

mean age was 37.1 (SD = 12.4). Internal consistency (Cronbach's α) was 0.91. For convergent validity, the highest correlation was with the Beck Anxiety Inventory ($r = 0.64$). CFA suggested a two-factor model. Optimal threshold for probable diagnosis was 10. Analyses support sensitivity to change when comparing transdiagnostic group CBT and control conditions.

Conclusions: With its good psychometric properties in primary care patients, the French-Canadian self-report version of the Panic Disorder Severity Scale is an efficient and practical instrument for both clinicians and researchers working in the field of mental health.

Disclosure: No significant relationships.

Keywords: Psychometric properties; panic disorder; French validation; Assessment scale

EPV0007

Prevalence of anxiety in parents of Children with Adrenal insufficiency: a case control study

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doi: 10.1192/j.eurpsy.2022.983

Introduction: Adrenal insufficiency is a rare medical condition which can occur in children. Parents, being the primary support and support for the child, are generally involved in the care of their sick child.

Objectives: To estimate the prevalence of anxiety symptoms and associated factors in parents of children with adrenal insufficiency.

Methods: This is an analytical cross-sectional case-control study over a period of 4 months in 2019, carried out with parents of children with Adrenal Insufficiency followed at the pediatric outpatient clinic in Taher Sfar Mahdia University Hospital. We used an anonymous questionnaire that included a socio-demographic fact sheet and the Hamilton anxiety scale for exploring anxiety symptoms.

Results: A total of 38 parents of children with Adrenal insufficiency and 38 control parents participated in the study. The current age of the child was between 1 and 16 years old with an average of 9.1 and standard deviation of 4.22 For the assessment of anxiety, 55.3% of the parents had a score greater than 20 attesting to the presence of an anxiety symptomatology. In addition, only 26.3% of control parents presented anxious symptoms. There is a significant difference between the two populations ($p = 0.010$ OR = 3.459). Anxiety was associated with having a child with SI (OR=3.4), female gender (OR=4.2), unemployment (OR=6.33), and low socioeconomic status.

Conclusions: Parents have a considerable burden in the care and management of their child with a chronic illness, which takes time and a lot of patience. Detecting anxiety symptoms in this population will help them manage it.

Disclosure: No significant relationships.

Keywords: Anxiety; adrenal insufficiency; Children; parents

EPV0008

Assessment of psychological defense mechanisms in women with somatoform disorder using Thematic Apperception Test-Based Measure

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doi: 10.1192/j.eurpsy.2022.984

Introduction: Maladaptive defense mechanisms can play a role in maintaining the inadequate social and psychological adaptation of patients.

Objectives: This study aims to establish if denial is one of the central psychological defense mechanisms in patients with somatoform disorder.

Methods: 10 female patients at Moscow Clinical hospital №33 with somatoform disorder and panic attacks (aged 20 to 43) and 20 female participants of the control group (aged 19 to 35) were presented with 10 pictures of the Thematic Apperception Test. Pictures were previously annotated into 4 groups: neutral stimuli (2, 6GF), provoking self-blame / depression ideation stimuli (3GF, 14, 15, 17GF), provoking aggression ideation stimuli (8BM, 18 GF, 9GF), provoking aggression/self-blame ideation stimuli (13 MF). We conducted content analyses of stories. Mann-Whitney U-test was used.

Results: Table 1 presents analyses categories, examples of stories, and group differences.

Table 1

Category	Example	Patients, % of stories	Control group, % of stories	Mann-Whitney U-test
Denial of interpersonal/ internal conflict	«It is a beautiful day. The girl is enjoying the sunlight. Her life is going well» (17GF).	90%	47%*	p<0,01
Denial of aggressive ideation	«She won't smother her, she just wants to scare her a little» (18 GF).	70%	30%	p<0,05
Denial of depressive / self-blame ideation	«Is she dead or not? I think, no. They were having sex and now they are sleepy» (13MF).			

*Several patients told more than 1 story to a picture.

Conclusions: Patients with the somatoform disorder tended to use descriptions without interpersonal or internal conflicts and/or to deny any characters' negative intentions or the negative consequences of their actions.

Disclosure: No significant relationships.

Keywords: thematic apperception test; somatoform disorder

EPV0009

Clinical correlates of anxiety disorders : Tunisian study about 436 subjects

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doi: 10.1192/j.eurpsy.2022.985

Introduction: Anxiety disorders are very common and burdensome mental illnesses worldwide, characterized by exaggerated feelings of worry and fear. These disorders are highly comorbid with other conditions.

Objectives: The aim of our study is to explore the physical and psychiatric comorbidities and their clinical correlates. The second objective is to identify the predictors of recurrence of anxiety disorders.

