

sleepiness compared to siblings ($p=0.001$) and controls ($p<0.001$). Patients also had poorer quality sleep (PSQI total score) than siblings ($p<0.001$) and controls ($p<0.001$), longer sleep latency than siblings ($p=0.003$) and controls ($p<0.001$); lower habitual sleep efficiency than siblings ($p=0.003$) and controls ($p<0.001$). Siblings had poorer sleep quality ($p=0.001$), longer sleep latency ($p=0.006$) and shorter sleep duration ($p=0.033$) compared to control subjects.

Conclusions: Our results joined those of the literature concerning the significant prevalence of sleep disorders in early psychosis. In addition, the alteration of sleep quality in unaffected siblings compared to healthy controls supports the hypotheses suggested in the literature that sleep disorders may be markers of genetic susceptibility to schizophrenia and serve as a potential endophenotype of the disease.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders 02

EPP0673

Developing and testing a Video assisted brief CBT intervention for children and adolescent with anxiety disorder

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Introduction: CBT for childhood anxiety is used as the gold treatment of choice for anxiety disorders in children. Video-assisted CBT can serve as a cost and time effective intervention method in a low-resource setting.

Objectives: To develop, validate video-assisted CBT for children and adolescents with Anxiety disorder with secondary objective to explore feasibility of brief video assisted CBT as an additional component to treatment as usual in improving symptom severity.

Methods: Study was divided into 2 phases. In the 1st phase videos (1 common introductory video and 2 videos each for children and adolescents, in Tamil and English) based on a validated CBT workbook was made. A second phase involving exploration of feasibility of video-based interventions along with treatment-as-usual was carried out in OPD of tertiary care hospital. Of 13 children recruited with anxiety disorder, 2 were lost to follow-up. In 2nd phase, intervention delivered on OPD computer and provided to family members to watch at home through phone. Assessment of symptoms were done using SCARED, CGAS, CGI-S, VAS (parent) at baseline & 8 weeks. Written narratives were taken from participant at baseline & 8 weeks. Parent semi structured proforma was used to assess perceived benefit by parent.

Results: In first phase validation was obtained from 3 experts. All experts agreed or strongly agreed for videos to be appropriate for use in children and adolescents with anxiety disorder. Most frequent diagnosis was social anxiety disorder. Family history of psychiatric illness was there in 61.54% of participants. Post intervention at 8 weeks when compared to baseline found statistically significant reduction in symptom severity on SCARED, CGAS and VAS (parent) scores. In parent semi structured

proforma good improvement in understanding, perceived reduction of symptom severity reported. For qualitative data, manual content analysis done with clustering of themes and sub-themes.

In theme of Treatment impact on self, codes of decreased self-esteem and overthinking generated the maximum response. In theme of impact of illness in various contexts, codes of peer relationship and academic performance generated the maximum responses. At the end of 8 weeks participants reported Relaxation techniques as most used, followed by coping skills and challenging negative thoughts with help of tension diary respectively.

In aspects of videos liked by parents, brevity and simplicity generated most responses. In aspects requiring improvement most of parents reported no improvement needed in videos.

Conclusions: This pilot study on video based CBT can serve as a time and cost-effective treatment strategy for anxiety disorders in children and adolescents especially in low resource settings. Similar studies involving development of similar videos can be made for various mental illnesses in various vernacular languages and tested in a larger population.

Disclosure of Interest: None Declared

EPP0674

Prevalence and Correlates of Anxiety in Fort McMurray Vulnerable Population during the COVID-19 Pandemic

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Introduction: The COVID-19 pandemic has produced negative mental health outcomes, which were more prominent in vulnerable communities, such as Fort McMurray (FMM), the community that experienced prior similar disasters.

Objectives: This study aimed to examine the likelihood and correlates of anxiety symptoms among FMM residents, during the COVID-19 pandemic.

Methods: A cross-sectional online survey questionnaire was applied between 24 April and 2 June 2021, at FMM community to gather a set of data, including sociodemographic, COVID-19, and clinical information. Generalized anxiety disorder was the main outcome of the study, and was measured using GAD-7 scale.

Results: Overall, 186 individuals completed the survey (response rate 74.7%). Most of the respondents were females (159, 85.5%); above 40 years (98, 52.7%); employed (175, 94.1%); and in relationship (132, 71%). The prevalence of moderate-to-severe anxiety was (42.5%, 71) on GAD-7 self-reported scale. Subscribers who reported that they would like to receive mental health support; have received no family support since COVID-19 declaration; and have lost their job during the pandemic were all more likely to report moderate-to-severe anxiety (OR = 3.39; 95% CI: 1.29-8.88), (OR = 4.85; 95% CI: 1.56-15.03), and (OR = 4.40; 95% CI: 1.01-19.24), respectively.

