Methods: Our study sample consisted of 153 nurses working in psychiatric acute units, located in Athens area. Participants completed a questionnaire that included a) demographic characteristics, b) the Perceived Stress Scale, c) the Psychological empowerment scale, and d) the Social Support Questionnaire Short Form (SSQ-6).
Results: The majority of our sample were female (62.7%), graduates of Technological Education (47%), married (60.8%), permanent employees (81.7%), working in psychiatric units for over than twenty-one years (34.6%), with an average age of 45.3±6.7 years. The 64.7% of our sample considered the night shift as the most aggravating. The 3 main reasons that caused nurses the greatest stress were (a) lack of staff, (b) dangerousness and (c) workload. Psychological empowerment was positively correlated with social support (r=0.39). When nurses perceived greater social support, were more psychologically empowered as well. Women (b=1.43) compared to men, as well as those who had more years of service in a psychiatric ward (b=0.6), compared to younger employees exhibited a statistically significant higher level of subjective stress. Nurses who considered that night shifts were the most aggravating exhibited more stress (b=1.45). Female nurses (b=3.35), compared to males and those who were scheduled to work more day shifts (b=0.25) exhibited higher levels of psychological empowerment. Married nurses reported higher levels of social support (b=5.66). In contrast, older nurses (b=-0.44), as well as nurses who were scheduled to work more night shifts (b=-1.28), reported statistically significant lower social support.
Conclusions: It is necessary to capture the levels of perceived stress of nurses working in psychiatric acute units and the development of strategies by utilizing the parameters that contribute to reducing stress and act protectively in the workplace, as well as family and wider social environment.

Disclosure of Interest: None Declared

EPP0111

The influence of depression symptoms on postmorbid adaptation of patients after SARS-CoV-2 infection

A. Barkhatova* and S. Sorokin

Department of endogenous mental disorders and affective states, Mental health research center, Moscow, Russian Federation
*Corresponding author.
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Introduction: The study discusses the possibility of assessing postmorbid adaptation in depressed patients who had SARS-CoV-2 infection, within the framework of a multimorbidity model. This model takes into account not only mental, but also somatic clusters and allows to identify non-randomly occurring, related conditions and their impact on the ability to recover.
Objectives: The aim of the study is evaluation of the impact of psychosomatic and anxiety symptoms of depression on the formation of postmorbid adaptation in a group of patients who underwent outpatient SARS-CoV-2 infection.
Methods: The data of 54 patients aged 25-55 years with a current depressive episode who underwent outpatient SARS-CoV-2 infection were analyzed. We used the Hamilton depression rating scale (HDRS); the somatic condition was assessed using a general assessment of the patient's function limitation at the stage of convalescence. A linear regression analysis was performed to assess the association of psychosomatic and anxiety symptoms with somatic condition in SARS-CoV-2 infection, regardless of other factors.
Results: An association was established in patients with SARS-CoV-2 infection showing signs of psychosomatic and anxiety symptoms of depression. Patterns of somatic and anxiety symptoms were independently associated with impaired postmorbid adaptation, other manifestations of depression did not show such association. This fact raises the question of whether depression syndrome is really associated with an impaired postmorbid adaptation in the postcovid period, or only certain specific symptoms of somatic anxiety explain the low readaptation capacity in this group of patients.
Conclusions: Identification of clusters of symptoms associated with an impact on the full recovery possibilities in the SARS-CoV-2-postmorbid period can significantly help in providing high-quality and targeted psychopharmacological care.

Disclosure of Interest: None Declared

EPP0112

N-acetylcysteine (NAC) and in psychodermatological conditions. Is it useful?

A. Jimenez[1]*, T. Gutiérrez[1], I. Rivera Ruiz[2], L. Montes[1] and M. Reyes López[1]

[1]Psyquiatry and [2]Dermatology, Hospital Universitario Reina Sofía, Cordoba, Spain
*Corresponding author.
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Introduction: Pathologic grooming disorders can lead to clinically significant distress and functional impairment. Various psychopharmacological and nonpharmacological treatments have been used to ameliorate the symptoms of these disorders. N-Acetylcysteine (NAC) is a newer modality in the treatment of these disorders and has shown promise in treatment of obsessive-compulsive and related disorders.
Objectives: To determine whether NAC is useful in the treatment of body-focused repetitive behavior disorders.
Methods: A literature review was carried out in PubMed using the descriptors: "body-focused repetitive behaviour disorders" "grooming disorders" AND "N-Acetylcysteine".
Six results were obtained when using the time limit of 5 years. We selected two of them for their relevance to the PICO question. Subsequently, the search was repeated using the same descriptors and the time limit in the Cochrane Library, Epistemokinos and Tripdatabase, in which no additional results were found.
Results: Overall, thirty-three articles were included in these systematic reviews that we studied, which consisted of 23 case reports, one case series, and seven randomized controlled trials. Dosing of oral NAC ranged from 450 to 3,000 mg per day, and treatment periods lasted from 1 to 8 months. Side effects were uncommon, mild, and usually gastrointestinal in nature, with severe aggression reported in one child. Two randomized controlled trials showed a significant improvement in trichotillomania and excoriation disorder in adults. The other two were performed in pediatric population, showing no statistical difference. Two randomized

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controlled trials and six case reports studying the effects of NAC in patients suffering from trichotillomania (one performed in adults and the other one in infants) were included. Only the one performed in adults showed improvement when adding NAC to the treatment using the Massachusetts General Hospital, Hairpulling Scale (MGH-HPS). Four case reports and two randomized controlled trials included patients with excoriation disorder showed statistical differences in all of them. Three case reports and one randomized controlled trial in patients with onicotylomania showed a difference that wasn't consistent after two months of treatment.

