

offspring of a shared cousin. The couple was unable to bring us more information about the genetic condition because of the familial repugnance.

**Conclusions:** Although our study is limited at the genetic level, it could be socially interesting because it showed the negative attitudes of the general population towards the genetic conditions and the familial responsiveness, as well as the reticence of physicians towards genetic preconceptional and premarital carrier diagnosis.

**Disclosure:** No significant relationships.

**Keywords:** Genetic screening; conservative societies; preconceptional diagnosis; pre-marital diagnosis

**EPV0753**

**Internet addiction in light of social connectedness and connectedness to nature.**

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**Introduction:** The Internet increasingly influences the lives of people in pandemic times. Although there are many positives, there are also risks related to excessive use and addiction. Internet addiction subject has been explored worldwide.

**Objectives:** The aim of this pilot study was to analyze the relationships between social connectedness, connectedness to nature and the occurrence of Internet addiction.

**Methods:** The data were collected from a group of 200 young adults. A cross-sectional observational study using an online questionnaire was conducted via social media. The semi-structured online questionnaire covered the following areas: (1) general sociodemographic data; (2) Internet usage, measured by Generalized and Problematic Internet Use Scale (GPIUS2) (Caplan, 2002), Internet Gaming Disorder Scale–Short-Form (IGDS-SF9) (Pontes & Griffiths, 2015), the Bergen Facebook Addiction Scale (BFAS) (Andreassen et al., 2012); (3) nature connectedness, measured by the Connectedness to Nature Scale (CNS) (Mayer, Frantz, 2004); (4) social connectedness, measured by the Social Connectedness Scale Revised (SCS) (Lee et al., 2001); (4) psychological impact and mental health, measured by Depression, Anxiety, Stress Scale (DASS-21) and (5) psychological features, such as coping strategies (Mini-COPE, Carver et al., 1989) and personality traits (TIPI -Gosling, Rentfrow, Swann Jr., 2003)

**Results:** The detailed results and key findings will be presented during the congress.

**Conclusions:** As the research of the described area is insufficient so far, this pilot study may provide a significant contribution to the knowledge on new aspects of internet addictions’ mechanisms. Moreover, it is predicted that our result may have scientific influence on both research in connectedness and ecology.

**Disclosure:** No significant relationships.

**Keywords:** connectedness; internet addiction; mental health

**EPV0754**

**National Study on Mental Health and Emotional Wellbeing among Young People in Malta: Phase 1**

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**Introduction:** Half of all mental disorders (MD) begin by age 14, however, the majority of disorders remain untreated well into adulthood due to inadequate service provision. Prevalence studies of MD among young people (YP) are needed to elucidate the current epidemiology and better service development to prevent and help YP with MD in the Maltese islands. This abstract describes the first phase of a 3-phase national study.

**Objectives:** 1. To screen for MD among a sample of 5–16-year-olds. 2. To determine the presence or absence of a range of protective and risk factors among YP with and without a MD.

**Methods:** A multi-stage random sample of 800 YP aged 5-16 years were recruited from 39 schools across the Maltese Islands. Participants were screened for MD using the SDQ, SCARED, AQ10, SCOFF and AUDIT, and asked questions on life experiences.

**Results:** 25.2% of YP were identified as being at risk of suffering from a MD (T1). Only 10% of these were referred to MHS. A greater proportion of YP identified as having a possible MD (compared to those without), were found to have a physical impairment (19%), problematic family dynamics (12%), adverse life events (T2) and parents with a history of health/social problems (T3).

Prevalence of YP at risk of a MD	5-10 Years		11-16 Years		5-16 years	
	n	%	n	%	n	%
Any MD (SDQ only)	30	11	137	45.2	183	25.2
Emotional Disorder	30	7.14	70	23	100	13.8
Conduct Disorder	24	5.71	35	11.5	59	8.1
Hyperactivity Disorder	64	15.2	47	15.4	111	15.3
Anxiety Disorder	95	22.6	120	39.3	215	29.7
Eating Disorder			38	23		

Table 1 (T1)

Stressful life events	Parent separation/end of a steady relationship	Major financial crisis	Problem with the police involving a court	Serious physical illness	Parent demise	Sibling demise	YP with serious illness	YP in serious accident	YP had close friendships end	YP victim of Cyber Bullying	YP victim of bullying
Without possible MD (n)	42	11	10	28	5	3	27	18	32	4	21
Without possible MD (%)	11.8%	2.1%	2.8%	7.9%	1.4%	0.8%	7.0%	5.1%	9.0%	1.1%	5.5%
With possible MD (n)	76	55	31	37	9	3	39	20	55	44	90
With possible MD (%)	20.6%	14.9%	8.4%	10.0%	2.4%	0.8%	10.6%	5.4%	14.9%	11.9%	24.4%

