

**Methods:** This is an analytical cross-sectional study conducted through the distribution of a self-questionnaire, which was published online, through different platforms. The questionnaire in the 1st part includes socio-demographic data and general questions about social networks. And a Social Phobia Scale (SPS) which has 20 items in a second part.

**Results:** preliminary results showed that greater social anxiety symptoms were associated with spending more time on social media and using passively (i.e. viewing other people's profiles without interacting).

Social anxiety is a fear associated with certain social activities or performance situations where the person might feel observed, embarrassed, humiliated, rejected or concerned about the judgment of others.

In people with social anxiety, however, these fears become excessive, persistent and pervasive. The affected person may panic and attempt to avoid situations or conditions that remind them of the object of their fear. While the use of social networks especially among adolescents can create a virtual space in which users can act and react freely without coming into direct contact with people, which increases the signs of social anxiety in this type of user.

**Conclusions:** the relationship between social media use and social anxiety symptoms highlights the need for further research on this topic. Future research should use experimental manipulations and replicate current findings in clinical samples.

**Disclosure of Interest:** None Declared

## EPP0119

### Suicide Attempts in Panic Disorder: Clinical Effects on Treatment Response and Link to Fear of Cognitive Dyscontrol

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**Introduction:** Panic disorders (PD) are associated with suicidality. The link between PD and suicide has been suggested to be depression; however, this remains controversial. Comprehensive research on the history of suicide attempts (SAs) in patients with PD is scarce.

**Objectives:** This study investigated the characteristics and pharmacological short- and long-term treatment responses of patients with PD, with or without SAs. Moreover, a network analysis was conducted to investigate the central symptoms and their connection to suicidality among SA-related variables with and without SAs.

**Methods:** We investigated the characteristics of SAs in patients with PD using PD-related scales, magnetic resonance imaging, and network approaches. A total of 1151 subjects were enrolled, including 755 patients with PD (97 with SA and 658 without SA) and 396 healthy controls. Suicide and PD-related scales were also administered.

**Results:** Our results revealed that the scores of all symptom severities were significantly higher in the PD+SA group than in the PD-SA group. Multiple linear regression analysis revealed that short- and long-term pharmacological treatment responses were significantly poor in the PD+SA group. Network analysis showed

that fear of cognitive dyscontrol (FCD) was the strongest central symptom among strength, expected influence (1 and 2 step), randomized shortest path betweenness, and eigenvector centrality measures in PD+SA, whereas depression was the central symptom in PD-SA.

**Table 1.** Results of multiple regression analysis to predict treatment response for patients with panic disorder.

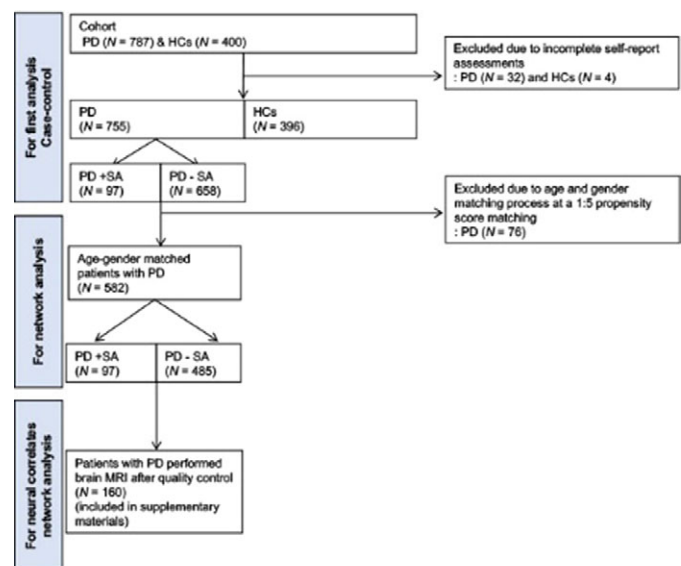
	Treatment response at 8 weeks (n = 450)		Treatment response at 6 month (n = 379)		Treatment response at 1 year (n = 329)	
	B	p-value	$\beta$	p-value	$\beta$	p-value
Gender	0.10	0.15	0.14	0.09	0.08	0.39
Age	-0.06	0.44	0.04	0.62	0.01	0.94
Baseline PDSS total score	0.46	<0.001**	0.48	<0.001**	0.42	<0.001**
Baseline BDI-II total score	0.05	0.65	0.09	0.47	0.17	0.19
Baseline PSWQ total score	-0.07	0.47	-0.11	0.29	-0.18	0.09
Baseline ASI-R total score	-0.14	0.19	-0.19	0.10	-0.19	0.11
Baseline ETISR-SF total score	0.07	0.34	0.04	0.60	0.11	0.24
A history of the suicide attempt	-0.19	0.01*	-0.20	0.02*	-0.28	0.002*

Note: Model p-values <0.001.

\*p < 0.05.

\*\*p < 0.001. Abbreviations: PD, panic disorder; SA, suicide attempt; PDSS, Panic Disorder Severity Scale; BDI-II, Beck Depression Inventory-II; PSWQ, Penn State Worry Questionnaire; ASI-R, Anxiety Sensitivity Inventory-Revised; ETISR-SF, The Early Trauma Inventory Self Report-Short Form.

### Image:



**Fig. 1.** Recruitment flow chart.

Abbreviations: PD, panic disorder; HCs, healthy controls; SA, suicide attempt; MRI, magnetic resonance imaging.