Methods: Our study concerned 436 outpatients who met DSM-V diagnostic criteria for anxiety disorders and were followed in the Department of Psychiatry of Monastir (Tunisia) between 1998 and 2017. Selective mutism and separation anxiety were excluded for lack of cases.

Results: Our results demonstrated that Generalized Anxiety Disorder (GAD) was significantly associated with cardiovascular comorbidity (OR=3.208). Social Anxiety Disorder (SAD) was significantly correlated to avoidant personality disorder (OR=17). Patients with suicide attempts are more likely to have a comorbid personality disorder (OR=11.606). Being married and having a later age of onset are predictors of having comorbid depressive disorder. Furthermore, being married, having an anxiety-anxiety comorbidity and a longer duration of untreated illness (DUI) are predictors of recurrence.

Conclusions: Our study highlights the fact that comorbidities (physical and psychopathological) call for a closer follow up due to the higher risk of recurrence, the higher risk of suicide attempts and the poorer treatment response.

Disclosure: No significant relationships.

Keywords: Anxiety disorders; recurrence; comorbidities; clinical correlates

EPV0011

Primary clinical testing of the questionnaire “Brief questionnaire of quality of anxiety” in patients with generalized anxiety disorder

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doi: 10.1192/j.eurpsy.2022.986

Introduction: The clinical differentiation of anxiety can play an important role, particularly in response to treatment. Patients with generalized anxiety disorders (GAD) reflect anxiety, therefore questionnaires are effective. Previous attempts to create a questionnaire assessing the quality of anxiety assessed only one aspect – tolerance to uncertainty (3). The new questionnaire covers such aspects of anxiety as behavioral manifestation, hypochondria, relation to cognition, personal trait and expectation from treatment.

Objectives: Clinical testing of the questionnaire.

Methods: 38 GAD patients (total score of Hamilton depression rating scale 27±4.7), aged 42.5±13, 75% females and 38 healthy volunteers aged 36.5±11, 74% females. The questionnaire included 8 statements, (two of them have subparagraphs). The testing

version does not include statement about expectations from treatment. It takes 10 minutes to fill it out.

Results: The difference between groups were found in following statements:

“I am often told that I am worried about small things” (χ^2 22 p=0.00001)–behavioral presentation of anxiety.

“When I am anxious, I find it difficult to concentrate” (χ^2 23,6 p=0.059)–cognitive aspect.

“My anxiety is getting worse, when I can’t complete the task strictly according to the instruction” (χ^2 13.6 p=0.0002) –obsessive aspect.

“My anxiety is getting worse, when something goes wrong” (χ^2 =9 p=0.002)–obsessive aspect.

“My anxiety is getting worse, when I need to make my own decision” (χ^2 29 p=0.003)– narcissism

“My anxiety is getting worse when I have to hold back irritation or discontent” (χ^2 24.2 p=0.04)–narcissism.

Conclusions: Only part of statements differs GAD patients from healthy volunteers, but they cover different fields of mental functioning.

Disclosure: No significant relationships.

Keywords: generalized anxiety disorder; quality of anxiety; Questionnaire

EPV0012

Differences in the effects of anxiolytics bromodihydrochlorophenylbenzodiazepine and fabomotizole in patients with anxiety disorders in dependence on their individually-typological features.

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doi: 10.1192/j.eurpsy.2022.987

Introduction: Personalized approach in drug therapy is an essential line of modern psychiatry. Experimental and clinical studies of anxiolytics have shown differences in drug effects in dependence on genetically determined reactions to stress and personal features.

Objectives: To evaluate of the therapeutic effects and effectiveness of bromodihydrochlorophenylbenzodiazepine and fabomotizole in dependence on individually-typological features of patients with anxiety disorders.

Methods: 45 patients (mean age 33,3±9,7 years) with generalized anxiety disorder (n=22) and panic disorders with agoraphobia (n=23) participated in this open-label study. 13 patients treated with typical anxiolytics bromodihydrochlorophenylbenzodiazepine at dose 2 mg daily and 32 patients treated with atypical fabomotizole at dose 30 mg daily. The duration of treatment was 14 days. Minnesota Multiphasic Personality Inventory, Psychiatric Symptoms Severity Evaluation Questionnaire and CGI-E were administered.

Results: Asthenic features (high pessimism, anxiety, individualism) were revealed in 26 patients and stenic features (high impulsivity, rigidity and optimism) were revealed in 19 patients. Patients with asthenic features had tranquilo-activating effect of bromodihydrochlorophenylbenzodiazepine, whereas patients with stenic features had tranquilo-sedative effect. The tranquilo-activating effect of fabomotizole was revealed in patients with stenic features. High efficacy of bromodihydrochlorophenylbenzodiazepine was