

**Results:** The intervention group included 213 and the control group 212 patients, with the sample's mean age being 59.41 (SD=10.70). Those who used the system had statistically significant lower depressive symptoms at 12 weeks (mean difference=-3.05,  $p=0.004$ ; 95%CI -5.12 to -0.99) compared to controls, with a clinically relevant effect size (Cohen's  $d=0.41$ ). Notable significant reductions included suicide ideation (mean difference =-0.61,  $p=0.020$ ; 95%CI -1.13 to -0.10) and incidence of depressive symptoms at week 12 (OR=0.43,  $p=0.019$ ; 95%CI 0.22 to 0.87). The improvements in depressive symptoms were sustained at week 24 (mean difference =-1.34,  $p=0.015$ ; 95%CI -2.41 to -0.26). No significant differences were observed for other secondary outcomes.

**Conclusions:** The NEVERMIND system was shown to be superior to standard care in reducing and preventing depressive symptoms among the studied sample.

**Disclosure of Interest:** None Declared

## EPP0694

### A mixed-methods investigation into impact of motivation type on adherence and effect in iCBT for binge eating disorder

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**Introduction:** Motivation is an important factor in therapy and potentially even more so in an online setting. Earlier research shows that more autonomously motivated patients have better outcomes and completion rates than more controlled motivated patients'. However, little is known about how motivation type influences treatment effect in an online setting and in patients with binge eating disorder specifically.

**Objectives:** This study set out to investigate how motivation type as per the Self-Determination Theory would affect treatment adherence and effect in a sample of 148 patients, undergoing an Internet-based Cognitive Behavioral Therapy (iCBT) for BED.

**Methods:** The study was mixed-methods. A sample of 148 patients gave two written qualitative statements regarding their motivation for seeking treatment and reasons for choosing online therapy. The statements were transformed into quantitative units via the condensation method. The themes were categorized according to the model by Ryan and Deci based on level of autonomy and perceived locus of causality.

This was compared with completion rate and outcomes on eating disorder symptomatology. Completion was designated into three groups. Low adherers - less than six sessions ( $n=54$ ), high adherers - between 7 and 10 sessions ( $n=56$ ) and full adherers - 10 session plus follow up ( $n=37$ ).

The effect of the treatment was measured via the Eating Disorder Examination Questionnaire (EDEQ) and Binge Eating Disorder Questionnaire (BEDQ).

## Results:

**Table 1** shows the distribution of patients' motivational types regarding therapy aims

| Controlled          | →            |              | Autonomous           |             |        |
|---------------------|--------------|--------------|----------------------|-------------|--------|
| Motivational type:  | Introjection | Introjection | Identification       | Integration |        |
| Patient motivation: | Shame        | Weight loss  | Psychological stress | Insight     | In all |
| In all              | 25           | 25           | 50                   | 48          | 148    |

**Table 2** shows the distribution of patients' motivational types regarding online treatment

| Controlled          | →            |              | Autonomous     |             |        |
|---------------------|--------------|--------------|----------------|-------------|--------|
| Motivational type:  | Introjection | Introjection | Identification | Integration |        |
| Patient motivation: | External     | Avoidance    | Convenience    | Reflection  | In All |
| In all              | 31           | 21           | 81             | 15          | 148    |

**Table 3** shows the results from motivational types in each setting on BEDQ and EDEQ scores. No significant correlation was found.

|                    |      |      |
|--------------------|------|------|
| Therapy Aims       | BEDQ | 0.92 |
|                    | EDEQ | 0.51 |
| Why Online Therapy | BEDQ | 0.99 |
|                    | EDEQ | 0.23 |

**Conclusions:** Perceived locus of causality and level of autonomy, did not affect level of adherence or outcome of treatment in either setting. This unexpected result may suggest that internet-based therapy is less dependent on motivation types, when comparing with face-to-face treatment.

**Disclosure of Interest:** None Declared

## EPP0695

### Young Vs Adults: Adaptability to ICTs, resilience, anxiety and depression in university students and professors

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**Introduction:** Personal access to digital technologies proved to be an important measure to curb the desertion of students at a public university in the Colombian Caribbean during the COVID-19 pandemic; however, there are no studies that explore the relationship between the use of new information and communication technologies, resilience, anxiety and depression during physical

isolation derived from the public health situation, in this geographic area.

**Objectives:** Analyze adaptability to the use of technologies and its relationship with resilience, anxiety and depression in university students and professors in the midst of isolation by Covid-19.

