

observed in patients with asthenic personality traits ( $\chi^2 = 7,8$ ), whereas in fabomotizole-in patients with stenic individual typological features ( $\chi^2 = 9,1$ ).

**Conclusions:** Patients with stenic and asthenic features had differences in therapeutic effects and the effectiveness of anxiolytics. Personality features determine the sensitivity of patients with anxiety disorders to psychotropic drugs.

**Disclosure:** No significant relationships.

**Keywords:** anxiolytic; individually-typological features; therapeutic effects

## EPV0015

### General Psychosomatic Medicine or the Loss of the Core of Being

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**Introduction:** The authors presents an overview of the schools of learning in the area of modern psychosomatic medicine.

**Objectives:** The author presents different variants for the concept of disease in psychosomatics.

**Methods:** Groddeck was of the opinion that illness was a “creative endeavour”. Adler speaks of the will to be ill. Schulz Henke found that there are “gaps” where one would expect “normal life coping”. Heraclitus said the character of the human is his fate. In psychosomatic medicine, we must focus attention on the character failings. Viktor von Weizäcker spoke of the revolving door principle. Geb-sattel concentrated on the inhibition in becoming. Arthur Jores described psychosomatic disorders as human illnesses. Humans become sick when they find themselves in a “dead-end-street of destiny”. They lose their core of being. Günther Ammon describes the psychosomatic reaction as the expression of a disturbed interaction process and advocates the psychoanalytical group therapy in the treatment of psychosomatic illnesses.

**Results:** In psychosomatics one looks for a special personality type or for a special trigger situation. One asks about the childhood anamnesis and the biography, about the characteristic drives and the character problems for the respective illness. Those who have lost their core of being can regain it through self-education and self-reflection. However, a “core of being” must be present.

**Conclusions:** Depending on the illness, character and social environment, it can happen that a patient “learns to express his wishes and fantasies, needs and sensitivities through his respective physical symptoms and complaints.

**Disclosure:** No significant relationships.

**Keywords:** Illness as “creative endeavour; fear equivalents; psychosomatic reaction

## EPV0016

### Haphephobia: a rare specific phobia of being touched

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**Introduction:** Haphephobia is a morbid fear of being touched or touching. The symptoms of Haphephobia are very similar to other specific phobias.

**Objectives:** Presentation of a case of haphephobia due to childhood sexual abuse

**Methods:** Mrs. X., A 22-year-old Bangladeshi female, presents to the psychiatric consult service with an intense fear of being touched by her husband. She told that whenever her husband comes closer to her, her heart starts to pound fast, she feels discomfort in the chest, a burning sensation on her whole body, and loses control over the environment. Furthermore, she can't sleep properly for the fear of being touched. Her in-laws' parents concluded that some 'evil spirits' might cause the symptoms. So her husband brought her to a Psychiatrist. On an in-depth assessment session, ensuring all the confidentiality issues, she told the Psychiatrist that she has a history of brutal sexual abuse followed by the threat to kill her by her stepfather at the age of fourteen.

**Results:** After a thorough medical workup and history gathering, her consultant psychiatrist could elucidate the source of the presenting picture and told her that she developed haphephobia, and suggested taking psychotherapy along with prescribed medicines.

**Conclusions:** Fear of being touched is a particularly difficult fear to cope with. Patients with haphephobia after sexual assault should be handled very cautiously by the experts keeping confidentiality issues in mind. Cognitive-behavior therapy, Exposure therapy, Virtual reality exposure therapy, practicing mindfulness, using daily coping strategies, and medications like beta-blockers, anxiolytics, antidepressants can help a person to overcome haphephobia.

**Disclosure:** No significant relationships.

**Keywords:** Specific phobia; Haphephobia; Anxiety disorders

## EPV0017

### Somatoform disorders. Models of personification oriented therapy

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**Introduction:** Contemporary in Ukraine the special priority has been the somatoform disorders increase. The most significant complications belong to the patient's self-evaluation of the influence of the disease on their social functioning, influence essential part of the self-evaluation of the disease and the important point of therapeutic personality accomodate intervention.

**Objectives:** Develop the stages of personalized models of psychotherapy

**Methods:** On the basis of the examined 270 somatoform disorders patients and 190 ischemic cardiac disease patients we have elaborated a formal test that allows to evaluate quantitatively the influents of the disease on various spheres of patients' social status.

**Results:** It was absolutely unrespectable the common for ischemic cardiac and somatoform disorders patients rise of significance of personal individual, common life factors in cases of aggravation of the main disease course. We created the personification accommodate psychotherapy system consist with CBT, suggestive and auto-suggestive implementations. Elucidation of peculiarity of personal perception of the disease served as basis of elaboration of psychotherapy system, consulting, psychological support for patients with high-effectiveness 1,5 - 3 years catamnes in 85% patients.

