

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<sup>-3</sup>). 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