

Elevated levels of anxiety, frequent reassurance seeking activities and persistent troubling thoughts related to COVID-19 were found in 5.8%, 3.2% and 6.1%, respectively. However, females reported significant higher mean levels on CAS and CRBS compared to males (2.41 vs 1.60,  $p=0.015$ , and 3.36 vs 2.64,  $p=0.041$ , respectively). Participants living in smaller areas had increased levels on all three scales (CAS,  $p < 0.001$ ; CRBS,  $p = 0.007$ ; OCS,  $p < 0.001$ ), indicating thus higher coronaphobia, more frequent reassurance-seeking behaviors and disturbed thinking about COVID-19, compared to healthcare workers living in urban regions. Furthermore, lower educational level is also associated with higher values on CAS, CRBS and OCS ( $p < 0.003$ ;  $p = 0.017$ ;  $p < 0.023$ , respectively). Nurses experience higher anxiety scores (2.96) than physicians (1.92,  $p=0.013$ ) or other healthcare workers (1.87,  $p=0.016$ ). No dysfunctional thinking about COVID-19 is observed in medical doctors, whereas nurses and other healthcare workers experience higher levels on OCS.

**Conclusions:** Our study does not show any worrying increased psychological dysfunction related to COVID-19 pandemic among healthcare workers in general. However, females have increased levels than males. Thus, support and mental health protecting strategies should be applied primarily to female healthcare professionals when necessary.

**Disclosure of Interest:** None Declared

## EPP0865

### A Path Analysis Evaluating the Impacts of Childhood and Adult Trauma on Mental Health Outcomes at Two Psychiatric Hospitals in Johannesburg, South Africa

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**Introduction:** Like many under-resourced settings, there is a large gap between burden of mental illness and availability of services in South Africa. Because South Africa also bears a high burden of adverse childhood events (ACEs) and adult trauma, mental illness is often preceded in individuals by either or both. While studies within South Africa have examined the association between ACEs and distress in adulthood and adult trauma and adult mental distress, there is less knowledge of how these preceding factors interact to affect mental distress together, particularly in clinical populations.

**Objectives:** Using path analysis, this study seeks to ascertain the impact that ACEs and adult trauma have on mental illness in urban South Africa. Understanding the perceptions and experiences of people living with mental illness is key not only to expanding biomedical services and ensuring appropriate and effective mental health treatment, but can also help identify ways to prevent mental illness in the future.

**Methods:** This study uses data collected from 309 psychiatric outpatients at two public psychiatric hospitals in Johannesburg. Ethics approval was received and data were collected in-person between January and June of 2022. Patients 18 years and above, of African descent, and willing to provide informed consent were invited to participate. The survey included questions about demographics COVID-19, adverse childhood events, adult traumatic events,

depression, anxiety, and stress. Participants were also invited to take part in a brief, semi-structured interview. Data were analyzed via path analysis, using the lavaan package in R, version 4.1.1.

**Results:** Incidences of both ACEs and adult trauma were significantly associated with three mental illness outcomes – depression, anxiety, and stress. An aggregated adult trauma score was found to partially mediate the association between total ACEs and depression, anxiety, and stress. When analyzed separately, total adult trauma partially mediated the association between ACEs including childhood verbal abuse, sexual abuse, emotional neglect, and mental illness in the household and depression, anxiety, and stress. Total adult trauma also partially mediated the association between childhood physical abuse and depression and anxiety, but not stress.

**Conclusions:** This study highlights the importance of disaggregating adverse childhood events when exploring their effects, while also reinforcing previous findings that ACEs increase the likelihood of experiencing adult trauma and mental illness. Future studies should attempt to pinpoint which ACEs are most impactful, and target those in particular for prevention in childhood and intervention in adulthood, to mitigate their deleterious impacts.

**Disclosure of Interest:** None Declared

## EPP0866

### Depression, anger and coping strategies of students in polish medical faculties

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**Introduction:** Stress related to high expectations towards students, a large amount of knowledge necessary to assimilate in a brief period of time, and peer pressure are an important factor in the deterioration of the mental state of medical students. As a consequence, it can lead to burnout and even the development of mental disorders such as depression. Mechanisms of coping with difficulties play an extremely important role in moderating this risk. For this reason, it was of the interest what strategies medical students adopt in the face of everyday stress and how it affects their well-being and functioning.

**Objectives:** The objective was to determine how medical studies impact mental health of students and what coping strategies are used by them to mitigate the negative influence of stress associated with high expectations, peer pressure and overwork.