**Conclusions:** The retrospective results showed the necessity the personification oriented models of psychotherapy, parted on stages. On the first stage - sedative-adapting the receptions of CBT and suggestive psychotherapy are used. There is group therapy on second stage. On the third stage-supportive elements of the autogenic training mastered.

**Disclosure:** No significant relationships.

**Keywords:** Somatoform disorders; Personal perception; Personification psychotherapy

## EPV0018

### OCD and ASD Diagnosis: a case review

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**Introduction:** It's well known the challenge of differential diagnosis between Obsessive compulsive disorder and autism since their symptoms (intrusive, recurrent thoughts and repetitive behaviours) often overlap.

**Objectives:** We report a case of a 14 years old boy diagnosed of ASD who was hospitalized for the first time due to difficult management of repetitive behaviours that made him incapable of doing basic activities without help. To interrupt them led to anxiety, aggressive responses and to insistence on sameness behaviours. Only with this information and with the literature research we made, anyone could tell the problem was probably an ASD symptom. However, during his evolution it was difficult to know whether this behaviour was due to ASD or OCD: after adjusting the medication, and when he started trusting his therapists, he told us about a theory he believed so he could explain the uncomfortable ideas that crossed his mind more than often, so he used those behaviours as an anxiety-reduction technique. This new situation was the fuel to make the present review.

**Methods:** To report a case.

**Results:** The results are included in the "conclusions" section.

**Conclusions:** Although there is an ongoing debate concerning the nature of the symptoms in ASD versus those observed in OCD, there are commonly used criteria to differentiate them according to the articles we reviewed:

	OCD	ASD
Due to...	Uncomfortable feelings	Sensory stimuli
Content		
>>Behaviours	Cleaning, checking... (routine) Used as anxiety-reduction technique	Repeat, order, hoard, touch... Insistence on sameness behaviours as anxiety-reduction technique??
>>Thoughts	Contamination, aggressive, sexual, religious,...	Hoarding, need to know...
Egodistony?	YES	NOT so much... gratification activities, but become upset when interrupted
Cognitive functions	Inhibition	Deficit in cognitive flexibility or ability to switch
The role of age	Younger – compulsions Older – obsessions	Younger/low functioning – sensory motor behaviour Older/high functioning – sameness behaviours

This kind of cases that makes us stop, think and doubt are the ones that lead us to a proper approach of the patient. Making an extra effort is necessary so we can minimize inaccurate diagnosis that patients will carry through their lives and fruitless treatment options.

**Disclosure:** No significant relationships.

**Keywords:** OCD; obsessivecompulsivedisorder; acd; autismespectrumdisorder

## EPV0019

### Prevalence and clinical features of anxiety disorders: Tunisian study about 436 subjects

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**Introduction:** Anxiety disorders represent one of the most common mental disorders following a chronic course.

**Objectives:** The aim of our study is to determine the prevalence, incidence and clinical characteristics of these disorders.

**Methods:** We conducted a retrospective and descriptive study about 436 outpatients fulfilling the DSM-V diagnostic criteria for anxiety disorder and followed in the department of psychiatry of Monastir (Tunisia) between 1998 and 2017. Selective mutism and separation anxiety were excluded for lack of cases.

**Results:** The overall prevalence was 5.51%. Panic Disorder was the most prevalent anxiety disorder subtype (3.2%). The incidence of anxiety disorders in the last years has increased from 3.31% in 1998 to 7.5% in 2017. The mean age at diagnosis was  $37.76 \pm 12.87$  years [16-77]. Female gender was the most prevalent in overall anxiety disorders with a sex ratio of 0.78, however, a significant male predominance was recorded in Social Anxiety Disorder (SAD) with a sex ratio of 1.85. Generalized Anxiety Disorder patients were more likely to have low educational level (OR= 1.879), to be laborers (OR=2.55), to be married (OR=2.418) and to have children (OR=2.564) whereas SAD patients were more likely to have higher education (OR=9.118), to be students (OR=5.565), to be single (OR=11.325) and have no children (OR=7.464).

**Conclusions:** This study highlights the frequency of anxiety disorders and the fact that being a middle-age married woman with kids make oneself more prone to have an anxiety disorder. Specific attention should be paid to these anxiety disorders with early preventive programs.

**Disclosure:** No significant relationships.

**Keywords:** Prevalence; Anxiety disorders; incidence; Tunisian trial