efforts, promoting holistic approaches to well-being that prioritise both physical and psychological health.

Disclosure of Interest: None Declared

EPV0171

Anxiety levels among medical students and healthcare workers during Covid-19 pandemic: Bulgaria sample

E. Papazov[1,2], P. Marinov[1,2,3] and A. Chankov[1]*

[1]Mental Health Center Prof. N. Shipkovenski; [2]SOFIA UNIVERSITY ST. KLIMENT OHRIDSKI, Sofia and [3]Trakia University, Stara Zagora, Bulgaria
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1030

Introduction: The Covid-19 pandemic has been an integral part of our lives since late 2019, bringing significant changes to the way we live. These changes have brought with them a wave of pandemic-related psychological distress including fear, anxiety, feelings of threat. The Covid-19 pandemic presented several global challenges to the functioning of the health system in general and to medical personnel in particular. Unfortunately, the discussion on how staff in health facilities deal with pandemic-associated distress has remained in the background.
Objectives: The main aim of our study was to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers and trainees and specifically on the development of anxiety symptoms. We aimed to track levels of anxiety among physicians, health care professionals, and medical students, and their relationship to various sociodemographic indicators-gender, age, marital status, education and occupation, familial predisposition to anxiety disorders, and previous consultation with a psychologist/psychiatrist.
Methods: The study was led among fifth and sixth year medical students in Sofia university and Trakia university and also doctors and nurses working in hospitals in Sofia and Stara Zagora - MHC "Prof. H. Shipkovensky", University Hospital "N.I Pirogov", University Hospital "Prof. Dr. Stoyan Kirkovich". The study used a questionnaire created by the researchers and the Coronavirus Anxiety Scale by Lee and the Covid-19 anxiety syndrome scale by Nikcevic and Spada.
Results: The mean age of the study participants was 28.21 ±10.11 years ranging from 22 to 68. Majority of the study participants (72.3%) were students followed by doctors with 19.8% and nurses with 5.6%. After statistical analysis of the data, there was a linear relationship between having a close friend or relative who had died or had a serious illness due to Covid-19 infection and having marked anxiety and fear for the health of loved ones. In this group frequent checking for coronavirus symptoms, both in the respondents themselves and by them to their friends and relatives was observed more often. Pre-pandemic visits to a psychologist/psychiatrist for anxiety symptoms appeared to be a predictor of avoidance behaviour in respondents e.g.not using public transport to reduce the risk of infection.
Conclusions: Having a close friend or relative who had a severe infection with Covid-19 and pre-pandemic visits to a mental health professional were predictors of increased pandemic-related anxiety and avoidance behavior among health care professionals and medical students. Due to the high prevalence of this mental health problem among medical students and frontline health workers, it is suggested that healthcare institutions provide mental health services for these working groups in order to appropriately manage anxiety.

Disclosure of Interest: None Declared

EPV0173

Differentiating PNES from Epilepsy- a case report

I. Rakos[1]* and D. Lucijanic[1]

[1]University Hospital Dubrava, Zagreb, Croatia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1031

Introduction: PNEA- Psychogenic Non-Epileptic seizures resemble epileptic seizures, have no electrophysiological correlate or clinical evidence for epilepsy, whereas there is positive evidence for psychogenic factors that may have caused the seizure. The clinical presentation usually includes convulsive movements, tremor of the whole body, or just some of the parts, loss of awareness, unresponsiveness and sometimes amnesia. (N.M.G. Bodde, J.L. Brooks, G.A. Baker, P.A.J.M. Boon, J.G.M. Hendriksen, O.G. Mulder, A.P. Aldenkamp, Psychogenic non-epileptic seizures—Definition, etiology, treatment and prognostic issues: A critical review, Seizure, Volume 18, Issue 8, 2009, Pages 543-553, ISSN 1059-1311, https://doi.org/10.1016/j.seizure.2009.06.006.). We were called for a psychiatric consultation for a 35 year old female patient who presented to the Emergency service of our hospital with a history of severe headache unresponsive to painkillers, seizures and a panic attack. A few days prior to this visit she was hospitalized in the Department of Neurology of a different hospital under suspicion of hydrocephalus.
Objectives: The objective of our psychiatric consult was to determine whether the clinical presentation of seizures and headache could be caused by underlying psychological disturbances, rather than by somatic symptoms.
Methods: We reviewed the patient history and previous medical findings and treatment. Additionally, the patient underwent a series of diagnostic tests, with the most important one being video EEG monitoring.
Results: On the MINI diagnostic questionnaire, she met the criteria for Mixed anxiety and depressive disorder and Dissociative and conversion disorder. Psychological testing confirmed a tendency to somatization, and development of secondary psychiatric symptoms on top of the existing physical symptoms. Also, continuous EEG recording for the duration of four days detected only functional seizures, and with other non-pathological findings, among others, through MR of the brain and MR angiography, confirmed the working diagnosis of PNEA.
Conclusions: The mutual cooperation between neurology specialists and liaison psychiatrists is vital in cases like this when there is an unclear cause of the symptoms. Accurate determination of the underlying cause of disturbances enables adequate treatment of the patient.

Disclosure of Interest: None Declared