Image 2:

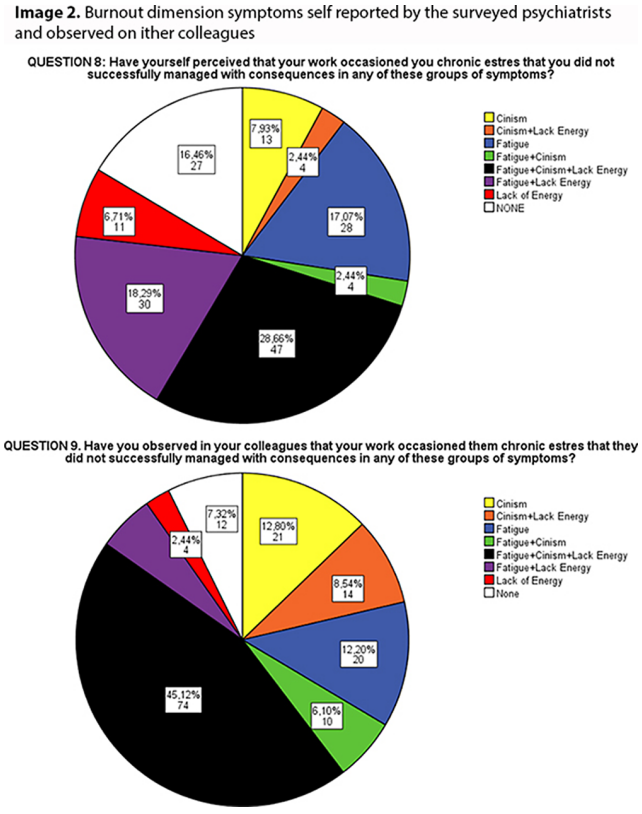
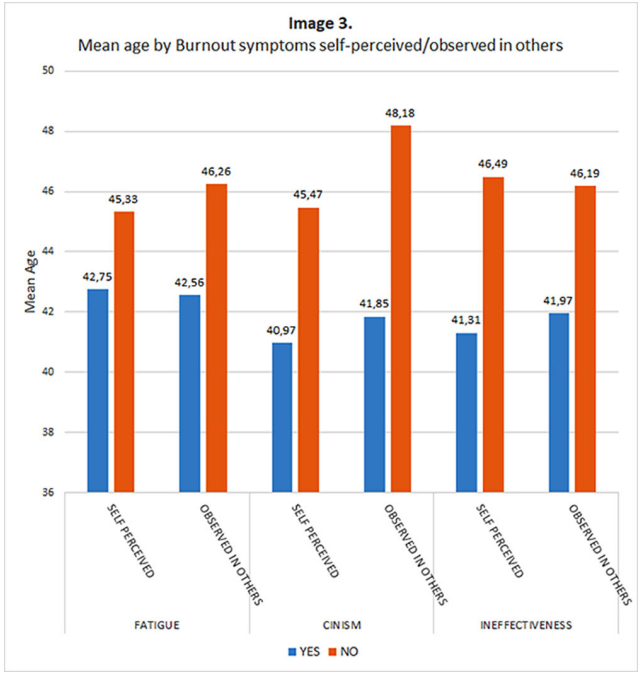


Image 3:



Conclusions: Psychiatrists' concept of burnout is diverse but the main construct is convergent with ICD definition, not a medical illness but a condition related to work.
The three classic dimensions of burnout are common in clinical conditions and also in the laboral environment of psychiatrists themselves. Psychiatrists tend to recognized more easily burnout in other colleagues, particularly cinism symptoms. Cinism and ineffectiveness appear to be related to younger age that can be associated to an imbalance between work demands and individual resources.
These results highlight the challenge of preventing, detecting and addressing burnout syndrome in psychiatric services.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPP0098

Who benefits from multifamily psychoeducation groups ? Descriptive anaysis of participants

