

Instruments: Standardized instruments were used, such as the State Trait Anxiety Inventory (STAI), Beck's Depression Inventory (BDI) and Coping Strategies Scale Modified (CSS-M).

Procedure: First, the study was disclosed, the participants were informed and signed informed consent. They were asked to complete an instrument on teeth grinding/clenching habits and if it was fulfilled, it was included in the study and the psychological evaluation instruments were administered.

Data analysis: An analysis was made using descriptive statistics.

Results: The STAI results showed a high Anxiety-State in all the participants and the Anxiety-Trait had a prevalence of 92.3%. Regarding the levels of depression, it was evidenced that 7.7% presented moderate depression and 31.6% showed mild symptoms. The most used coping strategies were problem solving (87.2%), positive reappraisal (74.4%) and religious support (71.8%), while the least used were seeking professional help (92.3%), waiting (76.9%), aggressive reaction (74.4%) and expression of coping difficulty (71.8%).

Conclusions: University students must cope with an academic load that exceeds their capacity to face academic challenges (Wikes et al., 2019). This demand causes significant discomfort that increases emotions with a high negative charge and favors the appearance or intensification of mental health problems, such as chronic stress, anxiety, depression, nervousness and behavioral disorders.

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EPV0077

Managing a functional disorder with vertigo or dizziness in a primary care setting: Clinical case

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Introduction: A heterogeneity in prevalence rates of functional and/or dissociative disorders is evidenced in primary care settings. At least one medically unexplained symptom is diagnosed in 40–49% of all primary care patients and 91% of all patients with a functional diagnosis are managed exclusively by general practitioners (GP) and nonpsychiatric specialists. It is therefore important that GPs identify these disorders so that individualized, multimodal treatment, with psychiatric collaboration, can be initiated promptly.

Objectives: Our objective is to demonstrate the role of consultation-liaison (CL) psychiatrists in the management of patients with a functional diagnosis in primary care, as well as the potential impact of non-collaboration between GPs and psychiatrists.

Methods: Case report of Mrs. P., a 32-year-old patient, married for one year. Following a burnout that occurred two years ago, associated with anxiety-depressive symptoms, she developed gradually persistent dizziness, with balance disorders and asthenia. Mrs. P. consulted a psychiatrist for these symptoms and was treated first with an SSRI and then with an SNRI, which increased her symptoms of dizziness and vertigo. She stopped the psychiatric treatment, being disappointed by the proposed care, and asked her GP for help. No pathology was revealed by the neurological and ENT

assessment requested by her GP. He referred her for a second opinion at the university center for general medicine.

Results: After an initial GP assessment, a CL-psychiatric evaluation was performed (a first joint GP-psychiatrist session, 3 psychiatric sessions, and a feedback joint GP-psychiatrist session), during which a feeling of loss of control was noted in a patient with obsessive personality traits and controlling tendencies. A bidirectional relationship between anxieties, underlying uncontrolled internal conflicts, and dizziness was demonstrated. A dynamic work around the underlying conflicts according to the bio-psycho-social model allowed to identify the presence of a dissociative neurological symptom disorder, with vertigo or dizziness (6B60.2) of which the patient could become aware. This brief CL-psychiatric and psychotherapeutic intervention, proposed and accompanied by the GP, made it possible to explore and elaborate on the patient's modes of functioning in her relationship to her body, to herself, and to others. At the same time, vestibular rehabilitation was performed by a ENT, with a favorable clinical and postural evolution. Thanks to this multidisciplinary treatment led by the GP, Ms P. was able to resume her professional and social activities after 3 months.

Conclusions: GPs have a central role in the detection of dissociative neurological symptom disorder, with vertigo or dizziness, and in the rapid organization of an adapted care network. Collaboration with CL-psychiatrist can offer optimal management of such disorders in primary care settings.

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Gluten and anxiety: a difficult balance in people with celiac disease

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Introduction: Celiac disease (CD), triggered by gluten ingestion, occurs in people genetically predisposed to develop this chronic autoimmune condition. The triggering environmental factor, gluten, is known as a protein present in wheat, rye and barley. In recent decades, specialists have found more knowledge about the disease mechanisms, how it develops and other disturbances which accompany it. The CD was considered a pediatric main gastrointestinal disorder, associated with symptoms of abdominal pain, diarrhea, constipation and bloating, and characterized by damage to the villi of the small intestine. People with CD may experience anemia, fatigue, osteopenia or osteoporosis, bone fracture, neurological and psychiatric problems beside anxiety as depression, ataxia, neuropathy. However, the results of several studies conducted on the fact that people with CD have an increased level of anxiety are mixed.

Objectives: The present work is highlighting the importance of observing the anxiety levels in people diagnosed with CD beside the suitable interventions in reducing it.

Methods: For our study scientific databases were screened using certain keywords and combinations of it as: "celiac disease",