Conclusions: Anxiety levels were high among FMM residents, compared to levels before COVID-19. Clinical and social factors

related to the COVID-19 pandemic significantly predicted likely anxiety among Fort McMurray population. It is imperative to mobilize resources to support vulnerable communities during the COVID-19 pandemic.

Disclosure of Interest: None Declared

EPP0675

Neural Abnormalities Associated with Generalized Anxiety Disorder: A Meta-Analysis of Functional Magnetic Resonance Imaging Activation Studies

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Introduction: Generalized anxiety disorder (GAD) is a highly prevalent mental illness that is associated with clinically significant distress, functional impairment, and poor emotional regulation. Primary functional magnetic resonance imaging (fMRI) studies of GAD report neural abnormalities in comparison to healthy controls. However, many of these findings in the primary literature are inconsistent, and it is unclear whether they are specific to GAD or shared transdiagnostically across related disorders.

Objectives: This meta-analysis seeks to establish the most reliable neural abnormalities observed in individuals with GAD, as reported in the primary fMRI activation literature.

Methods: We conducted an exhaustive literature search in PubMed to identify primary studies that met our pre-specified inclusion criteria and then extracted relevant data from primary, whole-brain fMRI activation studies of GAD that reported coordinates in Talairach or MNI space. We then used multilevel kernel density analysis (MKDA) with ensemble thresholding to examine the differences between adults with GAD and healthy controls in order to identify brain regions that reached statistical significance across primary studies.

Results: Patients with GAD showed statistically significant ($\alpha=0.05-0.0001$; family-wise-error-rate corrected) neural activation in various regions of the cerebral cortex and basal ganglia across a variety of experimental tasks.

Conclusions: These results inform our understanding of the neural basis of GAD and are interpreted using a frontolimbic model of anxiety as well as specific clinical symptoms of this disorder and its relation to other mood and anxiety disorders. These results also suggest possible novel targets for emerging neurostimulation therapies (e.g., transcranial magnetic stimulation) and may be used to advance our understanding of the effects of current pharmaceutical treatments and ways to improve treatment selection and symptom-targeting for patients diagnosed with GAD.

Disclosure of Interest: None Declared

EPP0676

Virtual reality exposure therapy for panic disorder

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Introduction: Virtual reality exposure therapy (VRET) is a treatment in a virtual environment based on the representation of a patient's disease in virtual reality. VRET means getting used to a specific situation by intentionally facing the patient's fearful situation based on the 'exposure technique.' By repeatedly exposing the patient to a fearful situation, in the end, inducing the intensity of fear to decrease without avoiding the situation. Virtual reality exposure therapy (VRET) was initially used to treat phobias, anxiety disorders, and stress. It has been proven to be an effective psychotherapy method mainly focusing on acrophobia, flight phobia, arachnophobia, social phobia, and post-traumatic stress disorder (PTSD).

Objectives: Virtual reality exposure therapy (VRET) is used to treat phobias, anxiety disorders, and stress. The virtual reality treatment system can reproduce virtual scenes with the environment modified or removed, and can familiarize patients with such environments. This study aims to verify the degree of improvement of the symptoms of panic disorder by conducting VRET that we have made considering the degree of gradual exposure to the panic disorder group and the control group.

Methods: A total of 60 subjects were included in this study, including 43 patients with panic disorder and 17 control group. Subjects were systematically exposed to specific situations over five steps. We checked the heart rate, body temperature, EEG and symptoms before and after exposure using the following assessment instruments; Subjective Units of Discomfort (SUD), Anxiety Sensitivity Index (ASI), Panic Disorder Severity Scale. Repeated measures ANOVA was performed separately for presence, SUDS (distress) scores, and PDSS across time points.

Results: In the patient group, the program proved to be effective as the sensitivity to anxiety decreased significantly after the VR program ($F=3.570$, $p<0.05$). Among the subcategories of ASI, the fear of anxiety symptoms showed statistical significance between sessions ($F=3.883$, $p<0.05$) and in the interaction between group and time ($F=4.585$, $p<0.01$). The study confirmed the effectiveness of the VR program in situations that mainly induce panic attacks in patients diagnosed with panic disorder (elevator riding, driving a car, driving a car in a tunnel, driving a car in rain). The program effect was significant through repeated measurement ANOVA for each variable of EEG (Alpha, Beta, Delta, Gamma, Theta) ($F=3.249$, $p<0.01$).

Conclusions: VRET is the process of gradually being exposed to fear stimuli, deliberately confronting and experiencing a fear situation, and learning that nothing dangerous will happen. Even if the patient experiences bodily sensations that are the subject of fear, they can reduce their fear of bodily sensations by repeatedly confirming that they are safe and getting used to them.

Disclosure of Interest: None Declared