

The study was based on a questionnaire posted online, which might have resulted in a bias in participation. Further studies are needed to confirm our findings.

Disclosure of Interest: None Declared

EPV0084

The Relationship between Systolic Blood Pressure with Anxiety and Depression in Family Caregiver of Hemodialysis Patients at Soehadi Prijonegoro Regional Public Hospital: A Cross-Sectional Study

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Introduction: The global toll of chronic kidney disease (CKD) is significantly rising and unevenly distributed. In Indonesia, CKD is primarily managed by hemodialysis (HD) because limited resources rule out the possibility of renal transplantation. HD patients are commonly accompanied by caregivers but most studies show neglected the physical and mental health of caregivers.

Objectives: This work aims to know the relationship between anxiety and depression with systolic blood pressure (SBP) in HD caregivers at Soehadi Prijonegoro Regional Public Hospital.

Methods: A cross-sectional study design was conducted to assess the population. This research took place in Soehadi Prijonegoro Regional Public Hospital Sragen Indonesia, at the Hemodialysis department in November 2022, with 31 participants. We assessed their SBP using a sphygmomanometer, and then we interviewed the caregivers using Hamilton Depression Rating Scale (HAM-D or HDRS) and Hamilton Anxiety Rating Scale (HAM-A).

Results: We found that 38,8% of caregivers have hypertension with SBP above 140 mmHg. Around 93.5% and 6.5% of caregivers were found to be mild and mild-moderate anxious. Also, 22.6% were found to have mild depression, while the rest showed the normal result. There is a relationship between SBP and anxiety ($p=0.037$), while depression is not ($p=0.302$). However, there is a strong relationship between anxiety and depression ($p<0.05$), with a correlation coefficient of 0.69.

Conclusions: One-third of the caregivers were found to have hypertension, which is significantly related to anxiety. Furthermore, depression could occur in a patient with anxiety. Thus, caregivers need to maintain their physical and mental health.

Disclosure of Interest: None Declared

EPV0085

Senescence as a manifestation of Mirror Autoprosopometamorphopsia

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Introduction: Obligate autoscopic mirror hallucinations of senescence have not heretofore been described.

Objectives: To reveal that perception of looking older in the mirror may be the manifestation of Mirror Autoprosopometamorphopsia.

Methods: A 37 year old right handed female, with schizoaffective disorder, bipolar subtype She described that when she would gaze at herself in the mirror, she would not see her current face, but rather the visage of an “old person”. This would recur whenever she would directly look at herself in the mirror, and would avoid glancing at any mirrors because she was fearful of looking at her transform senescent countenance. She realised it was not another person but rather herself in the future, having become her geriatric self.

Results: Abnormalities in Physical Examination: Mental Status Examination: Hyperverbal, grandiose with expansive affect, poor insight and judgment. Recalls 3 out of 4 objects in 3 minutes and all 4 with reinforcement. Proverb testing: correct abstraction. Neuropsychiatric Testing: The Patient Health Questionnaire 9:7 (mild depression). Other: Magnetic Resonance Imaging/ Magnetic Resonance Angiography of Brain with Infusion: Normal.

Conclusions: Autoscopic mirror hallucinations appearing only when embedded in a mirror are obligate autoscopic mirror hallucinations and suggest occipital and parietal lobe dysfunction (Virk, 2018). The inability to recognize the perception of another image or another person replacing the individual looking in the mirror, while defined as a mirror sign, may also be viewed as “a capgras syndrome for the mirror image” (Feinberg, 2005). Distortion of one’s own face only when viewed in a mirror is autoprosopometamorphopsia. With such distortion, this may be a misidentification of one’s own image. This phenomenon is classified as a form of delusional misidentification syndrome with inability to recognise one’s image in the mirror (Postal, 2005). Autoprosopometamorphopsia, obligate to mirror reflection, but metamorphosed to enhance perceived senescence, has not been specifically localized. Possibly a single lesion in the non dominant inferior parietal lobe may have caused this phenomenon. Somatoparaphrenia with somatosensory illusions involving body image are seen with parietal lobe dysfunction (Nightingale, 1982). In the general population, an individual’s focus on a mild facial imperfection often is associated with a negative view of their image. Exaggeration of this to involve the entire face, with projection of imperfection of aging, may be a somatic manifestation of such negative self image. It is possible that such senescent autoprosopometamorphopsia may be prevalent, to a lesser degree, in the general population and may be a nidus for younger people seeking cosmetic and plastic surgical intervention of the face.

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EPV0086

Bluetooth Hyperosmia: Chemosensory Variant of Delusional Somatic Symptom Disorder

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Introduction: Subjective hyperosmia, as a manifestation of belief of exposure to Bluetooth transmission, with testing demonstrating the absence of true hyperosmia, has not heretofore been described.

Objectives: Correlation of Bluetooth transmission with subjective hyperosmia.

