about the crash of humans from their being? Here, a biological, psychological, and psychoanalytic understanding of COVID-19 is investigated. The impact of physical isolation has been documented, but mental isolation remains an uncharted space. The psychological trace—the paleontological psychic trauma of experiencing a pandemic as a witnessing subject is not much talked about. This effort is to open the paths to understanding COVID-19 which may seem pathless at first.

Methods: Primary sources are used along with an intradisciplinary and interdisciplinary unison of psychiatry, psychology, psychoanalysis, yoga, and meditation.

Results: Yoga and meditation for strengthening both physical and psychological immunity along with facilitating the acceptance of psychological impact which is unregistered in the minds of a large population is elucidated.

Conclusions: It is in the interdisciplinary and intradisciplinary unison that preparedness for future pandemics could be curated.

Disclosure: No significant relationships.

Keywords: COVID-19; psychiatry; Psychology; Psychoanalysis

EPV0214

Telework during COVID-19 outbreak: Impact on mental health among Italian workers

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Introduction: Since February 2020, the outbreak of COVID-19 has spread to several countries worldwide, including Italy, leading to an uptake of telework.

Objectives: We aim to evaluate the psychopathological impact of teleworking during the COVID-19 pandemic in Italy, identifying mental health determinants among home-based workers.

Methods: 804 participants completed an online survey, including the psychometric scales "Depression, Anxiety and Stress Scale – 21 items" (DASS-21) and the "Insomnia Severity Index" (ISI). Teleworkers were also asked to provide information about their current work routine, home environment and clinical history.

Results: At the DASS-21, 30% of the participants presented pathological levels of depression, 20.8% of anxiety and 30.7% of stress. At the ISI, 5% appeared to suffer from insomnia. Respondents with psychological and physical frailties, greater social isolation or inadequate working spaces manifested higher levels of psychiatric symptoms. Moreover, we also find a correlation of these symptoms with occupations in education. Telework was broadly appreciated and 87% of respondents expressed a willingness to maintain access to this arrangement.

Conclusions: Our results document that about a third of our sample manifested psychopathological symptoms while teleworking during the COVID-19 outbreak in Italy. However, telework itself does not seem to be directly associated with increased psychiatric symptoms, which were instead exacerbated by COVID-19-

related stressful circumstances, as well as by constitutional and social determinants of health. Going forward, authorities should promote adequate measures in order to guarantee a healthy approach to teleworking.

Disclosure: No significant relationships. **Keywords:** stress; Teleworking; Anxiety; Depression

EPV0215

On the continuity of rehabilitation and meeting the patients' needs: Online psychosocial treatment during the COVID-19 outbreak

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Introduction: The COVID-19 pandemic has challenged our model of face-to-face psychosocial treatment and rehabilitation format. To adapt to the current situation, as professionals, we have decided to transform the format into a virtual one that will offer the continuity of rehabilitation and therapy. Two clinical psychologists held online sessions and a special chat created in the IM messenger where patients could safely interact with each other.

Objectives: This pilot study aimed to evaluate the effect of online sessions in a sample of outpatients engaged in rehabilitation programs.

Methods: Data from 50 patients (F20-F25, aged from 25 to 45) treated with a new online psychosocial program, including i. psychoeducation, ii. learning skills of the behavior under the circumstances of isolation, iii. training skills of effective communication and emotional regulation, and assessed for depression, anxiety, hopelessness, hostility (BDI, STAI, BHS, BDHI), and self-esteem, were analyzed for this study. Motivational enhancement techniques were also used to engage the patients in this new treatment format. **Results:** According to the preliminary data, we point out a statistically meaningful reduction in depression (p=0,003), anxiety (p=0,001), and hostility (p=0,001); self-esteem, evaluated with the Dembo-Rubinstein method, was improved (p=0,002); the T Wilcoxon criterion used for rating the magnitude.

Conclusions: Our results indicate that establishing a new online psychosocial program over the last few months positions us to respond effectively to such a new challenge and suggest that rehabilitative programs targeting patients' needs may continue in this time of uncertainty.

Disclosure: No significant relationships.

