

moderate cognitive impairment. The patient is currently continuing his treatment in an oncology department.

**Disclosure of Interest:** None Declared

## EPV0722

### Psychiatric Adverse Effects of treatment with Corticosteroids: A Tunisian case report

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**Introduction:** Corticosteroids are certainly an efficacious treatment for several inflammatory and immunologic disorders. However, their abuse can lead to dangerous consequences such as psychiatric complications. Physicians and Psychiatrists should cooperate to treat and prevent, if possible, the deleterious adverse psychiatric effects of corticosteroids.

**Objectives:** to describe a patient whose psychotic symptoms occurred within 2 weeks of starting corticosteroid abuse, to review the literature and to suggest treatment.

**Methods:** To present a case of a female young patient suffering from corticosteroid-induced psychosis due to corticosteroid abuse and review case report data published during the past quarter-century on adverse corticosteroid-induced psychiatric effects.

**Results:** The patient was investigated to exclude other causes of her psychosis and she was treated with chlorpromazine and Risperidone. Numerous cases investigating these psychiatric corticosteroid-induced symptoms were identified. Data on incidence, drug dose, onset of symptoms, course of illness and treatment were arranged.

**Conclusions:** Corticosteroid abuse should be put in the spotlight especially for young Tunisian females desiring to look plump. This misjudged abuse may have severe psychiatric complications. Thus we should establish strategies of prevention and cure to these psychiatric complications

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## EPV0723

### Attitudes towards death among health care professionals and their perceived well-being at Aga Khan University (AKU)

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**Introduction:** Death is a complex construct to understand as it is influenced by the perceptions that HCP may have regarding end of life. Understanding these perceptions helps in addressing death

anxiety in HCP which can otherwise negatively influence physician well-being and patient interactions such as breaking bad news.

**Objectives:** To identify association between attitudes towards death among HCP and their perceived well-being.

**Methods:** This is a cross-sectional study on 109 HCP including nurses (n=29), physicians (n=43), resident (n=25) and interns (n=12) across various specialties at AKU. Death anxiety was assessed through the *death attitude profile revised scale* and its correlation was seen with the perception of one's own wellbeing through *Perceived well-being scale*. A semi-structured pro-forma was used to collect demographic data.

**Results:** The results showed that *death anxiety was highest in interns* ( $150.83 \pm 17.94$ ) followed by nurses ( $139 \pm 20.67$ ), residents ( $137.84 \pm 15.79$ ) and physicians ( $137.99 \pm 21.59$ ) and *perceived well-being was lowest in interns* ( $71.00 \pm 10.10$ ) followed by nurses ( $72.41 \pm 10.43$ ), residents ( $74.16 \pm 12.83$ ) and physicians ( $75.98 \pm 12.19$ ). The results of this study demonstrated a negative correlation between death anxiety and perceived well-being.

**Conclusions:** The negative correlation between death anxiety and perceived well-being suggest that health care professionals are most vulnerable in the preliminary years of their career. It is therefore recommended that psychology of death and dying is given equal weightage in medical curriculum to enable physicians deal effectively with the trauma of bereavement and loss relating to or patients.

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## EPV0724

### RELATIONSHIP BETWEEN ALEXITHYMIA AND PARKINSON'S DISEASE IN A TUNISIAN SAMPLE

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**Introduction:** Several psychiatric signs are part of non-motor signs of parkinson's disease (PD), including alexithymia.

**Objectives:** The objective of this study is to determine the frequency of alexithymia in patients with PD and to study factors associated with it.

**Methods:** Descriptive and analytical cross-sectional study collected from patients followed at the neurology consultation of Habib Bourguiba's University Hospital in Sfax, Tunisia. We used:

- A sociodemographic, clinical and therapeutic datasheet including the Hoehn and Yahr motor scale for the staging of the functional disability associated with PD
- The Toronto Alexithymia Scale (TAS-20) with a cutoff score = 61

**Results:** We recruited 47 patients. The average age was 61.47 years with a sex ratio (M/W) = 1.47. The average age of onset of the disease was 51.97 years. Sleep disorders were present in 51.1% of cases. 41 patients (87.23%) were treated with dopa therapy. An Hoehn and Yahr stage  $\geq 3$  was found in 25.5% of patients.

