EPV0168

Psychological Resilience in Fibromyalgia: The Impact of Mental Health on Clinical Progression

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Introduction: Fibromyalgia (FM) is a chronic condition characterized by widespread muscle pain,with an unclear etiology. Pain-related behaviors are often closely tied to the individual's mental state. This has made FM a significant area of psychiatric research, highlighting the need to understand the psychological factors that influence disease progression.
Objectives: We aim to explore differences in psychological resilience between FM patients and healthy controls and its relationship with depression,anxiety,and fibromyalgia symptoms. Specifically,we seek to understand how resilience may influence disease development and progression. By examining these factors, the study aims to clarify the underlying causes of fibromyalgia,is closely linked to psychiatric factors and remains poorly understood in terms of etiology.
Methods: The study included FM patients treated at the Department of Physical Medicine and Rehabilitation at Çanakkale 18 Mart University and a control group of healthy volunteers matched for demographic factors. Pain intensity was measured using the Visual Analog Scale(VAS) and functional disability was assessed with the Fibromyalgia Impact Questionnaire(FIQ). Participants completed sociodemographic forms, the Beck Anxiety Inventory(BAI), the Beck Depression Inventory(BDI), and the Psychological Resilience Scale(PRS).
Results: The study involved 40 female patients with FM and 35 healthy controls. No significant differences were found between the two groups in terms of demographic factors. The FM group showed significantly higher scores for BDI,BAI and PRS compared to controls ($p<0.001$ for BDI and BAI; $p=0.04$ for PRS). Correlation analysis revealed significant negative correlations between pain intensity and both PRS total and PRS dedication scores ($r=-0.34$, $p=0.02$; $r=-0.35$, $p=0.02$). Additionally,FIQ scores were negatively correlated with PRS dedication scores($r=-0.37$, $p=0.01$). (Table 1).

Table 1: Psychological Status and Performance Scales (BDI, BAI, PRS, etc.)

Variable	FM (n, %) & mean ± SD	Control (n, %) & mean ± SD	Statistics	p
BDI	20.20 ± 11.54	7.77 ± 6.79	5.58	<0.001
BAI	24.90 ± 13.14	9.0 ± 6.97	6.40	<0.001
PRS Total	54.92 ± 10.67	59.08 ± 10.27	-1.71	0.09
Challenge	21.22 ± 5.82	21.11 ± 5.50	0.08	0.93
Dedication	17.75 ± 5.14	19.54 ± 4.24	-1.63	0.10
Control	16.25 ± 5.01	18.38 ± 3.70	-2.05	**0.04**

BMI: Body Mass Index, BDI: Beck Depression Inventory, BAI: Beck Anxiety Inventory, PRS: Psychological Resilience Scale

Conclusions: This study highlights the complex interplay between psychological resilience,depression,anxiety and pain in FM patients. Psychological resilience was not significantly lower in FM patients compared to healthy individuals,but higher levels of depression and anxiety were inversely related to resilience.These findings underscore the need for treatment approaches that not only address physical symptoms but also aim to enhance psychological resilience in order to improve the overall quality of life in FM patients.

Disclosure of Interest: None Declared

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Muscles Flexed, Minds Relaxed: Investigating the association between strength training and anxiety

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Introduction: Strength training approaches have seen a significant increase in popularity in the fitness and wellness industries in recent years. This rise is fueled not only by the desire for physical prowess and muscle development, but also by a growing awareness of its potential impact on mental health. While the traditional focus of research on strength training has primarily been on its physical benefits, there exists a developing enthusiasm within the scientific community to explore deeper into its implications for mental health, particularly with anxiety levels.
Objectives: The purpose of this study is to examine the link between strength training intensity and anxiety levels among active gym-goers in Tunisia.
Methods: This is a cross-sectional study, conducted from February to March 2024. Participants were recruited online through social media platforms (Tunisian facebook groups and fitness forums) using a posted survey link. We've included respondents who are 18 years of age or older who have been active in strength training with a gym membership for 1 month or more. The respondents were required to answer a questionnaire that included socio-demographic questions and to provide strength training intensity related details (sessions frequency, duration, perceived overall intensity using likert scale). Anxiety levels were evaluated using the Generalized Anxiety Disorder 7 (GAD-7) scale.
Results: The overall number of participants was 72, with 86% being male. The majority of responders (n=65, 90.2%) indicated that they performed strength training exercises at least three times per week, with an average session length of 45 minutes. In terms of strength training intensity, 38.8% (n= 28) of participants reported high-intensity sessions, 48.6%(n=35) moderate-intensity sessions, and the remaining participants reported low-intensity sessions.
Analysis showed a mean anxiety score of 6.1 (SD = 3.8) on the GAD-7 scale, indicating absent to mild anxiety symptoms among respondents.
Further analysis revealed a negative association between strength training intensity and anxiety levels ($r = -0.59$, $p = 0.026$), implying that higher intensity sessions were linked with lower anxiety scores.
Conclusions: In conclusion, this study provides insight into the level of anxiety of Tunisian gym-goers who participate in strength training, emphasising the potential of exercise interventions to improve mental health in this society. Moving forward, these findings can help to shape targeted interventions and wellness

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

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EPV0171

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

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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.

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Differentiating PNES from Epilepsy- a case report

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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.

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