

Conclusions: The findings of this study suggest that there is a positive relationship between thought suppression and the intensity of cyberchondria among medical students. These results highlight the importance of addressing cognitive avoidance strategies, such as thought suppression, in the management of health anxiety. Future research could explore interventions that aim to reduce thought suppression, such as cognitive-behavioral therapy (CBT) or mindfulness-based techniques, as potential strategies for alleviating cyberchondria and its associated health anxiety.

Disclosure of Interest: None Declared

EPV0147

Health Anxiety in Medical Students: A Hidden Challenge in Medical Education

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Introduction: It is well-established that medical students often experience health-related anxiety, a phenomenon commonly referred to as “medical student syndrome” in the literature. This condition is believed to arise from exposure to life-threatening diseases during medical training.

Health anxiety is characterized by excessive worry about having a serious illness, often leading to heightened distress and maladaptive health-related behaviors.

Objectives: The aim of this study was to explore and compare health anxiety levels between preclinical and clinical medical students.

Methods: A cross-sectional, descriptive, and analytical study was conducted at the Sfax Medical School from March to June 2024. Medical students were invited to voluntarily complete a self-administered questionnaire, which collected socio-demographic data, lifestyle-related factors (such as substance use, physical activity, and medical history), and the Short Health Anxiety Inventory (HAI-18). The HAI-18 assesses the frequency and intensity of health-related worries and behaviors experienced over the past six months. The total score ranges from 0 to 54 and includes two subscales: the Health Anxiety subscale (items 1–14, range 0–42) and the Negative Consequences of Illness subscale (items 15–18, range 0–12). A score of 18 or higher on the Health Anxiety subscale indicates significant health anxiety.

Results: A total of 285 students participated in the study, with a predominance of females (73.7%).

The mean age was 21.96 ± 2.05 years. Preclinical students constituted 31.9% of the sample, while clinical students comprised 68.1%. Most participants (91.9%) resided in urban areas, and 82.1% reported a moderate socioeconomic status. Additionally, 69.5% of participants were living with their families. A medical history was reported by 21.8% of the participants, while 17.2% had a history of psychiatric difficulties. Among these students, 5% had been hospitalized for a serious illness, for a prolonged duration or on multiple occasions.

Health-related anxiety was observed in 24.6% of participants. It was significantly associated with female gender ($p = 0.045$), a history of psychiatric difficulties ($p = 0.004$), and being a clinical medical student ($p = 0.04$). These factors were identified as key predictors of increased health-related anxiety levels.

Conclusions: Female gender, a history of psychiatric difficulties, and clinical medical training were identified as significant risk factors for health-related anxiety among medical students. These findings suggest the need for targeted interventions to address and alleviate anxiety in these high-risk groups, potentially improving both mental health and academic performance within medical training environments.

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EPV0148

The Impact of Panic Disorder on Severe Asthma and Chronic Rhinosinusitis with Nasal Polyps: A Comparative Clinical Profile Study

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Introduction: Severe asthma (SA), often associated with chronic rhinosinusitis with nasal polyps (CRSwNP), contributes significantly to global disability and mortality. A personalized treatment approach, including addressing treatable traits like mental health, is crucial for improving outcomes. The impact of panic disorder (PD) on asthma symptoms and outcomes requires investigation due to their epidemiological association.

Objectives: To cross-sectionally compare the clinical presentation of outpatients with SA and/or CRSwNP, with and without PD, treated at the Personalized Medicine Asthma and Allergy Clinic, Humanitas Research Hospital.

Methods: Participants were consecutively recruited among outpatients attending follow-up visits to treat SA and/or CRSwNP from February to March 2024. All were previously enrolled in the SANI (Severe Asthma Network Italy) or RINET (Rhinosinusitis Italian Network) registries. Participants completed a comprehensive self-report survey on sociodemographic, lifestyle, medical, and psychiatric information, along with validated questionnaires assessing asthma control, severity of nasal obstruction, burden and emotional responses to physical symptoms, psychophysical well-being, and the PD module from the Patient Health Questionnaire (PHQ) screening tool, to identify provisional diagnoses for current or past PD. Data were analyzed using the Kruskal-Wallis, post-hoc Dunn's, and Fisher's exact tests, with Holm's adjustment for multiple comparisons. The significance level was set at 0.05.

Results: Seventy-nine patients, 46 women (58.2%) and 33 men (41.8%), participated in this study. Thirty patients (38%) had SA only, 44 (55.7%) had both SA and CRSwNP, and 5 (6.3%) CRSwNP only. Current PD was identified in 7 outpatients (8.9%), while 12 (15.2%) had past PD. Compared to patients who have never experienced PD, those with current PD had significantly worse asthma control, more severe nasal obstruction, greater dyspnea and physical symptom burden, as well as greater proneness to catastrophizing about asthma, heightened attentional focus on internal bodily

sensations, and lower quality of life. Patients with past PD had greater dyspnea and physical symptom burden, swallowing difficulty, and reduced quality of life compared to those without PD. No significant differences were found between current and past PD groups.

