

Sexmero¹, B. Rodríguez Rodríguez¹, N. Navarro Barriga¹, M. A. Andreo Vidal¹, M. Calvo Valcárcel¹, P. Martínez Gimeno¹, M. P. Pando Fernández¹, I. D. L. M. Santos Carrasco³ and J. I. Gonçalves Cerejeira⁴

¹Servicio de Psiquiatría, Sacyl, Hospital Clínico Universitario Valladolid; ²Servicio de Psiquiatría, Sacyl, Valladolid; ³Servicio de Psiquiatría, SERMAS, Madrid and ⁴Servicio de Psiquiatría, Sacyl, Palencia, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2007

Introduction: Interconsultation with the psychiatry service is frequently requested from other specialties for the assessment and treatment of patients who present neuropsychiatric symptoms secondary to organic alterations. On the other hand (and in relation to this case), within the possible causes for the elevation of calcaemia figures, the most frequent are hyperparathyroidism and neoplasms, representing between these two entities 90% of cases (1). Among the organic mental disorders, Delirium stands out, with an approximate prevalence between 1 and 2% (general population), which increases in hospitalized and elderly patients (2).

Objectives: Presentation of a clinical case about a patient with delirium secondary to hypercalcaemia, with hallucinations and behavioral disturbance.

Methods: Bibliographic review including the latest articles in Pubmed about delirium (causes and treatment) and hypercalcaemia secondary to neoplasms.

Results: We present a 52-year-old male patient, who went to the emergency room accompanied by his wife, due to behavioral alteration. Two days before, he had been evaluated by Neurology, after a first epileptic crisis (with no previous history) that resolved spontaneously. At that time, it was decided not to start antiepileptic treatment.

The patient reported that he had left his house at midnight, looking for a cat. As he explained, this cat had appeared in his house and had left his entire bed full of insects. His wife denied that this had really happened, and when she told the patient to go to the emergency room, he had become very upset.

As background, the patient used to consume alcohol regularly, so the first hypothesis was that this was a withdrawal syndrome. However, although the consumption was daily, in recent months it was not very high, and at that time no other symptoms compatible with alcohol withdrawal were observed (tremor, tachycardia, sweating, hypertension...).

We requested a general blood test and a brain scan. The only relevant finding was hypercalcaemia 12.9mg/dL (which could also be the origin of the previous seizure). It was decided to start treatment with Diazepam and Tiapride in the emergency room, with serum perfusion, and keep under observation. After several hours, the patient felt better, the hallucinations disappeared, and calcium had dropped to 10.2mg/dL. A preferential consultation was scheduled, due to suspicion that the hypercalcaemia could be secondary to a tumor process.

Image:



Conclusions: It is important to rule out an organic alteration in those patients who present acute psychiatric symptoms. Hypercalcaemia is frequently associated with tumor processes (1) due to secretion of PTH-like peptide (4), so a complete study should be carried out in these cases.

Delirium has a prevalence between 1 and 2% in the general population (2).

Psychopharmacological treatment is used symptomatically, with antipsychotics (3). For the episode to fully resolve, the underlying cause must be treated.

Disclosure of Interest: None Declared

Others

EPV0696

Predictors of caregiver burden among parents of children with neurological impairment

A. Mellouli^{1*}, S. Zouari^{2,3}, N. Smaoui¹, O. Jallouli^{2,3}, S. Omri¹, W. Bouchaala^{2,3}, I. Gassara¹, S. Ben Nsir^{2,3}, F. Kamoun^{2,3}, M. Maâlej¹ and C. Charfi Triki^{2,3}

¹Psychiatry C Department; ²Child Neurology Department, Hedi Chaker University Hospital and ³LR19ES15 laboratory of Child Neurology, Sfax medical school-Sfax university, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2008

Introduction: Many neurological, sensory and behavioural deficits, are linked with significant limitations in the overall functioning not

only of the child but also his/her closest family, and poses a great challenge for the primary parental caregivers.

Objectives: To assess the caregiver burden in parents of children with neurological impairment (NI), and its related factors.

Methods: A total of 33 caregivers of children with NI participated in this cross-sectional, descriptive and analytical study, carried out in Child Neurology Department of the University Hospital in Sfax (Tunisia), between February and April 2021.

The Zarit-Caregiver-Burden-Scale (Zarit-CBS) was administered.

