

## EPV0072

### Exploring the Impact of 2023 Wildfires on Generalized Anxiety Disorder Symptoms among Residents in Alberta and Nova Scotia

G. Obuobi-Donkor<sup>1\*</sup>, R. Shalaby<sup>2</sup>, B. Agyapong<sup>2</sup>,  
R. D. L. Dias<sup>1</sup> and V. I. O. Agyapong<sup>1,2</sup>

<sup>1</sup>Department of Psychiatry, Dalhousie University, Halifax and

<sup>2</sup>Department of Psychiatry, University of Alberta, Edmonton, Canada

\*Corresponding author.

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**Introduction:** Raging wildfires are rising in diverse areas, leading to significant environmental and psychological repercussions that are drawing growing concern.

**Objectives:** This study seeks to assess the prevalence of likely Generalized Anxiety Disorder (GAD) and investigate the factors contributing to its occurrence amidst the wildfires in Alberta and Nova Scotia.

**Methods:** Data were collected online through a cross-sectional survey from May 14 to June 23, 2023. Alberta and Nova Scotia participants self-subscribe to the program by texting 'HopeAB' or 'HopeNS' to a designated short code, respectively. The GAD-7 validated scale assessed likely GAD symptoms among the participants.

**Results:** There were 298 respondents in this study, with a majority residing in Alberta/Nova Scotia areas affected by recent wildfires (62.3%). Among the respondents, 41.9% were likely to experience Generalized Anxiety Disorder (GAD) symptoms. Those living in regions recently impacted by wildfires in Alberta/Nova Scotia were found to be twice as likely to have GAD symptoms, with an odds ratio of 2.4 and a confidence interval of 95% ranging from 1.3 to 4.3.

**Conclusions:** The study's findings highlight a relationship between living in areas affected by wildfires and the likelihood of experiencing generalized anxiety disorder (GAD). Exploring potential predictors through additional research could aid in developing strategies to alleviate the mental health impact of natural disasters.

**Disclosure of Interest:** None Declared

## EPV0073

### Factors Affecting Student Anxiety estimated by linear regression

T. Urtnasan\* and N. Namdag

<sup>1</sup>Mental health, Etugen, Ulaanbaatar, Mongolia

\*Corresponding author.

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**Introduction:** This study was conducted to estimate anxiety levels at the university level to address the issues of changing the healthy lifestyle of students, promoting health, spending their free time properly, being healthy, and developing good habits.

**Objectives:** The aim is to study the factors affecting student anxiety.

**Methods:** The study was conducted by random sampling of 1356 students from the 1st to 5th year of the medical school of Etugen University in the academic years 2020-2022.

**Results:** 4.3%(58) of students' inherent anxiety was low, 62.3% (845) was moderate, and 33.4%(453) were high, while 4.2%(57)

had low anxiety and 42.4% (575) were anxious due to the student's situation. had moderate anxiety and 53.4% (724) had high anxiety.

According to the research, 69.9% (948) had a low level of motivation, 23.4% (317) had a below-average level, 5.6% (76) had an average level, and 1.1% (15) had an above or higher level.

There is a weak inverse relationship between congenital anxiety and the course of study ( $r=-0.054^*$ ), and a weak inverse relationship between age ( $r=-0.048$ ). There is a weak ( $r=-0.125^{**}$ ) inverse relationship between situational anxiety and the course of study, and a weak ( $r=-0.127^{**}$ ) inverse relationship between age.

When examining the relationship between students' natural anxiety and the factors influencing it, there is a moderate ( $r=0.630^{**}$ ) direct correlation between natural anxiety and situational anxiety. According to the one-factor linear regression analysis of students' congenital anxiety ( $B=-1.964$ ; 95%CI (-3.07 - 0.858);  $p<0.01$ ), increasing the age by one increases congenital anxiety by 1.964 times,  $p<0.01$ , which means that the linear model is good. indicating a match.

