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Investigating an objective orthodontics index in order to screen body dysmorphic disorder, a case-control study in orthodontic patients

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Introduction: Recently, orthognathic surgeries have gained popularity in orthodontics settings. The perception of body image is a driving force in individuals who seek orthodontic treatments. Therefore, the clinician should be suspicious of underlying psychological conditions, namely body dysmorphic disorder (BDD). Indices like the “index of complexity, outcome, and need” (ICON) in orthodontics not only objectively determine malocclusion traits but also consider the influence of subjective beauty perspectives.

Objectives: This study aimed to assess if dentists can use an objective orthodontics index in order to screen for and detect BDD among their patients.

Methods: This case-control study was conducted in the Faculty of Dentistry at Mashhad University of Medical Sciences, Mashhad, Iran. In total, 414 women were recruited between January 2019 and April 2020. After determining the ICON index, applicants filled out a demographic questionnaire, the Beck depression inventory (BDI II), Beck anxiety inventory (BAI), and Yale-Brown Obsessive-Compulsive Scale Modified for Body Dysmorphic Disorder (BDD-YBOCS).

Results: In total, 31 (15%) cases in the orthodontics group and 21 (10.1%) subjects in the control group had a score of 20 or higher on the BDD-YBOCS ($p=0.182$). Moreover, there was no significant difference between groups in the mean BDD-YBOCS ($p=0.184$), BAI ($p=0.163$), and BDI-II ($p=0.147$). However, a statistically significant difference was found between the orthodontics patients and controls in the mean ICON index score ($p<0.001$). No correlation was found between the severity of ICON and BDD-YBOCS scores in all participants ($p=0.804$), cases ($p=0.655$), nor controls ($p=0.403$).

Conclusions: Objective indices such as ICON were not able to screen for BDD. Furthermore, BDD has an increased prevalence in patients seeking orthodontic treatments. Orthodontists should look for BDD features in patients during the first visit by careful history taking and can benefit from utilizing the BDD-YBOCS survey as a screening tool in patients who are suspected of having BDD while referring the individuals who have higher scores to psychiatrists for further clinical evaluations.

Disclosure of Interest: None Declared

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Psychological Characteristics and Quality of Life of Patients with Upper and Lower Functional Gastrointestinal Disorders

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Introduction: According to the psychodynamic hypothesis in FGIDs, as well, UGIDs such as functional heartburn (FH) and functional dyspepsia (FD) are often a consequence of receiving inadequate nutrition from one’s mother during childhood, which leads to a failure to adapt to eating. Meanwhile, lower GI disorders such as IBS and functional constipation are generally accompanied by avoidant defense mechanisms and obsessive compulsive disorder.

Objectives: This study aimed to identify the differences in the psychological characteristics of the anatomical location of functional gastrointestinal disorders (FGIDs) and the factors that influence the quality of life (QOL).

Methods: Altogether, 233 patients who were diagnosed with FGIDs were classified into the upper gastrointestinal disorder (UGID; $n=175$) group and the lower gastrointestinal disorder group (LGID; $n=58$). Psychological characteristics were identified using the Korean version of the Beck Depression Inventory 2nd ed.; Korean version of the Beck Anxiety Inventory; Korean version of Childhood Trauma Questionnaire; Multi-dimensional Scale of Perceived Social Support; Korean version of Type-D Personality Scale-14; and Korean version of the Connor–Davidson Resilience Scale. QOL was evaluated using the World Health Organization Quality of Life - Brief Version.

Results: The UGID group demonstrated higher scores in ‘emotional’ than the LGID group. ($t=-3.031$, $p<0.01$) A significant difference was observed between groups in ‘significant others’. ($t=2.254$, $p<0.05$) Significant differences were observed between the groups in hardiness ($t=2.259$, $p<0.05$) and persistence ($t=2.526$, $p<0.05$), while the LGID group demonstrated significantly lower scores than the UGID group in ‘negative affectivity’. ($t=-1.997$, $p<0.05$) Additionally, the LGID group demonstrated lower QOL than the UGID group. ($t=2.615$, $p<0.05$) The stepwise regression analysis on OQL involved depression, resilience, social support, and childhood trauma, which accounted for 48.4% of the total quality of life explanatory variance

Conclusions: Psychological characteristics and QOL significantly differed when FGIDs were classified according to anatomical location. Thus, psychological interventions customized for each type of FGIDs may be necessary for effective treatment.

Disclosure of Interest: None Declared

COVID-19 and related topics 05

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Impact of stigma on people with pre-existing mental disorders during COVID 19 pandemic in Georgia

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Introduction: From the beginning of the pandemic in Georgia, Covid clinics and Covid hotels were not ready to receive and manage people confirmed Covid 19 with pre-existing mental disorders, because of stigma. As a result of this, the Ministry of Health created special Covid-Psychiatric clinics.