Methods: This 53-year-old right-handed single woman presented with a 10-year history of increase in sensitivity to aroma and enhanced perception of smells upon exposure to Wi-Fi electromagnetic radiation. She noted an intensity-duration effect: with higher intensity and duration of Wi-Fi exposure, her sense of smell would escalate and persist: after a few hours of exposure, her smell would jump to a 190% of normal and last for two weeks. When she drives toward a metropolitan area, she can feel that the Wi-Fi is more intense and gets an electrical sensation like "I am an antenna". Because of this, she refuses to use a cell phone or have Wi-Fi in her home.

Results: Mental Status Examination: Able to recall 3 out of 4 objects in 3 minutes without reinforcement. Chemosensory Testing: Olfaction: Brief Smell Identification Test: 9 (normosmia). Alcohol Sniff Test: 8 (hyposmia). Gustation: Waterless Empirical Taste Test: broth: 4/8 (hypogeusia), total: 46 (normogeusia).

Conclusions: Nidus for such hyperosmic delusions may be a primary olfactory system disorder, with induction of ephaptic transmissions, causing intermittent phantosmia or otherwise misperceived odor, misattributed to the ambient environment. Paradoxically, such perceived hyperosmia may be due to a specific or isolated hyposmia or anosmia, the olfactory equivalent to monochromatic color blindness. The assignment of the source of the hyperosmia to that of Bluetooth is consistent with the zeitgeist of mistrust and paranoia of higher technology. Thus, the subjective hyperosmia would only occur when the patient perceives there was a kippage of radiation/ Bluetooth/ electromagnetic waves present, independent of these actually being present. This may be a form of expectation effect due to visual evidence (high tower wires); suggestion combined with subcultural group dynamics with belief in harm of such electromagnetic/Bluetooth waves, with distorted information recall and misattribution. Such group dynamics and shared misperceptions may act to fuel such a delusion as in the Mandela effect (French, 2018). This may represent the chemosensory equivalent of somatosensory amplification due to external intensification (Brascher, 2017). Perchance, this case represents not delusional hyperosmia, due to a functional psychiatric disorder, but rather has a neuroanatomic basis. Those with subjective hyperosmia and hypersensitivity to aromas have demonstrated hypertrophied gray matter volume in the posterior subregion of the right hippocampus, left precuneus, left superior frontal gyrus, and right hypothalamus (Han, 2020). In those with subjective hyperosmia, neurological investigation is warranted.

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EPV0087

Anxiety and depressive disorders Screening among Healthcare Professionals

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Introduction: Stress is an integral part of the profession of health care personnel (HCP) and manifests in higher rates of depressive and anxiety disorders (ADD).

Objectives: Screening of anxiety and depressive disorders factors among HCPs

Methods: A descriptive cross-sectional study in two university hospitals in Ariana was carried out on September 2022. It included HCP who were examined for medical periodic visit. Data was collected from medical records, anxiety and depression Scale (HAD) and somnolence questionnaire (Epworth).

Results: One hundred and nine HCP were included in the study. Women represented 87.2% of cases. The average age was 38 ± 10.7 years. The average occupational seniority varied between one to 38 years. Nurses represented 38.5%, technicians 24% and doctors 7%. They had night work in 12% of cases. Depression and anxiety were found for 20% and 31% of cases respectively. Successive daytime sleepiness was found in 7% of cases. A statistically significant relationship was found between excessive daytime sleepiness and anxiety ($p=0.005$) and between depression ($p=0.002$).

Conclusions: Anxiety and depressive disorders in HCP were considerable. They were associated with sleepiness disorder. Night or day time shift wasn't statistically correlated with ADD. Referral to psychiatric consultations after psychological opinion was done in order to guarantee therapeutic support and decide fitness to work.

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EPV0088

Somatoform disorders in out-patient psychiatric setting: An overview

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Introduction: The somatoform disorders are a group of psychiatric disorders that present with unexplained physical symptoms.

Objectives: This study aimed at assessing the prevalence and risk factors of somatoform disorders (SD) and their types among patients attending a major psychiatric clinic in Duhok Governorate/Kurdistan Region of Iraq. Our secondary aim was to assess the common presenting symptoms of conversion disorder (CD).

Methods: 637 subjects were randomly selected from the outpatient psychiatric clinic at Azadi Teaching Hospital in Duhok Governorate/Kurdistan Region of Iraq. Structured Clinical Interview for DSM-IV Axis I Disorders-Patient Edition (Version 2.0) was applied to diagnose patients with SDs.

Results: In our sample the prevalence of SD was 24%. CD comprised the vast majority of SD at 75.8%, followed by somatization disorder at 7.8% and undifferentiated SD at 5.2%. SD was most common (60.1%) in adolescents and young adults (ages 15-25 y.o.); ($p < 0.05$), and female gender comprised most of the SD in our sample (75.8%; $p < 0.001$)

Although, more than two-third of the cases were from lower educational levels (illiterate and primary educational level) (67.3%), more than fifty percent were married (52.3%), majority were housewives (39.2%) and more than half of the cases were from urban areas (52.3%), but no significant association were found between SD and educational level, marital status, occupation, and residence (p -values were 0.218, 0.659, 0.072, 0.090 respectively). Regarding the symptomatic presentation of CD, vast majority of the cases presented with pseudo-seizures which comprised (81%),