**Methods:** A cross-sectional study was conducted among students of polish medical faculties using an online questionnaire. Risk of depression was assessed using validated BDI inventory, aggression using STAXI inventory and evaluation of coping strategies was conducted with Brief-COPE inventory.

**Results:** Study was conducted among 329 participants. The majority of respondents were female (71.4%;  $n=235$ ) and average age in the whole population equaled 22.46 years (95%CI: 22.1-23.01). There was no statistically significant difference in age between

females and males. Average outcome in BDI equaled 13.84 (95%CI: 12.8-14.8) with higher levels among females (13.84 vs. 12 p<0.05). 165 (49.6%) students had a score above threshold for the increased risk of depression while 32 (9.63%) for severe symptoms of it. In case of aggression average outcome of STAXI equaled 24.89 (95% CI: 22.6-27.1). There was a statistically significant correlation between STAXI and BDI ( $r=0.3$ ;  $p<0.05$ ). In terms of the coping mechanisms in terms of coping strategies, a clear advantage of approach strategies was observed (65.36% of respondents). In the multiple regression analyses coping strategies did not influence neither STAXI nor BDI outcomes.

**Conclusions:** What draws attention are the high level of depression among the surveyed students, where over 50% show results above the cut-off point for an increased risk of a depressive episode. The advantage of approach strategies is also interesting, especially in terms of planning strategies and positive reformulation. Interestingly coping strategies in the analysed population did not constitute a significant protective factor in relation to the severity of the depressive symptoms and aggression. Meanwhile, the sense of satisfaction and contentment with the chosen direction was a very good protective factor in terms of the severity of depressive symptoms.

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## EPP0867

### Antidepressants overuse in primary care: prescription trends between 2010-2019 in Catalonia

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**Introduction:** Antidepressants (AD) are one of the most prescribed pharmacological treatments in developed countries. AD efficacy is well-proven in anxiety, depressive and other mental disorders, but their use is also common in individuals without psychiatric health conditions. Indeed, recent evidence reported an increase in AD prescription over the latest years. Concern has been raised on the overuse of AD in several countries, and societal policies and national guidelines have been developed to regulate their use in the general population.

Several factors might be used to explain this increase, including the more safety profile of new AD classes (i.e. SSRI, or vortioxetine) compared to old AD, a possible overall increase in the incidence of depressive and anxiety disorders, or their inappropriate prescription in mild conditions which could be managed without pharmacological treatment as first-step option in primary care (PC).

**Objectives:** Explore AD prescription patterns in relation to mental health diagnoses and identify the most relevant factors involved in PC health systems. Understanding the variables influencing AD prescription would allow designing strategies and guidelines to make appropriate use of this pharmacological group in PC. As part of the PRESTO project ([www.prestoclinic.cat](http://www.prestoclinic.cat)), here we investigated the changes in frequency and the variables associated with AD prescription in a population-representative sample of people attending PC between 2010–2019 in Catalonia, Spain.

**Methods:** We retrieved AD prescription, sociodemographic, and health-related data using individual electronic health records from a population-representative sample (N=947,698) attending PC between 2010-2019. Prescription of AD was calculated using DHD (Defined Daily Doses per 1,000 inhabitants/day). We compared cumulative changes in DHD with cumulative changes in diagnoses with an indication for AD during the study period. We used Poisson regression to examine sociodemographic and health-related variables associated with AD prescription.

**Results:** Both AD prescription and mental health diagnoses with an indication for AD gradually increased. At the end of the study period, DHD of AD prescriptions and mental health diagnoses with an indication for AD reached cumulative increases of 404% and 49% respectively. Female sex (incidence rate ratio (IRR)= 2.83), older age (IRR = 25.43), and lower socio-economic status (IRR= 1.35) were significantly associated with increased risk of being prescribed an AD.

**Conclusions:** Our results from a large and representative cohort of patients confirm a steady increase of AD prescriptions that is not explained by a parallel increase in mental health diagnoses with an indication for AD. A trend on AD off-label and over-prescriptions in the PC system in Catalonia can be inferred from this dissociation.

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## EPP0868

### Changes in the Rate of Emergency Presentation in Patients with Functional Neurological Disorder Attending a Long-term Community Care Program for FND

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**Introduction:** Patients with Functional Neurological Disorder have a high return rate to Emergency Rooms.

**Objectives:** To assess possible changes in Emergency Room presentation rates in patients with Functional Neurological Disorder following their attendance of specialized long-term multidisciplinary treatment and rehabilitation program.