Image 2:

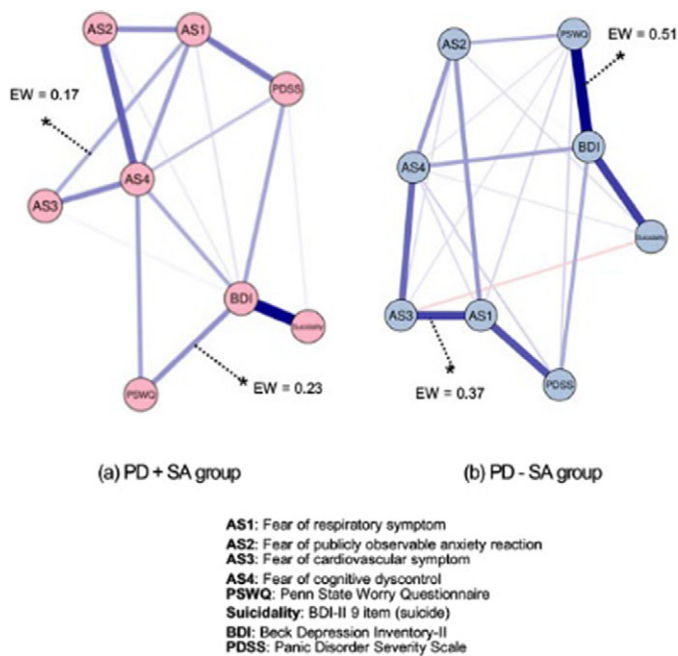


Fig. 2. Network structures (a) with and (b) without the history of suicide attempt in patients with panic disorder.

Note: Blue edges indicate positive correlations and red edges present negative associations between two nodes. Asterisks(\*) indicates the edge weight which shows significant differences between the two networks. The thickness of edges is proportional to the strength of the correlation. Abbreviations: PD, panic disorder; SA, suicide attempt; EW, edge-weight.

Image 3:

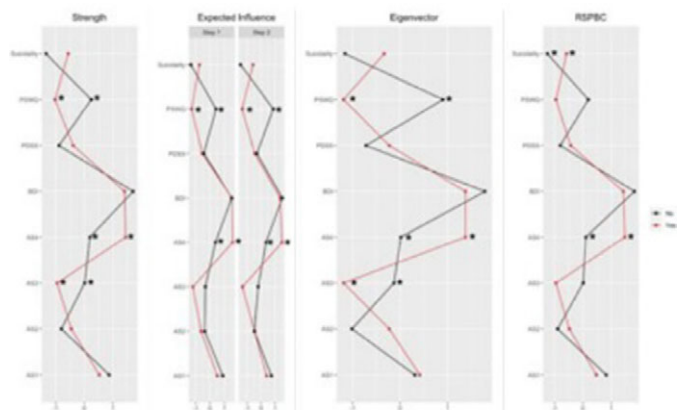


Fig. 3. Centrality indices (strength, expected influence, eigenvector, and RSPBC) plots in patients with panic disorder with and without the history of suicide attempt.

Note: All plotted values are standardized z-scores. Nodes with significantly different centrality measures between the two networks in patients with PD are shown with asterisks (\*). The 'Yes' and 'No' means the history of suicide attempt. Abbreviations: AS1, fear of respiratory symptom; AS2, fear of publicly observable anxiety reaction; AS3, Fear of cardiovascular symptom; AS4, fear of cognitive dyscontrol; PSWQ, Penn State Worry Questionnaire; Suicidality, BDI-II 9 item (suicide); BDI, Beck Depression Inventory-II; PDSS, Panic Disorder Severity Scale; RSPBC, randomized shortest paths to betweenness centrality

**Conclusions:** Our results suggest that SA history could be associated with high symptom severity and poor pharmacological treatment response in patients with PD and that FCD is the central symptom in the PD+SA network.

**Disclosure of Interest:** None Declared

EPP0120

**Feasibility of the Virtual Reality-based Anxiety Behavior Evaluation System (VRABES) for patients with panic disorder.**

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**Introduction:** The high recurrence rate and diagnostic stability are current problems in treating panic disorder. Because anxiety symptoms are often temporary, it is hard to evaluate anxiety behaviors objectively. In evaluating anxiety behavior, virtual reality is suitable tools that can help bridge the gap between where the symptoms are and where the treatment is given.

**Objectives:** This study aims to develop VRABES, an anxiety behavior evaluation system for objectively assessing an individual's anxious behavior, and to evaluate the feasibility of VRABES.

**Methods:** Patients with panic disorder (ANX group) and healthy controls (CON group) matched for sex, age, and marital status were recruited through outpatient clinics and public advertisements. VRABES consists of four modules; Baseline evaluation (module 0), Daily environment exposure (module 1), Relaxation (module 2), and Interoceptive exposure (module 3). Except for the Baseline evaluation module, the other three modules consisted of three steps, including 1) pre-evaluation, 2) virtual environment 1, and 3) virtual environment 2. In VRABES, subjective anxiety experience (AS) were collected for three times (pre, during, post) for module 1, 2, and 3. we conducted a repeated-measures analysis of covariance (ANCOVA) to explore any significant differences in self-rating anxiety scores among groups and repetition for each module controlling for age, sex, smoking usage, alcohol usage, and depression. Additionally, partial correlation coefficients were calculated on the relationships between measures in VRABES and Panic disorder Severity Scale (PDSS) in the ANX group to eliminate the effects of demographic variables (age, sex, smoking usage, alcohol usage), and other psychological assessment scores [Liebowitz Social Anxiety Scale: Self-Report Version (LSAS-SR), Generalized Anxiety Disorder Scale (GAD-7), and Hospital Anxiety and Depression Scale (HADS)].

**Results:** Table presents the significant results of repeated-measure ANCOVA. Figure shows the significant results among the paired t-tests for each group conducted as a post-hoc test for the interaction effect shown in Module 1 and Module 2.