

**Introduction:** In this research work the sense of resilience was studied, which is an essential factor in reducing the stress of health care workers, it also helps to maintain the sustainability of the work of medical specialists and prevents the burnout syndrome. Aaron Antonovsky's Sense of Coherence scale was used in this study, which helps to determine how health care professionals are able to preserve their mental and physical health.

**Objectives:** This study is aimed to determine the differences in components of Antonovsky's Sense of Coherence scale for various health care specialists and to describe the factor structure of Coherence scale for health care specialists in Latvia, that forms the sense of resilience for health care specialists.

**Methods:** The questionnaire used in the study is Antonovsky's Sense of Coherence scale's (Antonovsky, 1987) Latvian version, that was translated into Latvian and adapted in the research work of A. Veylande, N. Bahmačova (2000). 202 respondents who are representatives of medical professions took part in this study. The obtained data were entered into the MS Excel computer program and were statistically processed using the SPSS 22 computer program.

**Results:** Looking at the obtained results of this study, it can be stated that Medical Doctors- Specialists have statistically significantly higher Comprehensibility scores than Medical Orderlies ( $p = 0.01$ ,  $r = 0.24$ ), while Medical Doctors- Specialists and Medical Doctors-Residents have statistically significantly higher Manageability scores than Medical Orderlies ( $p = 0.04$ ,  $r = 0.21$ ). Based on the analysis of the results, it has been determined that Doctors-Specialists ( $p = 0.00$ ,  $r = 0.32$ ) and Doctors-Residents ( $p = 0.00$ ,  $r = 0.34$ ) have statistically significantly higher Meaningfulness indicators than Medical Orderlies, as well as Doctors-Specialists ( $p = 0.00$ ,  $r = 0.29$ ) and Doctors-Residents ( $p = 0.00$ ,  $r = 0.31$ ) have statistically significantly higher Meaningfulness scores than Medical Nurses.

**Conclusions:** Higher scores of the three components of Antonovsky's scale for Medical Doctors-Specialists and Medical Doctors-Residents compared to Medical Orderlies and Medical Nurses could be explained by a lower overall time that Doctors spend in the department with patients. Higher education helps to overcome stress at work and to become aware of possible strategies for improving the joy of life, ways to reduce stress at work and to relax from work.

**Disclosure of Interest:** None Declared

## EPV0502

### Descriptive study of patients admitted to a Psychiatric Home Hospitalization Unit in Santa Coloma de Gramenet and Badalona

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**Introduction:** Hospital at home for psychiatric patients is a new emerging resource of delivering acute mental health care in the community. The main objective of this program is to provide intense care to patients with severe mental disorders at home as an alternative to acute admission.

Although home hospitalisation has begun to develop widely in recent years there is a notable lack of studies

The CAEM Psychiatric Home Hospitalization Unit (HAD-CAEM) has been operating since 2018 and takes place in Santa Coloma de Gramenet; and from March 2022 also in a part of Badalona. Both are sociodemographically depressed areas near Barcelona.

**Objectives:** The aim of this study is to describe the characteristics of patients attended at the Psychiatric Home Hospitalization Unit of our hospital and to study differences according to area and place of referral.

**Methods:** Socio-demographic and clinical data were collected retrospectively at admission and discharge of all patients treated at HAD-CAEM between March 2022 to february 2023.

Statistical analysis was performed by using SPSS program.

**Results:** 85 patients were included in the study. 45.9% were women. The mean age was 45.5 years (SD 15.58 years). The main diagnoses of the sample were psychosis and schizophrenia (38.8%), Bipolar disorder (23.53%), Depressive disorder (21.18%), schizoaffective disorder (8.24%) and others (8,24%).

54 (63.53%) patients were from Santa Coloma area and 35 (41.18%) from Badalona area.

The total mean duration of admission was 40.22 days (SD 26.18 days), with a mean follow-up of 10.09 visits (SD 5.39 visits) and 2.41 teleassistance (SD 2.62).

The mean duration of admission for Santa Coloma patients was 43.98 days (SD 28.59), and for Badalona patients 33.68 days (SD 20.13). Trend without significance is observed ( $t = 1.77$ ,  $p = 0.08$ ) We found differences in the mean duration of admission according to referral location. Acute psychiatric unit 33.25 days (SD 18.06), Mental health Center 51.93 days (SD 33.45), Emergencies 34.28 days (SD 19.69) ( $F = 5.1$ ,  $p = 0.008$ ).

**Conclusions:** Sociodemographic and clinical characteristics obtained in our study are consistent with those reported in previous studies. The duration of admission of patients referred from the mental health center is longer than those referred from the acute psychiatric or emergency unit. Home hospitalization teams have been increasing in recent years, being an alternative to traditional hospitalization.

**Disclosure of Interest:** None Declared

## EPV0504

### Sociodemographic and Clinical Determinants of Psychiatric Hospitalization in Northern Greece: A descriptive study

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**Introduction:** According to data, psychiatric re-admissions rates vary from 10%-80%, while they negatively affect the patients' quality of life and life expectancy. The limitation of multiple psychiatric hospitalizations represents a clinical challenge for all mental health professionals.