Table 2 (T2)

Parental difficulty	YP with possible MD		YP without possible MD	
	n	%	n	%
Physical Health Problem	115	31.2%	85	23.9%
Drinking problem	30	8.1%	19	5.3%
Drug problem	8	2.2%	3	0.8%
History of Abuse	85	23.0%	63	17.7%
Symptoms of low mood	228	61.8%	145	40.7%
Poor support system	43	11.7%	24	6.7%

Table 3 (T3)

**Conclusions:** The K-SADS will be conducted on YP identified as having a possible MD to ascertain a categorical diagnosis and

establish prevalence rates for MDs as defined by DSM-5 criteria. Recommendations to improve and develop new mental health services to meet the needs for these YP will be disseminated amongst commissioners.

**Disclosure:** No significant relationships.

**Keywords:** Epidemiology; Prevalence; young people; Malta

## EPV0755

### Psychological model of hierarchical classification for body regulation practices

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**Introduction:** Body image dissatisfaction entails an activity, which is nothing else but an attempt for deliberate regulation of their body. It has different kinds and manifestations. Most researchers focus on such body regulation practices as weight control, muscles build-up, or cosmetic surgery.

**Objectives:** Our goal is to work out a psychological hierarchical model of body regulation practices aimed at abating a person's dissatisfaction with their body image.

**Methods:** Using a method of agglomerative hierarchical clustering, we carried out a multivariate classification of 122 respondents' answers to the Body Regulation Practices Survey (E. Nikolaev), which allows establishing the frequency of the respondents' use of each of the 11 variants of body regulation practices offered in the survey.

**Results:** Based on the results of 11 variables of a dendrogram, we established two data arrays, combining correspondingly 4 and 7 versions of body regulation practices. The first array comprises two pairs of clusters – physiological practices and weight control, as well as practices of personality and spiritual development. We identified it as “developmental body regulation practices”. The second array includes two paired clusters – aesthetic medicine and body modifications; image making and hetero-aggressive practices. Merging with the four practices mentioned above on a higher level of the hierarchy are auto-aggressive and inertial practices. We identified this array as “compensatory – non-adaptive body regulation practices”.

**Conclusions:** The devised model can become the basis for further advanced research in the area of body regulation in cases of dissatisfaction with body image.

**Disclosure:** No significant relationships.

**Keywords:** body regulation practices; hierarchical model; Body image dissatisfaction

## EPV0757

### Should “medical students' disease” be regarded as a true disease entity? Cross-sectional study among Polish students

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**Introduction:** There is a widely known stereotype about medical majors repeated by generations of medical practitioners called „medical student disease”. It's based on a belief that unexperienced students are prone to develop pathological fear of medical conditions they are studying about.

**Objectives:** The aim of the study was to examine two populations of students - medical and non-medical ones in order to compare their level of hypochondriacal behavior and health-related anxiety. Moreover we looked for other factors which might have had an influence on hypochondria and nosophobia among them.

**Methods:** The proprietary questionnaire was completed by 606 students (303 medical students of the Medical University of Silesia in Katowice and 293 students of the 3 largest non-medical universities in Katowice).

**Results:** The results show that medical students receive same scores on a nosophobia scale as students of non-medical universities ( $p=0,5$ ). The analysis of hypochondriacal behavior showed significantly higher results in non-medical students group ( $p=0,02$ ). The higher medical students were at the stages of academic education, the higher the results of nosophobia they obtained. In the entire study group female received higher score in relation to the fear of illness ( $p = 0.001$ ). People with mental disorders achieve significantly higher results of nosophobia ( $p < 0.001$  in the entire group) and of hypochondria ( $p < 0.001$  for the entire cohort).

**Conclusions:** Our study challenges the widespread belief that medical students, compared to their peers, are overly anxious about their own health. Gender and having a mental illness are predictors of hypochondria and nosophobia.

**Disclosure:** No significant relationships.

**Keywords:** nosophobia; hypochondria; medical students

## EPV0760

### Ethnic disparities in multi-morbidity in women of reproductive age in the UK: a data linkage study

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**Introduction:** Few studies have explored ethnic inequalities in physical and mental health in women at preconception.

**Objectives:** Explore inequalities in multimorbidity in women of reproductive age.

**Methods:** Data from Lambeth DataNet, anonymized primary care records of this ethnically diverse London borough, linked to