EPV1172

The Delicate Balance: Aptitude of Physicians with Psychiatric diseases

N. Khaterchi[1], G. Bahri[2], I. Youssef[2], M. Mersni[2], H. Ben Said[2], D. Brahim[2], N. Mechergui[2], M. Methni[3]*, C. Ben Said[3], N. Bram[3] and N. Ladhari[2]

[1]occupationnal medecine; [2]Charles Nicolle Hospital and [3]2Forensic Psychiatry departement, Razi Hospital, La Manouba, Tunis, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1721

Introduction: The delicate balance between the need to ensure quality patient care and the reality of physicians dealing with psychiatric diseases poses a major challenge within the medical field. This issue raises fundamental ethical, legal, and medical questions, highlighting the complexity of decision-making regarding professional aptitude for practitioners affected by mental disorders.
Objectives: To examine the impact of psychiatric diseases on the medical aptitude of physicians.
Methods: This was a retrospective descriptive study that focused on physicians with psychiatric diseases referred to the occupational pathology clinic at Charles Nicolle Hospital in Tunis for medical evaluations of their work aptitude between January 1, 2021, and September 15, 2023.
Results: During the study period, we collected data from 20 patients. The mean age was 38 ± 11 years, with a sex-ratio (F/M)of 4.5. Five examined physicians had family histories of psychiatric disorders. Medical specialties were the most represented (N=17), including three general practitioners, two family medicine practitioners, and two anesthesiologists. The study population included 10 residents, eight hospital assistants, and two medical interns. The most common psychiatric diagnosis was depression (N=7), followed by bipolar disorder (N=5). The medical treatment prescribed was combinations of antidepressants and anxiolytics in seven cases, antipsychotics in five cases, and antidepressants in two cases. Medication adherence was noted in 10 physicians. Fourteen physicians had taken long-term sick leave, with an average duration of 203 days. Five physicians were declared fit to continue their regular professional activities, seven physicians were declared fit with restrictions on night work, and one physician was declared fit with workplace accommodations.
Conclusions: This study highlights the challenges surrounding the medical aptitude of physicians with psychiatric diseases. However, it is imperative to promote mental health awareness and to implementsupport measures to ensure both compassion for physicians and patient safety.

Disclosure of Interest: None Declared

EPV1169

Assessment of the Capability of Artificial Intelligence for Psychiatric Diagnosis

N. Laherrán, R. Palacios* and A. Vázquez

Psychiatry, Jerez de la Frontera University Hospital, Jerez De La Frontera, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1722

Introduction: Psychopathological exploration (PPE) involves an assessment of the mental state of patients, where psychological signs and symptoms are analyzed, which collectively form a syndrome. To conduct this assessment, the clinician must utilize their expertise to identify the presence and authenticity of a series of symptoms that, once recognized, allow for a diagnosis (1). The presence of this subjective component could explain why, despite the continuous growth of artificial intelligence (AI), its application in clinical psychiatry practice remains limited. However, the combination of the clinician's work with AI could enhance diagnostic accuracy and our understanding of diseases (2).
Objectives: The objective of this study is to investigate whether AI can make accurate diagnoses through an initial psychopathological evaluation.
Methods: A random sample was selected from our medical records of all patients admitted to our acute mental health inpatient unit through the hospital's emergency services in the year 2022. An anonymized database was created, including sociodemographic information, the results of the psychopathological assessment in the emergency department, and the diagnosis at the time of discharge. The psychopathological assessment conducted in the emergency department was provided to the AI chatbot ChatGPT, with a request to establish a diagnosis according to the DSM-5. Diagnoses such as brief psychotic disorder, schizophreniform disorder, and schizophrenia were considered, given their acute symptom similarities, as well as major depressive disorder (unipolar) and bipolar disorder. The level of agreement between both diagnoses was evaluated using the kappa coefficient.
Results: The sample consisted of 15 patients, of whom 60% were male, with a mean age of 45 years (standard deviation = 15.6). 73.3% of the patients had prior mental health follow-up, and 66.7% had been previously hospitalized. Diagnoses included psychotic disorder in 33.3% of cases, bipolar disorder with manic episode in 26.7%, depressive disorder in 13.3%, delusional disorder in 13.3%, schizoaffective disorder in 6.7%, and borderline personality disorder in 6.7%. A kappa value of 0.561 was obtained, indicating a moderate degree of agreement between the diagnoses.
Conclusions: Despite the inherent subjectivity in psychopathological assessment, this study suggests that AI, in the form of natural language processing chatbots like ChatGPT, can be a useful tool to assist mental health professionals in the diagnostic process. While AI shows promising potential, it should not entirely replace the experience and clinical judgment of mental health professionals. Instead, the importance of potential collaboration between AI and clinicians for achieving more precise and comprehensive diagnoses is highlighted.

