

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