

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

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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 ± 17.94) followed by nurses (139 ± 20.67), residents (137.84 ± 15.79) and physicians (137.99 ± 21.59) and *perceived well-being was lowest in interns* (71.00 ± 10.10) followed by nurses (72.41 ± 10.43), residents (74.16 ± 12.83) and physicians (75.98 ± 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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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 ≥ 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 ≥ 3