

**Results:** Confirmatory Factor Analysis showed that the unidimensional model presented good fit indexes ( $\chi^2/df=6829$ ; RMSEA=.0000; CFI=1.00 TLI=1.01, GFI=.995). Cronbach's alfa was .891; all the items contributed to the internal consistency and had high internal validity. Pearson correlations of DM with EDE-Q7 and BICI were significant ( $p<.001$ ) and moderate-high, respectively, .384 and .522.

**Conclusions:** The Portuguese preliminary version of DM-EDAM demonstrated validity (construct and convergent) and reliability. can be used for clinical and research purposes, namely in an ongoing project we have in progress, about body image, disordered eating, gender and age.

**Disclosure of Interest:** None Declared

## EPV0477

### The Portuguese version of the screen for disordered eating: validity and reliability in men across multiple ages

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**Introduction:** The Screen for Disordered Eating/SDE was created as a primary care screening method for eating disorders, including binge eating disorder (Maguen et al. 2018). The SDE comprises five items (yes/no answers), extracted from other validated self-reported questionnaires assessing eating psychopathology. Its validity and reliability has proved in a Portuguese psychometric study, that only included woman (Pereira et al. 2022). Its psychometric properties have yet to be evaluated in men.

**Objectives:** We aim to assess the psychometric properties of the Portuguese version of SDE in males.

**Methods:** Participants were 227 male individuals with a mean age of 30.41 years ( $\pm 13.96$ ; range: 14-73). They answered an online survey including the Portuguese preliminary versions of the seven-item Eating Disorder Examination Questionnaire/EDE-Q7; the Body Image Concern Inventory/BICI and the Muscle Dysmorphia subscale of the Eating Disorder Assessment for Men/DM-EDAM.

**Results:** Confirmatory Factor Analysis showed good fit for the unidimensional model ( $\chi^2/df=1.483$ ; RMSEA=.0460; CFI=.980 TLI=.961, GFI=.988). Cronbach's alpha was .621 which although inferior to .7 can be explained by the small number of items and the fact that each one assesses different dimensions. All items contributed to the internal consistency and presented high internal validity. Pearson's correlations of SDE with BICI (.317) and EDE-Q7 (.361) were significant and moderate. The correlation with DM-EDAM was non-significant, probably due to its focus on muscle dysmorphia, which is not included in SDE's items.

**Conclusions:** The Portuguese version of SDE demonstrated adequate validity (construct and convergent) and reliability.

**Disclosure of Interest:** None Declared

## EPP0119

### Nomophobia: A Cross-Sectional Study of Lifestyle-Induced Factors Among Global Health Professionals

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**Introduction:** In recent times, Health Professionals (HPs) people may feel a sense of discomfort and nervousness when disconnected from their smartphones, causing the emergence of the new phenomenon of "No Mobile Phone Phobia," or Nomophobia.

**Objectives:** We aim to study lifestyle-related factors that influence HPs' Nomophobia.

**Methods:** From April- June 2023, a global cross-sectional study was conducted using the modified Nomophobia questionnaire (NMP-Q). The original 20 NMP-Q questions (Qs) were reduced to 14 to avoid repetitive Qs with similar meanings. The Qs were categorized into 4 sections, A- Not Being Able to Access Information; B- Losing Connectedness; C- Not Being Able to Communicate; and D- Giving Up Convenience. A new section, "E-Daily Habits", and "F- Smartphone Type", and "Hours Spent Daily" were added. Before the launch, it was internally and externally validated by trained psychiatrists as well as experienced researchers. We utilized social media, WhatsApp, text and emails to share it with HPs of different specialties worldwide. The survey was anonymous and IRB-exempt.

**Results:** Total 105 countries' HPs participation led to 12,253 responses. Total 47.3% of HPs agreed/strongly agreed (A/SA) that they prefer to use their smartphone before bedtime. Over half (57.8%) of HPs A/SA checked their notifications immediately after waking up in the morning. Only 19.4 % of HPs A/SA that woke up in the middle of the night to check notifications. Total 40.5% of HPs A/SA, 22% were neutral, and 37.3% of HPs disagreed /strongly disagreed (D/SD) with using smartphones while eating their meals. A total of 52.7% of HPs preferred smartphone usage over exercising as a break, while 45.9% of HPs A/SA that they chose smartphones over exploring other hobbies for relaxation. A total of 44.2% of respondents A/SA with smartphone usage in the restroom, 39.8% D/SD. 37.4% of participants D/SD with getting distracted by notifications and resisted the urge to answer any calls or texts while performing a focused task, whereas 39.6% A/SA and 23% were neutral. A total of 80% of respondents met the modified criteria for moderate-severe nomophobia.

**Conclusions:** In a large-scale survey-based study on Nomophobia, additional Qs in NMP-Q may help recognize that nomophobia can be a result of daily lifestyle decisions rather than an isolated issue.

**Disclosure of Interest:** None Declared