

the survey, one person out of 3 among the participants suffered from a psychological distress (37.3% with a GHQ-12 score  $\geq 3$ ). These Workers had a weaker work ability compared to those with not ( $p=0.033$ ). We found also that having low social support and passive jobs were associated with low work ability ( $p=0.003$  and  $p=0.005$  respectively).

**Conclusions:** Most personal and occupational psychosocial factors had significant associations with WAI in the studied company. Thus, enhancing the psychosocial environment in the workplace can promote work ability in such occupations.

**Disclosure of Interest:** None Declared

## EPP0351

### Psychosomatic symptoms according to psychiatric diagnosis

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**Introduction:** Psychosomatic symptoms are an important problem that is frequently presented in medical consultations. These symptoms are often associated with psychiatric disorders, especially depressive and anxiety disorders.

**Objectives:** To study the association between anxiety disorders and psychosomatic symptoms in a sample of patients referred for pathology of functional origin.

**Methods:** We made a descriptive retrospective study through the use of electronic medical records. The symptom onset and diagnosis were obtained for all patients referred to outpatients for psychosomatic symptoms during a 1-year period. We performed  $\chi^2$  Tests to assess the association of the diagnosis with the occurrence of psychosomatic symptoms.

**Results:** The only diagnosis that presented statistically significant association was anxiety disorder ( $\chi^2 = 11.1$ ;  $p < 0.001$ ).

Anxiety disorder	Psychosomatic symptoms	No	Si	Total
No	Observed	312	7	319
	Expected	306	13.47	319
Yes	Observed	119	12	131
	Expected	125	5.53	131
Total	Observed	431	19	450
	Expected	431	19	450

**Conclusions:** Our study finds results that follow the line of other studies that show this association, such as Campo's study which finds that functional somatic symptoms are consistently associated cross-sectionally with anxiety and depressive symptoms (Campo, 2012) or Imran's study which finds that higher levels of somatization independently and significantly predicted higher anxiety ( $\beta=.37$ ,  $p=.0001$ ) (Imran et al., 2013). However, our results show no association with depressive disorders whereas frequent associations are found in the literature; for example, a recent meta-

analysis found that neuroticism and depression had the strongest influence on the association of medically unexplained physical symptoms and frequent healthcare use (den Boeft et al., 2016). This lack of association is probably due to greater ease in identifying depressive disorders as the main pathology versus anxiety disorders.

**References:** Campo J. V. (2012). Annual research review: functional somatic symptoms and associated anxiety and depression--developmental psychopathology in pediatric practice. *Journal of child psychology and psychiatry, and allied disciplines*, 53(5), 575–592. den Boeft, M., Twisk, J. W., Terluin, B., Penninx, B. W., van Marwijk, H. W., Numans, M. E., van der Wouden, J. C., & van der Horst, H. E. (2016). The association between medically unexplained physical symptoms and health care use over two years and the influence of depressive and anxiety disorders and personality traits: a longitudinal study. *BMC health services research*, 16, 100. Imran, N., Ani, C., Mahmood, Z., Hassan, K. A., & Bhatti, M. R. (2014). Anxiety and depression predicted by medically unexplained symptoms in Pakistani children: a case-control study. *Journal of psychosomatic research*, 76(2), 105–112.

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## EPP0352

### Neuropsychiatric presentation of Wernicke's Encephalopathy occurs to a pregnant Woman: A case report

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**Introduction:** Wernicke's encephalopathy (WE) is a severe neuropsychiatric syndrome resulting from thiamine deficiency (vit B1) which is often associated with chronic alcoholism. The classical presentation is characterized by ophthalmoplegia, ataxia and confusion.

Unfortunately, WE is still underdiagnosed because it may not always show up with a classical presentation in one hand, and could also be seen in other non alcoholic condition in an other hand which delay diagnosis and management of early proper treatment

**Objectives:** This case highlights the importance of considering atypical presentations of Wernicke's encephalopathy, it's medical etiologies and the importance of improving diagnosis to manage early treatment

**Methods:** We reported a case of a pregnant women who consulted for altered mental status, asthenia and occurs to have Wernicke's encephalopathy due to hyperemesis gravidarum

**Results:** Mrs X is a 35-year-old pregnant women with a past medical history of a cesarian, an hospitalisation in third month of this pregnancy for vomits, no known psychiatric illness or history of substance abuse. She was brought to the gynecology emergency department for asthenia and altered mental status. MRS X, was lethargic, had not eaten for several days, vomiting for more than a month. On the medical evaluation she appeared confused, disoriented, and unresponsive to verbal or manual redirection and

prompting. She had also ataxia and gait incoordination. Laboratory testing was remarkable for lactic acidosis (blood lactate concentration lipasemia and normal electrolyte levels, cerebrospinal fluid (CSF) culture was unremarkable.

