

schizophrenia, the relationship between auditory hallucinatory symptoms and anxiety symptoms, or the relationship between anxiety symptoms and symptoms depressive

Objectives: The objective of this study is to resolve important questions concerning the interaction of anxiety and schizophrenia in patients followed in psychiatry at Arrazi Hospital .

Methods: Descriptive and analytical cross-sectional study, conducted over a period from May 2022 to October 2022 in patients consulted in Arrazi de Salé, using a questionnaire grouping together the sociodemographic characteristics, the risks and the advantages of antipsychotics, medical comorbidities and the mobilization of psychosocial support, and thus the BPRS Anxiety Rating Scale.

Results: Of the 42 patients who completed the study, 18 were female and 24 were male 60% were single. The average age was 36.63 years, 60% have secondary education, 25% primary, and 15% university level, 30% have a family history of schizophrenia.

32 were taking an atypical antipsychotic, 10 were taking classic neuroleptics.

Most schizophrenics encountered in psychiatry are stabilized on antipsychotic treatment, and those who have an anxious comorbidity are still too often underestimated , put on the account of the positive symptoms and the negative symptoms of schizophrenia, it is insufficiently diagnosed and treated.

The effect of anxiety symptoms on patients is easily overlooked.

It should be kept in mind that anxiety in schizophrenia requires special attention when discussing and prescribing antipsychotic medications.

Conclusions: Optimal interventions for patients with comorbid schizophrenia and anxiety differ by quality of life.

At all consultations, preventive strategies should consider mindful interviews and the risks and benefits of treatment for schizophrenia and comorbidities.

Disclosure of Interest: None Declared

EPV0064

Schizophrenia and OCD, association and treatment. Literature review

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Introduction: Worldwide epidemiological studies estimate that around 1% of the world population suffers from schizophrenia and 2 to 3% from compulsive-obsessive disorder (OCD). Moreover, a significant percentage of schizophrenia patients present an OCD comorbidity.

These statistics testify to a close relationship between the two pathologies, which sometimes causes difficulties in differentiating between the two diagnoses, complicated by the fact that many schizophrenia patients can suffer from obsessive and/or compulsive symptomatology similar to OCD.

Objectives: This literature review aims to explore the frequency of association between schizophrenia and OCD and the administrated treatment through articles exploration.

Methods: We conducted a literature review about the association frequency between schizophrenia and OCD and the administrated

treatment, which implies scientific literature exploration and selecting several articles treating this topic.

For our review, keywords used to search in Scopus and PubMed were: “schizophrenia and OCD” and “schizophrenia and OCD treatment” found more than 1500 results between 1988 and 2022. With the application of exclusion criteria, we included approximately 40 recent articles treating the frequency of association between schizophrenia and OCD and administrated treatment.

We organized These articles by counties, association frequency, and the administrated treatment.

Results: Our review of these articles and studies finds mostly a percentage between 10% to 30 % worldwide (countries from Asia, America, Africa, and Europe) of schizophrenia patients suffering also from OCD. The difficulty of diagnosis between schizophrenia and OCD, and the frequency of existence of obsessive and/or compulsive symptoms in schizophrenia remains one of the most relevant challenges for diagnosis and treatment in these countries. We also found that administrated treatment was commonly pharmacological with psychotherapy association sometimes.

Conclusions: Our review explored the frequency of schizophrenia and OCD association and the administrated treatment. We found significant comorbidity between the two pathologies. With these findings, we may suggest systematic research for OCD with adapted scales in every schizophrenia case.

Disclosure of Interest: None Declared

EPV0065

Anxiety and the impact of the current economic crisis in patients with associated somatic pathology

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Introduction: Anxiety is a common pathology in people who pass through a crisis situations. Thus, it goes without saying that the current global economic crisis will have secondary effects on mental health.

Objectives: The aim of this study is to identify if there is a correlation between the level of anxiety and the impact of the economic crisis felt patients.

Methods: In this study, 517 patients with known associated somatic pathology were selected. According to gender, 2 groups were formed, that of women (n=308) and that of men (n=209). To identify the level of anxiety, we applied the generalized anxiety disorder assessment scale (TAG7) and to quantify the impact of the global economic crisis felt by the patients, an ordinal scale was used.

Results: 190 patients (36.7%) reported that they did not feel anxious at all, while only 24 (4.6%) said that they felt anxiety quite often. Related to the gender, we observed that 36.36% of women and 37.3% of men did not appreciate that they would suffer from anxiety. Those who consider themselves to have high levels of

anxiety are represented as follows: 5.8% among the female population and 2.8% among the male population. We researched the correlation between the experienced impact of the global crisis and the state of anxiety and we observed that there is no correlation between the 2 ($r=0.19$).

