

consent, evaluations included sociodemographic data, illness characteristics, and self-reported standardized scales. Self-stigma (ISMI), self-esteem (RSES) and quality of life (WHO-QoL) were assessed. Data analyses were performed using the SPSS version 28.0 (IBM Corp., Armonk, NY). p -values < 0.05 were considered significant.

Results: From the study sample, 66.7% were male, with mean age of 44.8 ± 11.0 and 56.9% were single. 33.3% reported living with their parents while 31.4% were living with a partner/spouse. The majority of participants had a diagnosis of schizophrenia (60.8%). Concerning the level of education, 58.8% completed basic education, but most patients were retired due to illness (62.7%). In this study, moderate to high self-stigma levels was found in 31.4% participants. Proportion of elevated self-stigma was significantly higher in unemployed/retired patients vs. those who were active (39.0% vs. 0%; $P=0.021$). No significant correlations were found with age, level of education, age at diagnosis, duration of illness, and number of hospitalizations. In the correlations analysis, a negative correlation between self-stigma and self-esteem ($\rho=-0.745$; $P<0.001$), as well as self-stigma and quality of life ($\rho=-0.585$; $P<0.001$) was found. A positive relationship between self-esteem and quality of life ($\rho=0.551$; $P<0.001$) was found.

Conclusions: This study investigates, for the first time, the prevalence of self-stigma among outpatients with SMI in a community psychiatric unit from Porto. Our findings suggest a high prevalence of elevated levels of self-stigma among these patients. A significant association with being unemployed/retired was also found. Our results support previous evidence that internalized stigma is strongly associated with diminished self-esteem and impaired quality of life, in particular those aspects related to physical and psychological complaints. Targeting internalized stigma and self-esteem among patient with SMI will likely improve their quality of life, besides improving their clinical and functional outcomes.

Disclosure of Interest: None Declared

EPV0507

The prevalence of psychiatric disorders in patients with Multiple Sclerosis in Saudi Arabia: A cross-sectional multi-centered study

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Introduction: Multiple sclerosis is considered one of the leading causes of neurological non-traumatic disability among young people. Given the chronic progressive nature of the disease, psychiatric disorders are more prevalent among those patients as reported in the literature; however, the data in Saudi Arabia is lacking.

Objectives: The study aimed to estimate the prevalence of psychiatric disorders among MS patient in Saudi Arabia.

Methods: This was a cross-sectional multi-centered study, including patients with multiple sclerosis. Participants were interviewed and asked to fill a validated survey that consisted of demographics, Patient Health Questionnaire-9 (PHQ-9), and Generalized Anxiety Disorder-7 (GAD-7) questionnaire. Descriptive statistics were performed, and the analysis were made using Chi-square, Fisher's exact, and ANOVA tests as appropriate.

Results: A total of 192 participants were included in the study. Based on a cutoff score of > 10 in the GAD-7 and PHQ-9 scales, the prevalence of anxiety was 26.1% (n=50), with majority of the participants having minimal anxiety (40%); meanwhile, the prevalence of depression was 42.7% (n=82), and most of them had mild depression (30%). [table 1, image 1 and 2] Females participants significantly scored higher in GAD-7 and PHQ-9 compared to males (p-value= 0.0376 and 0.1134, respectively). [table 2 and 3] In addition, no significant association was detected between functional disability (EDSS score) and the prevalence of anxiety and depression.

table 1

Items	
GAD 7 score, Mean (SD)	6.5 (± 4.9)
GAD 7, N (%)	
Fit for Anxiety (≥ 10) *	50 (26%)
Not Fit for Anxiety (< 10) *	142 (74%)
PHQ 9 score, Mean (SD)	8.8 (± 6.1)
PHQ 9, N (%)	
Fit for Depression (≥ 10) *	82 (42.7%)
Not Fit for Depression (< 10) *	110 (57.3%)

table 2

Gender, N (%)	Fit for Anxiety (n=50)	Not Fit for Anxiety (n=142)	P Value
- Male	10 (20%)	51 (35.9%)	0.0376
- Female	40 (80%)	91 (64.1%)	_____

table 3

N(%) Gender, N (%)	Fit for Depression (n=82)	Not Fit for Depression (n=110)	P Value
- Male	21 (25.6%)	40 (36.4%)	0.1134
- Female	61 (74.4%)	70 (63.6%)	_____

Image:

