

**Methods:** On the basis of the examined 270 somatoform disorders patients and 190 ischemic cardiac disease patients we have elaborated a formal test that allows to evaluate quantitatively the influents of the disease on various spheres of patients' social status.

**Results:** It was absolutely unrespectable the common for ischemic cardiac and somatoform disorders patients rise of significance of personal individual, common life factors in cases of aggravation of the main disease course. We created the personification accommodate psychotherapy system consist with CBT, suggestive and auto-suggestive implementations. Elucidation of peculiarity of personal perception of the disease served as basis of elaboration of psychotherapy system, consulting, psychological support for patients with high-effectiveness 1,5 - 3 years catamnes in 85% patients.

**Conclusions:** The retrospective results showed the necessity the personification oriented models of psychotherapy, parted on stages. On the first stage - sedative-adapting the receptions of CBT and suggestive psychotherapy are used. There is group therapy on second stage. On the third stage-supportive elements of the autogenic training mastered.

**Disclosure:** No significant relationships.

**Keywords:** Somatoform disorders; Personal perception; Personification psychotherapy

## EPV0018

### OCD and ASD Diagnosis: a case review

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**Introduction:** It's well known the challenge of differential diagnosis between Obsessive compulsive disorder and autism since their symptoms (intrusive, recurrent thoughts and repetitive behaviours) often overlap.

**Objectives:** We report a case of a 14 years old boy diagnosed of ASD who was hospitalized for the first time due to difficult management of repetitive behaviours that made him incapable of doing basic activities without help. To interrupt them led to anxiety, aggressive responses and to insistence on sameness behaviours. Only with this information and with the literature research we made, anyone could tell the problem was probably an ASD symptom. However, during his evolution it was difficult to know whether this behaviour was due to ASD or OCD: after adjusting the medication, and when he started trusting his therapists, he told us about a theory he believed so he could explain the uncomfortable ideas that crossed his mind more than often, so he used those behaviours as an anxiety-reduction technique. This new situation was the fuel to make the present review.

**Methods:** To report a case.

**Results:** The results are included in the "conclusions" section.

**Conclusions:** Although there is an ongoing debate concerning the nature of the symptoms in ASD versus those observed in OCD, there are commonly used criteria to differentiate them according to the articles we reviewed:

	OCD	ASD
Due to...	Uncomfortable feelings	Sensory stimuli
Content		
>>Behaviours	Cleaning, checking... (routine) Used as anxiety-reduction technique	Repeat, order, hoard, touch... Insistence on sameness behaviours as anxiety-reduction technique??
>>Thoughts	Contamination, aggressive, sexual, religious,...	Hoarding, need to know...
Egodistony?	YES	NOT so much... gratification activities, but become upset when interrupted
Cognitive functions	Inhibition	Deficit in cognitive flexibility or ability to switch
The role of age	Younger – compulsions Older – obsessions	Younger/low functioning – sensory motor behaviour Older/high functioning – sameness behaviours

This kind of cases that makes us stop, think and doubt are the ones that lead us to a proper approach of the patient. Making an extra effort is necessary so we can minimize inaccurate diagnosis that patients will carry through their lives and fruitless treatment options.

**Disclosure:** No significant relationships.

**Keywords:** OCD; obsessive compulsive disorder; acd; autism spectrum disorder

## EPV0019

### Prevalence and clinical features of anxiety disorders: Tunisian study about 436 subjects

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**Introduction:** Anxiety disorders represent one of the most common mental disorders following a chronic course.

**Objectives:** The aim of our study is to determine the prevalence, incidence and clinical characteristics of these disorders.

**Methods:** We conducted a retrospective and descriptive study about 436 outpatients fulfilling the DSM-V diagnostic criteria for anxiety disorder and followed in the department of psychiatry of Monastir (Tunisia) between 1998 and 2017. Selective mutism and separation anxiety were excluded for lack of cases.

**Results:** The overall prevalence was 5.51%. Panic Disorder was the most prevalent anxiety disorder subtype (3.2%). The incidence of anxiety disorders in the last years has increased from 3.31% in 1998 to 7.5% in 2017. The mean age at diagnosis was  $37.76 \pm 12.87$  years [16-77]. Female gender was the most prevalent in overall anxiety disorders with a sex ratio of 0.78, however, a significant male predominance was recorded in Social Anxiety Disorder (SAD) with a sex ratio of 1.85. Generalized Anxiety Disorder patients were more likely to have low educational level (OR= 1.879), to be laborers (OR=2.55), to be married (OR=2.418) and to have children (OR=2.564) whereas SAD patients were more likely to have higher education (OR=9.118), to be students (OR=5.565), to be single (OR=11.325) and have no children (OR=7.464).

**Conclusions:** This study highlights the frequency of anxiety disorders and the fact that being a middle-age married woman with kids make oneself more prone to have an anxiety disorder. Specific attention should be paid to these anxiety disorders with early preventive programs.

**Disclosure:** No significant relationships.

**Keywords:** Prevalence; Anxiety disorders; incidence; Tunisian trial