

EPP0010

Is perfectionism associated to dental anxiety?

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Introduction: Personality traits like neuroticism and trait-anxiety, as well as the predisposition to a greater sensitivity to pain, are risk factors for dental anxiety. Although perfectionism has been associated with both anxiety and pain, particularly when mediated by repetitive negative thinking/RNT (Macedo et al. 2015; Albuquerque et al. 2013), its role in dental anxiety has not yet been studied.

Objectives: To analyze the role of perfectionism and RNT in dental anxiety.

Methods: A community sample of 552 adults (68.2% women; mean age=35.15±15.79 years) completed the Portuguese versions of: Hewit and Flett Multidimensional Perfectionism Scale-13, State-Trait Anxiety Inventory, Sensitivity to Pain Traumatization/SPT Scale, Fear of Dental Pain/FDP Questionnaire, Perseverative Thinking Questionnaire and Dental Fear Survey/DFS.

Results: Trait-anxiety ($r=.225$), socially prescribed perfectionism/SPP ($r=.177$), SPT ($r=.286$), FDP ($r=.509$) and RNT ($r=.274$) were significantly ($p<.01$) correlated with dental anxiety (DFS total score). Serial mediation analysis using the PROCESS-macro 3.5 for SPSS (Hayes, 2020; Model 6) showed that even controlling for trait-anxiety and gender (as SPT, FDP and RNT mean scores were significantly higher in women, $p<.01$) SPP plays a significant indirect effect through SDT, FDP and RNT on dental anxiety, which are (isolated or sequentially) full mediators of this relationship (Total effect: .553, $p<.001$).

Conclusions: This study shows for the first time that negative perfectionism is a predictor of dental anxiety; its influence operates through the increase in levels of sensitivity to pain, DPA and RNT. We suggest that when intervening in this health problem it is important to evaluate perfectionism and try to mitigate its negative impact, namely diminishing RNT and the focus on pain and fear.

Keywords: Dental Anxiety; Perfectionism

EPP0009

From trauma to pain - a pathway to dental anxiety

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Introduction: The main risk factor for dental anxiety is previous traumatic experiences of pain in the dental office. Other consistent etiologic factors are trait-anxiety and preparedness (genetic predisposition to increased sensitivity to pain and aversive stimuli). However, there is a wide inter-individual diversity in the anxiety experience – not all individuals with traumatic experiences at the dentist will develop dental anxiety anxiety

Objectives: To explore potential paths by which a traumatic experience at the dentist (TRAUMA) can lead to dental anxiety.

Methods: A community sample of 552 adults (68.2% women; mean age= 35.15±15.790) completed the Portuguese validated versions of: Dental Fear Survey/DFS, State-Trait Anxiety Inventory, Sensitivity to Pain Traumatization/SPT Scale, Fear of Dental Pain/FDP Questionnaire and Perseverative Thinking Questionnaire-15.

Results: 140 participants (25.2%) had TRAUMA; it was significantly ($p<.01$) correlated with trait-anxiety (Spearman $r=.190$), SPT ($r=.192$), FDP ($r=.333$), RNT ($r=.274$) and dental anxiety (DFA total score; $r=.418$). In the mediation analysis (PROCESS macro 3.5 for SPSS; Model 81; Hays, 2020), trait-anxiety and gender were controlled (as RNT, SPT, FDP mean scores were higher in women, $p>.01$). Our model was significant ($R^2=17.15\%$; $p<.001$) and showed that TRAUMA predicted dental anxiety directly [direct effect: 10.25 (95% CI - 7.10-13.40)] and also through SPT, FDP and RNT (5 significant indirect effects).

Conclusions: This study underlines the importance of avoiding traumatic experiences in the dental office and of good clinical communication in pain management. If trauma still occurs, dentist should learn how to reduce its impact on the sensitivity and fear of pain and on the RNT.

Keywords: Dental Anxiety; trauma

EPP0010

Relationship of cyberchondria to hypochondriac beliefs and internet use

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Introduction: Although cyberchondria was suggested as a separate phenomenon (Starcevic, Berle, 2013, Starcevic, 2017), it is by definition related to both health anxiety, general hypochondriac beliefs and behavior and Internet use (Baumgartner and Hartmann, 2011, Eastin and Guinsler, 2006, Singh and Brown 2014).

Objectives: The aim was to reveal relationship between cyberchondria in adult Internet users, Internet use and hypochondriac beliefs and behavior.

Methods: 126 adults (18-70 years old) filled The Cyberchondria Severity Scale (CSS, McElroy, Shevlin, 2014), checklist of activities about health online, Scale for Assessing Illness Behavior (Rief et al., 2001), Cognitions About Body and Health Questionnaire (Rief et al., 1998).