Keywords: COVID-19; Rehabilitation programs; Patients' needs; Online psychosocial treatment

Cultural psychiatry

EPV0216

Culture and personality disorders-a case series

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Introduction: Personality disorders comprise a set of diagnosis characterized by inflexible, pervasive and enduring patterns of cognition, affect, behavioural and social interaction. The status of research on the personality among different cultures implies the universality of traits and disorders, as well as, their measuresacross cultures.

Objectives: To study the prevalence of personality disorders in foreigner patients.

Methods: In this retrospective case series, clinicaldata was collected from 40 patients who were hospitalized at the short-stay inpatient psychiatric service of the Príncipe de Asturias University Hospital during 2018.

Results: Nineteen (47.5%) patients were European, ten (25%) were from South America, nine (22.5%) were Africanand two (5%) were Asian. Eight patients were diagnosed of diverse personality disorders. Seven (87.5%) of them were European, and only one (12.5%) was from South America.

Conclusions: This case series suggests various directions for future research. The fact that patients diagnosed with personality disorders were mainly European could indicate diverse conclusions. It would question the universality of personality disorders out of a Euro-american frame of reference. It would also point out the difficulty of diagnosing personality disorders, taking into consideration language, awareness of cultural values, traditions, interactional patterns, and social norms. More studies of traits and personality are needed, taking into account the culture and the society in which patients have grown and in which they currently live.

Disclosure: No significant relationships. **Keywords:** Culture; personality disorders

EPV0217

To fast or not to fast

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Introduction: Ramadan happens in the ninth month of the Muslim lunar calendar. The cycle of the sun marks the beginning and the end of fasting. Its duration varies depending on the season: approximately 18 h in the summer to approximately 12 h during winter.

The obligation to eat only during the night leads to an important change in the circadian rhythm There are certain psychiatric illnesses wherein people are very sensitive to this circadian disruption, bipolar disorder in particular. We know that a regulated circadian rhythm with adequate sleep are essential for symptom regulation and mood stability, with the risk of relapse or worsening symptoms. Additionally, some medications have to be maintained at a specific therapeutic index, namely lithium, a common mood stabilizer used to treat bipolar disorder.

Objectives: To review the impact of Ramadan on patients with bipolar disorder

Methods: Pubmed and Google Scholar search using the keywords Bipolar disorder, Ramadan, circadian rhythm, fasting, sleep deprivation **Results:** All physiologic parameters are influenced by the circadian rhythm, which is influenced in its turn by the food rhythm. Studies on the effects of Ramadan on mood and mental health in the general population provide contradicting evidence. The inability to take medications during the day, dehydration and other somatic changes that necessitate dosing modification may lead to psychiatric symptom exacerbation.

Conclusions: Patients with bipolar disorder might be particularly sensitive to circadian rhythm disturbances and could require increased monitoring of their symptoms during this month.

Disclosure: No significant relationships. **Keywords:** Circadian rhythm; bipolar disorder; ramadan; fasting

EPV0218

A review for the definition of the concept and symptoms of Hwa-Byung

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Introduction: Hwa-Byung is a unique syndrome based on socialcultural background of South Korea. However, the definition of Hwa-Byung has not been established. For example, Hwa-Byung Diagnostic Interview Schedule(Kim, Kwon, Lee & Park, 2004) and Hwa-Byung Scale(Kwon et al., 2008) that are generally used in clinical practices defined Hwa-Byung differently. According to this, there is a slight difference in the symptoms that are measured.

Objectives: The purpose of our study is to establish the concept and symptoms of Hwa-Byung.

Methods: First, we review DSM-4, previous literatures and concept of Hwa-Byung in assessment tools. Through this, core features and characteristic symptoms are consisted. Second, a concept of Hwa-Byung that this study constructed is reviewed by clinical psychologists and Korean oriental psychiatrists. Finally, concepts and symptoms are defined.

Results: Comprehensive definition of Hwa-Byung is established. Hwa-Byung was identified as a syndrome with symptoms that exploded in the form of anger because emotions such as anger could not be resolved. psychological symptoms include resentment, the baggage of mind, or a representative symptom of han. And physical symptoms include feeling heavy, heat, rush, lumps in the neck or chest. Finally, these physical and psychological symptoms are associated with distinct stressful events.