

questionnaires including the TEMPS-A (Temperament Evaluation of Memphis, Pisa, Paris and San Diego) scale. A genome-wide association analysis was performed with the five affective temperaments as outcome variables. Age, gender, the top 10 principal components of the genome, and the other 4 phenotype were added in the model as covariates. Summary statistics derived from the GWAS analyses were used to estimate the heritability, i.e. the genetic variance explained by the different affective temperaments. LD score regression using LDpred2 [4] was performed to estimate heritability from the beta values and effect size in case of all 5 affective temperament phenotypes.

Results: rs3798978 showed a genome-wide significance ($p=4.44 \times 10^{-8}$) for anxious temperament, and several other variants showed suggestive significances for all five temperaments. The highest estimated heritability ($h^2 = 0.5224$) was observed for the depressive temperament, and similarly high heritability was observed for the hyperthymic temperament ($h^2 = 0.4956$). Anxious and cyclothymic temperaments showed almost the same heritability (cyclothymic $h^2 = 0.1651$, anxious $h^2 = 0.1663$), whereas for the irritable temperament, we got negative heritability estimation ($h^2 = -0.0567$), which means that all of the phenotypic variance is explained by environmental factors.

Conclusions: Our analyses yielded remarkably high heritability values for depressive and hyperthymic temperaments explaining 52% and 50% of phenotypic variances. In contrast to the 8-9% SNP-based heritability in depression studies our findings suggest that these temperaments may be relevant endophenotypes for mood disorders.

Disclosure of Interest: None Declared

Mental Health Care 02

EPP0461

Mental Illness Stigma among professionals at a Portuguese Medical Center

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Introduction: Mental Illness Stigma is a barrier in access to health-care. Stigma also influences population health outcomes by worsening, undermining adequate processes. The healthcare professionals show several stigmatising behaviours and cognitions, which may impair the adequate provision of care of this population with mental illness.

Objectives: We aimed to measure mental health stigma in healthcare professionals at a Portuguese hospital center.

Methods: A cross-sectional study of health professionals was performed using a survey that included socio-economic and job related questions, personal and familiar questions regarding mental health, and Attribution Questionnaire 27 (AQ-27), a translated and validated stigma questionnaire with nine stigma sub-scales (Responsibility, Pity, Anger, Dangerousness, Fear, Help, Coercion, Segregation and Avoidance).

Results: The sample included a total of 388 participants. The majority of the respondents were female (82,5%). The age ranged

from 22 to 69 (mean = 40,05). According to the job place distribution, we found statistically significant differences in various stigma subscales among several healthcare settings within our center. The inpatient unit professionals showed lesser stigmatising attitudes in anger, coercion, segregation and avoidance domains; and higher stigmatising attitudes in pity and help domains. However, professionals who work at surgery room showed higher stigmatising attitudes in danger and fear, but lesser levels of help domains. We also found differences in five stigma subscales among various health professions. The study didn't show differences in stigma domains regarding personal or professional contact with mental illness, neither academic studies in mental health.

Conclusions: Our findings suggest that workplace environment and profession may impact mental illness stigma levels in healthcare professionals. We propose that future studies could be done to investigate methods to mitigate mental illness stigma, tailored to address different stigma domains in different workplace settings.

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Quality of Life (QoL) among medical students in Tunisia: a study using the WHOQOL-BREF instrument

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Introduction: Mental health problems such as stress, anxiety and depression have been described among medical students and are associated with poor academic and professional performance. That's why having a satisfying quality of life (QoL) is one of the main sources of motivation for students for their future.

Objectives: Our objectives were to assess the QoL of medical students and residents in Tunisia and to explore the influencing factors on this one.

Methods: This was a cross-sectional study among medical students and residents in Tunisia, all universities included, where they completed a questionnaire which comprised the WHOQOL-BREF instrument in its french version and several socio-demographics questions, in September 2022. Statistical analysis was performed by SPSS 26.0.

Results: One hundred twenty-five medical students and residents were included in our study. The mean age was 26.10(± 3.41) years and most of them were female (73%). Mean scores of the WHOQOL-BREF in the physical, psychological, social and environmental domains were 36.51 (± 11.54), 45.22 (± 15.71), 37.19 (± 18.61) and 52.94 (± 14.84), respectively. Students and residents had a relatively higher environmental mean score and a lower physical health mean score. The lowest mean score of the physical domain was observed in the 6th year students while the lowest mean scores of the psychological, social and environmental domains were observed in the medical students. Besides, we found a higher score of social and environmental domains in the residents group. In addition, we found a high correlation between psychological and environmental domains ($p=0.000$), psychological and social domains ($p=0.021$). We also found a correlation between age and social domain ($p=0.034$), in fact, the higher the age was the