**Methods:** The sample consisted of 328 subjects, aged between 18 and 69 years ( $30.6 \pm 12.21$ ), 39% men and 61% women; 67.4% young students and 32.6% professors. The study was quantitative, exploratory, by convenience, online. The instruments were registered on the Web and were provided through WhatsApp, Facebook and personal mail by means of a Snowball type sample selection. It was developed during the period of mandatory physical isolation, decreed in the first quarter of 2020 by the Colombian State due to the COVID-19 Pandemic. The analysis was performed using descriptive, correlational and inferential statistics. The Kolmogorov-Smirnov (KS) normality test was applied, confirming a non-normal distribution of the sample. A correlational analysis was performed using Kendall's Tau-b correlation coefficient and for the subsequent analysis of variance (segmented by age), Kruskal-Wallis Chi-square (X<sup>2</sup>) was used, verifying the variances by post hoc. In the case of the analysis of variance segmented by occupation (professors and students) and by sex, the Mann-Whitney U X<sup>2</sup> test was used.

**Results:** Of the total sample, 86.3% showed maladaptability to the use of ICTs, with no significant difference between professors and students ( $p=0.48$ ). Resilience is higher in professors than in students ( $p<0.01$ ); anxiety and depressive symptoms are higher in students ( $p<0.01$ ). Adaptability was inversely associated with Resilience and directly with Anxiety and Depressive Symptoms ( $p<0.01$ ); the highest risk group are students under 22 years old. A future publication will expand on the details of the results.

**Conclusions:** It is concluded that maladaptability to the use of ICTs may be associated with contextual elements not studied in the present study, however, the mental impact remains high mainly in the younger student population, especially in times of general social crisis. Credit is given to the project BPIN 2020000100758: Development of an Integrated Technological System for the promotion of mental health, psychosocial and socioemotional problems and prevention of gender violence, caused by the COVID19 pandemic in the Magdalena region, which allowed the deepening for the analysis of the results. Likewise, to Universidad del Magdalena for its support in installed capacity.

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## EPP0696

### Cognitive disorders with epilepsy: clinical-psychopathological and neuropsychological characteristics, non-pharmacological correction

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**Introduction:** Cognitive dysfunction affects the development, treatment compliance, significantly worsens the quality of life and social functioning of the patients with epilepsy.

**Objectives:** 146 patients with epilepsy aged 18 to 65 participated in the study ( $M=40.7 \pm 2.42$ ) were diagnosed with focal, idiopathic epilepsy and epileptic syndromes (G40.1, G40.2, G40).

**Methods:** Clinical-anamnestic, social-demographic, clinical-psychopathological, psycho-diagnostic and statistical.

**Results:** The study of the attention selectivity was carried out using the Munsterberg test. Only 9 examined patients (6.16%) of the total group had sufficient indices, 35 (23.97%) patients refused from the test, while the rest – 102 (69.87%) had low test results. The overall treatment group score was 7.72, which is by 13.28 lower than in the control group, where the attention selectivity index was 21 ( $p<0,001$ ), which shows a considerable attention selectivity decrease in patients with epilepsy compared to the healthy persons. According to the MoCA test results, the first treatment group patients showed better cognitive functions (1.4,  $p<0.001$ ), higher attention selectivity under the Munsterberg test (0.63,  $p<0.001$ ), lower anxiety level under HARS (1.45,  $p<0.001$ ), lower depression level under HDRS (1.7,  $p<0.001$ ) and higher subjective assessment of the life quality (2.77,  $p<0.05$ ). According to the MoCA test results, the second treatment group patients showed better cognitive functions (0.73,  $p<0.001$ ), higher attention selectivity under the Munsterberg test (0.27,  $p<0,05$ ), lower anxiety level under HARS (4.27,  $p<0.05$ ), lower depression level under HDRS (2.32,  $p<0.05$ ) and higher subjective assessment of the life quality (1.21,  $p<0.05$ ). According to the MoCA test results, the comparison group patients demonstrated lower cognitive functions (0.22,  $p<0.05$ ), higher attention selectivity under the Munsterberg test (0.15,  $p<0.05$ ), lower anxiety level under HARS (2.61,  $p<0.001$ ), lower depression level under HDRS (2.49,  $p<0.001$ ) and higher subjective assessment of the life quality (1.0,  $p<0.05$ ). The cognitive training showed its effectiveness in healthy persons of the control group: according to the MoCA test results, cognitive functions improved (0.79,  $p<0.001$ ), compared to the treatment group 2 patients (0.73,  $p<0.001$ ).

**Conclusions:** According to the follow-up study data 12 months after the cognitive training and psychoeducation, follow-up study showed better values under depression and anxiety scales, and improved life quality levels in the patients of treatment groups. Patients with epilepsy show a reliable cognitive functioning improvement after a 3-month computerized cognitive training. The study results indicate a more significant cognitive functioning improvement in the patients provided the combined use of the methods of psychoeducation and cognitive training, compared to the use of a cognitive training only.

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## EPP0697

### Burnout Syndrome and its associated factors among anesthesia technicians in a Teaching Hospital in the central region of Tunisia

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