collected socio-professional data. We assessed mental health using the depression anxiety and stress scale (DASS 21).
Results: Our study included 200 healthcare workers, 71% of whom were female. The average age of participants was 42.9 years, with an average job tenure of 14.2 ± 10.1 years. We found that 12.5% of participants were smokers, 5% were former smokers, and 20.5% were passive smokers. Three participants were alcoholics, and none used drugs or chewed Neffa. Additionally, 32% of the population engaged in sports, with an average duration of 4.5 ± 2.9 hours per week.
According to the DASS21, 63% of participants exhibited symptoms suggestive of anxiety, 65.5% showed signs of stress, and 39.5% had depressive symptoms. We found that participation in sporting activities was associated with reduced anxiety ($p = 0.04$).
Conclusions: Our findings highlight a correlation between reduced anxiety and practicing sporting activities. It is crucial to encourage HCWs to maintain regular physical activity to promote an active lifestyle, reduce stress and improve mood in order to enhance the quality of care.

Disclosure of Interest: None Declared

EPV1316

Assessing Mental Distress in Victims of Work-Related Hand Injuries

A. Haddar[1], I. Sellami[1,2]*, A. Hrairi[1], M. A. Ghrab[1], H. Zouari[3], A. Feki[4], M. Trigui[3], M. Hajjaji[1], M. L. Masmoudi[1] and K. Jmal Hammami[1]

[1]Occupational medicine, University Hospital Hedi Chaker; [2]LR/18/ES-28, University of Sfax; [3]Orthopedic, University Hospital Habib Bourguiba and [4]Rheumatology, University Hospital Hedi Chaker, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1875

Introduction: Work-related hand injuries can lead to significant physical impairments. However, their psychological impact is often underestimated. Mental distress, including anxiety, depression, and post-traumatic stress, may arise following such injuries, potentially hindering recovery and affecting both professional and personal life. Given the critical importance of hand function in daily tasks and occupational roles and the prevalence of hand injuries, addressing their psychological dimension is crucial.
Objectives: This study aims to evaluate mental distress among individuals with work-related hand injuries (WRHI) and to identify the associated factors.
Methods: We conducted a cross-sectional study, between January 2021 to December 2022, involving private sector workers, victims of WRHI. Data were collected using a pre-established questionnaire that covered sociodemographic and professional characteristics, details of the occupational accident, and medical information. Psychological distress was assessed using the Kessler Psychological Distress Scale (K6), and functional disability of the hand was evaluated using the Quick Disabilities of the Arm, Shoulder, and Hand (Quick DASH) score.
Results: Our study included 136 workers, with a male-to-female ratio of 7.5. The average age was 41.2 ± 10.9 years, and the average body mass index (BMI) was 26.48 ± 4.4. Blue-collar workers made up 77.9% of the sample (n = 106). In 61.8% of cases, the injury involved the dominant hand. The median of time to return to work was 101.5 days (interquartile range (IQR) [67; 182.5]). Twenty-five participants (18.4%) reported discrimination at the workplace. The median of the Quick DASH score was 34.1 (IQR [13.6; 52.3]). The median K6 score was 8 (IQR [4; 15]), with 42 participants (30.9%) experiencing moderate psychological distress and 45 (33.1%) reporting severe psychological distress. The K6 score showed a significant correlation with the Quick DASH score ($p < 0.001$, $r = 0.297$), BMI ($p = 0.031$, $r = 0.185$), and time to return to work ($p = 0.005$, $r = 0.241$). Those with injuries to the dominant hand had higher K6 scores compared to those with non-dominant hand injuries ($p = 0.043$). Furthermore, the K6 score was associated with reports of workplace discrimination following the accident.
Conclusions: Work-related hand injuries not only lead to physical impairments but also have a considerable psychological impact. These findings highlight the importance of comprehensive rehabilitation programs that address both the physical and psychological aspects of recovery to improve outcomes and support reintegration into the workforce.

Disclosure of Interest: None Declared

EPV1317

Evaluating sleepiness in operating room settings among anesthesia technicians

M. A. Ghrab[1], I. Sellami[1,2]*, A. Haddar[1], A. Feki[3], M. Hajjaji[1], M. L. Masmoudi[1] and K. Jmal Hammami[1]

[1]Occupational medicine, University Hospital Hedi Chaker; [2]LR/18/ES-28, University of Sfax and [3]Rheumatology, University Hospital Hedi Chaker, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1876

Introduction: Anesthesia technicians play a crucial role in operating room ensuring the conduct of anesthesia procedures and monitoring patients. However, the demanding nature of their work involving irregular hours, alertness, extended hours in addition to the exposure to anesthetic agents may influence their performance and vigilance.
Objectives: The aim of this study was to assess signs of sleepiness among anesthesia technicians (AT) and evaluate its associated factors.
Methods: We conducted a cross-sectional study among AT in two University Hospitals in Sfax, Tunisia, between January and July 2024 during periodic health assessment visits. Sociodemographic and professional data were collected. The Epworth Sleepiness Scale (ESS) was used to assess signs of sleepiness.
Results: Our population consisted of 60 AT with a mean age of 47.9 ±7.1 years. Two participants (3.3%) were males. The mean seniority was 24±7.5 years in healthcare and 10.4±8.1 years in the current ward. Forty-five AT (75%) reported using Halogenated Anesthetics. Ninety-five percent of the population had shift work. Fatigue and daytime somnolence were reported by 73.3% and 45% of the population respectively. The median ESS score was 6 Interquartile range IQR [2.25;6]. Excessive sleepiness was found in 21.7% of the population. The ESS score was higher among AT who used halogenated anesthetic, but no significant association was found (p=0.2) in the bivariate analysis.
Conclusions: Assessing vigilance among AT is necessary to maintain patient safety. Organizational factors such as long hours and environmental factors such as effective evacuation system for halogenated agents could cause fatigue and sleepiness in operating room.