Results: The average age of the caregivers (27 mothers and 6 fathers) was $38,33 \pm 6,53$ years. Among the parents, 17.14% had another disabled child and 30.3% had a mediocre health status. Mother caregivers constitutes the majority of caregiving (82.85%). The average of the number of children in the family was 1.97 ± 1.18 and the average age of the children (21 boys and 12 girls) was $7,58 \pm 4,29$ years. Near to the half of them (51,51%) had intellectual disability. Over 54.54% of the children had a functional independence, while 21.21% required help in walking and 24.24% were unable to walk. The intervention was based on motor rehabilitation (57,57%), adequate equipment (24,24%), ergotherapy (45,45%) and speech therapy (60,6%). After the intervention, 63,63% of children had an improvement and 30,3% had a stationary state.

The mean score of Zarit-CBS was $52,45 \pm 14,26$. The caregiver burden was noted in 96,96%.

The total Zarit-CBS score was associated with the number of children in the family ($p=0.047$).

There was no significant relationship between Zarit-CBS and the severity of impairment ($p=0.418$).

Conclusions: Given the variety of factors affecting caregiver burden, specific interventions may promote parental caregivers' well-being, and consequently lead to improved quality of care provided to children with NI.

Disclosure of Interest: None Declared

EPV0697

Mindfulness-Based Interventions for Anxiety and Depression

B. L. B. Mesquita*, F. Ribeiro Soares, M. Fraga, M. Albuquerque, J. Facucho, P. Espada, S. Paulino and P. Cintra

Department of Psychiatry, Hospital de Cascais, Lisbon, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2009

Introduction: Mindfulness refers to a process that leads to a mental state characterized by non-judgmental awareness of the present moment experience, including one's sensations, thoughts, bodily states, consciousness, and the environment, while encouraging openness, curiosity, and acceptance.

Objectives: The purpose of this paper is to review the ways in which cognitive and behavioural treatments for depression and anxiety have been advanced by the application of mindfulness practices.

Methods: Brief non-systematic literature on the topic.

Results: Mindfulness has spread rapidly in Western psychology research and practice, in large because of the success of standardized mindfulness-based interventions, consequently research on

mindfulness based interventions (MBIs) has increased exponentially in the past decade. The most common include Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), which incorporate the essence of Eastern mindfulness practices into the Western cognitive-behavioral practice. MBIs have showed efficacy in reducing the severity of anxiety and depressive symptoms in a broad range of treatment seeking individuals. MBIs have also been showed to perform with not so different results to cognitive-behavioral therapy (CBT).

Conclusions: MBIs have been showed to be important co-adjuvants to pharmacological treatment and psychotherapy of depression and anxiety. To prove this point without doubts and create adequate guidelines that include these forms of treatment more research needs to be done on the matter.

Disclosure of Interest: None Declared

EPV0698

Burnout and associated psychological issues among teachers: A Scoping Review

B. Agyapong*, G. Obuobi-Donkor, L. Burback and Y. Wei

Department of Psychiatry, University of Alberta, Edmonton, Canada

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2010

Introduction: Worldwide, stress and burnout continue to be a problem among teachers, leading to anxiety and depression. Burnout may adversely affect teachers' health and is a risk factor for poor physical and mental well-being. Determining the prevalence and correlates of stress, burnout, anxiety, and depression among teachers is essential for addressing this public health concern.

Objectives: To determine the extent of the current literature on the prevalence and correlates of stress, burnout, anxiety, and depression among teachers

Methods: This scoping review was performed using the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews). Relevant search terms were used to determine the prevalence and correlates of teachers' stress, burnout, anxiety, and depression. Articles were identified using MEDLINE (Medical Literature Analysis and Retrieval System Online), EMBASE (Excerpta Medica Data Base), APA PsycINFO, CINAHL Plus (Cumulative Index of Nursing and Allied Health Literature), Scopus Elsevier and ERIC (Education Resources Information Center). The articles were extracted, reviewed, collated, and thematically analyzed, and the results were summarized and reported.

Results: When only clinically meaningful (moderate to severe) psychological conditions among teachers were considered, the prevalence of burnout ranged from 25.12% to 74%, stress ranged from 8.3% to 87.1%, anxiety ranged from 38% to 41.2% and depression ranged from 4% to 77%. The correlates of stress, burnout, anxiety, and depression identified in this review include socio-demographic factors such as sex, age, marital status, and school (organizational) and work-related factors including the years of teaching, class size, job satisfaction, and the subject taught.