Conclusions: The prevalence of current or past PD among patients with SA and/or CRSwNP was approximately three times higher than in the general population, corroborating previous epidemiological findings. PD was associated with poorer asthma and nasal symptom control, along with a higher burden and sensitivity to respiratory and physical symptoms. Our preliminary results suggest a need for PD screening and targeted interventions for these patients. Further studies with psychiatric interviews and objective respiratory measures are warranted.

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EPV0151

Living with 20 Medications, Attempting Suicide with 15: A Critical Perspective on the Healthcare System through a Somatization Disorder Case Report

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Introduction: Patients with somatization disorder frequently seek medical evaluations for unexplained symptoms, strongly believing they are physically ill and often rejecting psychosocial explanations. In Turkey, easy and low-cost access to healthcare and medications via the General Health Insurance system encourages frequent hospital visits. High patient loads and short consultation times hinder thorough assessments, complicating diagnoses like somatization disorder. Consequently, physicians may practice “defensive medicine,” over-ordering tests and medications to minimize risks. These practices reinforce patients’ beliefs in having an organic illness and increase the risk of polypharmacy.

Objectives: This case discusses a patient with somatization disorder experiencing multiple hospital admissions and polypharmacy due to the dynamics of the Turkish healthcare system.

Methods: A 31-year-old woman was admitted after a suicide attempt, exhibiting depressive symptoms and psychosomatic complaints. Detailed examinations of her socio-demographic data, medical and psychiatric history, current complaints, medication use, and past hospitalizations were conducted.

Results: Since age 16, the patient frequently presented with fainting, convulsions, nausea, and vomiting, undergoing extensive evaluations. She repeatedly visited emergency services for chest pain radiating to her left arm and jaw; coronary angiography found no cardiac pathology. Despite no organic cause, she was prescribed 15 different medications by various specialties, reaching 20 tablets daily, covering cardiovascular, gastrointestinal, endocrine, and respiratory systems. Due to family issues, divorce processes, and social stressors, she exhibited depressive and psychosomatic symptoms, attempted suicide 7 times, and was hospitalized in psychiatric wards 12 times. In her latest attempt, she ingested 15 fluoxetine tablets. Psychiatric evaluation revealed ongoing somatic complaints, and polypharmacy was adversely affecting her health. After consultations, unnecessary non-psychiatric medications were discontinued. Her treatment was adjusted to venlafaxine 300 mg/day, clozapine 50 mg/day, and mirtazapine 30 mg/day.

Conclusions: This case illustrates how structural issues in the healthcare system adversely affect patients with somatization disorder, increasing polypharmacy risk. Unnecessary tests and treatments reinforce beliefs in organic illness and complicate management. Healthcare professionals should approach such patients carefully, avoid defensive medicine practices, and consider early psychiatric evaluation. Policy-level changes are needed for the healthcare system to better address these patients’ needs.

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EPV0152

The Impact of Psychiatric conditions on Functional Gastrointestinal Symptoms

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Introduction: Functional gastrointestinal disorders (FGIDs) represent a significant global health burden, affecting approximately 15-20% of the population. These disorders can significantly impair quality of life, particularly in individuals facing high levels of psychological stress, such as medical students.

Objectives: To study the association between psychiatric factors, specifically anxiety and depressive disorders, and the prevalence of FGIDs among medical students in Tunisia.

Methods: A cross-sectional study was conducted among second-year medical students at the Faculty of Medicine, Sousse, from March 2023 to February 2024. Data were collected using a self-administered questionnaire designed to assess gastrointestinal symptoms such as abdominal pain, bloating, diarrhea, constipation, and heartburn. Psychiatric conditions were assessed using validated screening tools.

Results: The study included 206 students, with a strong female predominance (80.1%). Among them, 46.1% (n=95) reported experiencing between 1 and 4 digestive disorders, primarily abdominal pain and bloating (66%). Psychiatrically, univariate analysis revealed a significant association between FGIDs and several psychological factors: female gender (p<0.01), a tendency towards anger in daily life (p<0.01), anticipatory anxiety (p<0.01), and the presence of panic attacks (p<0.01).

Conclusions: Functional gastrointestinal disorders (FGIDs) are prevalent among medical students and are often linked to anxiety and depressive disorders. Preventive measures focused on stress management and mental health could significantly improve the quality of life of these students and prevent digestive complications.

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