

Objectives: This study focused on the Hardiness as the important personality trait, which allow coping with stress and the relationship of empathy, emotional sensitivity and the personality hardiness.

Methods: 88 healthy volunteers, students aged 17 to 26 years (mean age = 19, SD = 1,69), participated in this study. We used Cloninger's Temperament and Character Inventory (TCI), the Maddi Hardiness Survey (adapted by Leontyev), Buss Perry Aggression Questionnaire (BPAQ), the Barratt impulsiveness scale (BIS-11), Maslach Burnout Inventory (MBI), the Questionnaire Measure of Emotional Empathy (QMEE).

Results: The cluster analysis was used to identify groups of hardy personalities. We demonstrated a negative relationship between hardiness and depression and burnout. It revealed significant differences between these groups by the following traits: Attention (BIS-11), Self-Control (BIS-11), Cognitive Complexity (BIS-11), Hostility (BPAQ), Exploratory activity (NS1 TCI), Shyness of strangers (HA3 TCI), Resourcefulness (S3 TCI). Regression analysis was used to identify Hardiness factors and to build the following regression models. For the first group the models describe 100% of dispersion (R-square=1,000, Durbin-Watson statistic = 1,419) and are:

$Control = -16,998 - 2,922 * C2 + 3,549 * C5 + 3,264 * CI + 0,723 * ST2 + 0,747 * S4 - 0,306 * SC + 0,166 * RD3 - 0,020 * C - 0,003 * NS2$, where C2 – scale Empathy (TCI), C5 – scale Principles (TCI), CI – cognitive instability, ST2 – Transpersonal identification scale (TCI), S4 – Self-acceptance (TCI), SC – Self-Control (BIS-11), RD3 – Social attachment (TCI), C – Cooperativeness (TCI), NS2 – Impulsive decision making (TCI).

The *Hardiness* model described 50% (R-square=0,456) of dispersion: $Hardiness = 63,527 - 4,080 * C2$, where C2 –Empathy scale (TCI) ($p=0,003$).

The regression models of the second group explain 50% of group dispersion (R-square=0,512) and are Independent variables significance $p < 0,05$:

$Challenge = 12,484 + 0,389 * SC + 0,197 * EE - 0,702 * RD1 - 0,206 * A$, where SC- Self-Control scale (BIS-11), EE – Emotional Empathy (Personality test of Emotional Empathy), RD1 – Sentimentality scale (TCI), A – Anger (BPAQ).

The *Hardiness* model describes 35% of dispersion (R-square=0,364, Durbin-Watson statistic = 2,066):

$Hardiness = 100,352 + 0,941 * SC - 0,527 * H$, where SC – Self-Control scale (BIS-11) ($p=0,009$), H – Hostility scale (BPAQ) ($p=0,021$).

Conclusions: Thus, the attention and self-control problems, hostility, cognitive complexity and shyness have a negative impact on hardiness. Our results suggest that the excessive use of empathy leads to decrease of ability to control situation and cope with the stress.

Disclosure of Interest: None Declared

EPV1176

Somatic disorders in patients followed for a psychiatric disorder at the Ar Razi hospital in Morocco

Y. BENSALAH^{1*}, S. BELBACHIR¹ and A. OUANASS¹

¹Psychiatric hospital Ar Razi, Salé, Morocco

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1726

Introduction: Somatic disorders in patients suffering from psychiatric disorders have become an important issue in the overall care of these patients

Comorbidity studies show that 30 to 60% of patients consulted or hospitalized in psychiatry present an associated organic pathology. However, the detection of somatic conditions in psychiatric patients remains too late and this exposes them to sometimes lethal somatic complications

Objectives: To evaluate the prevalence of somatic disorders in patients followed for a psychiatric disorder at Ar Razi hospital in Salé – Morocco, and to determine the associated factors

Methods: We carried out a cross-sectional study with 80 patients followed for a psychiatric disorder at Ar Razi hospital in Salé presenting clinical signs in favor of an organic pathology and transferred for specialized advice to the medical-surgical services, in the period from September 1st, 2022 until August 31st, 2023.

Results: Most of our patients were male (65%) with ages ranging from 18 to 65 years. Addictive behaviors were found in more than half of our patients.

The most frequent reasons for requests for advice from medical-surgical services was the suspicion of an organic cause of psychiatric symptoms in 25% of cases or the presence of an organic warning sign in 30% of cases.

The comorbidity of somatic illness and psychiatric disorder was noted in 35% of cases.

Somatic comorbidities were essentially: infections and cardiovascular diseases.

Side effects of psychotropic drugs were predominantly neurological in 40 % of cases

Conclusions: Somatic comorbidities in patients hospitalized or in consultation in psychiatric hospitals are very common, often unrecognized, hence the need for early screening in order to improve care.

Disclosure of Interest: None Declared

EPV1178

Introduction of Hungarian Association of Psychiatric Trainees - EPA - Hungarian NPA Joint Symposium

F. Kupcsik

Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary

doi: 10.1192/j.eurpsy.2024.1727

Introduction: The purpose of my presentation is to introduce the Hungarian Association of Psychiatric Trainees (HAPT), - our NAT - to you, which includes residents and young specialists within five years of training.

Objectives: Currently we have 108 members, from 15 cities and villages throughout Hungary, and one person is working in Denmark. The vast majority (58 %) of the members are from Budapest, our capital city. There are 14 members, who are young specialists, the others are doing residency training. We have 21 members who are working in child and adolescent psychiatry.

HAPT has been existed since 2013, so in the previous years, our founder members have reached the point when they no longer meet the criteria of being 'psychiatric trainee' or 'young specialists', however every year we encourage the new residents to join us.