

anxiety are represented as follows: 5.8% among the female population and 2.8% among the male population. We researched the correlation between the experienced impact of the global crisis and the state of anxiety and we observed that there is no correlation between the 2 ( $r=0.19$ ).

**Conclusions:** The study shows that patients with somatic pathology do not have levels of anxiety correlated with the impact of the global economic crisis felt.

**Disclosure of Interest:** None Declared

## EPV0066

### Specific phobia and medical aptitude for work : Case report

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**Introduction:** Specific phobia is an excessive and unreasonable fear of an object or situation that does not represent a real danger. This disorder is widespread among the population. The suffering from the feared situation disturbs the individual's habits and professional activities.

**Objectives:** We report the case of a driving phobia in a professional driver.

**Methods:** Case report

**Results:** The man was 32 years old, a smoker at 5 PA. He had no family or personal psychiatric history. He has been a Dumper machine driver in a phosphate extraction company since 2011. He presented to our institute for a fit-to-work assessment. The history of the disease dates to 2019, the patient had witnessed a work accident that caused the death of his colleague (engine driver). Since this accident, he had a state of anxiety associated with tachycardia, a feeling of suffocation, excessive sweating and headaches. This symptomatology occurred suddenly while driving and prevented the patient from performing his professional task. At the psychiatric interview, the patient had coherent and dynamic speech without psychomotor slowing. The rest of the clinical examination was normal. The patient had been referred to a psychiatrist. The diagnosis of a specific phobia had been retained. Given the anamnestic and clinical data and the opinion of a medical specialist, the patient had been placed on temporary incapacity for the driving position. A reassessment of his medical fitness for the position of the driver will be made after the end of the psychiatric intake.

**Conclusions:** Professional conduct is a complex task that requires the integrity of physical and mental abilities. The assessment of medical fitness for this position is essential for road safety. However, it can sometimes be difficult, especially in the face of psychiatric pathologies.

**Disclosure of Interest:** None Declared

## EPV0067

### Prevalence and associated factors to Post-Traumatic Stress Disorder (PTSD) and Social Anxiety Disorder (SAD) among health workers in the emergency room

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**Introduction:** post-traumatic stress disorder (PTSD) is a mental health illness that can develop after being exposed to one or more traumatic events. This is a serious, long-term emotional response to extreme psychological trauma. As for public health emergencies, it demands large-scale coordination among many staff, and participants, especially medical workers, are exposed to high levels of stress, which can easily lead to psychiatric illnesses such as social anxiety disorder (SAD). Posttraumatic stress disorder (PTSD) and social anxiety disorder (SAD) demonstrate a high degree of comorbidity, yet little is known regarding the nature of this relationship.

**Objectives:** The aim of this study is to investigate the prevalence of PTSD and SAD among health workers in the emergency ward and study the relationship between PTSD and SAD and the associated factors to both disorders among health workers in the emergency ward to suggest some solutions to reduce their effects.

**Methods:** This is a quantitative descriptive cross-sectional study conducted among medical and paramedical health professionals in the emergency rooms of the university hospital of Sahloul and Hached and the regional hospital of Msaken in Tunisia. The data was collected by a questionnaire that included demographic questions and Yes/No questions, as well as several scales to assess the degree of social anxiety (Liebowitz Social Anxiety Scale) and posttraumatic stress disorder (Post-traumatic stress disorder checklist for DSM-5 (PCL-5)).

**Results:** In our study, 81 healthcare workers completed the survey. Of the total responding participants 67.9% were females. We noticed that the sample was young (58%), also 59.3% had <1 year of experience. The population was slightly predominated by paramedical staff (56.8%), it also had a low married percentage of 38.3%. Among the participants 17.3% smoke tobacco, 12.3% drink alcohol, and 3.7% are under cannabis use. We found that 7.4% of the participants had a psychiatric illness.

In our study, 38% scored positive for PTSD and for SAD 13.58% had marked social anxiety, 12.35% had severe social anxiety and 3.7% had very severe social anxiety, this is associated rather with the female gender, the younger (age range 20-30 years) and the paramedical staff. PTSD and SAD are more pronounced among those with the fewest years of experience.

We obtained a positive Pearson Correlation between PTSD and SAD ( $r=0.513$ ).

**Conclusions:** Posttraumatic stress disorder (PTSD) and social anxiety disorder (SAD) demonstrate a high degree of comorbidity, especially in the healthcare field. Overall, researchers reveal that the link between PTSD and SAD is complicated, owing to a variety of factors such as a person's genes, trauma history, and psychological vulnerabilities so large-scale epidemiological investigations are required.

**Disclosure of Interest:** None Declared