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Introduction: Guidelines for relapse prevention in schizophrenia recommend psychoeducation for patients and caregivers (Bighelli I, Leucht S et al. Lancet Psychiatry 2021). Considering that, in 2021, we implemented in our Psychiatric community center a multifamily therapy (MFT). The program is based on systemic approach and psychoeducation, focusing on schizophrenia.
Objectives: Describe participants of MFT groups focusing on schizophrenia.
* Patients' characteristics : age, gender, duration of psychiatric follow-up, history of hospitalization
* Caregivers' characterics: status, age.
Methods: We carried out a descriptive study of the different profile of MFT groups participants in our community center from 2021 to today.
Results: Since 2021, 4 MFT groups took place including 50 participants: 18 patients suffering from schizophrenia and 32 relatives.
Image 1 illustrates the different participants of each group.
Each group was different. Some patients came with both their parents, even if divorced, some came only with their mother. Some came with a sibling. Nevertheless, the numbers of fathers and siblings did not always allow us to work in sub-groups.
Considering patients: 18 patients benefited from our program. 8 female and 10 male patients (55.6%) were admitted and distributed in each group as described in image 2. The mean age of patients was 31.9 years old [20.1 – 57.5]. Each group was made up of patients with psychiatric follow-up ranging from 1 year to more than 20 years, and having experienced between 1 to more than 5 psychiatric hospitalizations. It appears that Group 4 was noticeably younger than the other groups with a mean age of 22.4 years old [20.4 – 26.7] and a shorter history in psychiatry with less hospitalisations (image 3).
Considering relatives: 15 mothers, 9 fathers, 5 siblings, 1 spouse, 1 aunt and 1 uncle benefited from psychoeducation to caregivers. The relatives were from 47 to 81 years old for the parents, and from

17 to 50,7 for the siblings. Unlike parents, siblings generally attended a limited number of sessions.

Image:

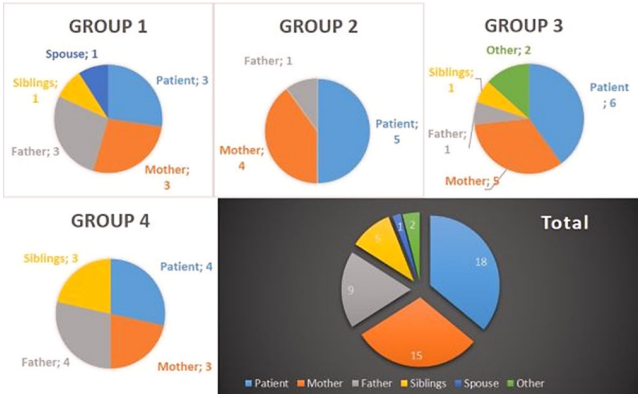
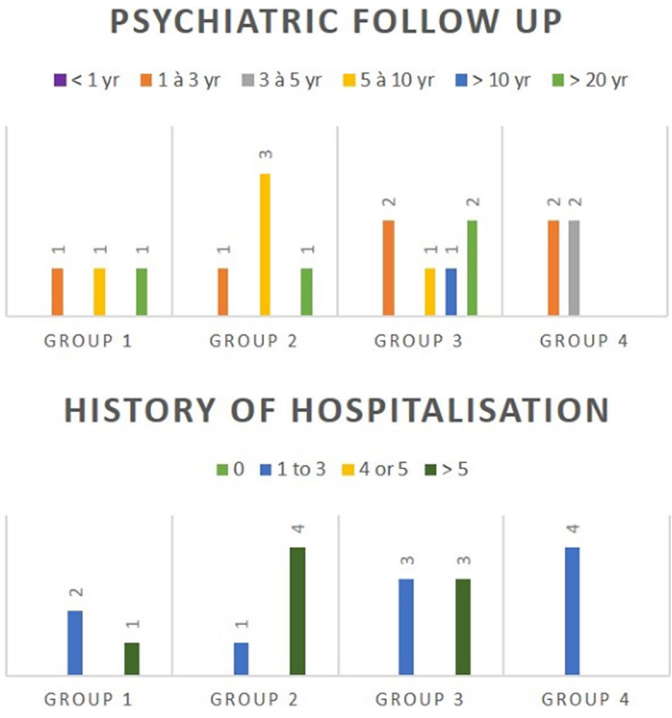


