isolation derived from the public health situation, in this geographic area.

Objectives: Analyze adaptability to the use of technologies and its relationship with resilience, anxiety and depression in university students and professors in the midst of isolation by Covid-19.

Methods: The sample consisted of 328 subjects, aged between 18 and 69 years (30.6±12.21), 39% men and 61% women; 67.4% young students and 32.6% professors. The study was quantitative, exploratory, by convenience, online. The instruments were registered on the Web and were provided through WhatsApp, Facebook and personal mail by means of a Snowball type sample selection. It was developed during the period of mandatory physical isolation, decreed in the first quarter of 2020 by the Colombian State due to the COVID-19 Pandemic. The analysis was performed using descriptive, correlational and inferential statistics. The Kolmogorov-Smirnov (KS) normality test was applied, confirming a non-normal distribution of the sample. A correlational analysis was performed using Kendall's Tau-b correlation coefficient and for the subsequent analysis of variance (segmented by age), Kruskal-Wallis Chi-square (X2) was used, verifying the variances by post hoc. In the case of the analysis of variance segmented by occupation (professors and students) and by sex, the Mann-Whitney U X2 test was used.

Results: Of the total sample, 86.3% showed maladaptability to the use of ICTs, with no significant difference between professors and students (p=0.48). Resilience is higher in professors than in students (p<0.01); anxiety and depressive symptoms are higher in students (p<0.01). Adaptability was inversely associated with Resilience and directly with Anxiety and Depressive Symptoms (p<0.01); the highest risk group are students under 22 years old. A future publication will expand on the details of the results.

Conclusions: It is concluded that maladaptability to the use of ICTs may be associated with contextual elements not studied in the present study, however, the mental impact remains high mainly in the younger student population, especially in times of general social crisis. Credit is given to the project BPIN 2020000100758: Development of an Integrated Technological System for the promotion of mental health, psychosocial and socioemotional problems and prevention of gender violence, caused by the COVID19 pandemic in the Magdalena region, which allowed the deepening for the analysis of the results. Likewise, to Universidad del Magdalena for its support in installed capacity.

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EPP0696

Cognitive disorders with epilepsy: clinical-psychopathological and neuropsychological characteristics, non-pharmacological correction

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Introduction: Cognitive dysfunction affects the development, treatment compliance, significantly worsens the quality of life and social functioning of the patients with epilepsy.

Objectives: 146 patients with epilepsy aged 18 to 65 participated in the study (M-40.7±2.42) were diagnosed with focal, idiopathic epilepsy and epileptic syndromes (G40.1, G40.2, G40).

Methods: Clinical-anamnestic, social-demographic, clinical-psychopathological, psycho-diagnostic and statistical.

Results: The study of the attention selectivity was carried out using the Munsterberg test. Only 9 examined patients (6.16%) of the total group had sufficient indices, 35 (23.97%) patients refused from the test, while the rest – 102 (69.87%) had low test results. The overall treatment group score was 7.72, which is by 13.28 lower than in the control group, where the attention selectivity index was 21 (p<0,001), which shows a considerable attention selectivity decrease in patients with epilepsy compared to the healthy persons. According to the MoCA test results, the first treatment group patients showed better cognitive functions (1.4, p<0.001), higher attention selectivity under the Munsterberg test (0.63, p<0.001), lower anxiety level under HARS (1.45, p<0.001), lower depression level under HDRS (1.7, p<0.001) and higher subjective assessment of the life quality (2.77, p<0.05). According to the MoCA test results, the second treatment group patients showed better cognitive functions (0.73, p<0.001), higher attention selectivity under the Munsterberg test (0.27, p<0,05), lower anxiety level under HARS (4.27, p<0.05), lower depression level under HDRS (2.32, p<0.05) and higher subjective assessment of the life quality (1.21, p<0.05). According to the MoCA test results, the comparison group patients demonstrated lower cognitive functions (0.22, p<0.05), higher attention selectivity under the Munsterberg test (0.15, p<0.05), lower anxiety level under HARS (2.61, p<0.001), lower depression level under HDRS (2.49, p<0.001) and higher subjective assessment of the life quality (1.0, p<0.05). The cognitive training showed its effectiveness in healthy persons of the control group: according to the MoCA test results, cognitive functions improved (0.79, p<0.001), compared to the treatment group 2 patients (0.73, p<0.001).

Conclusions: According to the follow-up study data 12 months after the cognitive training and psychoeducation, follow-up study showed better values under depression and anxiety scales, and improved life quality levels in the patients of treatment groups. Patients with epilepsy show a reliable cognitive functioning improvement after a 3-month computerized cognitive training. The study results indicate a more significant cognitive functioning improvement in the patients provided the combined use of the methods of psychoeducation and cognitive training, compared to the use of a cognitive training only.

