

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

L. Tbatou*, B. Sofiya and L. Fouad

Psychiatric emergency, Hospital ArRazi, Salé, Morocco

*Corresponding author.

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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.

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EPP0123

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

M. Jablonská^{1*}, A. Francová¹, K. Janků¹, P. Stopková², E. Nosková² and I. Fajnerová¹

¹Research Center for Virtual Reality in Mental Health and Neuroscience and ²Inpatient Ward for Anxiety Disorders, National Institute of Mental Health in Czech Republic, Prague, Czech Republic
*Corresponding author.

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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,