

diagnosis of chromosome 22q11 deletion, which occurs in 1:4000 live births.

**Objectives:** This case wants to illustrate the difficulties in the diagnosis, despite technological advances.

**Methods:** Exhaustive review of the literature

**Results:** This is a 38-year-old male patient diagnosed with chromosome 22q11 deletion in adulthood.

**Family history of medical problems:** mother with genetic diagnosis of chromosome 22q11 deletion, in adulthood, after the diagnosis of her own son.

**Personal history of medical problems:**

- Psychiatry: he has been followed up intermittently in psychology since he was 6 years old, due to cognitive difficulties and behavioral alterations. He has had several hospital admissions in psychiatry during adolescence for behavioral disorders and intellectual disability, with possible psychotic symptoms. In treatment with anti-epileptics and antipsychotics.

- Cardiology: aortic aneurysm and bicuspid aortic valve were detected. The patient underwent surgery in 2018.

- Genetics: he is diagnosed with chromosome 22q11 deletion in 2019. This is an inherited mutation of maternal origin that is detected later.

- Rheumatology: seropositive rheumatoid arthritis, non-erosive.

- Rehabilitation: treatment to improve psychomotor skills, from 6-12 years of age.

It is important to emphasize that the diagnosis was made at the age of 35 years, after a more deep study which had been carried out after the debut of the cardiac pathology. In addition, it is very striking that the diagnosis of his mother was made later than the one of the patient himself.

Currently, the patient presents serious difficulties in respecting the rules of coexistence at home and in understanding social norms, so that he has not been able to integrate in any environment and remains isolated at home. Serious behavioral alterations with tendency to physical and verbal heteroaggressiveness, difficulty in accepting limits and sexualized and uninhibited behaviors.

Clinical judgment: chromosome 22q11 deletion.

**Conclusions:** Early diagnosis is essential to be able to treat and, above all, prevent the possible complications that this syndrome may present. However, diagnosis is sometimes very complex, despite advances in molecular diagnostic techniques. Therefore, an integrative approach is very valuable, looking at the individual as a whole and not only by systems or medical subspecialties. In addition, it would be very interesting to establish a means of communication between specialties. Finally, it would be a real step forward to integrate all the medical information of each person in a single medical record, an apparently simple aspect, but so far from being possible.

**Disclosure of Interest:** None Declared

## EPV0788

### Exploring the associations between the Self-structure of personality and problematic smartphone use in an adult sample

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**Introduction:** Positive psychology theory sustains that the construct of the Self and its components, such as self-evaluation, social self-esteem, and self-coherence, determine our behavior. Personal daily habits and lifestyle modalities lay on these personality components. Problematic and addictive behavior is also strongly influenced by our Self and its main elements.

**Objectives:** This study aims to determine those personality components related to the central Self-construct that actuates problematic smartphone use.

Our further objective is to identify targeted, self-enhancing activities that prevent problematic smartphone use.

**Methods:** Participants were teenagers and adults (N=147) from the 17-73 age group (mean age 37.5 years), 31 male and 116 female.

Respondents provided self-reported data on their demographic characteristics, perceived self-esteem, social self-esteem, sense of coherence, and problematic smartphone use through an online survey attainable on a web-based platform.

Instruments were the Core Self-Evaluation Scale (Judge et al., 2003), the MOS-SSS Social Support Assessing Scale (Sherbourne & Stewart, 1991), the Sense of Coherence Scale (Rahe & Tolles, 2002), and the Smartphone Application-Based Addiction Scale (Csibi et al., 2018).

**Results:** Respondents who reported being more familiar with smartphone applications and spending more time online scored higher on the problematic smartphone use scale. Our study found significant associations between age and problematic smartphone use, with those from younger groups scoring higher.

Participants characterized by lower self-esteem proved a more pronounced problematic smartphone use. In our sample, social self-image and social support did not show relevant correlations with the total score of problematic smartphone use.

However, a high sense of coherence showed a significant negative association with problematic smartphone use.

**Conclusions:** A more mature Self-construct characterized by a positive self-evaluation and increased sense of coherence act as protective factors against problematic smartphone use.

Providing adequate self-evaluation and social support among young through targeted activities will have a higher role in younger age groups, preventing problematic smartphone use.

**Disclosure of Interest:** None Declared

## Promotion of Mental Health

### EPV0789

#### Knowledge Attitudes and Sense of Self-Efficacy of Primary Education Teachers towards Students with Insulin-Dependent Diabetes Mellitus

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**Introduction:** The positive attitude towards students with Diabetes Mellitus type 1(DM1) and the teacher's knowledge seem to be important conditions both for the practical support of children with type 1 ED in primary education and for the self-efficacy of teachers in the school context. Self-efficacy involves the belief that a person has the ability to create change through personal actions.