Disclosure of Interest: None Declared

EPP0697

Burnout Syndrome and its associated factors among anesthesia technicians in a Teaching Hospital in the central region of Tunisia

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Introduction: Burnout (BO) is a syndrome combining psychological and somatic symptoms caused by exposure to several years of chronic stress at work. Far from being a theoretical problem, it is a real social problem that has become globalized as societies change. Anesthesiology is among the most stressful medical disciplines which expose to BO in Tunisia and around the world.

Objectives: Identify associated factors to BO among anesthesia technicians.

Methods: We conducted a cross-sectional study during two months, from October 1st, 2015 to December 31th, 2015, among anesthesia technicians affected in the different operating rooms of the Farhat Hached teaching Hospital in Sousse. Data collection was based on a self-administered questionnaire with validated tools assessing BO (Maslach Burnout Inventory) and stress (Siegrist and Karasek)..

Results: Forty-six senior anaesthesia technicians was included in the study. The mean age of our population was 43.76 ±7.74 years with a female predominance (89.1%). According to the Karasek model, 59% of the workers were in job strain, and according to the Siegrist model 23.9% of the participants had an imbalance between high effort and low reward. The BO rate among anaesthesia technicians at the Farhat Hached University Hospital was 39.1%. The results showed a statistically significant association between working at the gynaecology-obstetrics department (p=0.001), the seniority in the department superior or equal to 20 years (p=0.006), the absence of break time at work (p=0.003) and the risk of the occurrence of BO. Furthermore, the last 2 consecutive day rest dates back to more than 15 days (p=0.001), the number of free weekends during the last 3 months less than four (p=0.044) were also significant associated to BO.

Conclusions: Our study confirms that BO is a tangible reality in our country especially among anesthesia technicians, so it must be addressed by adopting effective preventive strategies.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry 02

EPP0698

Social stigma of people with mental disorders and attitude to psychiatric treatment in Polish society

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Introduction: People with mental disorders (MD) may experience social stigma in various spheres of their lives. This phenomenon is based on negative social beliefs and hostile perceptions about mental disorders. Stigma may lead to social exclusion and discrimination (unjust treatment compared to people without MD). It may also result in resistance to using professional medical help (psychiatrist, psychotherapist) by people who experience symptoms of MD.

Objectives: The study aims to analyze the attitude of Polish society toward people with mental disorders and the attitude toward psychiatric treatment. The study investigates the correlation between the abovementioned attitudes and socioeconomic parameters of the respondents.

Methods: The study was conducted on a group of 1,230 respondents with the anonymous, authorial questionnaire disseminated by the CAWI technique. The questionnaire consisted of 10 single-choice questions concerned with the socioeconomic parameters of the respondents (age, place of residence, education, gender) and their attitudes toward mental health problems. The chi-square test and Kendall's tau-b correlation coefficient (τb) were used to analyze the correlations between the above parameters (with p<0,05).

Results: Over 33% of respondents believes that people with MD are more aggressive than people who do not present this type of disorder. In turn, 16.4% of respondents admitted that they would feel uncomfortable in the presence of a person with mental disorders. There was no statistically significant correlation between the above beliefs and any socioeconomic parameter. Every tenth respondent would not hire a person with MD. Resistance to employment increased with the respondents' age and level of education, whereas it decreased with the population of respondents' domiciles. More than 17% of respondents would feel resistance to contacting with psychiatrist, and 4.1% of them already hide the fact of treatment from their family. The resistance to using psychiatric help was higher in villages and smaller towns than in bigger centers.

Conclusions: The study shows negative attitudes towards people with MD are still relatively frequent in Polish society. The stereotypical perception of this group of entities is generally not dependent on any analyzed socioeconomic parameter. Such correlations exist only in some areas (employment). Because of the negative perception of MD, some people who struggle with these problems do not use a psychiatrist's professional help. In effect, these entities remain undiagnosed and untreated. Treatment delay may lead to exacerbating symptoms, prolong treatment time (including the necessity of hospitalization), and increase its cost. Reducing the stigma is necessary for counteracting discrimination against people with mental disorders and improving the mental health condition of Polish society. It requires educational activities and appropriate legal regulations.

Disclosure of Interest: None Declared

EPP0699

The impact of COVID-19 on work-related mental health claims of healthcare workers in British Columbia: an interrupted time series analysis

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Introduction: Healthcare workers (HCW) have been at the forefront of providing care since the COVID-19 pandemic. In addition to physical demands, HCW are also vulnerable to mental health conditions due to the nature of their work. As a result, absenteeism among HCW is inevitable. In Canada, mental disorders caused by a