Methods: 125 patients with somatoform disorders 17-68 years old filled Screening for Somatoform Symptoms (Rief, Hiller, 2003), Cognitions About Body And Health Questionnaire (Rief et al., 1998), Scale for the Assessment of Illness Behaviour (Rief, Ihle, Pigler, 2003), and Quality of Life Enjoyment and Satisfaction Questionnairie-18 (Ritsner et al., 2005).
Results: Severity of somatoform symptoms is higher in patients with catastrophization of bodily sensations, autonomic sensations, belief in their bodily weakness, somatosensory amplification, scanning for bodily symptoms, and disturbances in daily activities due to illness (r=.18-.38, p<.05). Adjusting for the severity of somatoform symptoms, subjective well-being was lower in patients with higher belief in their bodily weakness and somatosensory amplification, autonomic sensations, expression of symptoms, and changes in daily activities due to illness (r=.21-.40, p<.05).
Conclusions: The results suggests that regardless of symptoms severity poorer quality of life in patients with somatoform disorders is associated with beliefs about body and body perception that could be addressed in psychotherapy.

Keywords: somatoform disorders; factors of quality of life

Bipolar disorders

EPP0033

Insight and self-esteem in patients with bipolar disorders.

S. Hentati[1], M. Ben Abdallah[2]*, M. Daoud[1], I. Baati[3], R. Sallemi[4], I. Feki[1] and J. Masmoudi[1]

[1]Psychiatry A, hedi chaker hospital, Sfax, Tunisia; [2]Department Of Psychiatry (a), CHU Hedi CHaker hospital Sfax Tunisia, Sfax, Tunisia; [3]Psychiatry A, CHU Hédi Chaker Sfax, Sfax, Tunisia and [4]Psychiatry, Hedi chaker hospital, Sfax, Tunisia

*Corresponding author.
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Introduction: The recurrence of bipolar disorder due to poor treatment adherence can be explained by different factors.The poor awareness of the disorder seems to be the major cause.
Objectives: To evaluate insight in patients followed for euthymic bipolar disorders and determine the factors correlated with it,mainly the self-esteem.
Methods: A cross-sectional descriptive and analytical study of 33 euthymic subjects with bipolar I and II disorders (DSM 5) and followed up at the psychiatric consultation in Hédi Chaker university Hospital of Sfax.Data collection was performed using a sheet exploring socio-demographic and clinical data. We used Birchwood insight scale to assess the quality of insight and Rosenberg's Self-Esteem scale.
Results: The average age of our patients was 44,52±12,99 years old. The sex ratio =0.32.Patients were followed for bipolar I disorder (60.6%).The first episode of the disease was depressive in(51.5%) of cases.The average number of depressive episodes was1.97±1.87. The last episode was depressive in(57.6%) or manic in(42.4%). There were no psychotic characteristics in(42.4%) of cases.The patients had good insight in(54.5%).The average of self-esteem score was27±7.85and it was low in 51.5% of cases.Factors correlated with good insight were bipolar II disorder(p=0.001), high number of depressive episodes(p=0.013) and absence of psychotic characteristics(p=0.003) during the last episode.In addition,good insight was significantly associated with low self-esteem(p=0.023).
Conclusions: Our study shows that a poor insight depends mainly on the clinical characteristics of bipolar disorders. Moreover,low self-esteem seems to be linked to it. For this reason, our attention should be focused on psychoeducation to improve insight, especially during episodes, in order to facilitate integration and increase patients' self-esteem.

Keywords: insight; self-esteem; Bipolar Disorders

EPP0034

Does bipolar disorder cause posttraumatic growth? Relationship between psychological resistance in patients with bipolar disorder and caregivers

B. Kırşavoğlu* and N. Akkişi Kumsar

Psychiatry, Istanbul Erenkoy Mental and Neurological Diseases Research Hospital, istanbul, Turkey

*Corresponding author.
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Introduction: Focusing on the negative changes experienced by both patients and caregivers associatively caregiving and experiencing chronic mental illnesses, there is an increasing interest in the phenomenon of development after traumatic experiences with high levels of stress. These changes are in line with the concept of posttraumatic growth.
Objectives: In the study, posttraumatic growth and psychological resilience in bipolar patients and caregivers has been examined in the context of the variables that are claimed to be related to it.
Methods: With the approval of ethics committee, 49 patients in euthymic period and caregivers, 49 healthy volunteers meeting the inclusion criterions, applied to Erenköy Mental and Neurological Diseases Training-Research Hospital outpatient clinics between July-December 2019 were included. While psychological resilience and posttraumatic growth scale were implemented to patients and caregivers only psychological resilience scale was applied to healthy volunteers. The relationship between posttraumatic growth and psychological resilience, patient and caregiver variables was examined through statistical methods.
Results: Comparing with the patients and caregivers, respectively posttraumatic growth total scores were 57.7%-61.3% of the highest score obtained from the scale in the patients and caregivers. Considering the literature, patients and caregivers experienced moderate to high posttraumatic growth. Caregivers' psychological resilience levels was higher than the other groups.
Conclusions: The results of the study are in line with the findings that, negative life experiences positively contributes to individuals. Knowing the factors affecting posttraumatic growth can make contribution to approaching patients and caregivers in clinical practice.

Keywords: Psychological Resistance; Posttraumatic Growth

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