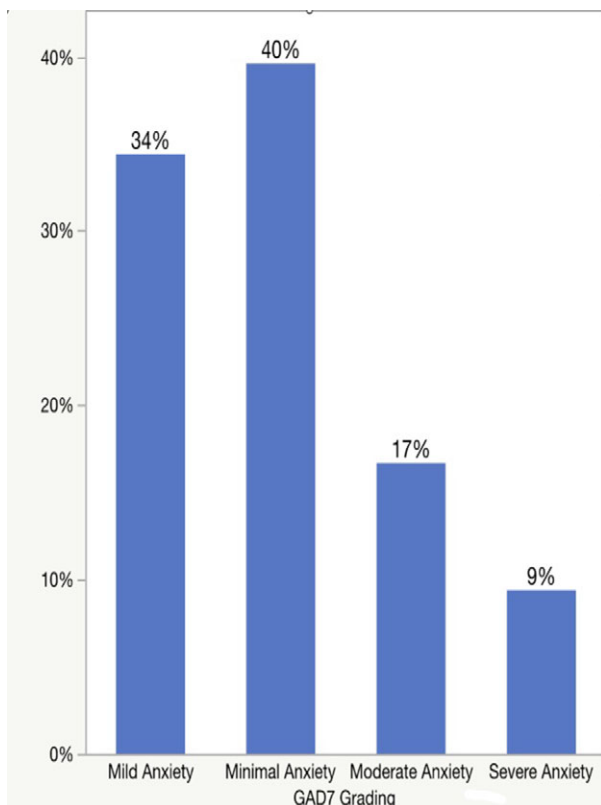
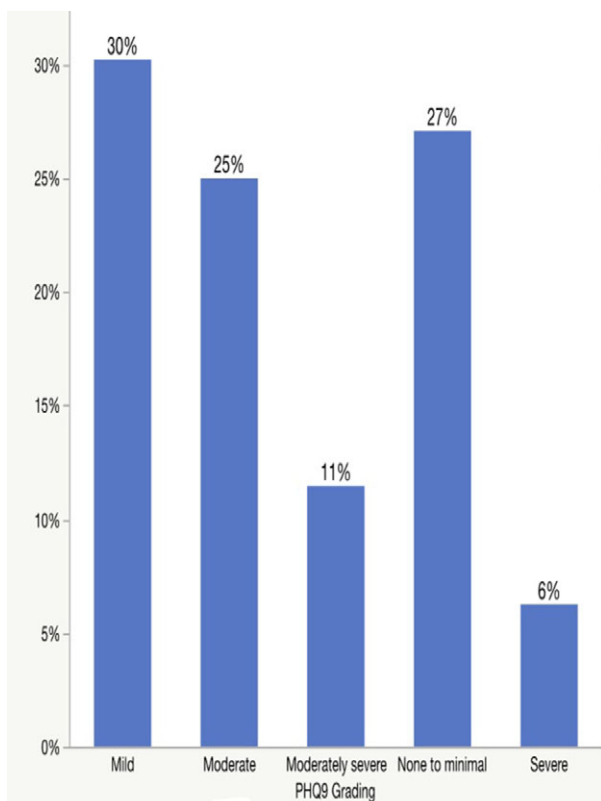


Image 2:



Conclusions: This study reported high level of anxiety and depression among MS patients, with females being more affected. Since these co-morbid disorders could affect the disease course negatively, screening is of paramount significance.

Disclosure of Interest: None Declared

EPV0508

Psychological impact of workplace violence towards nurses in the emergency department

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Introduction: Growing attention has been drawn to workplace violence in healthcare settings and toward healthcare workers. Emergency departments have always been vulnerable to workplace violence since its is usually associated to working with people in extreme distress. Healthcare workers facing numbers of situation with either verbal or physical abuse may face an impact on their mental health.

Objectives: Describe the psychological impact of workplace violence towards nurses in the emergency department

Methods: This is a questionnaire-based cross-sectional study including nurses working in the emergency department of different hospitals of Tunis. The respondents' data were collected from March 2022 to September 2022.

Results: We included 164 nurses. They were mainly women (Sex ratio of 0.6) with a median of age was 30.7 ± 7.6 years. Nineteen nurses had history of one or more mental disorders such as anxiety disorder (12 cases) and depressive disorder (11 cases). All nurses were victim of workplace violence, while most (104 nurses) were witness to at least one act of violence. Study population had different degrees of concern about safety in workplace, 29.8% had little to no concern while 29.9% were mildly concerned and 40.2% were severely concerned for which they felt their security compromised (14.6% often and 12.2% always). Violence in workplace had consequences on the quality of their service for 26.8% of nurses. Many (49.4%) felt prejudice on their mental health contrasting with little resort (14%) to mental health providers. Number of nurses presented nightmares (44 cases), avoidance (56 cases) or flashbacks (48 cases) about workplace violence. Psychosomatic symptoms were described by most of the study population (58.5%) such as throbbing (46 cases), nervousness (56 cases), aches (23 cases), fatigue (29 cases) or non-specific digestive signs (17 cases).

Conclusions: Workplace violence in emergency departments, first interface of the care chain, is a real problem with serious consequences. Healthcare workers are forced to provide care in situations that compromise their health and safety. Implementing a national action plan is essential in order to address this dangerous phenomenon.

Disclosure of Interest: None Declared