TAS: The mean score was 47.38 and alexithymia frequency was 19.1%.

Alexithymia was statistically correlated with the presence of sleep disorders ( $P=0.023$ ) and with an Hoehn and Yahr stage  $\geq 3$

( $p=0.039$ ). The occurrence of alexithymia was not significantly associated with taking dopatherapy ( $P=0.31$ ).

**Conclusions:** Alexithymia has been quite frequent in patients with PD and associated with motor gravity and sleep disorders. It is considered as a non-motor symptom of the disease that needs to be treated promptly.

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## EPV0725

### Meals and Movies: What Makes Our Microbiota Merry?

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**Introduction:** A healthy microbiota should be on all our Christmas lists this year. There is compelling evidence that good gut health is associated with better mental health, especially important during these cold winters. To spark some joy during this time, many of us enjoy a festive film and we can probably admit we also overindulge during the festive season.

**Objectives:** We aim to investigate “what is the impact of festive cinematic diets on the gut microbiota?”.

**Methods:** We identified films and broke down the festive meals into their constituents. Using our MINCE PIE (Microbiota INDEX of Comparative Evaluation for Pictorial Infographic Evidence) scoring equation (=Microbiota Enhancing Food Groups - Microbiota Detrimental Food Groups), we formulated scores for 12 festive films. We sought to rate meals in each film to assess their relative ability to enhance the gut microbiota.

**Results:** Most festive films contained meals or foods from a typical “Western diet” i.e., high sugar/high fat. These meals overall show negative effects. However some films did promote diets containing a cornucopia of fibre, beneficial proteins or polyphenols. These are the gifts under the Christmas tree for our microbiota.

**Conclusions:** Good balance is needed in our microbiota, and consequently influences our mental health. Many festive films portray a “Western diet”, which leads to dysbiosis. Through the gut-brain axis and the influence of media, the festive foods eaten in these films (maybe an extra chocolate biscuit during Love Actually) may cause stress to our microbiota.

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## EPV0726

### Burnout: a reality among physicians and other health professionals

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**Introduction:** Burnout is a syndrome that results from chronic stress at work, with several consequences to workers' well-being

and health. It is included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon and is described in the chapter «Factors influencing health status or contact with health services», which includes reasons for which people contact health services but that are not classed as illnesses or health conditions. Burnout isn't classified as a medical condition.

**Objectives:** To assess the consequences of health professionals' burnout: its impact at personal and professional level.

**Methods:** Non-systematic literature review, available in English, using the PubMed database. Key search terms included burnout; physician; psychiatrist; healthcare; depression; suicide.

**Results:** Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy. Burnout is particularly common on physicians and in other health professionals, like nurses. This problem represents a public health crisis with negative impacts on individual health professionals, patients and healthcare organizations and systems. Systems factors that play a role in burnout include work compression, demands of electronic health records, production pressure and lack of control over one's professional life.

**Conclusions:** Physician burnout is an under-recognized and under-reported problem, and, unfortunately, physicians often do not recognize symptoms of burnout, and even less often do they seek help. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. There are different clinical forms of burnout and various therapeutic strategies. The individual and social impacts of burnout highlight the need for preventive interventions and early identification of this health condition in the work environment. Psychiatrists play a key role in the multidisciplinary diagnosis and treatment of burnout.

**Disclosure of Interest:** None Declared

## EPV0728

### Tardive dyskinesia: apropos of a case. This is a case related to drug side effects, whose uniqueness lies in the time of onset of symptoms, Tardive dyskinesia is a drug-induced hyperkinetic movement disorder.

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**Introduction:** Tardive dyskinesia is finally diagnosed, it is a drug-induced hyperkinetic movement disorder associated with the use of dopamine receptor blocking agents, including first and second generation antipsychotic drugs, metoclopramide and prochlorperazine. Typically, the first-generation antipsychotics with increased dopamine D2 receptor affinity are affiliated with a higher risk of inducing tardive dyskinesia.

The most common manifestations of TD involve spontaneous movements of the mouth and tongue, but the arms, legs, trunk, and respiratory muscles may also be affected. Less commonly, the prominent feature is dystonia involving a focal area of the body