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 doi: 10.1192/j.eurpsy.2022.2239

**Introduction:** This study revolves around self-esteem which is defined as a basic human characteristic related to self-awareness, emotions, cognitions, behavior, lifestyle, general health and socio-economic factors. This fundamental data of the personality is revealed from one person to another as well as from one period to another. Many studies point out that advancing adults do not necessarily imply a decline in sense of self-worth, although skill losses are very real in many areas of psychological activity. Therefore, it seemed interesting to us to further explore this point in Moroccan women.

**Objectives:** Evaluate and compare self-esteem among different age groups of Moroccan women. Identify the different influencing factors.

**Methods:** This is a descriptive cross-sectional study using a questionnaire based on two parts, the first based Rosenberg scale, and the second part to identify the presence of certain factors influencing self-esteem.

**Results:** Our researches have shown a similar results to those of some previous studies. Indeed, we found out that women experience a significant rise of self-esteem simultaneously with the increase of age. Yet, this self-esteem starts to decline in middle-aged women. Several factors can affect it; we can note on the top, the impact of relationships, education and physical health.

**Conclusions:** This research contributes to our understanding of Moroccan women's self-esteem and to the identification of factors that influence it. Self-esteem is a core identity issue, essential to personal validation and our ability to experience joy. Previous researches also suggests that self-esteem might influence economic welfare and physical health.

**Disclosure:** No significant relationships.

**Keywords:** self-esteem; women

## EPV1667

### Gender disparities in a psychiatric department in Tunisia

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doi: 10.1192/j.eurpsy.2022.2240

**Introduction:** Gender disparities exist regarding prevalence, symptomatology and risk factors of mental disorders. In Tunisia, there is only one hospital dedicated entirely to mental health which is Razi hospital.

**Objectives:** The aim of the present study was to assess gender based mental health disparities in a psychiatric department and its related factors.

**Methods:** A cross sectional and comparative survey was conducted between March and April 2021 in the department of psychiatry D of Razi Hospital including 70 patients with a sex ratio= 1.

**Results:** The participants were aged between 17 and 68. Men had higher rate of celibacy: 80% of men against 48.57% of women

( $p=0.009$ ). A total of 11.42% of women were illiterate against 2.85% of men, 48% of men were unemployed against 62.85% of women. There was a significant difference between gender and use of cigarettes, cannabis and alcohol ( $p<0.001$ ). The diagnosis was mood disorders for 35.42% of women and 17.14% of men and schizophrenia for 57.14% of women and 77.14% of men. Gender and modality of hospitalization were significantly associated ( $p=0.046$ ): 14% of women were involuntary hospitalized against 40% of men. Time between symptoms onset and consulting is 3.5 years ( $\pm 5.67$ ) for women and 1.77 ( $\pm 4.75$ ) for men. The mean number of admissions for women is 1.59 and for men 4.2 ( $p=0.009$ ).

**Conclusions:** Onset of mental disorders for women is 3 to 4 years later than men. They have better premorbid functioning and better social networks. Gender disparities are not only determined biologically but also socially.

**Disclosure:** No significant relationships.

**Keywords:** gender disparities; Tunisia

## Others

## EPV1668

### Simultaneous study of behavioral synchronization of two individuals during a cooperative task

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doi: 10.1192/j.eurpsy.2022.2241

**Introduction:** Interpersonally coordinated behaviors are crucial for social interactions. The "Theory of Mind," or mentalization capacity, of an individual is essential for the establishment of behavioral synchronization. The Reading the Mind in the Eyes Test (RMET) is used to assess mentalization, social cognition and empathy. Previous RMET studies, investigated people in isolation, not in social situations. It is unclear how the RMET predicts functioning during real-life social interactions.

**Objectives:** To investigate the relationship between the performance measured on the RMET test and the synchronous behavior of two individuals interacting with each other during tasks requiring social collaboration.

**Methods:** Sample included healthy controls (HC,  $n=48$ ) and patients with ADHD ( $n=26$ ) or schizophrenia (SCH,  $n=36$ ) from an ongoing EEG-hyperscanning study, employing a social coordination condition. We applied a Go/NoGo reaction time (RT) task performed by pairs of participants. Synchronous behavior was characterized by the correlation of participants' RTs. We used the percent (%) correct responses from the RMET to characterize social cognition.

**Results:** In HC, with better social cognitive performance, the correlation of behavioral responses was significantly ( $p<0.05$ ) higher. In ADHD, better performance on the RMET was also accompanied by better behavioral synchronization, but the association did not reach significance due to the smaller sample size. In SCH, no relationship was detected.

