

mobilize in that work context, expressing “*So I tried when the tourist managed to capture my attention I started explaining about the...*” (P4). That these dimensions are high indicates that there is a close relationship between role and identity.

Conclusions: If identity is read from the social positions that are recognized by others (Scheibe, 1999), particularly the findings of this research showed that characters such as family, tourists, co-workers and friends intervene significantly in the recognition of the roles assumed, which makes the young person stay in this activity and market, as well as find satisfaction in it. Through the dimensions of the role, it was evidenced that at work it is possible to configure the identity of young people. For Lucena et al. (2018) when a person who does part of this type of work and refers to it, is talking about himself.

Disclosure of Interest: None Declared

EPV0720

A rare case of trauma related dissociative identity disorder

F. Ghrissi¹, F. Fekih-Romdhane², M. Stambouli^{1*}, B. Abassi² and M. Cheour²

¹Razi Hospital, Mannouba, Tunisia and ²psychiatry department E, Razi Hospital, Mannouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2030

Introduction: Dissociative identity disorder (DID) is a debilitating and controversial psychiatric disorder with a lifetime prevalence estimated around 1.5%. It remains underdiagnosed despite recognition in international classification of mental disorders. In fact, based on the DSM-5 criteria, DID is characterised by two or more distinct personality states that coincide, with fluctuating consciousness and changing access to autobiographical memory. The aetiology of DID has long been debated with recent neuroimaging evidence supporting the trauma model of this condition.

Objectives: The aim of this presentation is to describe the case of a young female diagnosed with DID related to childhood trauma.

Methods: We also conducted a literature review in order to discuss the aetiology of the disorder. The following keywords were searched through the pubmed website: dissociative identity disorder, trauma, aetiology.

Results: We report the case of a 20 years old female with no past medical, nor psychiatric history. However, she had a family history of an uncle and an aunt with chronic psychosis. Her father died when she was 8, thus she lived with her mother and her brother and two sisters. She was a brilliant student and started engineering studies. She has no particular personality trait. She was raised within a strict religious family with little time dedicated to leisure activities. Importantly, since the age of 10, she was exposed to her mother's religious extremist and threatening discourses, related to death and “grave's torture” and comprising many cultural beliefs. She seeks for psychiatric care complaining of “soliloquy” that became remarkable by her relatives. On psychiatric evaluation she presented daily fluctuating consciousness during at least one hour, in which she switches identity toward the daughter of a famous singer. This alter was having pleasant activity with her mother and was singing and hanging out most of the time. No particular triggers were identified. The trouble started by the age of

14 then worsened gradually and became an involuntary phenomenon with significant distress. She had no depressive nor psychotic nor anxiety or obsessive symptoms. Her sleep and appetite were not disturbed. She met DSM-5 diagnostic criteria for DID and was referred to a trained psychiatrist for adequate psychotherapy management.

Conclusions: We exposed a rare case of a young student complaining of soliloquy since the age of 14 that was diagnosed with DID subsequent to a particular childhood trauma which consisted in exposure to threatening religious and cultural beliefs about life after death told by her mother. This unique case emphasises the trauma model of DID, where the nature of the trauma influences the clinical expression of DID. Given the recent neuroimaging evidence, DID can be framed as a chronic psychiatric disorder based on neurobiological, cognitive, and interpersonal non-integration as a response to unbearable stress.

Disclosure of Interest: None Declared

EPV0721

Cognitive impairments in Moroccan man with a frontal anaplastic oligodendrogloma : Case study

M. Legmouz^{1*}, F. Z. Azzaoui¹ and A. El Ouahabi²

¹Biology and health, Ibn tofail University, Kenitra and ²Neurosurgery, Hopital des spécialités, Rabat, Morocco

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2031

Introduction: Oligodendrogloma is a rare form of glioma developing in oligodendrocytes which are glial cells. Oligodendroglomas are divided into two types; benign oligodendroglomas and anaplastic oligodendroglomas; the malignant form.

Objectives: The aim of our study is to detect the cognitive troubles caused by a frontal anaplastic oligodendrogloma in a man admitted to the neurosurgery department at the Specialties Hospital, Rabat, Morocco.

Methods: A case study was realized among a man aged of 46 years, suffering from frontal right anaplastic oligodendrogloma, with no medical and surgical history and who presented since two months headaches and forgetfulness, and presented two hours ago a fortuitous epileptic seizure followed by notion of amnesia for 5 min. At the admission, the patient was conscious, the glasgow score was of 15 and did not present a motor deficit. Cognitively, the patient was confused. We decided then to make him pass the MOCA test to evaluate his cognitive state as soon as he was admitted to our service and before the surgical act .

Results: After passing the MOCA Test, our patient had a score of 4/30. The results in detail gave 0/5 in the visuospatial/executive part, 3/3 in the naming part, 0/6 in the attention part, 1/3 in the language part, 0/2 in the abstraction part, 0/5 in the memory part and 0/6 in the orientation part. The score of 4/30 is less than 10/30 and shows a severe cognitive impairment.

According to his wife, his cognitive state was normal before the epileptic seizure and had a normal life.