https://doi.org/10.1192/j.eurpsy.2025.1876 Published online by Cambridge University Press

Disclosure of Interest: None Declared

EPV1318

Assessing Quality of Life After Return to Work Among Victims of Work-Related Hand Injuries

A. Haddar[1], I. Sellami[1,2]*, A. Hrairi[1], M. A. Ghrab[1], H. Zouari[3], A. Feki[4], M. Trigui[3], M. Hajjaji[1], M. L. Masmoudi[1] and K. Jmal Hammami[1]

[1]Occupational medicine, University Hospital Hedi Chaker; [2]LR/18/ES-28, University of sfax; [3]Orthopedic, University Hospital Habib Bourguiba and [4]Rheumatology, University Hospital Hedi Chaker, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1877

Introduction: Work-related hand injuries (WRHI) can have profound impacts on an individual's physical capabilities, and these injuries often carry long-term consequences that extend beyond physical impairment. Upon returning to work, victims may face challenges in performing occupational tasks and daily activities.

Objectives: This study aims to assess the quality of life in workers who have suffered WRHI after returning to their professional activities.

Methods: We conducted a cross-sectional study among victims of WRHI in the private sector after returning to work, from January 2021 to December 2022. Sociodemographic and professional data were collected along with characteristics of the WRHI. Quality of life was assessed using the Short Form-12 (SF-12) score, which evaluates both physical and mental health components (PCS-12 and MCS-12). The Quick Disabilities of the Arm, Shoulder, and Hand (Quick DASH) score was used to measure the functional disability of the hand. Job satisfaction and pain level were auto-evaluated with a scale of 0 to 10.

Results: We included 126 workers, 88.1% of whom were male, with a mean age of 41.3 ± 10.6 years. Tobacco and alcohol use were reported by 42.9% and 9.5% of participants, respectively, while caffeine consumption was noted in 57.9%. The most represented sectors were metallurgy (22.2%) and the chemical industry (16.7%). The median job satisfaction after the accident was 6 (IQR [5; 8]). In 61.9% of cases, the dominant hand was affected. Both rehabilitation sessions and surgical treatment were required for 69% of participants. The median pain level was 5 (IQR [4; 7]), and 47.6% of participants reported sleep disorders following the accident.

The median Quick DASH score was 34.1 (IQR [13.1; 50.6]), and the median Quick DASH work module score was 43.8 (IQR [25; 68.8]). The mean PCS-12 score was 39.5 ± 7.6, while the mean MCS-12 score was 46.8 ± 11.4. The PCS-12 score was significantly associated with caffeine consumption ($p = 0.03$), alcohol consumption ($p = 0.03$), rehabilitation sessions ($p = 0.029$), and sleep disorders ($p < 0.001$). It was also significantly correlated with pain level ($p = 0.005$; $r = -0.247$), Quick DASH score ($p < 0.001$; $r = -0.4$), and the Quick DASH work module ($p < 0.001$; $r = -0.44$).

The MCS-12 score was significantly associated with job satisfaction ($p = 0.008$; $r = 0.237$), Quick DASH score ($p = 0.003$; $r = -0.265$), the Quick DASH work module ($p = 0.012$; $r = -0.23$), and sleep disorders ($p = 0.012$).

Conclusions: Work-related injuries, particularly hand injuries, pose significant challenges to both the professional and personal lives of those affected. Addressing these challenges is crucial to ensuring a successful return to work and social reintegration.

Disclosure of Interest: None Declared

EPV1319

Cognition in Treatment Resistant versus Non-Treatment Resistant Schizophrenia

S. Shah[1]*, K. Patel[1], A. Bhandari[1], A. Porwal[1] and N. Lalwani[1]

[1]B.J. Medical College, Ahmedabad, India

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1878

Introduction: Despite antipsychotic treatment, around one-third of individuals of schizophrenia remain unresponsive.

Objectives: Comparing cognitive impairments in TRS versus non-TRS patients.

Methods: 50 adult patients with schizophrenia(DSM-5) were recruited in this cross-sectional cohort study, categorised into TRS (14) (treatment-resistant schizophrenia) and NTRS (36) (non-treatment-resistant schizophrenia) by modified Kane criteria. Positive and Negative Syndrome Scale (PANSS) and Montreal Cognitive Assessment Scale (MoCA) were used.

Results:

Table 1	TRS	NTRS	Overall
Male(%)	42.8	63.8	58
Female(%)	57.1	36.1	42
AGE (years)	41.7 ± 13.1	41.4±12.3	41.5±12.4
DURATION OF ILLNESS(years)	17.2±10.8	6.3±6.8	9.4±9.4

Table 2	TRS	NTRS	Independent sample students' T test pvalue
MoCA	19.2±6	27.8±5.4	<0.01
TOTAL PANSS	106.3±22.4	57.4±21.	<0.01
POSITIVE PANSS	22.1±7.3	13.8±6.4	<0.01
NEGATIVE PANSS	26.8±5.7	14.1±5.1	<0.01
Generalised PANSS	57.3±13.2	29.4±11.4	<0.01
COMPOSITE SCORE	-4.71±7.6	-0.2±5.6	0.02

MoCA Scores (Table 2) are significantly lower in the TRS group, implying NTRS has a moderate cognitive decline, and TRS has severe cognitive decline. Total PANSS, Positive, Negative,and Generalised PANSS are significantly lower in the TRS group indicating severe symptoms than NTRS.Classifying based onTotal PANSS Score, the TRS has severely ill, while the NTRS has borderline