

provide insights into the additive effects of CBT and pharmacotherapy regarding the quality of life in adults with ADHD.

**Objectives:** In this study, we investigated the effect of CBT combined with pharmacotherapy on the quality of life in adults with ADHD compared to pharmacotherapy alone.

**Methods:** In this multicenter prospective cohort study a total of 627 patients were included, 305 were included in the pharmacotherapy only group and 322 in the combination group (CBT and pharmacotherapy). The Adult ADHD Quality-of-Life scale (AAQoL) was conducted at baseline and at the end of treatment.

**Results:** No significant differences were found in gender or age between groups at baseline. The average improvement in the AAQoL total score in the pharmacotherapy group was 26.81 (17.12) and in the combination group 25.45 (16.33) and showed no significant difference ( $t(543) = 0.96, p = 0.34$ ). At baseline the average total score in the pharmacotherapy group was 45.5 (12.37) and 42.22 (12.73) in the combination group ( $t(543) = 2.86, p = 0.004$ ). The average total score at the end of treatment in the pharmacotherapy and combination group was 72.31 (12.99) and 67.67 (12.45), respectively ( $t(543) = 4.26, p < 0.001$ ).

**Conclusions:** To our knowledge, this is the first study to describe the value of CBT in addition to pharmacotherapy on the quality of life in adults with ADHD. Contrary to our expectations, there was no significant effect of CBT in addition to pharmacotherapy on the quality of life.

**Disclosure:** No significant relationships.

**Keywords:** Cognitive behavioral therapy; Quality of Life; adults; ADHD

## EPV0805

### Ethnic inequalities in treatment with clozapine

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**Introduction:** Ethnic disparities in treatment with clozapine, the antipsychotic recommended for treatment-resistant schizophrenia (TRS), have been reported. However, these investigations frequently suffer from potential residual confounding. For example, few studies have restricted the analyses to TRS samples and none has controlled for benign ethnic neutropenia.

**Objectives:** This study investigated if service-users' ethnicity influenced clozapine prescription in a cohort of people with TRS.

**Methods:** Information from the clinical records of South London and Maudsley NHS Trust was used to identify a cohort of service-users with TRS between 2007 and 2017. In this cohort, we used logistic regression to investigate any association between ethnicity and clozapine prescription while adjusting for potential confounding variables, including sociodemographic factors, psychiatric multimorbidity, substance use, benign ethnic neutropenia, and inpatient and outpatient care received.

**Results:** We identified 2239 cases that met the criteria for TRS. Results show that after adjusting for confounding variables, people with Black African ethnicity had half the odds of being treated with clozapine and people with Black Caribbean or Other Black background had about two-thirds the odds of being treated with clozapine compared White British service-users. No disparities were observed regarding other ethnic groups, namely Other White background, South Asian, Other Asian, or any other ethnicity.

**Conclusions:** There was evidence of inequities in care among Black ethnic groups with TRS. Interventions targeting barriers in access to healthcare are recommended.

**Disclosure:** During the conduction of the study, DFdF, GKS, and RH received funds from the NIHR Maudsley Biomedical Research Centre. For other activities outside the submitted work, DFdF received research funding from the UK Department of Health and Social Care, Janss

**Keywords:** clozapine; health inequalities; ethnicity; refractory psychosis

## EPV0807

### Conformity to masculine norms and self-stigma of help-seeking are not unique barriers to formal help-seeking in men, but are also relevant for women

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**Introduction:** Studies that explain men's reduced willingness for formal help-seeking for depressive symptoms often did not analyze whether assumed unique barriers, namely, conformity to masculine norms (CMN), reduced self-compassion, and self-stigma are also linked to women's help-seeking behavior.

**Objectives:** The current study analyzed whether CMN, self-compassion, and self-stigma for help-seeking are linked to women's and men's willingness to seek formal help for depressive symptoms.

**Methods:** German-speaking participants ( $N=481$ ; 68.8% women, 31.2% men;  $M_{age}=35.6, SD=14.2$ ) of an online-questionnaire study read a vignette about a character with depressive symptoms. Participants indicated how likely they would be to seek medical or psychological help if they were in the character's situation. Furthermore, the Conformity to Masculine Norms Inventory, Self-Stigma of Seeking Help scale, and Self-Compassion Scale were used.