Conclusions: The frontal anaplastic oligodendrogloma in this patient case deteriorated his cognitive state rapidly. 13 days after surgery and excision of this tumor, the patient's cognitive state improved, the Moca score became 12/30, which is in the area of

moderate cognitive impairment. The patient is currently continuing his treatment in an oncology department.

Disclosure of Interest: None Declared

EPV0722

Psychiatric Adverse Effects of treatment with Corticosteroids: A Tunisian case report

N. Boussaid*, F. GUERMAZI, W. ABID, R. Masmoudi, I. FEKI, I. BAATI and J. MASMOUDI

¹Department of psychiatry, Hedi Chaker-Hospital-sfax-Tunisia, sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2032

Introduction: Corticosteroids are certainly an efficacious treatment for several inflammatory and immunologic disorders. However, their abuse can lead to dangerous consequences such as psychiatric complications. Physicians and Psychiatrists should cooperate to treat and prevent, if possible, the deleterious adverse psychiatric effects of corticosteroids.

Objectives: to describe a patient whose psychotic symptoms occurred within 2 weeks of starting corticosteroid abuse, to review the literature and to suggest treatment.

Methods: To present a case of a female young patient suffering from corticosteroid-induced psychosis due to corticosteroid abuse and review case report data published during the past quarter-century on adverse corticosteroid-induced psychiatric effects.

Results: The patient was investigated to exclude other causes of her psychosis and she was treated with chlorpromazine and Risperidone. Numerous cases investigating these psychiatric corticosteroid-induced symptoms were identified. Data on incidence, drug dose, onset of symptoms, course of illness and treatment were arranged.

Conclusions: Corticosteroid abuse should be put in the spotlight especially for young Tunisian females desiring to look plump. This misjudged abuse may have severe psychiatric complications. Thus we should establish strategies of prevention and cure to these psychiatric complications

Disclosure of Interest: None Declared

EPV0723

Attitudes towards death among health care professionals and their perceived well-being at Aga Khan University (AKU)

N. Khalid^{1,*}, A. Chachar², S. siddiqui^{2,2} and S. khan²

¹Internal medicine, The Indus health network and ²psychiatry, Aga Khan university hospital, karachi, Pakistan

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2033

Introduction: Death is a complex construct to understand as it is influenced by the perceptions that HCP may have regarding end of life. Understanding these perceptions helps in addressing death

anxiety in HCP which can otherwise negatively influence physician well-being and patient interactions such as breaking bad news.

Objectives: To identify association between attitudes towards death among HCP and their perceived well-being.

Methods: This is a cross-sectional study on 109 HCP including nurses (n=29), physicians (n=43), resident (n=25) and interns (n=12) across various specialties at AKU. Death anxiety was assessed through the *death attitude profile revised scale* and its correlation was seen with the perception of one's own wellbeing through *Perceived well-being scale*. A semi-structured pro-forma was used to collect demographic data.

Results: The results showed that *death anxiety was highest in interns* (150.83 ± 17.94) followed by nurses (139 ± 20.67), residents (137.84 ± 15.79) and physicians (137.99 ± 21.59) and *perceived well-being was lowest in interns* (71.00 ± 10.10) followed by nurses (72.41 ± 10.43), residents (74.16 ± 12.83) and physicians (75.98 ± 12.19). The results of this study demonstrated a negative correlation between death anxiety and perceived well-being.

Conclusions: The negative correlation between death anxiety and perceived well-being suggest that health care professionals are most vulnerable in the preliminary years of their career. It is therefore recommended that psychology of death and dying is given equal weightage in medical curriculum to enable physicians deal effectively with the trauma of bereavement and loss relating to or patients.

Disclosure of Interest: None Declared

EPV0724

RELATIONSHIP BETWEEN ALEXITHYMYIA AND PARKINSON'S DISEASE IN A TUNISIAN SAMPLE

N. Messedi^{1,*}, E. Fakhfakh², S. Kolsi¹, I. Chaari¹, F. Charfeddine¹, L. Aribi¹, N. Farhat², C. Mhiri² and J. Aloulou¹

¹Psychiatry Department B, Hedi Chaker Hospital Sfax, Tunisia and ²neurology department, Hbib Bourguiba Hospital Sfax, Tunisia, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2034

Introduction: Several psychiatric signs are part of non-motor signs of parkinson's disease (PD), including alexithymia.

Objectives: The objective of this study is to determine the frequency of alexithymia in patients with PD and to study factors associated with it.

Methods: Descriptive and analytical cross-sectional study collected from patients followed at the neurology consultation of Habib Bourguiba's University Hospital in Sfax, Tunisia. We used:

- A sociodemographic, clinical and therapeutic datasheet including the Hoehn and Yahr motor scale for the staging of the functional disability associated with PD
- The Toronto Alexithymia Scale (TAS-20) with a cutoff score = 61

Results: We recruited 47 patients. The average age was 61.47 years with a sex ratio (M/W) = 1.47. The average age of onset of the disease was 51.97 years. Sleep disorders were present in 51.1% of cases. 41 patients (87.23%) were treated with dopa therapy. An Hoehn and Yahr stage ≥ 3 was found in 25.5% of patients.

TAS: The mean score was 47.38 and alexithymia frequency was 19.1%.

Alexithymia was statistically correlated with the presence of sleep disorders ($P=0.023$) and with an Hoehn and Yahr stage ≥ 3