The average age was 38.22 ± psychological complaints. A clear female predominance was noted 2014 and 2022 for a medical opinion of aptitude occupational medicine department of Charles Nicolle between

We examined the files of teleoperators who were referred to the

Introduction: By its nature, the activity of teleoperators seems to be a propitious environment for the development of psychosocial disorders, sometimes severe

Objectives: To study the frequency of psychiatric disorders among teleoperators and their impact on medical fitness for work

Methods: This is a retrospective descriptive epidemiological study. We examined the files of teleoperators who were referred to the occupational medicine department of Charles Nicolle between 2014 and 2022 for a medical opinion of aptitude

Results: A total of 82 cases were identified, 27 of which had psychological complaints. A clear female predominance was noted (21). The average age was 38.22 ± 6.536 years. All the patients were telephonists at the call-taking station with an average professional seniority of 9.3 ± 3.395 years. The symptoms noted were: sad mood (19), irritability (15), anxiety (10), sleep disorders (8), loss of vital impetus (8), neurovegetative signs (6), psychomotor slowing (5), concentration and memory disorders (3). Only one patient had suicidal thoughts. Symptoms had been evolving for an average of 34.32 ± 34.527 months. Psychiatric follow-up was noted in 16 patients. The diagnoses retained were: anxiety and depressive disorder (19), adjustment disorder (4), panic disorder (2), obsessive-compulsive disorder (1), and a satisfactory state of health (1). In some cases, the evolution was marked by complications: addiction (1), tonic stuttering with phobic disorder (1) and speech disorder (1). The prescribed treatments were: an antidepressant (2), an antidepressant-anxiety combination (8) and psychotropic drugs (2). Concerning the ability to work, 21 patients required an eviction from call taking (definitive (9) or temporary for 3 months (7) or 6 months (5) with re-evaluation of the medical ability to work at the end of this period), 1 patient had an eviction from night work and an other had a reduction of the working hours.

Conclusions: Teleoperators are exposed to several risks which can affect both their mental and physical health and put their medical fitness for work at risk.

Disclosure of Interest: None Declared

EPP0720
Psychiatric disorders in teleoperators: A series of 27 cases
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Introduction: Shift work can lead to mental health problems evolving into real anxiety disorders with significant socio-professional repercussions.

Objectives: The purpose of our work was to screen paramedics with shift work for anxiety disorders.

Methods: Cross-sectional study carried out among the paramedical staff of a Tunisian university hospital. The data was collected from a pre-established record sheet. Screening for anxiety-depressive disorders was done using the HAD scale

Results: The study included 158 paramedics. The average age was 36.48 years with female predominance at 70.9%. The average working time was 11.1 8.9 years and the average working time in shift work was 10.27 9.2 years. Of the 13 departments with non-standard hours of work, the main departments represented were resuscitation (n=24; 15.2%), emergencies (n=18; 11.4%) and radiology (n=17; 10.8%). Nurses accounted for 46.2%, manual workers for 23.4% and senior technicians for 19%. Certain anxiety symptomatology was found in 53.2% (n=84) and doubtful symptomatology in 29.1% (n=46) of the general population. Certain depressive symptomatology was noted in 17.1% (n=27) and doubtful symptomatology in 30.4% (n=48) of the general population. Occupational seniority and seniority in shift work were statistically significantly associated with both anxiety (p=0.04/p=0.05) and depression (p=0.05/p=0.006) symptomatology. Similarly, this anxiety-depressive symptomatology was associated with the position occupied (p=0.02 / p=0.04) and the assignment department (p=0.008 / p=0.01).

Conclusions: Anxiety-depressive disorders are common among paramedics working shift work in hospitals. Screening consultations in occupational medicine are necessary to detect these disorders early.

Disclosure of Interest: None Declared

EPP0722
Fitness for work on atypical schedules in workers with psycho-affective disorders
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Introduction: Work on atypical schedules could lead to alertness and sleep disorders, which makes people with psychiatric pathologies more likely to exacerbate their illness.

Disclosure of Interest: None Declared
**Objectives:** To study the impact of psychoaffective diseases on the fitness for night or/and shiftwork

**Methods:** A descriptive cross-sectional study was conducted with patients with psychoaffective disorders working atypical hours who have consulted the Occupational Medicine Department of the Charles Nicolle Hospital for statements of medical fitness. The study period was six years from January 2016 to June 2022.