A brain MRI was done and showed FLAIR signal abnormalities around the third ventricle and periaqueductal, suggesting Gayet-Wernicke encephalopathy. Thiamine (vit B1) 500mg thrice a day was administered for the next days in association with vitamin B6.

**Conclusions:** Wernicke encephalopathy (WE) is an acute reaction to thiamine deficiency which usually presents with a classical triad. However, Clinicians tend to ignore WE in other non-alcoholic clinical settings and the diagnosis becomes even more difficult when thiamine deficiency presents with unusual neuropsychiatric signs and symptoms like catatonia. This case highlights the importance of considering atypical presentations of WE, its medical etiologies and the necessity of a complete medical evaluation and appropriate investigations to make prompt diagnosis and early management.

**Disclosure of Interest:** None Declared

### EPP0353

#### Control of the medical fitness for work of health care workers on psychiatric leave

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**Introduction:** Absenteeism from work is considered to be a major source of disorganization and professional marginalization. Psychiatric leave is a frequent form of absenteeism in the hospital environment requiring medical control of the ability to work in order to detect certain abusive prescriptions or certain psychological disorders that can be professionally disabling.

**Objectives:** To draw up the socio-demographic, professional and clinical profile of the health care workers examined within the framework of a medical examination of the aptitude for work following a psychiatric sick leave.

To determine the medical fitness-for-duty decisions in interaction with the prescribed psychiatric leave

**Methods:** Retrospective descriptive study on the files of health care personnel who had psychiatric leaves and who were examined in a framework of multidisciplinary medical commission of absenteeism carried out in the department of professional pathology and aptitude for work at the Charles Nicolle Hospital of Tunis. The study period was from January 1, 2020, to October 1, 2022

**Results:** We collected 63 records. The average age was 44.75 years +/-11.28 years. A female predominance was noticed (71%). The patients were married in 75% of cases with at least one child in charge of 77% of cases. The main professional categories were nurses (29%), workers (24%), followed by anesthesia technicians and medical secretaries (8% each). The average professional seniority was 16.07 years +/- 10.34 years. Psychiatric history was found in 34.9% of the patients, 91% of whom had anxiety-depressive disorders, 4.5% bipolar disorders and 4.5% schizophrenia.

The main psychiatric reasons for the prescribed rest were characterized depressive episodes (75%), obsessive-compulsive disorder (3.2%), bipolar disorder type 2 with psychotic features (3.2%), postpartum major depressive episodes (3.2%) and post-traumatic stress disorder (3.2%). Professional conflicts with colleagues and/or superiors were reported in 21% of cases.

Psychiatric leave was prescribed by a free practice psychiatrist in 90% of cases. The average duration of leave was 50.1 days [14-180] days.

According to the opinion of the multidisciplinary commission, the healthcare professionals were considered fit to resume their professional activities in 59% of the cases, including 9 patients with restrictions (5 cases of eviction from night work, and 1 case of eviction from contact with the public, 1 case of professional reclassification and 1 case of early retirement). The leave was considered justified in 36% of cases for temporary unfitness for work.

**Conclusions:** The medical examination of fitness for work for health care workers on psychiatric leave remains a delicate decision which can run into numerous difficulties requiring a collegial opinion from the psychiatrist and the occupational physician.

**Disclosure of Interest:** None Declared

### EPP0354

#### Assessment of Fatigue and Quality of Life in Multiple Sclerosis Patients: A Cross-Sectional Study

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**Introduction:** Multiple sclerosis (MS) is a chronic inflammatory disorder of the central nervous system that is associated with a range of devastating symptoms including fatigue. In addition, the accumulation of disability that occurs in most MS patients can have a detrimental effect on their quality of life.

**Objectives:** To assess fatigue and quality of life in patients with MS.

**Methods:** Descriptive cross-sectional study that interested MS patients referred to the occupational pathology consultation of Charles Nicolle Hospital, during the period from 1 July 2020 to 30 September 2022. The data collected concerned socio-demographic and occupational characteristics. The impact of MS on quality of life was studied using the SF-12 quality of life scale. Fatigue was assessed by the Fatigue Severity Scale (FSS).

**Results:** Twenty-six cases of MS were identified. The mean age was 38 ± 9 years with a sex ratio (M/F) of 0.3. The average occupational seniority was 11 ± 8 years. The health sector was the most represented (23%, n= 6) followed by the transport sector (19%, n= 5). The main occupations were manual workers (31%), drivers, and administrative agents (19% each). The occupational constraints were physical in 44% of cases and psychological in 24% of cases. Fourteen patients (87% of the cases) lost their jobs because of the disease. The decision on occupational fitness was definitive incapacity in 44% of cases. The mean FSS score was 4±1.74. Sixteen