

($p=0.039$). The occurrence of alexithymia was not significantly associated with taking dopatherapy ($P=0.31$).

Conclusions: Alexithymia has been quite frequent in patients with PD and associated with motor gravity and sleep disorders. It is considered as a non-motor symptom of the disease that needs to be treated promptly.

Disclosure of Interest: None Declared

EPV0725

Meals and Movies: What Makes Our Microbiota Merry?

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Introduction: A healthy microbiota should be on all our Christmas lists this year. There is compelling evidence that good gut health is associated with better mental health, especially important during these cold winters. To spark some joy during this time, many of us enjoy a festive film and we can probably admit we also overindulge during the festive season.

Objectives: We aim to investigate “what is the impact of festive cinematic diets on the gut microbiota?”.

Methods: We identified films and broke down the festive meals into their constituents. Using our MINCE PIE (Microbiota INDEX of Comparative Evaluation for Pictorial Infographic Evidence) scoring equation (=Microbiota Enhancing Food Groups - Microbiota Detrimental Food Groups), we formulated scores for 12 festive films. We sought to rate meals in each film to assess their relative ability to enhance the gut microbiota.

Results: Most festive films contained meals or foods from a typical “Western diet” i.e., high sugar/high fat. These meals overall show negative effects. However some films did promote diets containing a cornucopia of fibre, beneficial proteins or polyphenols. These are the gifts under the Christmas tree for our microbiota.

Conclusions: Good balance is needed in our microbiota, and consequently influences our mental health. Many festive films portray a “Western diet”, which leads to dysbiosis. Through the gut-brain axis and the influence of media, the festive foods eaten in these films (maybe an extra chocolate biscuit during Love Actually) may cause stress to our microbiota.

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EPV0726

Burnout: a reality among physicians and other health professionals

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Introduction: Burnout is a syndrome that results from chronic stress at work, with several consequences to workers' well-being

and health. It is included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon and is described in the chapter «Factors influencing health status or contact with health services», which includes reasons for which people contact health services but that are not classed as illnesses or health conditions. Burnout isn't classified as a medical condition.

Objectives: To assess the consequences of health professionals' burnout: its impact at personal and professional level.

Methods: Non-systematic literature review, available in English, using the PubMed database. Key search terms included burnout; physician; psychiatrist; healthcare; depression; suicide.

Results: Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy. Burnout is particularly common on physicians and in other health professionals, like nurses. This problem represents a public health crisis with negative impacts on individual health professionals, patients and healthcare organizations and systems. Systems factors that play a role in burnout include work compression, demands of electronic health records, production pressure and lack of control over one's professional life.

Conclusions: Physician burnout is an under-recognized and under-reported problem, and, unfortunately, physicians often do not recognize symptoms of burnout, and even less often do they seek help. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. There are different clinical forms of burnout and various therapeutic strategies. The individual and social impacts of burnout highlight the need for preventive interventions and early identification of this health condition in the work environment. Psychiatrists play a key role in the multidisciplinary diagnosis and treatment of burnout.

Disclosure of Interest: None Declared

EPV0728

Tardive dyskinesia: apropos of a case. This is a case related to drug side effects, whose uniqueness lies in the time of onset of symptoms, Tardive dyskinesia is a drug-induced hyperkinetic movement disorder.

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Introduction: Tardive dyskinesia is finally diagnosed, it is a drug-induced hyperkinetic movement disorder associated with the use of dopamine receptor blocking agents, including first and second generation antipsychotic drugs, metoclopramide and prochlorperazine. Typically, the first-generation antipsychotics with increased dopamine D2 receptor affinity are affiliated with a higher risk of inducing tardive dyskinesia.

The most common manifestations of TD involve spontaneous movements of the mouth and tongue, but the arms, legs, trunk, and respiratory muscles may also be affected. Less commonly, the prominent feature is dystonia involving a focal area of the body

such as the neck. TD can be irreversible and lifelong, with significant negative impacts on psychological health and quality of life.

Objectives: Clinical review and treatment approach for tardive dyskinesia.

Methods: Clinical case and literature review.