**Conclusions:** In HC and ADHD, the mentalization ability as measured by RMET is associated with the behavioral synchronization between individuals in social interaction. The lack of

association in the schizophrenia group may be due to psychopathological symptoms, which should be elucidated in future research. Funding: Supported by the Hungarian Brain Research program#2017-1.2.1-NKP-2017-0002

**Disclosure:** No significant relationships.

**Keywords:** mentalization; behavioral synchronization; social neuroscience; psychiatric disorders

## EPV1669

### Parents' experience in the Ronald McDonald Houses

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doi: 10.1192/j.eurpsy.2022.2242

**Introduction:** Child hospitalization is a difficult event in the life for the whole family, probably worst for families coming from far away, specially for accommodation. Ronald McDonald Houses (RMH) created in the immediate proximity of pediatric departments of hospitals, allows hospitalized children to benefit from the presence of his family nearby. The hypothesis that the family is stronger when it is grouped together (the “family-centered-care” concept) remains difficult to demonstrate (Cochrane, 2012). In France, there is no study describing the interest of such places, and families experiences.

**Objectives:** Our objectives are to describe the experience of parents in French RMH.

**Methods:** A cross-sectional study conducted between February and April 2016, invited 50 families to participate in the 9 French RMH, by feeling an anonymous questionnaire (socio-demographic characteristics, items related to hospitalization, anxiety and depression scale -HADS, conditions of stay at the house). Descriptive statistics presented mothers and fathers experience.

**Results:** Parents of 333 hospitalized child participated : 320 mothers, 246 fathers. 44.1% of child were aged less than one year. Services more represented were : intensive care unit, oncology and neonatal. Parents were socially rather disadvantaged, living mainly in couples, with an estimated mean home-hospital time of 2 hours. They reported financial problems (>40%), sleep deprivation (>1.5 hours), and anxiety-depressive disorders: anxiety (>50%) and depression (>20%). Satisfaction staying in the house was extremely high (>95%).

**Conclusions:** We observe an undeniable added value of the RMH in the care. Nevertheless, the high level of psychological suffering shows the importance of offering help at the psycho-social level.

**Disclosure:** No significant relationships.

**Keywords:** accomodation; child hospitalization; family centered care; family experience

## EPV1670

### Motor learning principles in the service of speech disorders

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doi: 10.1192/j.eurpsy.2022.2243

**Introduction:** Childhood Apraxia of Speech (CAS) was declared as a motor speech disorder by ASHA (2007). Yet, until then it was mainly addressed as a phonological disorder and until these days, 14 years later, the treatment of CAS is yet to be motor based worldwide. Professionals finds it hard to diagnose it clearly due to comorbidity with communication and language disorders.

**Objectives:** This non clarity might lead to non-accurate treatment since the essence of the syndrome is not addressed. An accurate treatment will integrate knowledge from several domains: communication, Language, Sensory, behavioural, emotional, cognitive and, the most important one for CAS, motor learning.

**Methods:** Motor learning is an area of knowledge which is learnt usually in sport academy, while Its main practical purpose is to improve training methods in sport. The use of motor learning knowledge doesn't belong to the world of sport primarily but rather to the world of movement wherever it exists. One of the fascinating areas of movement is speech.

**Results:** Speech in its basic form is motor based, before it being used as a motor tool for language and communication. It is the most complicated motor task in the human body since for every syllable we activate directly and indirectly over 100 muscles. The children who can't acquire speech spontaneously due to severe deficit in motor planning, need to practice motor speech tasks repeatedly and accurately.

**Conclusions:** This lecture will present the use of 20 motor learning principles in the speech treatment via the VML method

**Disclosure:** I am the founder of the VML method while teaching it in various countries

**Keywords:** Motor learning principles; Apraxia of speech; autism; VML method

## EPV1671

### Mental Confusion of Neurological Etiology in 41 cases

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doi: 10.1192/j.eurpsy.2022.2244

**Introduction:** The confusional state is the clinical expression of a temporary acute cerebral decompensation. It is expressed by a global, fluctuating and reversible alteration of cognitive functions. It is a frequent reason for consultation in the emergency room.

**Objectives:** To determine the epidemiology, neurological etiologies and their risk factors.

**Methods:** Retrospective study based on the files of 41 hospitalized patients with confusional syndrome.

**Results:** We collected 41 patients. The mean age was 72.9 years. The sex ratio was 1.25. The antecedents found were arterial hypertension and diabetes in 10 patients, a history of stroke was ischemic in 21 cases and hemorrhagic in 6 cases, cerebral metastasis in 5 cases, hepatic encephalopathy in 6 cases and a toxic cause in 4 cases. Mental confusion was acute in 23 patients and subacute in 18. The confusional manifestations observed were essentially temporospatial disorientation in 27 patients, obnubilation in 22 cases, difficulty in paying attention and concentrating in 24 cases, and vague and slow verbal