Conclusions: The study shows that patients with somatic pathology do not have levels of anxiety correlated with the impact of the global economic crisis felt.

Disclosure of Interest: None Declared

EPV0066

Specific phobia and medical aptitude for work : Case report

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Introduction: Specific phobia is an excessive and unreasonable fear of an object or situation that does not represent a real danger. This disorder is widespread among the population. The suffering from the feared situation disturbs the individual's habits and professional activities.

Objectives: We report the case of a driving phobia in a professional driver.

Methods: Case report

Results: The man was 32 years old, a smoker at 5 PA. He had no family or personal psychiatric history. He has been a Dumper machine driver in a phosphate extraction company since 2011. He presented to our institute for a fit-to-work assessment. The history of the disease dates to 2019, the patient had witnessed a work accident that caused the death of his colleague (engine driver). Since this accident, he had a state of anxiety associated with tachycardia, a feeling of suffocation, excessive sweating and headaches. This symptomatology occurred suddenly while driving and prevented the patient from performing his professional task. At the psychiatric interview, the patient had coherent and dynamic speech without psychomotor slowing. The rest of the clinical examination was normal. The patient had been referred to a psychiatrist. The diagnosis of a specific phobia had been retained. Given the anamnestic and clinical data and the opinion of a medical specialist, the patient had been placed on temporary incapacity for the driving position. A reassessment of his medical fitness for the position of the driver will be made after the end of the psychiatric intake.

Conclusions: Professional conduct is a complex task that requires the integrity of physical and mental abilities. The assessment of medical fitness for this position is essential for road safety. However, it can sometimes be difficult, especially in the face of psychiatric pathologies.

Disclosure of Interest: None Declared

EPV0067

Prevalence and associated factors to Post-Traumatic Stress Disorder (PTSD) and Social Anxiety Disorder (SAD) among health workers in the emergency room

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Introduction: post-traumatic stress disorder (PTSD) is a mental health illness that can develop after being exposed to one or more traumatic events. This is a serious, long-term emotional response to extreme psychological trauma. As for public health emergencies, it demands large-scale coordination among many staff, and participants, especially medical workers, are exposed to high levels of stress, which can easily lead to psychiatric illnesses such as social anxiety disorder (SAD). Posttraumatic stress disorder (PTSD) and social anxiety disorder (SAD) demonstrate a high degree of comorbidity, yet little is known regarding the nature of this relationship.

Objectives: The aim of this study is to investigate the prevalence of PTSD and SAD among health workers in the emergency ward and study the relationship between PTSD and SAD and the associated factors to both disorders among health workers in the emergency ward to suggest some solutions to reduce their effects.

Methods: This is a quantitative descriptive cross-sectional study conducted among medical and paramedical health professionals in the emergency rooms of the university hospital of Sahloul and Hached and the regional hospital of Msaken in Tunisia. The data was collected by a questionnaire that included demographic questions and Yes/No questions, as well as several scales to assess the degree of social anxiety (Liebowitz Social Anxiety Scale) and posttraumatic stress disorder (Post-traumatic stress disorder checklist for DSM-5 (PCL-5)).

Results: In our study, 81 healthcare workers completed the survey. Of the total responding participants 67.9% were females. We noticed that the sample was young (58%), also 59.3% had <1 year of experience. The population was slightly predominated by paramedical staff (56.8%), it also had a low married percentage of 38.3. Among the participants 17.3% smoke tobacco, 12.3% drink alcohol, and 3.7% are under cannabis use. We found that 7.4% of the participants had a psychiatric illness.

In our study, 38% scored positive for PTSD and for SAD 13.58% had marked social anxiety, 12.35% had severe social anxiety and 3.7% had very severe social anxiety, this is associated rather with the female gender, the younger (age range 20-30 years) and the paramedical staff. PTSD and SAD are more pronounced among those with the fewest years of experience.

We obtained a positive Pearson Correlation between PTSD and SAD ($r=0.513$).

Conclusions: Posttraumatic stress disorder (PTSD) and social anxiety disorder (SAD) demonstrate a high degree of comorbidity, especially in the healthcare field. Overall, researchers reveal that the link between PTSD and SAD is complicated, owing to a variety of factors such as a person's genes, trauma history, and psychological vulnerabilities so large-scale epidemiological investigations are required.

Disclosure of Interest: None Declared