

Introduction: The interface between dermatology and psychiatry is complex and of clinical importance. Skin disorders in psychiatric inpatients are common, serious and under diagnosed.

Objectives: The aim of our study was to assess the prevalence and profile of several skin diseases observed in psychiatric inpatients.

Methods: We conducted a cross-sectional study in the period from October 13, 2023 to October 20, 2023, among psychiatric male inpatients, hospitalized in psychiatry B department of the Hedi Chaker University Hospital (Sfax, Tunisia). We collected socio-demographic and clinical data using a pre-established form.

Results: Over a period of a week, 35 patients were included in our study. The mean age of patients was 39.97 years. Among them, 80% were single and 14.3% were married. Addictive behaviors were reported in 74.3% of cases. The level of hygiene was good in 74.3% of patients. The three most common psychiatric diagnoses were schizophrenia (31.4%), followed by bipolar disorder (28.6%) and schizoaffective disorder (25.7%). We recorded 13 cases of skin diseases (37.2% of patients). Dermatological lesions were dominated by traumatic origin in 14.3% of cases. They were of infectious origin in 11.4% of cases, immunoallergic in 8.6% and parasitic in 2.9%.

Conclusions: The prevalence of skin diseases is high in psychiatric inpatients, for whom proper skin care is necessary to improve their quality of life.

Disclosure of Interest: None Declared

EPV0264

Symptoms of anxiety and depression among osteoporotic women

A. Feki¹, I. Sellami^{2,3*}, B. Trabelsi⁴, Z. Gassara¹, S. Ben Djemaa¹, A. Abbes², M. Ezzeddine¹, M. H. Kallel¹, H. Fourati¹, R. Akrouf¹, Y. Mejdoub⁴ and S. Baklouti¹

¹Rheumatology; ²Occupational medicine, Hedi Chaker Hospital; ³Medicine University and ⁴Preventive medicine, Hedi Chaker Hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1009

Introduction: Osteoporosis (OP) prevalence is on the rise as a result of an ageing population and lifestyle factors such as inactivity. Previous research has reported OP in individuals with depressive symptoms. Furthermore, OP has been shown to be a risk factor for anxiety.

Objectives: In this study, we aimed to describe anxiety and depression symptoms among osteoporotic women in a university hospital in Tunisia.

Methods: A cross-sectional study was conducted between January and June 2023 in a university hospital in Tunisia. Women with postmenopausal OP in the rheumatology department were interviewed. A hospital anxiety and depression scale was used to describe anxiety and depression symptoms among patients. It consists of seven items for depression (HADS-D) and seven items for anxiety (HADS-A). For each component a score ≤ 7 indicated the absence of symptomatology.

Results: Seventy-two women diagnosed with post-menopausal OP participated in the study. The mean age was 72.5 (± 1.08). The median duration of menopause was 23 years (IIQ= [10.5-28.5]).

All patients were receiving bisphosphonates. Fifty-eight women (80.5%) were identified with depressive symptoms. The median depression score was 17.5 (IIQ= [9-19]). Physical activity was significantly and inversely associated with the presence of depressive symptoms ($r = -0.36$; $p = 10^{-3}$). Those who were overweight or even obese had significantly more depressive symptoms than those who were not overweight (94%, 57%, $p = 0.001$).

The median score of anxiety was 16 (IIQ= [9-17]). Sixty-three patients (87.5%) were identified with anxiety symptoms. Physical activity was significantly and inversely associated with the presence of anxiety symptoms ($r = -0.489$; $p = 10^{-3}$). Women who had bone fractures were significantly more anxious than those without a history of bone fractures (100%, 63%, $p < 10^{-3}$). Patients who were overweight were significantly more anxious than those with normal weight (96%, 57%, $p < 10^{-3}$).

Conclusions: Physical activity and obesity were associated with depression and anxiety among osteoporotic patients. These data are consistent with previous findings. That's why, promoting physical activity and weight loss is essential to preventing mental disorders among osteoporotic women.

Disclosure of Interest: None Declared

EPV0265

Anxiety in patients with ankylosing spondylitis in southern-Tunisia: Level and associated factors

A. Feki¹, I. Sellami^{2,3*}, N. Ketata⁴, M. Baklouti⁴, Z. Gassara¹, S. Ben Djemaa¹, S. Ben Djemaa¹, M. Ezzeddine¹, M. H. Kallel¹, H. Fourati¹, R. Akrouf¹, Y. Mejdoub⁴ and S. Baklouti¹

¹Rheumatology; ²Occupational medicine, Hedi Chaker Hospital; ³Medicine university and ⁴Preventive medicine, Hedi Chaker Hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1010

Introduction: Ankylosing spondylitis (AS) is the second most common rheumatic disease after rheumatoid arthritis. The significant functional impact of this chronic disease can affect patients' mental health.

Objectives: The aim of this study was to determine the prevalence of anxiety in subjects with AS in Southern-Tunisia and to identify its associated factors.

Methods: It was a retrospective study conducted in 2021 over a period of 5 years on patients with AS consulting the rheumatology department at the Hedi Chaker University Hospital in SFAX, Southern-Tunisia. The "Anxiety and Depression scale" was used to screen for anxiety. A score ≥ 11 defined confirmed anxiety symptoms.

Results: Of the 62 patients, 35 were male (56.5%), giving a male to female ratio of 1.3. Twenty-seven patients (43.5%) were aged between 35 and 50 years. The level of education was primary in 19 cases (30.6%) and university in 15 cases (24.2%). A family history of chronic disease was present in 32 cases (51.6%). Severe fatigue was noted among 27 patients (43.5%). Quality of life was poor in 39 patients (62.9%). The mean anxiety score was 11.35 ± 4.6 . Thirty-four subjects (54.8%) had confirmed anxiety symptoms and 19 (30.5%) had borderline symptoms. Confirmed anxiety was significantly associated with the educational level ($p = 0.03$) (illiterate: