EPP0656

The landscape of schizophrenia on twitter

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Introduction: People with schizophrenia experience higher levels of stigma compared with other diseases. The analysis of social media content is a tool of great importance to understand the public opinion toward a particular topic.
Objectives: The aim of this study is to analyse the content of social media on schizophrenia and the most prevalent sentiments towards this disorder.
Methods: Tweets were retrieved using Twitter's Application Programming Interface and the keyword "schizophrenia". Parameters were set to allow the retrieval of recent and popular tweets on the topic and no restrictions were made in terms of geolocation. Analysis of 8 basic emotions (anger, anticipation, disgust, fear, joy, sadness, surprise, and trust) was conducted automatically using a lexicon-based approach and the NRC Word-Emotion Association Lexicon.
Results: Tweets on schizophrenia were heterogeneous. The most prevalent sentiments on the topic were mainly negative, namely anger, fear, sadness and disgust. Qualitative analyses of the most retweeted posts added insight into the nature of the public dialogue on schizophrenia.
Conclusions: Analyses of social media content can add value to the research on stigma toward psychiatric disorders. This tool is of growing importance in many fields and further research in mental health can help the development of public health strategies in order to decrease the stigma towards psychiatric disorders.

Keywords: Twitter; Schizophrenia; Emotion Analysis

EPP0654

Workplace violence in a 20 year follow-up study of norwegian physicians: The roles of gender, personality and stage of career

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Introduction: Workplace violence (WPV) is a worldwide health problem with major individual and societal consequences. Previously identified predictors of WPV include working in psychiatry and work stress.
Objectives: To investigate WPV trends during Norwegian doctors' careers and assess individual long-term predictors in a longitudinal study.
Methods: Two nationwide medical student cohorts (n=1052) who graduated 6 years apart were surveyed at graduation (T1, 1993/94 and 1999) and 4 (T2), 10 (T3), 15 (T4) and 20 (T5) years after graduation (Figure 1). WPV was measured as multiple threats or acts of violence experienced at least twice. Individual predictors were obtained at T1 and work-related factors at T2–T5. WPV was analysed using repeated measures (Generalized Estimating Equations).

Results: The prevalence of multiple threats and acts of violence declined at T2–T5 (p<0.001). Adjusted predictors of threats were male gender (odds ratio, OR 2.76, [95% confidence interval] 1.73–4.40; p<0.001), vulnerability traits (OR 0.90, [0.82–0.99]; p=0.031), older cohort (OR 1.63,[1.04–2.58], p=0.035) and working in psychiatry (OR 7.50, [4.42–12.71]; p<0.001). Adjusted predictors of acts were male gender (OR 3.37, [1.45–7.84]; p=0.005), older cohort (OR 6.08, [1.68–21.97]; p=0.006) and working in psychiatry (OR 12.34, [5.40–28.23]; p<0.001).
Conclusions: Higher rates of multiple threats and acts of violence were observed during early medical careers, with men at higher risk. Low levels of vulnerability traits (neuroticism) predicted independently the experience of violent threats. A cohort effect indicated a reduction in WPV (both threats and acts) in the younger cohort.

Keywords: workplace violence; threats; Predictors; longitudinal study

EPP0655

Burnout syndrome among brazilian medical students under different educational models

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Introduction: Medical students are exposed to many stressors which may contribute to the onset of Burnout Syndrome (BS). It consists of a triad of emotional exhaustion, cynicism and low professional efficacy. As a result, BS may reduce academic performance, quality of life and damage future professional life.
Objectives: Estimate the prevalence and recognize associated factors of BS among medical students from two different medical schools form the same Brazilian Public University with different teaching models: School 1, with a traditional model, and School 2, with Problem-Based Learning model.
Methods: A cross-sectional study was performed with randomly selected students between April and June 2019. A structured questionnaire on socio-demographic characteristics and the educational process in addition to The Maslach Burnout Inventory/Student Survey (MBI-SS) were used. Statistical evaluation of multiple variables was performed through backward stepwise logistic regression analysis.
Results: Study included 213 students, with an average age of 23±3.77, 50,2% were male and 62,5% belong to School 1. Among this sample, 21,6% of the students fit tridimensional criteria for BS. Burnout levels were higher in those people who rarely get emotional support they need in the course (OR=3,98, CI 95%, 1,75-9,06), who considered abandoning the course (OR= 2,88, CI 95% 1,29-6,43) and who consider their academic performance regular or weak (OR= 12,1, CI 95%, 4-36,5).
Conclusions: Results suggest a high prevalence of BS with factors associated with the psychosocial and educational sphere of medical students. In our research, the teaching model was not a factor associated with BS.

Keywords: Burnout Syndrome; Medical Students; mental disorder; Medical Education

EPP0656

Prevalence and associated factors of common mental disorders among medical students at a university in Brazil

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Introduction: Common Mental Disorders (CMD) are minor manifestations of depressive, anxious or somatoform symptoms, which do not fit the diagnostic criteria of the International Code of Diseases (ICD). In medical students, this panorama can generate even more repercussions given the complexity of the medical education process.
Objectives: Estimate the prevalence and recognize associated factors of CMD among medical at the Federal University of Sergipe, Brazil.
Methods: A cross-sectional study was performed with randomly selected students between April and June 2019. The Self Report Questionnaire (SRQ-20) were used, along with a questionnaire about socioeconomic and demographic characteristics, personal aspects and educational process, prepared by the authors and previously tested in a pilot study. Statistical evaluation of multiple variables was performed through backward stepwise logistic regression analysis.
Results: The study included 80 students, equivalent to 22.59% of the total population of the studied Campus. There was an age average of 23.2 years ($\pm$ 4.12), mostly female (52.5%) and single individuals (35%). The prevalence of CMD was 50% and an association was observed with the following factors: feeling of dissatisfaction with the course (p = 0.034); consider their own academic performance poor or regular (p = 0.12); lack of physical activity (p = 0.043); being anxious when not using a cell phone (p = 0.007); and the retraction pattern in the face of conflict situations in their interpersonal relationships (p = 0.025).
Conclusions: Results suggest a high prevalence of CDM, associated mainly with the personal perspective about the educational process and personal habits.

Keywords: Mental disorders; Medical Education; mental health; Medical Students

EPP0657

Medical assessement of 3 years of activities in mahdia's psychiatric department

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Introduction: The field of psychiatry extends from diagnosis to treatment, including prevention and various cognitive behavioral and emotional disorders.

Objectives: To study the activity of Mahdia's psychiatric department in order to improve its outcomes.
Methods: This study was retrospective based on reporting data of the inpatients during 3 years (2016-2018) and then analyzing them.
Results: This study involved 395 patients with an average age 36.6 years. The sex ratio M/F was 1.58. The prevalence of the disorders was more marked with the low socio-economic level, school failure and unemployment. 37% had a family psychiatry history and schizophrenia was the most common. 75.5% had a personal psychiatric history and 16.8% had a history of suicide attempt. Schizophrenia (28%), Bipolar Disorder (22.1%) and Depression (14.7%) were the main conditions. The majority 79.2% had irregular medical follow-up, 44% had poor therapeutic adherence. The majority 86.6% were hospitalized without consent. The most common reason was aggression and the average length of stay was 19.47 days. The mean duration of parenteral therapy was 4.38 days. Electro-convulsive therapy was indicated for only 16 patients. Typical antipsychotics were the most prescribed 37.4%. The exit treatment was monotherapy in 14.3% and polytherapy in 83.4%. The exit destination was home in 98% and the obligation follow-up was only indicated in 2.8% (11patients).
Conclusions: This study is at the heart of psychiatric news with many questions around these coercive practices at legal and ethical level, particularly respect for freedom, legitimacy of these measures, patients' safety and the quality of the treatments.

Keywords: assessement; activities; psychiatric; department

EPP0660

• Impact of relative mental illness on caregivers

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Introduction: Belarus is undergoing legislative shifts towards community-based mental health care. Responding effectively to support this process requires an understanding of the experiences and challenges facing families caring for a relative affected by mental illness.
Objectives: To identify how caring for a person with severe mental illness impacts on family carers, and what carers identify as their support needs.
Methods: Semi-structured interviews were undertaken with 17 caregivers of people affected by severe mental illness (diagnosis of F06.8, F20, F25, F7, and/or F 84) in Belarus between March - June 2019.
Results: Care-giving for a family member was usually undertaken on a full time basis with no option for respite. Whilst caring did, in cases, strengthen family solidarity, it also resulted in intensive stress and burnout, financial pressures, and high levels of family tension, exacerbated when the person living with mental illness was perceived as a potential safety risk. High levels of societal stigma meant that caregivers commonly felt unable to discuss their circumstances, travel in public spaces, or participate in community activities. Stigma also deterred carers from seeking professional support. Priorities for support amongst carers included better information, public awareness raising and sensitization, advocacy to support patient integration into social and economic life, peer support and respite for family carers, and an increase in mental health specialists.