Disclosure of Interest: None Declared

EPV1172

Dermatitis artefacta in a 60 year old man: a case report

P. Setién Preciados*, C. Díaz Mayoral and E. Arroyo Sánchez

Servicio de Psiquiatría, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1723

Introduction: Dermatitis artefacta (DA), also known as factitial dermatitis, is a condition among factitious disorders, whereby self-

induced skin damage is the means used to satisfy a conscious or unconscious desire to assume the sick role, particularly in those with an underlying psychiatric diagnosis or external stress. DA should be distinguished from malingering, in which skin damage may be inflicted for the purpose of secondary gain.
Objectives: Review what dermatitis artefacta and factitious disorders in general consist of and the challenges they present.
Methods: Presentation of a patient's case and review of existing literature, in regards to factitial dermatitis and factitious disorders.
Results: In general, in regards to factitious disorders in literature, the majority of patients were female with mean age at presentation at thirty. A healthcare or laboratory profession was reported most frequently, as well as a current or past diagnosis of depression was described more frequently than personality disorder in cases reporting psychiatric comorbidity, and more patients elected to self-induce illness or injury than simulate or falsely report it. Patients were most likely to present with endocrinological, cardiological and dermatological problems. In our patient's case, common factors described previously are dermatological lesions, comorbid psychiatric disorder and the beginning of the disorder at an earlier age.
Specifically, when it comes to DA, the hallmarks of diagnosis include self-inflicted lesions in accessible areas of the face and extremities that do not correlate with organic disease patterns. Importantly, patients are unable to take ownership of the cutaneous signs.
Management in these cases is challenging, and different modalities may be employed, including topical therapies, oral medications, and cognitive behavioural therapy; adopting a multidisciplinary team approach has been shown to be beneficial in allowing patients to come to terms with their illness in an open, non judgmental environment.
Conclusions: DA is a rare cutaneous condition that must be considered when the clinical presentation is atypical and investigations do not yield an alternate diagnosis. Few are referred to psychiatric services and even fewer accept care. They have a protracted course, complicated by repeated hospitalizations, ultimately leading to their premature deaths. Clear guidelines on the management of these patients need to be set to protect both patients and providers in light of the ethical and legal considerations.

Disclosure of Interest: None Declared

EPV1174

Exploring Exercise Intervention as a Therapeutic Catalyst within the Mental Health and Addiction Program in Nova Scotia: A Proof-of-Concept Study

S. Obeng Nkrumah[1,1]*, R. da Luz Dias[2], E. Eboreime[2], B. Agyapong[3], S. Sridharan[1] and V. I. O. Agyapong[1]

[1]Department of psychiatry, Nova Scotia Health; [2]Department of psychiatry, Dalhousie University, Halifax, NS and [3]Department of psychiatry, University of Alberta, Edmonton, AB, Canada
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1724

Introduction: Many mental health conditions, including anxiety, mood disorders, and depression, can be effectively treated at a relatively low cost. Exercise interventions can be a therapeutic strategy, but even though exercise has consistently been shown to improve physical health, cognitive function, and psychological well-being, as well as reduce depression and anxiety symptoms, this intervention is often neglected in mental health care services.
Objectives: The study aims to assess the feasibility of incorporating an Exercise Intervention Program (EIP) as a therapeutic pathway within the Mental Health and Addictions Program (MHAP) in Nova Scotia, as well as to evaluate the effectiveness of the program on mental health outcomes and incremental costs, and the patient acceptability and satisfaction with the program.
Methods: This proof-of-concept study has a pragmatic, prospective, controlled observational design with an embedded one-phase qualitative component. Patients with a primary diagnosis of depression or anxiety attending the Rapid Assessment and Stabilization Program (RASP, Halifax, Nova Scotia, Canada) will be offered to receive 60-minute exercise sessions three times per week, per 12 weeks. Patients with similar mental health conditions that have opted to wait for Cognitive Behavioral Therapy (CBT) with the community provider and declined from the EIP will be part of the control group. A certified recreational therapist will conduct the EIP. Participants of both groups (EIP and control condition) will be assessed at baseline and then weekly for four weeks, six weeks and then at 12 weeks post-enrollment. Primary outcomes include differences in the mean change in functional (well-being, resilience, and recovery) and symptom variables (depression, anxiety, and suicidal risk), which will be assessed through online validated scales/questionnaires. Service variables (patient acceptance and satisfaction) and health care utilization (crisis calls, emergency department visits, hospital admissions and readmissions, length of stay for each admission) will comprise the secondary outcomes.
Results: The results of the study will provide information about the effectiveness of EIP in the treatment of anxiety and depression compared to those only wait-listed to receive CBT or counselling from a CMHA provider. The study will also inform about the acceptability and satisfaction of the EIP, as well as the incremental cost-effectiveness of the intervention compared to the control condition.
Conclusions: This proof-of-concept study will demonstrate the effectiveness of EIP as an adjunctive or alternative therapeutic option for the treatment of anxiety and depression in patients seeking mental health support from the MHAP in Nova Scotia.

Disclosure of Interest: None Declared

EPV1175

Negative factors of personality hardiness that effect on ability to control situation and cope with the stress

S. Tukaiev[1,2]*, D. Kashpur[3,4], N. Pogorilska[3], M. Makarchuk[2], I. Zyma[2] and J. M. A. Ferreira[5]

[1]Faculty of Communication, Culture, and Society, Institute of Public Health, Università della Svizzera italiana, Lugano, Switzerland; [2]Institute of Biology and Medicine; [3]Faculty of Psychology, National Taras Shevchenko University of Kyiv; [4]Research Institute, National University of Ukraine on Physical Education and Sport, Kyiv, Ukraine and [5]Faculdade de Medicina, Universidade de Coimbra, Coimbra, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1725

Introduction: Personality hardiness expresses the characteristics that help to overcome stress and achieve well-being.