panic attack was lorazepam.

Disclosure of Interest: None Declared

EPV0071

Can we prevent anxiety in adults with congenital heart disease with good parenting practices in childhood?

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Introduction: Medical-technical advances are contributing to the increased life expectancy of children with congenital heart disease (CHD) (Ladouceur et al., 2021). As they grow up into adulthood, they face many challenges (eg. surgeries, hospitalizations, separations from family, cardiac symptoms, anxiety symptoms). It is known that some parenting practices like parental overprotection during childhood are associated with anxiety in the general population, but little is known in this population.
Objectives: We aim to measure the contribution of parental practices (global; positive: warm care, consistent structure, autonomy support; and negative: overprotection) to explain variance in anxiety symptoms in adults with CHD, beyond sociodemographic and antecedents of pediatric hospitalisations.
Methods: An observational cross-sectional study was conducted on 223 adults with CHD followed at the Montreal Heart Institute. We evaluated anxiety symptoms and retrospective parental practices using validated self-reported questionnaires, namely the *Hospital Anxiety and Depression Scale*, the *Parental Bonding Inventory*, the *Perceived Parental Autonomy Support* and the *Multidimensional Parental Structure Scale.* Sociodemographic and antecedents of pediatric hospitalisations information was collected from medical records and pediatric archives. Hierarchical multiple linear regression analyses were conducted.
Results: The average age of our participants is 46 years and the majority (59 %) were female at birth. The median number of hospitalisation before 18 years old was two. 15 % presented severe anxiety symptoms (HADS-A $\geq$ 11), 17 % had moderate symptoms (HADS-A = 8-10), and 68 % had mild or no symptoms (HADS-A $\leq$ 7).
The inclusion of parenting practices significantly increased the proportion of variance explaining anxiety symptoms. They explained more variance (13%) than sociodemographic and pediatric hospitalisations combined (10%).
In this model, only positive parenting practices were significantly associated with anxiety, in contrast to parental overprotection.
When the parental practices were analyzed separately, positive practices (autonomy, care, and structure) were negatively associated with anxiety symptoms, while overprotection was positively associated with anxiety symptoms.
Conclusions: Our results suggest that although our participants' physical health may be limited by their CHD, the majority report a low anxiety scores. Further, parenting practices appear to be malleable predictors of anxiety. Beyond avoiding overprotective parenting style, positive and supportive parenting practices are potential targets for future initiatives to prevent anxiety symptoms in adults with CHD.

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EPV0072

Relationship between Glycated Hemoglobin in Adolescents with Type 1 Diabetes Mellitus (T1DM) and Parental Anxiety and Depression

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Introduction: T1D is the most common chronic endocrine pathology in children. The management of type 1 diabetes requires strong diet, physical activity, lifelong insulin therapy, and proper self-monitoring of blood glucose and is usually complicated and, therefore may result in a psychosocial problems for the whole family. Metabolic control of the disease is determined by glycated haemoglobin (HbA1c), the main criterion for diabetes compensation. It is assumed that anxiety and depression symptoms negatively affect glycaemic control. Parental psychological distress was associated with higher child self-report of stress and depressive symptoms, and it had negative effects on diabetes management.
Type 1 diabetes mellitus (T1D) is the most common chronic endocrine pathology in children. The management of type 1 diabetes requires strong diet, physical activity, lifelong insulin therapy, and proper self-monitoring of blood glucose and is usually complicated and, therefore may result in a variety of psychosocial

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