

increasingly important that this connection is recognised, in order to improve patient experiences and outcomes. Novel teaching modalities, such as podcasts, can provide additional ways to support medical education on this important topic.

Disclosure: No significant relationships.

Keywords: medical students; podcast; neurology; undergraduate

EPV0262

Comorbidity of mental disorders with medical diseases in “Ali Mihali” Psychiatric Hospital, Vlora (2010-2020)

E. Shaska

Ali Mihali” Psychiatric Hospital, Acute Service Unit, Vlore, Albania

doi: 10.1192/j.eurpsy.2022.1164

Introduction: The term comorbidity or dual diagnosis in this case refers to psychiatric disorder and one or more medical diseases. The purpose of this study is to emphasize the importance of identifying medical diseases in psychiatry.

Objectives: Medical diseases that develop most in comorbidity with psychiatric disorders Identification of gravity of comorbidity symptoms Clinical progression Treatment efficacy/ Interaction of psychotropic medications with other medications.

Methods: Methodology: A regular clinical study strategy has been adopted, with adults aged 19-75 females and males diagnosed with mental disorders and one or more medical pathologies, including neurological diseases during a 10-year period (2010-2020) in “Ali Mihali” Psychiatric Hospital, Vlora.

Results: They showed that medical diseases, such as: hypertension, diabetes mellitus, urinary infections, gastrointestinal disorders, acute and chronic bronchitis, severe brain injury often develop in comorbidity with mental disorders. Mental disorders that develop most in comorbidity are: schizophrenia, schizoaffective disorder, delusional disorder, mood disorder. Treatment of these disorders is difficult due to the gravity of symptoms, interaction of medications, and side effects they have.

Conclusions: Mental disorders in comorbidity with medical diseases are usually hard to treat. For this reason, it is imperative to diagnose them the soonest possible. When mental and medical disorders are comorbid, their coexistence has grave symptoms, chronic progression, which affects functioning, quality of life, and increases health care costs.

Disclosure: No significant relationships.

Keywords: Mental Disorders; comorbidity; symptoms; medical diseases

EPV0264

Identifying clinical and psychological characteristics of cardiac surgery patients

O. Nikolaeva^{1,2}, T. Karavaeva^{3,4,5,6}, E. Nikolaev^{7*}, S. Petunova⁷, N. Grigorieva⁷ and E. Lazareva⁷

¹Ulianov Chuvash State University, Department Of Faculty And Hospital Therapy, Cheboksary, Russian Federation; ²Republican Cardiology Clinic, Cardiosurgery Unit, Cheboksary, Russian Federation; ³St. Petersburg State University, Department Of Medical Psychology And Psychophysiology, St. Petersburg, Russian Federation; ⁴V. M. Bekhterev National Medical Research Center for Psychiatry and Neurology, Department For Treatment Of Borderline Mental

Disorders And Psychotherapy, St. Petersburg, Russian Federation; ⁵St. Petersburg State Pediatric Medical University, Department Of General And Applied Psychology With A Course In Biomedical Disciplines, St. Petersburg, Russian Federation; ⁶N.N. Petrov National Medical Research Center of Oncology, Scientific Department Of Innovative Methods Of Therapeutic Oncology And Rehabilitation, St. Petersburg, Russian Federation and ⁷Ulianov Chuvash State University, Social And Clinical Psychology Department, Cheboksary, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1165

Introduction: Cardiac surgery patients (CSP) are cardiovascular patients who undergo surgery to treat their disease. Are their psychological characteristics different from those of other cardiac patients?

Objectives: The goal is to establish peculiarities of the clinical-and-psychological status of CSPs in different clinical groups.

Methods: According to clinical parameters, 152 CSPs were divided into three groups. The first group comprised patients with CHD indicated to an open-heart coronary artery bypass grafting, the second one included patients with heart failure who were to undergo aortic valve surgery, and the third group included CHD patients and those with heart rhythm abnormalities indicated to minimally invasive surgery.

Results: CSPs had a number of cardiologic complaints, mental disturbance manifestations and concomitant somatic diseases. They showed difference in the duration of the disease, previous occurrence of heart surgery or myocardial infarction, and in the degree of heart failure manifestations. Self-assessment of pre-surgery CSPs corresponded to the severity of their clinical condition, while indications of hope for recovery were at the maximum level. The second group showed a moderate level of depression, while the third one – slight depression. All the groups revealed a disharmonic profile of time perspective. Group 1 CSPs showed some manifestations of hostility. We saw different manifestations of CSPs’ personal adaptation resources. While hardness had insufficient showings at the level of most components, social support was excessive in all groups.

Conclusions: CSPs as other cardiac patients revealed depressive disorders and hostility. At the same time, they have more social support, which testifies availability of good interpersonal resources.

Disclosure: No significant relationships.

Keywords: hostility; depressive disorders; cardiac surgery patients; time perspective

EPV0265

Disease Burden Of Co-Occurring Borderline Personality Disorder In Patients With Bipolar Disorder

M. Turki*, M. Abdellatif, N. Gargouri, S. Ellouze, S. Blajji, A. Daoud, N. Halouani and J. Aloulou

Hedi Chaker University Hospital, Psychiatry “b” Department, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1166

Introduction: In recent years, advances in the areas of both bipolar disorder (BD) and borderline personality disorder (BPD) have generated considerable interest in the relationship between these two conditions, since that they are commonly comorbid.