Results: A 54-year-old male comes due to involuntary movements of a month of evolution in the tongue and lips that “he cannot control” and generates significant discomfort and anxiety. He reports occipital headache and at the level of both temporomandibular joints that does not wake him up at night or change its characteristics with postural changes. Reviewing the treatment describe that the patient was in treatment for at least 6 months without being able to specify the end of treatment (January to June 2021) Clebopride-Climethicone. This finding inclines the diagnosis towards an orolingual dyskinesia probably secondary to Orthopramides. Discharge was decided with treatment and follow-up in Neurology and Psychiatry consultations.

Conclusions: The diagnosis and management of tardive dyskinesia are best made with an interprofessional team. In most cases, the primary clinician may suspect the diagnosis during follow-up. Movement disorders like tardive dyskinesias are frequently aggravated by the use of drugs that block dopamine. In susceptible patients, even a single dose of an anti-dopaminergic drug can quickly develop disabling movement disorders.

Currently the american academy of neurology recommends few treatments such as tetrabenazine or clonazepam. The first treatment for tardive dyskinesia has recently been approved, such as Velbazine, a vesicular monoamine transport type 2 (VMAT2) inhibitor, the extent of its use remains to be seen.

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EPV0729

Assessment of psychosocial risks in Electricity and Gaz Company

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Introduction: Risk evaluation is a global process covering different aspects of employee’s work and family life. Nowadays, psychosocial risks are as important as physical and chemical risks, and their identification is determinant in each workplace.

Objectives: Our study aimed to assess psychosocial risks among Electricity and Gas Company’s employees and to identify factors related to these risks.

Methods: A cross sectional study was conducted among male workers in a Tunisian electricity and gas Company. The KRASEK scale was used to assess psychosocial risks. The Statistical analysis was performed with SPSS version 23.

Results: Among male workers in the company, 83 employees participated in this study. The mean age of our population was 41.28 years ± 12.12 years. Manual labour was identified in 67.5% of cases. High psychological demands were reported by 63.9% of the employees. The assessment of decision latitude dimension

identified low autonomy at work in 54.2% of cases. The mean social support scale was 23.73 ± 4.18. Job strain was identified among 32.5% of participants. Among employees in job strain, twenty-one subjects (77.8%) were affected in the technical division and 21.7% were in “iso strain”. Job strain and iso strain were associated with sedentary workers aged less than 45 years, p values were 0.006 (OR= 5.474; IC 95% [1.477-20.290]) and 0.010 (OR= 4.917; IC 95% [1.353-17.872]) respectively. However, Iso strain was negatively associated with being married (p=0.038) (0.0327 IC 95% [0.111-0.964]).

Conclusions: This study highlighted the importance of psychosocial risks in this company. The identification of these risks in the workplace may further help preventers to recommend proper interventions to offer employees a supportive work environment and to enhance their personal and professional well-being.

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EPV0730

AIDS dementia complex and neuropsychiatric symptoms : a case report

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Introduction: HIV infection presents complications that may include neuropsychiatric symptoms and whose management is important to avoid misdiagnosis and mistreatment.

Objectives: This case aims to highlight the importance of assessing HIV comorbidity in patients with psychiatric onset pathology.

Methods: Case report and literature review.

Results: We present the case of a patient diagnosed with HIV in 1985, who after 20 years of disease with irregular adherence begins to present delusional ideation of harm and self-referential, control experiences, thought diffusion phenomena, and possible auditory hallucinations, with poor evolution despite the establishment of numerous antipsychotic treatments, which evolves over the years towards a confabulatory character and with progressive neuropsychological deterioration. After numerous admissions, and despite several treatments, the patient developed over time memory failures, bradypsychia, gait disturbances, and difficulties in self-care, which further aggravated his condition by hindering therapeutic adherence, which ended with the patient’s chronic institutionalization. Diagnosis was AIDS dementia complex.

Conclusions: HIV hardly replicates in the central nervous system but generates antigenemia which, in turn, generates an inflammatory infiltrate that can cause diffuse involvement, predominantly subcortical and limbic system. Usually, the dementia-AIDS picture is insidious and develops in patients with poor control of the primary disease. It is recommended to optimize antiretroviral therapy and neuroprotective agents, as well as symptomatic treatment by psychiatry.

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