Results: Compulsion, Distress, Excessiveness, Reassurance Seeking scales are related to various health-related activities online including both specialized (medical web-sites) and non-specialized (Wikipedia) ones ($r=.25-.48$, $p<.01$). Compulsion is closely related to surfing in social networks ($r=.41$, $p<.01$), excessiveness – to viewing of illnesses-related pictures ($r=.48$, $p<.01$) and reassurance seeking – to reading of online reports ($r=.47$, $p<.01$). Cyberchondria is related both to health anxiety ($r=.37$), hypochondriac behavior ($r=.19-.41$), beliefs about autonomic sensations, bodily weakness, intolerance to sensations and somatosensory amplification ($r=.25-.31$).

Conclusions: In general population, different aspects of cyberchondria seem to reflect health anxiety and hypochondriac beliefs but are differently related to different forms of online behavior including use

of more or less specialized web-sites. Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00799.

Keywords: Internet; cyberchondria; hypochondriac beliefs

EPP0011

Factors associated with anxiety among health care workers practicing in emergency department in south of tunisia

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Introduction: Health care workers in emergency department and intensive care are usually exposed to stressful situations, which require an early intervention.

Objectives: To assess the prevalence of anxiety among health care workers in emergency department and to determine its associated factors.

Methods: It was a cross-sectional, descriptive and analytical study including health care workers assigned to emergency ward and intensive care unit of Hedi Chaker and Habib Bourguiba hospitals in Sfax and the regional hospital of Kebili. Data was collected by an anonymous and confidential self-administered questionnaire. We used hospital anxiety and depression scale (HAD) to assess anxiety and depression.

Results: The participation rate was 48.8% (n=240). The mean age was 37 years, 59.2% were female and 62% were married. Mean work experience was 11 years. 79.2% assured night shifts (average= 1.5 night shifts per week) and 71.7% benefited of compensatory rest. Our study revealed that 32.5 % of health care workers were suffering from anxiety. In univariate study, anxiety was significantly correlated with the female gender (p=0.004), the lack of practice of leisure activities (p=0.004), with absence of compensatory rest (p=0.001), with sleep disturbances (p=0.001) and with depression (p<10⁻³). Multivariate study pointed that anxiety was associated with lack of practice of leisure activities (OR=2.7[1.09-6.99]; p=0.006), absence of compensatory rest (OR=2.7[1.3-5.5]; p=0.004), depression (OR=3[1.5-6]; p=0.001) and with sleep disturbances (OR=2.8[1.4-5.7]; p=0.004).

Conclusions: Anxiety affected one in three emergency caregivers. Stress management programs for emergency caregivers can be of great help in dealing with this problem.

Keywords: mental health; stress management programs; anxiety disorder; health care workers

EPP0012

From hysteria to conversion: A case of stuttering

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Introduction: Conversion Disorder is a condition defined by the sudden appearance of neurologic symptoms without an identifiable organic cause, often thought to be associated with psychological triggers. This disorder can lead to severe distress and loss of functionality which, without appropriate treatment, can be made permanent.

Objectives: To raise awareness for this unexplained and often misunderstood disorder using a clinical case as background.

Methods: Clinical history, organic evaluation, psychological evaluation and literature review.

Results: 28-year-old female, single, with two children, working from home as a call-centre operator. Previously followed and medicated for depression. Presents to the ER due to sudden loss of consciousness while working, after which her speech became hindered by stuttering. Neurologic evaluation was unremarkable and she was referred for Psychiatric assessment, resulting in a diagnosis of Conversion Disorder. Speech was at first understandable but in the following weeks became progressively worse and eventually led to aphonia, while written communication remained normal and was the patient's method of choice.

Conclusions: Once a favourite of Psychiatrists, little is yet known about the underlying mechanisms behind this disorder. Experts disagree on whether to classify it as a dissociative disorder, a somatoform disorder, or its own category. Patients presenting with this condition are often mistaken for malingering and thus subject to unhelpful or outright discriminatory practices. Broadened awareness is required to ensure patients get early access to the best possible care and thus improve their quality of life.

Keywords: conversion disorder; hysteria; stuttering; functional neurologic disorder

EPP0013

Depersonalization and a severe form of agoraphobia: A case report and review

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Introduction: Depersonalization during panic attacks may be a feature of a subgroup of Panic disorder. Several studies suggest that such subgroup corresponds to a more clinically severe form of Panic Disorder, with earlier onset and a higher rate of comorbidity with other psychiatric disorders, such as obsessive-compulsive disorder and generalized anxiety disorder. It is also hypothesized that depersonalization during panic attacks may lead Panic disorder to evolve into Agoraphobia.

Objectives: To present the case report of a patient with severe Agoraphobia, whose only symptom of Panic disorder was depersonalization.

Methods: Description of a case report.

Results: We describe the case of a 20-year-old woman who developed Agoraphobia after a single panic attack, during a physical education class, at the age of 13, with depersonalization symptoms only. After the attack, the patient stopped playing sports and engaging in any kind of activity in the absence of a trusted person. At the age of 20, the patient will only travel alone in the immediacies of her home, sometimes missing classes, because she cannot get a ride from trusted acquaintances. She justifies such avoidances with