

($p=0.039$). The occurrence of alexithymia was not significantly associated with taking dopatherapy ($P=0.31$).

Conclusions: Alexithymia has been quite frequent in patients with PD and associated with motor gravity and sleep disorders. It is considered as a non-motor symptom of the disease that needs to be treated promptly.

Disclosure of Interest: None Declared

EPV0725

Meals and Movies: What Makes Our Microbiota Merry?

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Introduction: A healthy microbiota should be on all our Christmas lists this year. There is compelling evidence that good gut health is associated with better mental health, especially important during these cold winters. To spark some joy during this time, many of us enjoy a festive film and we can probably admit we also overindulge during the festive season.

Objectives: We aim to investigate “what is the impact of festive cinematic diets on the gut microbiota?”.

Methods: We identified films and broke down the festive meals into their constituents. Using our MINCE PIE (Microbiota INDEX of Comparative Evaluation for Pictorial Infographic Evidence) scoring equation (=Microbiota Enhancing Food Groups - Microbiota Detrimental Food Groups), we formulated scores for 12 festive films. We sought to rate meals in each film to assess their relative ability to enhance the gut microbiota.

Results: Most festive films contained meals or foods from a typical “Western diet” i.e., high sugar/high fat. These meals overall show negative effects. However some films did promote diets containing a cornucopia of fibre, beneficial proteins or polyphenols. These are the gifts under the Christmas tree for our microbiota.

Conclusions: Good balance is needed in our microbiota, and consequently influences our mental health. Many festive films portray a “Western diet”, which leads to dysbiosis. Through the gut-brain axis and the influence of media, the festive foods eaten in these films (maybe an extra chocolate biscuit during Love Actually) may cause stress to our microbiota.

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EPV0726

Burnout: a reality among physicians and other health professionals

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Introduction: Burnout is a syndrome that results from chronic stress at work, with several consequences to workers' well-being

and health. It is included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon and is described in the chapter «Factors influencing health status or contact with health services», which includes reasons for which people contact health services but that are not classed as illnesses or health conditions. Burnout isn't classified as a medical condition.

Objectives: To assess the consequences of health professionals' burnout: its impact at personal and professional level.

Methods: Non-systematic literature review, available in English, using the PubMed database. Key search terms included burnout; physician; psychiatrist; healthcare; depression; suicide.

Results: Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy. Burnout is particularly common on physicians and in other health professionals, like nurses. This problem represents a public health crisis with negative impacts on individual health professionals, patients and healthcare organizations and systems. Systems factors that play a role in burnout include work compression, demands of electronic health records, production pressure and lack of control over one's professional life.

Conclusions: Physician burnout is an under-recognized and under-reported problem, and, unfortunately, physicians often do not recognize symptoms of burnout, and even less often do they seek help. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. There are different clinical forms of burnout and various therapeutic strategies. The individual and social impacts of burnout highlight the need for preventive interventions and early identification of this health condition in the work environment. Psychiatrists play a key role in the multidisciplinary diagnosis and treatment of burnout.

Disclosure of Interest: None Declared

EPV0728

Tardive dyskinesia: apropos of a case. This is a case related to drug side effects, whose uniqueness lies in the time of onset of symptoms, Tardive dyskinesia is a drug-induced hyperkinetic movement disorder.

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Introduction: Tardive dyskinesia is finally diagnosed, it is a drug-induced hyperkinetic movement disorder associated with the use of dopamine receptor blocking agents, including first and second generation antipsychotic drugs, metoclopramide and prochlorperazine. Typically, the first-generation antipsychotics with increased dopamine D2 receptor affinity are affiliated with a higher risk of inducing tardive dyskinesia.

The most common manifestations of TD involve spontaneous movements of the mouth and tongue, but the arms, legs, trunk, and respiratory muscles may also be affected. Less commonly, the prominent feature is dystonia involving a focal area of the body