Image 2:

	PATIENTS			MOTHER		FATHER		SIBLINGS		SPOUSE	
	Patient	Age	sex	PRESENT	Age	PRESENT	Age	Age	Sex	Age	Sex
GROUP 1	1	27,5	M	Yes	56,4	Yes	56,5			50,2	F
	2	31,3	F	Yes	58,6	Yes	60,7				
	3	40,8	F	Yes	70,5	Yes	73,6	43,2	SISTER		
GROUP 2	4	28,7	M	Yes	61,8						
	5	30,2	M	Yes	61,3	Yes	63,8				
	6	33,2	F	Yes	59,1						
	7	31,6	F	Yes	59,1						
	8	53,1	F	Yes	80,4						
GROUP 3	9	33,7	M	Yes	63,6						
	10	20,1	M	Yes	79,4						
	11	47,5	F	Yes	80,9						
	12	57,5	M	Yes	79,3			50,7	SISTER		
	13	27,0	M	aunt	47,9	uncle	52,3				
	14	35,4	M	Yes	61,5	Yes	59,4				
GROUP 4	15	20,9	M	Yes	57,3	Yes	58,6				
	16	26,7	F	Yes	55,3	Yes	58,7	20,8	BROTHER		
	17	21,5	M			Yes	54,3	24,3	SISTER		
	18	20,4	F	Yes	51,1	Yes	50,8	17,2	SISTER		

Image 3:



Conclusions: This descriptive study reflects the work carried out with 18 patients and their relatives in an MFT group providing psychoeducation to patients suffering from schizophrenia and their caregivers. 50 persons benefited from psychoeducation in 2 years. We learned from these results to improve the constitution of our groups and the benefits of our psychoeducation program. We were careful to include families with siblings as we know they are affected by the mental illness in the family and are often left aside of all care/support proposals. We questioned ourselves on the advantages of homogeneous or heterogeneous groups, considering age, history of follow up. How could it impact affiliation to the group or differentiation movements ? How useful or harmful it is for sharing experiences between the families. A proper study would be necessary to answer these questions.

Disclosure of Interest: None Declared

Classification of mental disorders

EPP0099

Traumatic Brain Injury and Conversion Disorder in a Veteran's Atypical Presentation

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Introduction: Traumatic brain injury (TBI) induces cognitive and behavioral changes due to environmental impacts on brain tissue.
Objectives: Highlighting the atypical TBI presentation challenging conventional diagnostics and obscured by conversion disorders.
Methods: A 36-year-old male veteran, injured by a sniper rifle in 2011, presented with right ear tinnitus and monthly, unresponsive right hemicranial headaches. Seizures occurred every two weeks with no reported loss of consciousness or sensation. The gunshot wound to the neck in 2011 prompted emergency intervention, with entry and exit wounds located in the posterior lateral neck. Post-injury symptoms comprised hearing loss, tinnitus, restricted neck movement, and weakness in the right arm. Seizures persisted, accompanied by numbness and neck movement. Management included physical therapy, hyperbaric oxygen therapy (improving weakness but not tinnitus), and administration of piracetam (2400 mg/day), sertraline (100 mg/day), and ginkgo biloba (2400 mg/day). Psychiatric consultation suggested a diagnosis of "conversion disorder."
Results: Neuropsychological Evaluation: Raven Standard Progressive Matrices Test showed borderline impairment. Psychiatric Evaluation noted monotonous mimics, occasional depersonalization, reduced emotional involvement, and slowed psychomotor activity. Elevated trait anxiety was observed per the State-Trait Anxiety Inventory. Neurological Examination identified left arm weakness and impaired resting balance. Imaging Findings: F18-FDG PET/CT Scan at 1 year post-GSW showed hypermetabolism in the right frontal lobe, and at 3.5 years post-GSW demonstrated decreased glucose metabolism in the bilateral cerebellar cortex, temporal lobe, and bilateral parietal lobe.
Conclusions: A high-kinetic-energy bullet passed through the right lateral base of the neck without causing apparent brain damage.