Multivariate linear regression analysis showed that situational anxiety ( $B=3.845$ ; 95%CI (6.288 - 347.90);  $p<0.01$ ) or a one-level increase in situational anxiety increased congenital anxiety 3.845 times  $p<0.00$ . is relevant

**Conclusions:** According to the multivariate analysis, there is a linear significant relationship between one increase in student age, and -1.256-fold decrease in situational anxiety, and a -5.464-fold decrease in situational anxiety when not suffering from mental illness.

**Disclosure of Interest:** None Declared

## EPV0074

### Disconnecting from my heartbeat: About a case of derealization in a critically ill patient

C. Alario Ruiz\*, M. S. Oscar, N. Navarro Barriga, R. R. Beatriz and R. V. Claudia

Hospital Clínico Universitario de Valladolid, Valladolid, Spain

\*Corresponding author.

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**Introduction:** Depersonalization/derealization encompasses a series of symptoms that are difficult to describe by the patient, as well as complex to diagnose by the professional, and can go through multiple diagnoses prior to the diagnosis of certainty.

**Objectives:** It is proposed, through a clinical case, to know the characteristics of this disorder, evolution, differential diagnosis and therapeutic possibilities

**Methods:** 62-year-old male, history of harmful alcohol consumption and a previous admission to a psychiatric short hospitalization unit for self-injury (superficial cuts in the context of severe mental illness of his wife) post-transplantation who is required by ideas of death, anhedonia and lack of collaboration in patient, The day before the evaluation, refusal to take oral treatment, selective mutism. Pre-transplant evaluation where no psychopathological alteration was observed.

**Results:** What is initially assessed and treated as a confusional episode of inactive type, through a correct psychopathological examination and with subsequent continuous interviews, with

mood fluctuations throughout the admission, is subsequently oriented as an acute stress disorder, adaptive reaction with an anxious-depressive component and finally concluding that we are facing a dissociative disorder, highlighting the depersonalization/derealization on a dysfunctional personality base.

**Conclusions:** Characteristic of depersonalization is the great difficulty in describing symptoms, the feeling of being disconnected from one's own body, emotions and reality. The latest studies on etiopathogenesis with MRI show an inhibitory response on the limbic system by hyperactivation of the ventrolateral prefrontal cortex as well as a decrease in the autonomic response, the initial result being the attenuation of the processing of emotions. Among the differential diagnoses: post-anxiety illness disorder, major depressive episode, other dissociative disorders, panic disorder, psychotic disorder, substance-induced disorder There are several partially effective treatments, although the results so far are poor. SSRIs, quetiapine and naltrexone have been tried. Partial efficacy with lamotrigine together with SSRIs and, if high levels of anxiety coexist, SSRIs together with clonazepam. There are studies where psychodynamic psychotherapy, behavioral therapy and hypnosis have obtained partially effective results.

**Disclosure of Interest:** None Declared

## EPV0075

### Quality of Life Assessment in Patients with Knee Osteoarthritis

A. Feki<sup>1,1\*</sup>, I. SELLAMI<sup>2</sup>, F. Ellouze<sup>3</sup>, M. Yahya<sup>3</sup>, S. Baklouti<sup>1</sup> and M. H. Elleuch<sup>3</sup>

<sup>1</sup>Rheumatology; <sup>2</sup>Occupational medicine, Hedi Chaker Hospital and <sup>3</sup>Physical Medicine and Functional Rehabilitation, Habib Bourguiba Hospital, Sfax, Tunisia

\*Corresponding author.

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**Introduction:** Osteoarthritis is one of the most common diseases and a leading cause of functional limitation and dependence, significantly impacting the quality of life (QOL).

**Objectives:** The aim of this study was to evaluate the impact of knee osteoarthritis on QOL and identify associated factors.

