

Table. Results of repeated-measured ANCOVA for self-rating anxiety scores in the two groups (ANX and CON) and different time (pre, during, and post) concerning each module.

variable	Main effect-group		Main effect-time		Interaction effect		F	p-value	
	F	p-value	F	p-value	post-hoc	F			
Module1	11.373	0.002	CON < ANX	4.239	0.017	pre < post during < post	4.085	0.02	see Fig
Module2	6.736	0.013	CON < ANX	0.474	0.624		4.198	0.018	see Fig
Module3	5.24	0.027	CON < ANX	0.225	0.799		0.061	0.941	

There are no significant results found in partial correlation analysis between PDSS scores and self-rating anxiety scores from VRABES.

Conclusions: The results showed that the VRABES is a reliable and valid research tool.

Disclosure of Interest: None Declared

EPP0121

Anxiety disorder following dental care: About 150 cases

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Introduction: The dental surgeon may be the cause of a psychological trauma - without necessarily knowing it - as well as being confronted with patients who have undergone a trauma as a result of dental care or with patients who have undergone some kind of trauma and that the dental practice exacerbates their anxieties. In this case, the treatment becomes difficult or even inaccessible or a cause of treatment failure.

Objectives: Study the events that can cause trauma and the different approaches to psychological trauma in dental care.

How to explore the traumatic event in a patient and propose its erasure?

Study the events that can cause trauma and the different approaches to psychological trauma in dental care. How to explore the traumatic event in a patient and propose its erasure?

Methods: This is a descriptive and analytical cross-sectional study based on a hetero questionnaire filled in by patients who consulted a dental surgeon.

Results: 41% are men, 76% are aged between 30 and 50 years, for the marital status: 43% are single, 38% are married, 72% have an average socioeconomic level, 36% of patients have a personal history of a psychiatric disorder, 21% personal history of a medical disease, 32% have a disorder related to the use of psychoactive substances, For the reason of consultation: 28%: dental square, 42%: oral malformations, 17%: gingival problem, 8% dental extraction. Medication used: 65% of patients used anti-inflammatory drugs, 77% used antibiotics, 13% used paracetamol. Duration of treatment: 86% one year 41% are men, 76% are aged between 30 and 50 years, for the marital status: 43% are single, 38% are married, 72% have an average

socioeconomic level, 36% of patients have a personal history of a psychiatric disorder, 21% personal history of a medical disease, 32% have a disorder related to the use of psychoactive substances, For the reason of consultation: 28%: dental square, 42%: oral malformations, 17%: gingival problem, 8% dental extraction. Medication used: 65% of patients used anti-inflammatory drugs, 77% used antibiotics, 13% used paracetamol. Duration of treatment: 86% one year .

Conclusions: He should be careful, attentive and open to the principles of the psychology of communication in his psychological approach, in order to adapt the level of difficulties of care to the capacity of comprehension, so as to take care of the patient in his globality and avoid any traumatic act. He should not hesitate to send his patient to a psychiatrist if necessary.

Disclosure of Interest: None Declared

EPP0123

Virtual City for Exposure Therapy in Phobias: Case Studies of Agoraphobia

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Introduction: A phobia is a type of anxiety disorder that causes an individual to experience extreme, irrational fear about a situation, living creature, place, or object. The most common in the treatment of phobic disorders are in vivo exposures (IVEs) consisting of confrontation with feared stimulus until distress has decreased. Virtual reality exposure therapy (VRET) is a modern alternative to IVEs where patients are exposed to virtual anxiety-provoking environments, and its effectiveness has already been demonstrated in the treatment of most phobias (Freitas et al. Psychiatr q. 2021; 92(4):1685–1710).

Objectives: This paper aims to present a complex virtual city developed for VRET in different types of phobia. The VRET system is composed of several interactive environments (a skyscraper, a subway, a cinema, and a hospital) that can be combined in form of different scenarios targeting various phobias, allowing controlled and gradual exposure. Selected virtual environments will be presented in case studies of agoraphobic patients (F40 by ICD-10).

Methods: The number of VRET sessions is individual, based on the need of each patient, starting with an introductory session including stimulus mapping and VR control explanation. Each session lasts about 30 minutes. During exposure, Subjective Units of Discomfort (SUDS) are assessed at various points. The scenarios for agoraphobia are typically composed of an elevator or subway ride, open spaces (city streets, the roof), or crowded interiors (the cinema). Environments allow various effects, elevator trembling, getting stuck situations and adjusting the number of people. All the scenes contain authentic ambient sounds.

