Introduction: Natural disasters are a risk for significantly disrupting the quality of life as a result of changes in life circumstances they bring, such as endangering health, property, existential issues, and can lead to social exclusion. They can also affect mental health and increase the risk of developing psychiatric disorders.
Objectives: To show the impact of natural disasters on the psychosocial functioning of people in the affected area and the importance of adequate preparedness of the social community, including mobile teams, with an emphasis on providing somatic, psychological, and social support.
Methods: Data were collected from research on the consequences of major natural disasters and providing psychological, psychiatric and social support to the affected population.
Results: After natural disasters, there are significant changes in social functioning with the possible development of mental health problems. It is especially evident in sudden and intense catastrophic events.
Conclusions: In addition to the immediate provision of psychiatric and psychological assistance to victims, people who have experienced a catastrophic event need to be provided with immediate and continuous assistance and socioeconomic support, due to the need for better social inclusion and return to their role in the community.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPV0232

Nomophobia, phubbing and social phobia in Portuguese young adults and adults

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doi: 10.1192/j.eurpsy.2024.983

Introduction: To our knowledge there is no study exploring the interrelationship between nomophobia, phubbing and social phobia in Portuguese young adults and adults.
Objectives: To explore the nomophobia, phubbing and social phobia levels, the interrelationship between these three constructs, in a sample of Portuguese young adults and adults.
Methods: 316 subjects, with a mean age of 25.71 years old (*SD* = 8.231; range 18 - 59) fulfilled a sociodemographic questionnaire, and the Portuguese validations of the Nomophobia Questionnaire, the Phubbing Scale and the Social Interaction and Performance Anxiety and Avoidance Scale.
Results: All the subjects presented nomophobia (100%, *n* = 316), with 62% (*n* = 196) presenting a moderate risk level and 22% (*n* = 69) an higher risk level. The mean of the 'total phubbing score' was of 21.50 (*DP* = 5.50) and 'smartphone obsession' was the phubbing subscale with an higher score (*X* = 12.81, *DP* = 3.50). The mean of the total nomophobia was of 80.0 (DP = 22.83) and 'not being able to communicate' was the nomophobia subescale with an higher score (*X* = 24.75, *DP* = 9.95).Considering social phobia scale, the mean of the 'anxiety/distress' subscale was of 95.36 (*DP* = 25.14) and of the 'avoidance subscale' was of 89.56 (*DP* = 25.53). Almost 22% (*n* = 69) of the subjects presented 'social anxiety' and 24% (*n* = 76) presented 'social avoidance', suggesting probable social phobia cases (higher than the proposed cut-off scores). Positive and significant correlations were found between all the nomophobia and phubbing subscales (ranging from .30** to .61**). Positive and significantly correlations, mostly with low magnitude, were found between nomophobia and social phobia subscales (ranging from .03** to .22**), except for 'social avoidance' subescale, which correlation was negative (-.021*). Females presented higher levels of nomophobia (*Md* = 176.28) and phubbing (Md = 167.22) than males (*Md* =124.73, *U* = 7301.500, *p* <.001;*Md* = 141.93), *U* = 9475.500, p= .019, respectively). Total social phobia scores and nomophobia (not being able to access information and giving up convenience subescales) were significantly higher in young adults.
Conclusions: Nomophobia, phubbing and social phobia are significantly intercorrelated. Future longitudinal studies are needed to clarify nomophobia and phubbing etiology. The level of nomophobia (100%) found in this sample is specially worrying.

Disclosure of Interest: None Declared

EPV0233

Addressing the Comorbidity Between Epilepsy and Psychiatric Disorders

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doi: 10.1192/j.eurpsy.2024.984

Introduction: The intricate and multifaceted nature of the link between epilepsy and psychiatric diseases is evident. Patients diagnosed with epilepsy frequently exhibit concurrent psychiatric illnesses, including but not limited to depression, anxiety, psychosis, and attention-deficit disorders. Gaining a comprehensive understanding of the fundamental mechanisms and implementing efficacious ways to effectively address this co-occurring medical condition is crucial in order to achieve the most advantageous results for patients.
Objectives: The objective of this study is to examine the frequency, neurobiological bases, and consequences for treatment of psychiatric comorbidities in patients diagnosed with epilepsy. The study aims to offer a thorough understanding of the subject and promote interdisciplinary collaboration.
Methods: A systematic review of literature was conducted, focusing on clinical studies, neuroimaging findings, and neurochemical changes in patients with both epilepsy and psychiatric disorders. Additionally, best-practice recommendations for the clinical management of this patient population were identified.

https://doi.org/10.1192/j.eurpsy.2024.984 Published online by Cambridge University Press

Results: The results suggest that the coexistence of epilepsy and psychiatric diseases may be affected by neuroinflammation, abnormalities in neurotransmitters, and shared genetic factors. In addition, the implementation of integrated therapy techniques that include both neurological and psychological components has demonstrated encouraging findings in enhancing patient outcomes.
Conclusions: The identification and proficient management of psychiatric comorbidities in individuals with epilepsy are of utmost significance. The establishment of interdisciplinary collaboration between neurologists and psychiatrists, supported by continuous research, is necessary in order to provide comprehensive treatment and enhance the overall well-being of individuals affected by these conditions.

