

mg/d] studies were pooled. In MDD, add-on CAR to antidepressant treatment was evaluated against PLB in two studies [NCT03738215: 1.5 and 3 mg/d; NCT01469377: 1-2 mg/d and 2-4.5 mg/d].

Least square (LS) mean changes were analysed using Mixed Model Repeated Measures: from baseline (BL) to Week 6 in the Positive and Negative Syndrome Scale (PANSS)-derived Marder anxiety/depression factor items (schizophrenia); from BL to Week 6 in the Montgomery-Åsberg Depression Rating Scale (MADRS) total scores (bipolar depression); and from BL to Week 6 [NCT03738215] and Week 8 [NCT01469377] in MADRS total score (major depressive disorder).

Results: Altogether, 1466 SCH (PLB=442, CAR=1024) patients were included in the pooled analysis. In the BD analysis, data from 1383 (PLB=460, CAR=923) patients were pooled. In the MDD trials, there were 502 CAR (1.5mg/d=250, 3 mg/d=252) and 249 PLB-treated patients [NCT03738215], and 544 CAR (1-2 mg/d=273, 2-4.5 mg/d=271) and 264 PLB patients in the other study [NCT01469377]. In SCH, CAR achieved significantly greater reductions than PLB on the Marder anxiety/depression factor domain (LS mean change: PLB= -2.66, CAR= -3.26, $p<0.01$): the effect was driven by 3 out of 4 items. In BD, CAR yielded significantly greater improvement on the MADRS compared to PLB (LS mean change: PLB= -12.05, CAR= -14.69, $p<0.001$), which was driven by 9 out of 10 items. In MDD [NCT03738215], CAR 1.5 mg/d add-on significantly alleviated depressive symptoms compared to PLB (LS mean change: PLB= -11.5, CAR 1.5mg/d= -14.1, $p<0.01$), while in the other MDD trial [NCT01469377], CAR 2-4.5 mg/d add-on produced significantly greater reductions than PLB (LS mean change: PLB= -12.5, CAR 2-4.5 mg/d= -14.6, $p<0.01$).

Conclusions: These findings indicate that CAR is an effective treatment option for the treatment of depressive symptoms independent of disease (in SCH, BD and MDD), being a transdiagnostic broad-spectrum treatment option.

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EPP0349

Risk factors of professional burnout for nurses, health technicians and midwives at the beni mellal regional hospital, Morocco

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Introduction: Burnout is a topical issue, which concerns all fields and more particularly our health field.

Objectives: Our descriptive study aims to evaluate the prevalence of burnout and describe its risk factors among nurses, health technicians and midwives in the regional hospital of Beni Mellal. It is being carried out from February to June 2022, with 113 participants.

Methods: Given the nature of our research, the data collection tool consists of two questionnaires, the first to study personal, professional data and risk factors for burnout, and the second to assess burnout among our participants, based on the MBI in its French version.

Results: Our study showed that burnout affected more than three quarters of our sample, 59.3% of them had high emotional exhaustion, 26.5% had high depersonalization and 41.6% had low personal accomplishment.

The occurrence of this syndrome was the result of several risk factors, the most frequent being: stress related to the Covid-19 pandemic, poor organization and management of services, insufficient means and personnel, lack of recognition and motivation, unsatisfactory salary/effort, degraded interpersonal relations and confrontation with suffering.

Conclusions: In conclusion, burnout is a palpable reality among nurses, health technicians and midwives. Our alarming results must lead to the implementation of preventive actions while insisting on the organization of work and the valorization of the Moroccan caregiver.

Disclosure of Interest: None Declared

EPP0350

Associations between psychosocial factors and work ability in a Tunisian electricity and gas company

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Introduction: Work ability can be influenced by numerous factors, particularly psychosocial ones. These latter can be individual psychosocial factors but also psychosocial factors at the workplace.

Objectives: This study aimed to explore psychosocial determinants of work ability among workers in a Tunisian electricity and gas company.

Methods: We conducted a cross-sectional survey among 83 male workers in a Tunisian electricity and gas company. We used a self-administered questionnaire that included socio-demographic profile, psychosocial factors assessment through the Job content questionnaire (JCQ) and General Health Questionnaire (GHQ-12), and Work Ability Index (WAI) questionnaire. Data were analysed using SPSS software. We used the student's test to compare means between two groups.

Results: The mean WAI score among workers in the studied electricity and gas company was 8.96 (SD=1.37). At the time of

the survey, one person out of 3 among the participants suffered from a psychological distress (37.3% with a GHQ-12 score ≥ 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 χ^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.

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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