Results: We present a case of a 33-year-old male patient experiencing intense fear of getting stuck or locked, turning into panic attacks. During 10 VRET sessions, the patient was exposed to different environments (subway, underground parking, elevator,

cinema) focusing primarily on elevator rides, sometimes in combination with IVE, consisting of locking the door in the experimental room. Another case is a 59-year-old female patient with a fear of open spaces and crowd situations. This patient had 5 VRET sessions combining exposure to open spaces with subway rides. In addition, the patient was instructed to watch short 360° videos of crowd situations. The last case is a 20-year-old female patient with an intense fear of subway tunnels and sounds, enclosed spaces, and heights. During 4 VRET sessions, we mainly focused on the subway with additional IVEs in a real elevator.

Conclusions: Subjective evaluations during exposures indicate a reduction of anxiety across sessions. Based on the patient’s feedback we can conclude on a good acceptance of the technology and an improvement in real-life situations. These case studies demonstrate the valuable use of variable combinations of virtual scenarios in the treatment of agoraphobia.

Disclosure of Interest: None Declared

Bipolar Disorders 01

EPP0124

Risk of childhood trauma exposure and severity of bipolar disorder in Colombia

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Introduction: Bipolar disorder (BD) is higher in developing countries. Childhood trauma exposure is a common environmental risk factor in Colombia and might be associated with a more severe course of bipolar disorder in Low-Middle Income-Countries. We carried out the first case-control study (114 BD patients and 191 controls) in Colombia using a structural clinical interview and the Childhood Trauma Questionnaire-Short Form (CTQ-SF) to describe the prevalence and association between trauma exposure during childhood with a severe course of illness in a sample of BD patients.

Objectives: to describe the prevalence and association between trauma exposure during childhood with a severe course of illness in a sample of BD patients.

Methods: A case-control study (114 controls versus 191 controls) that assessed outpatients between 18 and 65 years old, at a teaching hospital in Barranquilla, Colombia was carried-out. All participants were assessed with the SCID-5-CV, the Young Mania Rating Scale (YMRS), and the Bipolar Depression Rating Scale (BDRS). Additionally, exposure to childhood trauma was assessed using The Childhood Trauma Questionnaire-Short Form (CTQ-SF). The CTQ-SF is a brevity 28-item Likert-type, with a five-factor structure: emotional abuse EA, physical abuse PA, sexual abuse SA, physical neglect PN, and emotional neglect EN, self-administered instrument in order to assess multiple types of trauma during childhood.

We generate an outcome variable named severe bipolar disorder defined by course severe of bipolar disorder as the presence of any clinical indicator of severity, previously delimited by the research team (early-onset, rapid cycling, ideation or suicide attempt, or 3 or more hospitalizations per year). Also, we carried out bivariate and regression analyses with each clinical indicator of severity as an outcome.

Results: Cases included 61.4% BD type I and 38.6% BD type II. The median age was 31.5 years (IQR, 75-24) for BD patients and 31 years old (IQR, 38-24) for healthy controls. A higher prevalence of childhood trauma was evidenced in cases compared to controls.

Multivariate logistic regression model in severe bipolar disorder

Variable	Severe Bipolar Disorder		OR	95% CI	p value	p model	R ²	
	B	SE						
Emotional Abuse	0.83	0.36	2.30	1.75	3.03	<0.001	<0.001	0.10
Physical Abuse	1.07	0.43	2.92	1.54	5.53	<0.001	<0.001	
Sexual Abuse	1.61	0.44	5.04	4.73	5.36	<0.001	<0.001	
Physical Neglect	0.28	0.49	1.32	0.93	1.87	0.117	<0.001	
Emotional Neglect	1.24	0.38	3.45	2.28	5.23	<0.001	<0.001	

Conclusions: This is the first association study between childhood trauma exposure as a higher risk for a severe course of illness in BD patients in Colombian. Our findings highlight the importance of screening and evaluating childhood trauma exposure during the course of BD patients.

Disclosure of Interest: None Declared

EPP0125

Using Gamification of Smart Healthcare among Individuals with Bipolar Disorder

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Introduction: Bipolar disorder (BD) is a severe psychotic disease repeats depression, hypomania or mania. Using mobile applications to record emotions can help BD patients to self-manage and reduce emotional symptoms. Gamification applied in health-manage applications can improve the using frequency and satisfaction. Nurturing and horticultural therapy could increase the using frequency and alleviate the depression and anxiety.

Objectives: This study chose plants-nurturing to add to a self-management application, and explored the users’ experiences.

Methods: A one-group pretest-posttest design with qualitative interview was used. Analysis included the frequency of usage, emotional changes, and users’ feedback of the plants-nurturing in the first three months and after three months.