Disclosure of Interest: None Declared

EPV0234

Impact of addictive comorbidity on bipolar disorder type I

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doi: 10.1192/j.eurpsy.2024.985

Introduction: Among all mental pathologies, bipolar disorder (BD) is the one in which addictive comorbidity is most frequent.
Recent studies suggest that this comorbidity has harmful consequences, threatening patients' quality of life.
Objectives: Describe addictive comorbidity and determine its prevalence in a population of patients with BD I.
Study the impact of addictive comorbidity on the evolution of BD I.
Methods: A cross-sectional, comparative study was conducted over a six-month period in the after-care unit of psychiatric wards at Razi Hospital, including patients treated for BD I according to DSM 5 criteria and stable on treatment.
The study included two phases: first, sociodemographic, clinical and therapeutic characteristics were collected using a pre-established form. The CAGE, DUDIT and MARS scales, validated in Arabic, were then administered.
Results: We included 100 patients (60 men and 40 women) with a mean age of 43.55 years.
Substance use disorder (SUD) was reported in 31% of our population; 22 alcohol users with a mean CAGE score of 1.23 (0-3), while psychoactive substance use was reported in 19 patients with a mean DUDIT score of 13.37 (0-28).
Forensic history was higher in the group of patients with comorbid SUD ($p<0.001$). Poor compliance with treatment and irregular follow-up were also significantly more associated with addictive behavior, respectively $p=0.008$ and $p=0.048$.
We found no association between SUD and suicidal behavior or evolutionary symptoms of the disorder.
Conclusions: SUD are generally factors in the poor prognosis of BD. It is important to identify the determinants of this comorbidity, so that these risk factors can be appropriately targeted through appropriate therapeutic interventions and thus limit these negative consequences.

Disclosure of Interest: None Declared

EPV0235

The impact of the severity of Obstructive Sleep Apnea syndrome on quality of life

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doi: 10.1192/j.eurpsy.2024.986

Introduction: The negative impact of obstructive sleep apnea syndrome (OSA) on the quality of life of affected individuals is one of the serious consequences of this pathology. Consideration of this quality of life as one of the therapeutic objectives is essential.
Objectives: to evaluate the impact of the severity of OSA on quality of life in affected patients
Methods: We conducted a cross-sectional study involving 40 patients diagnosed with OSA by polysomnography in the Sleep unit, department of Neurophysilogy at Sahloul university hospital in Sousse, Tunisia. This study was based on a generic questionnaire (SF-12) to assess the quality of life.
Results: The mean age was 49.7 ± 7.87 years with a sex ratio of 1.10. The mean apnea-hypopnea index (AHI) was 29.72. OSA was mild, moderate and severe in 40%, 22.5% and 37.5% of cases respectively. The majority of our patients had an impaired quality of life with an ave[1]rage score of 42.78. There was a positive linear relationship between physical and mental components of the SF-12 and AHI ($p= 0.026$ and $p=0.019$ respectively). Mental component of the SF-12 was significantly associated with treatment with CPAP (continuous positive airway pressure) ($p=0.014$).
Conclusions: Our study has shown that the severity of OSA has an impact on different domains of quality of life. The management of this disease should not be limited to controlling the disease but should aim for overall patient satisfaction.

Disclosure of Interest: None Declared

EPV0236

Thyroid dysfunction: an unlikely culprit behind psychotic symptoms

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doi: 10.1192/j.eurpsy.2024.987

Introduction: A number of studies have demonstrated that hyperthyroidism increases the prevalence of psychiatric disorders and the likelihood of depressive symptoms, anxiety and hipomania. Apathetic hyperthyroidism is a syndrome, which presents with symptoms of depression, apathy, somnolence or pseudodementia in the absence of the usual symptoms and signs of hyperthyroidism. This condition is more common in the elderly although it has also been described in young adults and adolescents.
In the majority of cases, treatment of hyperthyroidism results in an improvement in neuropsychiatric manifestations in parallel with

https://doi.org/10.1192/j.eurpsy.2024.984 Published online by Cambridge University Press