**Results:** Among 224 employees who had shift/night work, 32.1% (n=76) had psycho-affective disorders. The average age was 43.32±8.64 years. The sex ratio (M/F) was 0.46. The average professional seniority was 17.35±9.17 years. The most represented sectors were: health (56%), the electronics industry (5%), finance (5%) and the plastics industry (5%). The most occupied jobs were: nurses (21%), blue collar workers (20%), senior technicians (20%) and security guards (8%). Psychiatric pathologies were represented by anxiety disorders (80%), psychoses (8%), schizophrenia (8%) and bipolar disorders (4%). The consultants were on medication in 88% of cases. Antidepressants were prescribed in 75% of cases, followed by anxiolytics (54%), antipsychotics (22%) and thymoregulators (4%). Concerning the medical fitness for work of the patients, a definitive eviction from shift/night work was indicated in 56% of cases.

**Conclusions:** A medical assessment of the fitness to work on atypical schedules for workers with psychiatric disorders is required, in particular, during the employment medical examination.

**Disclosure of Interest:** None Declared

### Post-Traumatic Stress Disorder 02

**EPP0723**

**Translation and validation of Greek version of the Pandemic Grief Scale**

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**Introduction:** Those who have lost loved ones to COVID-19 may be considered at risk of complicated grief. A 5-item mental health screening tool called the Pandemic Grief Scale (PGS) was developed to find likely instances of dysfunctional grief during the pandemic.

**Objectives:** To develop a Greek version of PGS and to explore the validity and reliability among the general population in Greece in order to further use it as clinical mental health screener.

**Methods:** We conducted a cross-sectional study between January and April 2022, and 342 persons were recruited. The questionnaire included socio-demographic parameters, the PGS, the Brief Resilience Coping Scale to capture tendencies to cope with stress and the Athens Insomnia Scale to assess the insomnia symptoms. Based on experiences over the previous two weeks, each PGS item is scored on a 4-point scale, from 0 (not at all) to 3 (almost every day), with higher rating and a cut-off of 7 indicating dysfunctional grief. Prior to the psychometric validation a linguistic validation and adaptation in Greek was performed.

**Results:** A total of 342 patients participated in the study, 67.8% were females and 27.8% were 18-30 years old. Coefficient Validity Ratio (CVR) results showed that 100% (n = 5) of items were acceptable. Value of Cronbach’s alpha was found 0.848. A one-factor model was conducted by Conﬁrmatory Factor Analysis (CFA), giving acceptable global fit indices. The resulting global fit indices [Standardized Root Mean Square Residual (SRMR) = 0.037, Comparative Fit Index (CFI) = 0.952, Tucker–Lewis Index (TLI) = 0.903] showed that the 5 items in one-factor solution proposed by the primary researchers shouldn’t be rejected for the Greek version.

The Bartlett Test of Sphericity was 758.08 (p < 0.001). The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 0.826, showing that the data is suitable for factor analysis. The one-factor solution derived in our study consisted of 5 items. The total explained variance was 64.3%.

**Conclusions:** The findings of this research support the PGS psychometric validity and reliability. PGS is suitable to be used in healthcare to identify and assist individuals, who are experiencing this type of pandemic-related dysfunctional grief as it is a screening tool that it’s simple to use, access, and understand.

**Disclosure of Interest:** None Declared

### EPP0724

**Post-Traumatic Stress Disorder and participation in daily life: The pilot study of participation patterns and affecting factors**

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**Introduction:** Post-Traumatic Stress Disorder (PTSD), with prevalence of 14%, causes disability and burden to the person, his/her close environment and whole society due to, among other factors, interruption in a range of daily life activities. To date little research was done to delineate comprehensive patterns of daily life participation among people with PTSD. Despite extensive research, our understanding of factors affecting the participation in PTSD is limited, given that relief in the PTSD symptoms does not guarantee returning to satisfying daily life activities.

**Objectives:** Investigate objective and subjective participation dimensions among individuals with PTSD in comparison to healthy controls; and explore the impact of personal and illness-related factors, body functions and environment on the participation in PTSD.

**Methods:** Sixty two individuals with PTSD (age: M=34.3, SD =9.2; women: 24, 77.4%) and matching by age and gender healthy controls participated in this cross-sectional study. They completed standard assessments for PTSD symptoms severity, general cognitive profile, executive functions (EF) based on self-report and performance, sensory processing, self-efficacy, capacity to perform everyday activities, environmental properties, and actual participation in daily life in objective (number of activities, frequency,