**Objectives:** To investigate risk factors of hospitalization in a sample of psychiatric patients in Northern Greece.

**Methods:** 1,633 records of psychiatry inpatients were examined retrospectively throughout the 10-year records of the Psychiatry Department of Papanikolaou General Hospital in northern Greece. The research was conducted between 2013 and August 2023. The sample was divided into subgroups according to gender, diagnosis, and year of hospitalization. A bivariate analysis was performed to examine relationships between the examined variables: (a.) place of residence; (b.) age; (c.) type of admission; (c.) hospitalization duration; (d.) number of lifetime hospitalizations; (e.) lifetime prosecutor's orders for coercive examination; and (f.) lifetime suicide attempts.

**Results:** A fairly equivalent number of males and females was included in the study (M: 874; F: 759). The mean age of the sample was 44.7 years with males being younger than females (males 43.23; females 46.39). Males residing out of the co-capital as well as females residing within the co-capital of Greece, Thessaloniki, disclosed higher odds of being hospitalized ( $p < 0.03$ ). Coercive hospitalizations represented 47% of cases, bore the highest duration (20.7 days), and involved the youngest patients. Coercively hospitalized male patients outnumbered their female counterparts ( $p < 0.001$ ). Voluntary urgent hospitalizations duration was estimated at 17.04 days, followed by outpatient admissions (12.64 days) and transfers from other clinics (11.35 days). 37% of patients experienced psychosis while 35% experienced affective disorders. Males were more affected by psychosis (Odds Ratio: 1.35;  $p < 0.001$ ). Females were more liable to affective disorders (OR: 1.78;  $p < 0.001$ ). 7% of the sample had committed suicide attempts, with single suicide attempts being ten times higher than multiple suicide attempts ( $p < 0.001$ ). Females were more than twice as likely as males to commit a suicide attempt ( $p < 0.001$ ). Females tended more to be hospitalized self-willingly ( $p = 0.0015$ ) and to voluntarily terminate hospitalizations prematurely ( $p = 0.0014$ ). Patients with a single hospitalization were seven-fold compared to those with multiple hospitalizations ( $p < 0.001$ ). The average lifetime hospitalization number for a patient was one hospitalization, while the average for a patient with previous hospitalizations was three.

**Conclusions:** Being in position to identify the patients in high-risk for hospitalization -as well as for suicide attempt- the clinician can proceed to initiatives such as treatment modifications or further involving the patient's family.

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## EPV0505

### Assessing the Impact of the Different Psychiatric Disorders on the Profiles of Psychiatric Hospitalization: A descriptive study in a Greek Hospital

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**Introduction:** The prevalence of psychiatric re-admission ranges from 15% to 60%, escalating even more in the first year after admission, affecting the patients' quality of life. Furthermore, the diagnosis of psychotic or affective disorders represents a risk factor

of psychiatric re-admission, highlighting the diagnosis impact to the "profile" of psychiatric hospitalization.

**Objectives:** To compare the different "Hospitalization Profiles" in association to the patients' diagnostic categories.

**Methods:** Overall, 1,633 records of psychiatry inpatients were examined retrospectively throughout the 10-year records of the Psychiatry Department of Papanikolaou General Hospital in northern Greece. The research was conducted between 2013 and August 2023. The sample was divided into subgroups according to gender, diagnoses - according to the International Classification of Diseases (ICD-10)-, and year of hospitalization. A bivariate analysis was performed to examine relationships between the variables: (a.) place of residence; (b.) age; (c.) type of admission; (c.) hospitalization duration; (d.) number of lifetime hospitalizations; (e.) lifetime prosecutor's orders for coercive examination; (f.) lifetime suicide attempts.

**Results:** Developmental disorders (F80-89) stood for the youngest average age of hospitalization (26 years) and lowest average hospitalization duration (7 days). Neurodegenerative disorders (F00-09) represented the diagnostic category with the oldest mean age of hospitalization (66 years). Intellectual disorders (F70-79) yielded the longest average hospitalization duration (21 days). Patients with intellectual disorders were found to be facing homelessness at a higher rate (4.76%) than patients of any other diagnostic entity ( $p = 0.096$ ). Psychotic and substance use disorder patients obtained equivalently ( $p = 0.18$ ) the highest rates of coercive hospitalizations (63% and 71%, respectively); compared to other diagnostic categories ( $p = 0.0008$ ). Dual diagnosis and anxiety disorders projected equivalently ( $p = 0.9$ ) the highest rate of premature voluntary discharge (6.9% and 6.4%, respectively). Dual diagnosis, personality disorders, and affective disorders also recorded the highest rates of suicidality (11-15%; with no significant statistical difference among the three diagnostic entities  $p > 0.1$ ) among hospitalized patients of all diagnostic categories ( $p < 0.05$ ).

**Conclusions:** Interestingly, the study's results reveal the pathologies of the Greek society, with the most representative example being this of patients suffering from intellectual disorders simultaneously presenting the highest risk of homelessness. Further studies are needed, focusing on the sub-populations of psychiatric patients as well as their status in terms of social security, health care providing, quality of life and life expectancy.

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## EPV0506

### Psychiatric disorders in professional drivers and fitness for work

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