Conclusions: There are multiple case reports an several clinical trials supporting both the safety and efficacy of NAC in the treatment of body-focused repetitive behavior disorders. Based on these positive preliminary results and the absence of serious adverse effects, carrying out a therapeutical trial with NAC is a plausible option in the management of this pathology, especially in those in which other therapeutic options have not been effective. Further studies are needed to develop a treatment algorithm and elucidate the difference in the efficacy of NAC between children and adults with this disorder.

Disclosure of Interest: None Declared

EPP0113

Fusiform Gyrus is Related to Subclinical Social Anxiety in Healthy Individuals

B. Kim[1]*, S.-H. Lee[1], H.-J. Kim[1] and M.-K. Kim[2]

[1]CHA Bundang medical center and [2]CHA Ilsan medical center, Seongnam-si, Gyeonggi-do, Korea, Republic Of
*Corresponding author.
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Introduction: Subclinical or subthreshold social anxiety (SSA) is associated with significant burden. Up to 20% of general population report subclinical social anxiety symptoms, which can change individual social, work functioning.

Objectives: However, neural mechanisms of SSA have not been fully investigated in healthy individual yet. This study aimed to examine the relationship between gray matter volumes (GMVs) and SSA.

Methods: We enrolled a total of 57 healthy individuals with SSA. The General Anxiety Disorder-7 (GAD-7), Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), and Albany Panic and Phobia Scale (APPQ) were evaluated. Freesurfer was applied to investigated the relationship between SSA and GMVs. Multiple regression models with age, sex, and total intracranial volume as covariates were performed. Pearson correlation analyses also investigated the exploratory correlations between the GMVs of the SSA-related regions and other psychological characteristics among healthy individuals.

Results: Freesurfer voxel-wise correlational analyses showed a significant negative correlation between the SA scores of APPQ and gray matter volumes (GMVs) in the fusiform gyrus (FG). In addition, the GMVs in the FG were significantly negatively associated with the total GAD-7, BDI-II, BAI, and APPQ scores. Performance anxiety was significantly correlated with posterior cingulate gyrus, parahippocampal gyrus and fusiform gyrus.

Image:

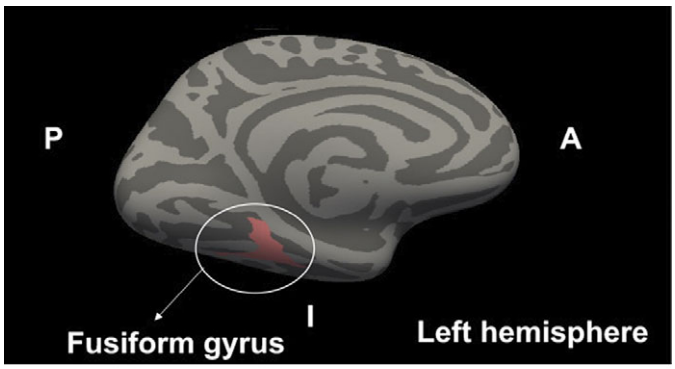


Fig.1 The significant negative correlation between the social anxiety scores and the GMVs in the cluster including left fusiform gyrus in healthy individuals (Monte Carlo simulations correction, cluster wise $p < 0.05$)

Conclusions: Our findings suggest that healthy individuals with SSA showed decreased GMVs in the FG and the GMVs of FG were associated with general anxiety and depression symptomatology.

Disclosure of Interest: None Declared

EPP0114

Setting the research agenda for medically not yet explained symptoms (MNYES): a priority-setting partnership of patients, caregivers and clinicians

C. M. Van Der Feltz-Cornelis[1]*, J. Sweetman[1], A. Moriarty[1], P. Perros[2], A. Kaul[3] and N. Gall[4]

[1]Health Sciences, University of York, York; [2]Institute of Human Genetics, University of Newcastle upon Tyne, Newcastle upon Tyne; [3]St. George's University Hospitals NHS Foundation Trust and [4]King's College Hospital, King's College, London, United Kingdom
*Corresponding author.
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Introduction: This study establishes research priorities for Medically Not Yet Explained Symptoms (MNYES). A significant number of patients suffer from these symptoms, also known as MUS, that are likely to cause work disability and impact on quality of life. Research into MNYES in general has been poorly funded over the years, has been primarily researcher-led, and was sometimes controversial.

Objectives: To identify research priorities from the perspective of patients, caregivers and clinicians, following the James Lind Alliance (JLA) priority setting partnership (PSP) method.

Methods: The PSP Steering Group termed these symptoms Medically Not Yet Explained Symptoms (MNYES). This was an operational definition not intended to add to or replace other definitions already in use, that was constructed to embrace the views of all stakeholders. The nomenclature MNYES was chosen to indicate our incomplete understanding of these conditions. This could pertain to biological, psychological and social factors, as well as