**Results:** Women and men were moderately willing to seek formal help for depressive symptoms. A manifest path model revealed that strong CMN and low self-compassion were linked to strong self-

stigma in women and men. Strong self-stigma was associated with reduced help-seeking intentions. In men with low self-compassion CMN was directly linked to reduced willingness for help-seeking. In women and men with strong self-compassion no direct, but indirect links between CMN and reduced help-seeking intentions via self-stigma were found.

**Conclusions:** CMN and self-stigma of help-seeking were not unique barriers in men, but also were relevant for women's formal help-seeking intentions. Even though increased self-compassion was associated with decreased self-stigma, interventions that aim to increase self-compassion may not help increase help-seeking behaviors.

**Disclosure:** No significant relationships.

**Keywords:** help-seeking; depressive symptoms; conformity to masculine norms; self-stigma

## EPV0808

### Burnout and associated factors among Tunisian medical interns and residents

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**Introduction:** Burnout is an occupational psychological syndrome induced by chronic stress defined by three dimensions: emotional exhaustion (EE), depersonalization (DP) and reduced personal accomplishment (PA).

**Objectives:** Estimate burnout among residents and interns in Tunisia. Identify factors related to burnout.

**Methods:** We conducted a cross-sectional, descriptive, and analytical study between March 1 and April 15, 2021. Data collection among young physicians was done by a self-questionnaire published online. The assessment of the degree of burnout was done by the Maslach Burnout Inventory (MBI).

**Results:** The total number of participants was 56 of which 71.4% were women. The average age was 26.76 years. The percentage of the married was 21.4% of which 58.3% had children. 30.4% had parents in charge. Most of the participants worked in university hospitals and 75% of them in a medical department. Residents represented 64.3% of the participants. Number of working hours exceeded 40 hours per week in 60.7% of the cases with an average number of shifts per month estimated at  $4.71 \pm 2.36$ . According to MBI, 94.6% of the participants had a score in favor of burnout, of which 19.6% was severe. The number of hours worked per week and the number of shifts per month were significantly associated with the presence of a burnout syndrome with respective correlation factors of 0.027 and 0.047.

**Conclusions:** Most residents and interns suffered from burnout with a variable degree of severity. The workload with a greater number of working hours and on-call duty favored the emergence of this burnout.

**Disclosure:** No significant relationships.

**Keywords:** medical; intern; resident; burnout

## EPV0809

### job satisfaction and its impact on resilience: a cross-sectional study of Tunisian interns and residents in medicine.

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**Introduction:** Preventing burnout and promoting resilience are important to the well-being of health care professionals and the quality of patient care. Indeed, it's a promising way to mitigate the negative effects of stressors and allow professional growth.

**Objectives:** study the association between job satisfaction and resilience in medical interns and residents.

**Methods:** As part of a descriptive and analytical cross-sectional study, interns and medical residents completed an online self-questionnaire using 'Google Forms'. It collected socio-demographic data and assessed the level of job satisfaction using a 5-point Likert-type scale for each item. The Brief Resilience Scale (BRS) was used to assess the level of resilience.

**Results:** The total number of participants was 56, of which 64.3% were medical residents. 75% of the participants worked in a medical department and most had a number of shifts per month  $\geq 4$ . The average years of practice was  $2.27 \pm 1.23$  years. Participants expressed dissatisfaction at work with salary (69.6%), task allocation and organization (66.1%), availability of resources (66.1%), comfort (57.1%), safety (53.6%) and supervision (50%). Referring to the BRS scale, higher resilience scores were objectified in male participants ( $p=0.002$ ). The level of resilience decreased with the number of years of practice ( $p=0.039$ ). Good satisfaction by management and recognition at work could enhance the level of resilience ( $p=0.029$  and  $p=0.043$  respectively).

**Conclusions:** The results of our study suggest that dissatisfaction with work-related aspects may influence the level of resilience. These results deserve special attention to improve job satisfaction and preserve resilience.

**Disclosure:** No significant relationships.

**Keywords:** interns; resilience; residents; job satisfaction

## EPV0810

### Organising Joint Primary & Secondary Care (CPA) Reviews for severe mental health disorders hosted at GP practice in Walsall UK, an exemplar of collaborative working

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**Introduction:** Provision of holistic, accessible and high quality mental health care to the patients requires sharing of responsibilities & resources, enhanced communication & collaboration at the