**Methods:** This prospective cross-sectional descriptive study was conducted in the Physical Medicine and Functional Rehabilitation Department over a 4-month period, involving patients with symptomatic bilateral knee osteoarthritis (according to the American College of Rheumatology (ACR) criteria). Sociodemographic data, comorbidities, and characteristics of knee osteoarthritis were collected. The assessment of QOL and the functional impact of knee osteoarthritis were based on the KOOS (Knee Injury and Osteoarthritis Outcome Score) self-questionnaire, Lequesne Index, and modified WOMAC (Western Ontario and McMaster Universities Osteoarthritis Index) Score. The KOOS questionnaire included 5 subscales: pain (KOOS-Pain), symptoms other than pain (KOOS-Symptoms), activities of daily living (KOOS-ADL), sports and recreational function (KOOS-Sport), and QOL (KOOS-QOL).

**Results:** We included 30 patients with an average age of 59.27±6.3; the male-to-female ratio was 0.15. Sixty percent of patients lived in urban areas, with varying levels of education: primary (n=10),

secondary (n=4), and university (n=4), while the majority were illiterate (40%). Most of our patients were employed, with 64.28% engaging in significant physical activity, resulting in an average of 6 ±2 days of work absenteeism every 3 months due to knee pain. The mean duration of knee osteoarthritis was 7.97 years±3.14. The average pain visual analog scale (VAS) score was 5.2±0.4. Knee osteoarthritis was classified as stage 2 in 40% and stage 3 in 60% of cases. Regarding functional impact, the mean WOMAC global index was 16.6±4.68, and the mean Lequesne Index was 11.05 ±3.45; moderate disability was observed in 16.7%, significant disability in 50%, and severe disability in 16.7% of patients. Furthermore, the KOOS questionnaire revealed decreased KOOS-Sport and KOOS-QOL scores, with mean values of 35±10.2 and 37±8.9, respectively. Our study identified factors associated with a poor quality of life: age > 65 years (p<0.05), disease duration (p=0.02), and VAS pain > 5 (p=0.02).

**Conclusions:** Improving the quality of life is an essential therapeutic goal in managing knee osteoarthritis. Our study demonstrates that advanced age, longer disease duration, and high pain intensity can negatively impact quality of life.

**Disclosure of Interest:** None Declared

## EPV0076

### The impact of Obstructive Sleep Apnea Hypopnea syndrome severity on depression and anxiety disorders

A. Fki<sup>1\*</sup>, A. Ben Lazreg<sup>2</sup>, R. Bouchech<sup>3</sup>, R. Ben Cheickh<sup>3</sup> and G. Sakly<sup>3</sup>

<sup>1</sup>occupational medicine, Sahloul university hospital; <sup>2</sup>Faculty of medicine and <sup>3</sup>department of neurophysiology, Sahloul university hospital, Sousse, Tunisia

\*Corresponding author.

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**Introduction:** Obstructive sleep apnea hypopnea syndrome (OSAHS) is a chronic source of stress that can alter the emotional state of affected patients.

**Objectives:** This study aimed to assess the impact of OSAHS severity on depression and anxiety disorders in a Tunisian population of apneic patients.

**Methods:** We conducted a cross-sectional study, involving 40 patients diagnosed with OSAHS by polysomnography in the Sleep unit, department of Neurophysiology at Sahloul university hospital in Sousse, Tunisia. Anxiety and depressive disorders were detected using the Arabic version of the HADS (Hospital Anxiety and Depression Scale).

**Results:** The mean age was 49.7 ± 7.87 years with a sex ratio of 1.1. The mean apnea-hypopnea index (AHI) was 29.72. OSAHS was mild, moderate and severe in 40%, 22.5% and 37.5% of cases respectively. One third (30%) of patients received a treatment with continuous positive airway pressure (CPAP). The prevalence of depression in the study's patients, according to the HADS, was 56.4% and that of anxiety was 59%. There was a positive linear relationship between AHI and scores of depression and anxiety (p=0.045 and p=0.037 respectively). Similarly, a significant association was found between HAD scores and treatment with CPAP (p<0.05).

**Conclusions:** These results show a high frequency of anxiety-depressive disorders in patients with OSAHS. Severity of OSAHS